Viral hemorrhagic fevers (filoviruses [Ebola, Marburg] and arenaviruses [Lassa, Machupo])	- H2H transmissible - Various hosts (animal/rodent, insect and human); host for ebola and Marburg unknown	No human immunity; supportive therapy, no specific treatment	Crowded living conditions, vector exposure and poor sanitation/ infection control will contribute to spread
Smallpox (variola major)	- H2H transmissible - Humans are only natural host - Host is usually debilitated once contagious; most contagious once rash on tongue and in mouth appears	No specific treatment; vaccine available, however, routine vaccination stopped because disease was considered eradicated;	Crowded living conditions favorable for spread of smallpox
Dengue hemorrhagic fever	- Not H2H - Mosquito is primary vector - Localized or regional epidemic possible	No specific treatment, frequently requires hospitalization	Areas with high mosquito population are favorable to transmission
Chikungunye	- Not H2H- Food/waterborne- May lead to localized or regional epidemics	No specific treatment	Areas with high mosquito population are favorable to transmission

West Nile encephalitis	- Not H2H - Mosquito is primary vector - 70-80% of infected persons are asymptomatic - Less than 1% develop severe illness, such as encephalitis or meningitis - Regional epidemic possible	Persons with certain medical conditions are at higher risk of serious illness; no specific treatment or vaccine	Areas with high mosquito population are favorable to transmission
Yellow Fever	- Not H2H - Mosquito is primary vector - Localized or regional epidemic possible	No specific treatment; vaccine available; yellow fever patients should be hospitalized for supportive care and close observation	Areas with high mosquito population are favorable to transmission
Anthrax (Bacillus anthracis)	- Not possible to result in pandemic - Not H2H transmissible - Contact with/exposure to spores required to become ill; inhaled, ingested or contact through open wound (cutaneous)	No human immunity; treatment available	Person-to-person transmission has been reported through cutaneous anthrax, where discharge from skin lesions may be infectious

Botulism (Clostridium botulinum toxin)	- Not possible to result in pandemic - Not H2H transmissible - Foodborne, infant or wound botulism - 3-5% fatality rate	No human immunity; antitoxin available	- Foodborne botulism due to improper food handling - Most wound botulism cases are associated with black-tar heroin injection
Tularemia (Francisella tularensis)	- Not H2H transmissible - Infection through animal and insect hosts, or through inhaled bacteria	No human immunity; treatment available; vaccine under review	Crowded living conditions and proximity to animals may cause low level to regional epidemics
Cholera (Vibrio cholerae)	- Not H2H - Food/waterborne - May lead to localized or regional epidemics	Treatment with rehydration and antibiotics;	Poor sanitation levels, to include food and water contamination, will increase risk of exposure and spread
Hantavirus Pulmonary Syndrome	- Not H2H- Host in rodent population	No specific treatment; supportive care	Exposure to areas with active rodent inhabitation increases chances of exposure to virus

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(6) A PI&ID-related crisis would severely threaten NORAD or USNORTHCOM missions if the disease were to impact continuity of government, command and control, indications and warning capabilities or critical response forces.

c. Friendly.

(1) The primary responsibility for DOD medical intelligence analysis and dissemination concerning the health and medical threat and implications of PI&ID resides with the Defense Intelligence Agency (DIA) primarily through the National Center for Medical Intelligence (NCMI). NCMI will provide intelligence warning of diseases with pandemic potential and provide intelligence assessments of potential impact, implications, outlook and opportunities associated with the spread of a disease with pandemic potential. NCMI will also provide intelligence warning and finished all source medical intelligence analysis regarding foreign emerging/re-emerging infectious diseases of operational significance to the Combatant Commanders, the DOD, and the U.S. government as a whole. NCMI will provide information regarding foreign medical capability to plan for, report, identify and respond to PI&ID threats.

(2) HHS and CDC will be the primary source of reporting on PI&ID threats within the US homeland.

(3) JIOC-N will be responsible for supporting assessments of key second and third order impacts of the PI&ID on AOR countries, as specified in the Unified Command Plan. These assessments are addressed through PIRs 5 and 6.

d. Legal Considerations. See base plan.

2. Mission. JIOC-N supports USNORTHCOM in operations to prepare for, detect, mitigate, respond to, and recover from the effects of a pandemic influenza or infectious disease outbreak of operational significance in order to sustain assigned missions and provide support to primary Federal agencies and international partners to protect the Nation's interests. JIOC-N, ICW the Department of Defense Intelligence Community (DOD IC) works with interagency and international partners to provide Indications and Warning (I&W) of PI and infectious diseases of operational significance, track global disease spread, monitor secondary and tertiary effects of PI&ID on state and non-state actors and assure mission readiness to continue key DOD intelligence functions during a PI&ID environment.

3. Execution.

a. Concept of Intelligence Operations.

(1) DOD IC works as part of an interagency and international effort to provide early detection of infectious diseases with pandemic potential and operational significance. Early detection gives international organizations, U.S. Government (USG), and partner nations the opportunity to respond to and mitigate the effects of PI&ID. The Defense Intelligence Agency (DIA) in collaboration with JIOC-N and DOD IC provide indications and warning of diseases with pandemic potential to facilitate force health protection, analysis and assessments of secondary and tertiary effects, situational awareness of partner nation actions and responses, and synchronize DOD national intelligence support operations in response to PI&ID and in support of USG efforts as requested and authorized. This plan is linked to certain biological warfare (BW) aspects of USSTRATCOM GCP-CWMD, and certain terrorist use of BW of USSOCOM CONPLAN 7500, DOD Campaign Plan for the Global War on Terrorism. A biological attack (see GCP-CWMD, PIR #6) may be initially indistinguishable from a naturally occurring infectious disease outbreak and will require the same suite of public health and medical responses. Even a small, unexplained PI&ID outbreak could require a great deal of epidemiologic and forensic investigation to distinguish between a naturally occurring event, an accident or a deliberate attack. Regardless, the intelligence required to support FHP measures and PI&ID contingency branch plans will be the same. If epidemiologic and forensic investigations reveal the outbreak is due to a deliberate release by a terrorist organization, refer to contingency branch plans to CONPLAN 7500.

(2) JIOC-N, ICW the intelligence community, other GCCs' JIOCs and DOD Agencies, interagency and international partners, contributes to the situational awareness of pathogens and infectious diseases which may result in a pandemic or increased demands for civil support in the USNORTHCOM AOR.

(3) Maintaining situational awareness of PI&ID spread allows the DOD IC to monitor secondary and tertiary impacts of PI&ID, with focus on political, military, economic, social, infrastructure and information (PMESII) impacts. Accurate assessments of secondary and tertiary impacts provide important context to ongoing activities of both state and non-state actors and are important for USG decision-making. JIOC-N, in collaboration with other GCC and Functional Combatant Command (FCC) JIOCs and DOD Agencies, monitor secondary and tertiary impacts of PI&ID with emphasis on potential for regional instability, and the resultant impacts on mission assurance and strategic objectives.

(4) Faced with potential manning shortfalls during a pandemic or infectious disease situation, the JIOC-N sustains mission assurance to continue key intelligence functions. The emergence of PI&ID will likely have

significant impact on JIOC-N personnel available for duty, with upwards to 40% absentee rates among all segments of the population. JIOC-N will prioritize essential intelligence functions and develop redundancies and discontinue non-essential functions.

b. Tasks.

(1) Priority Intelligence Requirements (PIRs). PIRs 1 to 3 are steady state requirements, and PIRs 4 to 6 are contingency requirements. See Exhibit 1 to Enclosure B (classified) for a baseline of information requirements:

(a) PIR 1: What are the efforts of international partners, countries or organizations to detect, mitigate or respond to an infectious disease outbreak of operational significance (epidemic or of pandemic potential)? (OPR: DIA/NCMI)

(b) PIR 2: Identify the new or novel influenza virus or other respiratory pathogen (emerging or engineered) with pandemic potential. (OPR: DIA/NCMI)

(c) PIR 3: Has an infectious disease of operational significance (epidemic or of pandemic potential) been detected in or introduced into a geographic area where there is little or no assessed population immunity? (OPR: DIA/NCMI)

(d) PIR 4: Provide medical intelligence analysis concerning the health and medical threat implications of a pandemic caused by either influenza or another emerging respiratory pathogen. (OPR: DIA/NCMI)

(e) PIR 5: What are the foreign governments' political, military, medical and social responses to infectious disease outbreaks? (OPR: JIOC-N)

(f) PIR 6: Will a state, non-state or transnational actor take advantage of the PI/ID situation? (OPR: JIOC-N)

(2) Intelligence Tasks.

(a) Defense Intelligence Agency (DIA).

1. DIA – Directorate for Analysis (DIA/DI). DI will provide analytical assessments of:

a. General information on foreign military capabilities, transportation systems, information infrastructure and communications, environmental factors, economy, culture, and social issues

that might affect the ability of USNORTHCOM to conduct military operations, provide humanitarian or medical support or to respond militarily to crises that threaten U.S. interests.

b. Emerging political, military, cultural, social or economic crises due to PI&ID.

c. Any evidence of efforts by foreign governments or other actors to exploit disease outbreaks, including efforts to actively use pathogens as a weapon.

d. Surveillance of PI&ID conducted IAW interagency cooperation, non-government organizations and scientific institutions operating in conjunction with USG efforts.

2. DIA – National Center for Medical Intelligence (DIA/NCMI). DIA/NCMI will provide intelligence warning of diseases with pandemic potential and provide intelligence assessments of potential impact, implications, outlook and opportunities associated with the spread of a potentially pandemic disease. NCMI will also provide intelligence warning and finished all source medical intelligence analysis regarding foreign emerging/re-emerging infectious diseases of operational significance to the USNORTHCOM, the DOD, and the U.S. government as a whole. NCMI will provide information regarding foreign medical capability to plan for, report, identify and respond to PI&ID threats. NCMI will provide analytical assessments of:

a. The accuracy and reliability of foreign reporting on extent and severity of PI&ID outbreaks and factors which would influence reporting accuracy including adequacy of reporting systems or efforts to suppress information.

b. The capability of foreign countries to respond to outbreaks including treatment facilities, medical staff, vaccination, antivirals and other medications used, medical infrastructure, and quarantine efforts.

(b) NRO. Provide reconnaissance support IAW USG laws to support PI&ID monitoring.

(c) DTRA. DTRA will provide PI&ID situational awareness and contribute to global situational awareness tool. DTRA may also leverage the Cooperative Biological Engagement Program to strengthen state capabilities for surveillance, and early detection for animal and human pandemic influenza.

(d) USSTRATCOM. Provide situational awareness on CWMD threats, including biological threats.

(e) JIOC-N.

1. Steady state tasks. During Phase 0 (Prepare), J25P will be the directorate's primary point of contact for supporting PI- and ID-related activities and monitoring. J23 will be the lead for preparing for crisis support.

a. Establish and maintain relationship with SG and J9 to ensure information sharing across the command as appropriate for the unique USNORTHCOM AOR. (OPR: J25P)

b. ICW NCMI and NORAD and USNORTHCOM SG and J9, develop AOR specific PI&ID analysis and evaluation of the environment and prioritization of regional threats based on epidemiology, infrastructure and potential enemy capabilities, intentions and COAs. Include potential impact on PMESII systems on our partners and priority countries. (OPR: J25P)

c. Assist SG and J5 in identifying the top five priorities for emerging/re-emerging infectious diseases of operational significance and diseases with pandemic potential in our AOR. (OPR:J25P)

d. JIOC-N will coordinate PI-ID-specific collection and production requirements with JS J25 in support of the PIRs specified in Exhibit 1 to Enclosure B. Information sharing requirements will be coordinated with J25S. (OPR: J25P; OCR: J23)

e. Develop appropriate interagency and international relationships and communications pathways to share PI&ID intelligence. (OPR: J25P)

f. BPT continue mission essential intelligence functions during a pandemic. (OPR: J23; OCRs: J21, J22, J24, J25P)

g. Coordinate with DIA efforts to provide indications and warning for emergence of PI&ID. Participate in PI Community of Interest, hosted by JS/J25. (OPR: J25P)

h. BPT support USG efforts as requested and authorized. (OPR: J23; OCR: J25P)

2. Contingency tasks. JIOC-N will transition to crisis support operations IAW the NORAD-USNORTHCOM intelligence operating instruction when CDR NORAD-USNORTHCOM considers moving to Phase 1 (Protect). At this point, J25P will transition into a supporting role to J23, who

will then coordinate intelligence support to the command, IAW PIRs 4 through 6.

a. ICW NCMI, provide intelligence warning and analysis regarding foreign emerging/re-emerging infectious diseases of operational significance and diseases with pandemic potential. (OPR: J23; OCR: J25P)

b. Provide intelligence analysis to support evaluating the operational impact of emerging infectious diseases, as per ref b, and assessments concerning the health threat and implications, outlook and opportunities associated with the spread of a potentially pandemic disease. Information on transmissibility and severity are vital in determining the appropriate type of FHP measures to ensure DOD forces are ready and capable of supporting USG and partner nation efforts to mitigate a PI&ID outbreak and manage second and third order effects. (OPR: J23; OCR: J25P)

c. Monitor PMESII aspects of affected areas to provide early warning of instability, opportunistic aggression, indications of military conflict, increased terrorist activity, reduced partner nation capacities, internal unrest, political or economic collapse, and humanitarian crises. (OPR: J23; OCR: J25P)

d. Maintain situational awareness of partner nation actions and responses, if not provided in a collaborative manner through medical or operational channels. Accurate information on partner nation responses will provide context to the impact of the disease on partner capabilities and potential vulnerabilities. (OPR: J23; OCR: J25P)

e. Support lead agencies as requested and authorized. (OPR: J23; OCR: J25P)

(3) Orders to Subordinate Units. See Annex B to CONPLAN 3500.

(4) Requirements to Higher and Supporting Organizations.

(a) Defense Intelligence Agency (DIA).

1. DIA – Directorate for Analysis (DIA/DI). Provide analytical assessments of:

a. General information on foreign military capabilities, transportation systems, information infrastructure and communications, environmental factors, economy, culture, and social issues that might affect the ability of USNORTHCOM to conduct military operations,

provide humanitarian or medical support or to respond militarily to crises that threaten U.S. interests.

b. Emerging political, military, cultural, social or economic crises due to PI&ID.

c. Any evidence of efforts by foreign governments or other actors to exploit disease outbreaks, including efforts to actively use pathogens as a weapon.

d. Surveillance of PI&ID conducted IAW interagency cooperation, non-government organizations and scientific institutions operating in conjunction with USG efforts.

2. DIA – National Center for Medical Intelligence (DIA/NCMI).

a. Provide intelligence warning of diseases with pandemic potential and provide intelligence assessments of potential impact, implications, outlook and opportunities associated with the spread of a potentially pandemic disease.

b. Provide intelligence warning and finished all source medical intelligence analysis regarding foreign emerging/re-emerging infectious diseases of operational significance to the USNORTHCOM, the DOD, and the U.S. government as a whole.

c. Provide information regarding foreign medical capability to plan for, report, identify and respond to PI&ID threats. NCMI will provide analytical assessments of:

i. The accuracy and reliability of foreign reporting on extent and severity of PI&ID outbreaks and factors which would influence reporting accuracy including adequacy of reporting systems or efforts to suppress information.

ii. The capability of foreign countries to respond to outbreaks including treatment facilities, medical staff, vaccination, antivirals and other medications used, medical infrastructure, and quarantine efforts.

(b) NRO. Provide reconnaissance support IAW USG laws to support PI&ID monitoring.

(c) DTRA. DTRA will provide PI&ID situational awareness and contribute to global situational awareness tool. DTRA may also leverage

the Cooperative Biological Engagement Program to strengthen state capabilities for surveillance, and early detection for animal and human pandemic influenza.

(d) USSTRATCOM. Enable DOD's ability to provide global CWMD situational awareness, including biological threats.

c. Collection. See Appendix 12 to Annex B to CONPLAN 3500.

(1) Signals Intelligence (SIGINT). See Appendix 2 to Annex B to CONPLAN 3500.

(2) Geospatial Intelligence (GEOINT). See Appendix 12 to Annex B to CONPLAN 3500. Imagery intelligence can be used prior to the onset of a pandemic to establish a baseline essential to detecting and determining abnormal activity. After a potential onset of a pandemic, imagery can be used to confirm unusual activity, providing insight into foreign responses to the spread of disease and potential follow-on impacts. Imagery reports will be shared with Service component commands, U.S. Country Teams and the national intelligence community.

(3) Human Intelligence (HUMINT). See Appendix 5 to Annex B to CONPLAN 3500.

(4) Measurement and Signature Intelligence (MASINT). See Appendix 8 to Annex B to CONPLAN 3500.

(5) Counterintelligence (CI). See Appendix 3 to Annex B to CONPLAN 3500.

(6) Open Source Intelligence (OSINT). OSINT collection manager receives, validates and manages OSINT collection requirements and coordinates tasking for DNI's Open Source Center (OSC). Note: Within N-NC, local OSINT research and production requirements are internally tasked through the RFI process managed by J25, Mission Support.

(7) ISR. See Appendix 15 to Annex B.

d. Processing and Evaluation. See Annex B.

e. Analysis and Production. See Appendix 13 to Annex B to CONPLAN 3500.

(1) All Source Intelligence Analysis and Production. DIA, through NCMI, is the Responsible Analytical Center (RAC) for medical intelligence analysis and production concerning a pandemic, in collaboration with JIOC-N

and other GCCs/FCCs and DOD IC. NCMI will provide intelligence warning of diseases with pandemic potential and provide intelligence assessments of the implications, outlook and opportunities associated with the spread of a potentially pandemic disease. NCMI will also provide intelligence warning and finished all source medical intelligence analysis regarding foreign emerging/re-emerging infectious diseases of operational significance to the Combatant Commanders, the DOD, and the U.S. government as a whole. NCMI will provide information regarding foreign medical capability to plan for, report, identify and respond to PI&ID threats.

(2) General Reporting. Information pertinent to the PIRs as outlined in Exhibit 1 to Enclosure B to Tab D to Appendix 1 to Annex C to CONPLAN 3500 will be reported using established reporting procedures and in accordance with Appendix 13 to Annex B to CONPLAN 3500.

f. Dissemination and Integration. As the RAC, DIA/NCMI is responsible for dissemination of medical intelligence products concerning the emergence of a pandemic virus OCONUS, in collaboration with GCCs/FCCs and DOD IC. Products are posted at https://www.ncmi.dia.smil.mil/subject/epi.php for easy access. JIOC-N, in collaboration with DOD IC, is responsible for dissemination of products assessing key second and third order impacts of the pandemic on AOR countries. See Appendix 14 to annex B to CONPLAN 3500.

(1) Timely intelligence reports and assessments will be produced at the lowest classification level possible with the intent of sharing as much intelligence as possible with interagency and international partners and first responders on the emergence of a virus or significant infectious disease with pandemic potential. Classified products will also be reviewed for releasability to foreign nations.

(2) Request for Information (RFI) management and dissemination will be via COLISEUM in accordance with established procedures.

(3) Information will be classified according to source and content. Sensitive medical reporting with potential to cause damage to national security should be brought before an original classification authority prior to release. Refer to Defense Intelligence Agency Instruction DIAI 5240.004, Information Security Program for classification policy and guidelines.

g. Coordinating Instructions.

(1) Review current DIA/NCMI Warning Assessment for Pandemic influenza for PI and ID indicators.

(2) Review current DIA Dynamic Threat Assessment 3551 for situational awareness.

(3) Participate in Pandemic Influenza and Infectious Disease conferences and biennial table top exercises hosted by NORAD-USNORTHCOM or Joint Staff (JS) when scheduled.

(4) Familiarization with USSTRATCOM CGP-CWMD.

(5) Familiarization with USSOCOM CONPLAN 7500.

(6) Disclosure of Intelligence / Releasability to Partner Nation Forces. Guidelines for foreign disclosure of intelligence information are provided by NORAD-USNORTHCOM FDO IAW National Disclosure Policy. These guidelines are specific to an operation and will vary considerably based on the nations participating and the nature of the operation. Defense Intelligence Community organizations and JIOC-N should to the maximum extent possible write intelligence reports for the widest possible release, preferably at the REL FVEY level. When appropriate, Emergency Dissemination Authority (EDA) may be obtained through NORAD-USNORTHCOM Commander or FDO.

4. Administration and Logistics.

a. Shortfalls and Limiting Factors. J2 has accepted risk in this mission area. There are no analysts dedicated to this mission set on a full-time basis.

b. Mitigation. J25P will provide planning and operational support for PI- and ID-related issues during Phase 0. During crisis, coordination of intelligence support will transition to J23, and J25P assumes a supporting role. This transition of support and associated responsibilities will be exercised in small group training scenarios and TTX when available.

c. Miscellaneous. Role of J23 is codified in the intelligence operating instruction.

d. Logistics. See base plan.

e. Reporting. See Annex R.

5. Command and Control.

a. Command Relationships. See base plan.

b. Communications. See base plan.

LORI J. ROBINSON
General, USAF
Commander

Exhibit
1—Priority Intelligence Requirements (PIRs) (classified)

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ENCLOSURE B TO TAB D PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM CONPLAN 3500 – 14
MEDICAL

1. Medical PPE Options in Response to PI&ID

(a) To mitigate risks to DoD medical personnel operating in environments with infectious diseases of operational concern, this plan establishes a medical PPE framework to expand the scope of current DoD PPE guidance beyond pandemic influenza (PI) and EVD medical responses to a wider range of PI&IDs. The medical PPE framework is based on the U.S. Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings." It consists of two parts: 1) four PPE levels for diseases, each addressing a category of diseases defined by characteristics of the infection and condition and modes of transmission, and 2) a list of PPE items designated for each PPE level to protect body parts of concern (surface exposure areas/routes). The levels of protection offered by the recommended PPE ranges from least to most protective (Level I to IV) based on various exposure and disease variables.

(b) It is important for the N-NC Components to develop training and logistical arrangements compatible to the PPE levels defined in this plan to ensure smooth expansion of medical PPE guidance from individual diseases to disease levels. In particular, the Military Services must analyze and determine appropriate types and quantities of PPE for each level and efficient distribution methods, in terms of centralized or fixed-facility based stockpiles. Military medical treatment facilities should conduct hazard vulnerability analyses and undergo the associated PPE selection process in an infectious disease outbreak incident response, as the hazards in each work environment can be unique and their characteristics must be evaluated accordingly.
Additional policy and guidance will be provided as needed to enable comprehensive, responsive, and effective disease prevention and medical care to DoD personnel.

(c) Medical PPE Levels and Options. Below is a brief description of varying levels of PPE ensembles to protect healthcare workers (HCWs). Tables 1 and 2 provide additional information on the medical PPE levels and PPE options, respectively.

(1) For treatment of some contagious diseases (e.g., common cold and seasonal influenza) or non-contagious diseases (e.g., anthrax and tularemia), Level I PPE will provide sufficient protection to HCWs from possible infection. This level of PPE can also be used for zoonotic or plant diseases as a way to contain the spread and thus control the associated economic loss.

(2) Levels II and III PPE recommendations focus on primary modes of transmission with Level II PPE being designed to protect against droplet and contact transmission and Level III PPE intended to protect against airborne transmission (i.e., inhalation hazards (aerosols)). Consideration should also be given to medical procedures that may aerosolize fluids and particles from contact diseases and create inhalation hazards. For example, if a patient with a viral hemorrhagic fever is undergoing intubation, bronchoscopy, or other medical procedures that can aerosolize the virus, HCWs should use PPE at Level III or higher.

(3) Level IV PPE offers the highest level of protection to its users by protecting all routes of entry into the human body, i.e. contact, inhalation, and ingestion. Level IV PPE is suitable for diseases with undetermined modes of transmission or due to suspected deliberate release. In cases where patients are affected by diseases that are highly contagious; have high case-fatality ratios (CFRs); or may result in severe, persistent, recurrent, or irreversible morbidity, etc., use of Level IV PPE and other disease containment measures should be considered to protect HCWs and other patients. Another factor to consider during the PPE selection process for an infectious disease outbreak incident response is the availability of MCM, e.g. vaccines and therapeutic regimens. The lack of MCM for diseases such as severe acute respiratory syndrome (SARS), EVD, and Middle East respiratory syndrome should be considered to determine whether HCWs use PPE with the highest level of protection.

Table 1. Medical PPE Levels and Disease Conditions/Characteristics

Medical PPE Levels	Disease Conditions/Characteristics	Examples Of Diseases
Level I	Non-Contagious and Some Contagious Disease	Anthrax, tularemia, ricin and some contagious disease (e.g., common cold and seasonal influenza)
Level II	Contact and droplet hazards by body fluids only (limited aerosol risk)	Viral hemorrhagic fevers
Level III	Airborne and/or droplet hazards that may require elements of airborne precautions for aerosol-generating procedures	PI, tuberculosis, smallpox, pneumonic plague
Level IV	Diseases with undetermined modes of transmission or require precautions (airborne and droplet) addressing factors such as a high CFR or severe morbidity, lack of MCM, and other factors	Novel influenza, SARS, EVD due to suspected deliberate release with undetermined modes of transmission, EVD undergoing aerosolizing activities: e.g., childbirth, dialysis, etc.

3246
3247 **Table 2. Medical PPE Options.**

PPE	Protected Body Parts	Types Of Hazards Protected Against	Level IV	Level III	Level II	Level I
Coverall Suits[1]	Body	Contact (Blood/Body Fluids)	X			
Gown	Body	Contact (Blood/Body Fluids)	X	X	X	
Apron	Body	Contact (Blood/Body Fluids)	X			
Scrubs, Top	Body	Contact (Blood/Body Fluids)	X	X	X	X
Scrubs, Bottom	Body	Contact (Blood/Body Fluids)	X	X	X	X
Filtering Facepiece Respirator[2]	Face/Respiratory Tract	Inhalation (Aerosolized Droplets)	X	X		
Surgical Masks	Face/Respiratory Tract	Contact (Blood/Body Fluids)			X	X
Face Shield	Face/Respiratory Tract	Contact (Blood/Body Fluids)	X	X	X	
Goggles	Face	Contact (Blood/Body Fluids)	X	X	X	
Full-facepiece air purifying respirator (APR) or powered air purifying respirator (PAPR)[3], or helmet/hood PAPR	Face/Respiratory Tract	Inhalation (Aerosolized Droplets)	X			
Helmet/hood PAPR	Face/Head/Neck	Contact (Blood/Body Fluids)	X			
Surgical Hood or Head/Neck Cover	Head/Neck	Contact (Blood/Body Fluids)	X	X	X	
Shoes	Foot	Contact (Blood/Body Fluids)	X	X	X	X
Boot Covers	Foot	Contact (Blood/Body	X		X	

		Fluids)				
PVC Boots	Foot	Contact (Blood/Body Fluids)	X			
Hand Sanitizer	Hand	Contact (Blood/Body Fluids)	X	X	X	X
Duct Tape	Hand	Contact (Blood/Body Fluids)	X			
Nitrile Gloves[4]	Hand	Contact (Blood/Body Fluids)	X	X	X	X

Notes:

1. Coverall suits are acceptable although not an ideal alternative to gowns and aprons. The ease of donning and doffing of gowns and aprons make them preferred options for body protection, considering the risk of cross-contamination is low when the donning and doffing of PPE is simple.
2. National Institute for Occupational Safety and Health-certified filtering facepiece respirators with appropriate filter designation (e.g., N95) may be used in conjunction with face shield or goggles, and surgical hood or head/neck cover. This combination of respiratory protection and other protective equipment and clothing is an acceptable alternative to full-facepiece APRs or PAPRs with surgical hood or head/neck covers, or helmet/hood PAPRs in cases where precautions warrant respiratory, face, and head and neck protection.
3. PAPR unit includes cartridge(s), charger, breathing tube, and battery.
4. Double gloves must be used in cases of viral hemorrhagic fevers (e.g., EVD).

EXHIBIT 1 BIOLOGICAL DETECTION TO ENCLOSURE B TO TAB D PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM CONPLAN 3500 – 14 MEDICAL

Biological Agent Detection is defined as identification of a biological pathogen of concern. There are numerous ways in which initial detection could occur, including presentation of disease in humans or animals (domestically or internationally), detection through syndromic surveillance, alerts from environmental surveillance systems or international partners, and normal operations and surveillance efforts conducted by law enforcement or other departments and agencies. Details are provided in Appendix 3: Support and Coordination Elements. Table X provides examples of some potential sources of initial information with follow-on verification processes. It should be noted that in some instances, detection can predictably occur after the outbreak/incident is well underway resulting in numerous infections prior to initial detection.

Source of Information	Examples of Initial Intelligence Received	Verification Processes	Methods of Information Sharing
Individual practitioner or healthcare facility laboratory	• Suspected sentinel case reported through local public health • Confirmed sentinel case reported through local public health	• Private sector, LRN, or CDC laboratory confirmation may be required	HAN, NPIC, COCA
Individual facility, local or state health department surveillance systems	• Influx of patients with similar symptoms indicating potential new disease pathogen	• Private sector, LRN, or CDC laboratory confirmation may be required • Epidemiologic investigation to confirm patterns of similarity	HAN, NPIC, COCA
Identification of novel or atypical pathogen in federal, SLTT, or private sector laboratory	• Individual not originally suspected but "surprise" diagnosis received through secondary testing	• Private sector, LRN, or CDC laboratory confirmation may be required	HAN, NPIC, COCA, NPHIC, PACL, NBIS Protocol
Novel emerging or reemerging infection reported under international health	• New pathogen or pathogen of concern evolving in a situation in which spread to	• Multiple international partners as well as international	HAN, NPIC, COCA, NPHIC, PACL, NBIS protocol

Source of Information	Examples of Initial Intelligence Received	Verification Processes	Methods of Information Sharing
regulations from overseas source	United States is possible	assistance provided by USG	
Zoonotic outbreak identified by private sector, SLTT, or federal providers or laboratories	• Zoonotic pathogen identified in an animal population with potential for causing concerning human disease	• USDA, CDC, SLTT, NAHLN, or private sector laboratory confirmation all possible	HAN, NPIC, COCA, NPHIC, PACL, NBIS Protocol
Law enforcement intelligence	• Credible threat of deployment of pathogen of concern	• Law enforcement investigations paired with public health expertise	LES Bulletin, NSC/Deputies Committee Process, NICCL
Public media	• Announced release of pathogen of concern	• Multiple entities/processes at various levels potentially involved	NSC/DC Process, NICCL, follow on HAN, NPIC, COCA, NPHIC, PACL
BioWatch or other environmental sampling	• Pathogen of concern detected in environment leading to a BioWatch Actionable Result or BAR	• BioWatch has internal verification processes and may conduct additional sampling • If another environmental sample, may require USG support to SLTT sample to verify	BioWatch National Conference Call, NSC/Deputies Committee Process, NICCL, follow on HAN, NPIC, COCA, NPHIC, PACL, NBIS Protocol

Incidents involving biological pathogens occur regularly but usually do not rise to the level of requiring the coordination of multiple federal agencies and departments. Notification, coordination, and collaboration efforts are ongoing, occurring as part of regular public health activities.

A critical initial consideration regarding any identified pathogen is whether or not it is contagious. Contagious diseases capable of person-to-person spread or spread between people and animals significantly alter the approach to response at all levels. In addition, there are various methods of spread, and degrees of infectivity, viability, and virulence which may not be known initially.

EXHIBIT 2 NOTIFICATION METHODS TO ENCLOSURE B TO TAB D PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM CONPLAN 3500 – 14 MEDICAL

The following table (see FEMA BIA) lists examples of information sharing processes with descriptions of when they are utilized. For purposes of this annex, notification is most appropriately utilized to describe the process in which the LFA "notifies" interagency partners when unified coordination is required. HHS maintains predesignated points of contact among the interagency but may also request DHS/FEMA to assist with obtaining appropriate Department and Agency representation during initial unified coordination efforts.

Information Sharing Process	Description
BioWatch National Conference Call	Occurs within 2 hours of the BAR declaration and after the local jurisdictional BioWatch Advisory Committee (BAC) call. It begins with a summary of laboratory testing data and a summary of the current local situation by the BAC chair and other local public health, law enforcement, and emergency management representatives to provide situational awareness of follow-on activities and potential requests for assistance from other Federal Agencies (DHS, CDC, FBI, EPA, or the Strategic National Stockpile [SNS;) and a decision regarding the next conference call time.
Clinician Outreach and Communication Activity (COCA)	Provides timely, accurate, and credible information to clinicians related to emergency preparedness and response and emerging public health threats. COCA fosters partnerships with national clinician organizations to strengthen information-sharing networks before, during, and after a PHE.
National Security Council Deputies Committee (NSC) Process	Coordination can occur for a biological incident through the process outlined in PPD-1. The NSC is the President's principal means for coordinating the implementation of national security policy. The Principals Committee is the senior interagency forum for national security policy issues. The Deputies Committee is responsible for day-to-day crisis management. Interagency Policy Committees manage the development and implementation of policy.
Health Alert Network (HAN)	CDC's primary method of sharing public health information with public information officers, federal and SLTT-area public health practitioners, clinicians, and public health laboratories. There are jurisdictional HAN programs from 50 states and the District of Columbia, 8 territories as well as Chicago, Los Angeles, and New York City metropolitan areas.
HHS Public Affairs Conference Line (PACL)	Provides a conference line to allow telephone connectivity for public affairs staff supporting Emergency Support Function (ESF) #8. This conference line provides HHS public affairs personnel to work from dispersed sites during the crisis yet be able to receive guidance or direction or to provide information to those needing it.
National Incident Coordination Conference Line (NICCL)	While DHS traditionally leads the NICCL for transmission and exchange of critical and timely incident information among federal authorities, HHS, when needed, can coordinate communications information related to the public health and medical aspects of a response, particularly in a public health-specific emergency such as a pandemic disease.
National Public Health Information Coalition (NPHIC)	Leverages a network of state and local public health communicators to exchange information and increase the likelihood of consistent messaging and communication activities between federal and SLTT-area governments regarding the emergency and its impact on health.
National Biosurveillance Integration System (NBIS) Protocol	Mechanism to bring federal NBIS partners together on a short-notice teleconference to share information on a potentially significant biological incident. It can be initiated at the request of any NBIS partner and is an example of a unique capability of the National Biosurveillance Integration Center (NBIC) that helps enable national biosurveillance integration. The Protocol is activated when a situation meets one or more of the threshold criteria and is requested by a NBIS agency.
National Response Center (NRC)	As a part of the National Response System, the NRC is the sole national point of contact for reporting all oil, chemical, radiological, biological, nuclear, and etiological discharges

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EXHIBIT 3 LABORATORY NETWORKS IN THE US TO ENCLOSURE B TO TAB D
PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM
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MEDICAL

Lab Network	Description
LRN	Provides analytical support informing public health assessments of the potential for human illness associated with exposure and the scope of associated risk. The LRN also provides for definitive testing of both environmental and clinical samples, as well as limited supporting analysis of food samples that may be implicated as part of epidemiological investigations associated with incident response to cases of human illness.
ERLN	Provides consistent analytical capabilities, capacities, and quality data in a systematic, coordinated response. ERLN integrates capabilities of existing public sector laboratories with accredited private sector labs to support environmental responses. EPA's ERLN is solely dedicated to the testing of environmental samples.
NAHLN	Nationally coordinated network and partnership of federal, state, and university-associated animal health laboratories. NAHLN laboratories provide animal health diagnostic testing, methods research and development, and expertise for education and extension to detect biological threats to the nation's animal agriculture, thus protecting animal health, public health, and the nation's food supply.
NPDN	Provides a cohesive, distributed system to quickly detect and identify pests and pathogens of concern. NPDN laboratories immediately report their findings to appropriate responders and decision makers. To accomplish this mission, the NPDN has invested in diagnostic laboratory infrastructure and training, developed an extensive network of first detectors through education and outreach, and enhanced communication among public agencies and stakeholders responsible for responding to and mitigating new outbreaks.
FERN	Integrates the nation's food-testing laboratories at the federal and SLTT levels into a network that is able to respond to emergencies involving biological, chemical, or radiological contamination of food. The FERN structure is organized to ensure federal and state inter-agency participation and cooperation in the formation, development, and operation of the network.

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EXHIBIT 4 LIST OF VACCINES LICENSED FOR IMMUNIZATION AND DISTRIBUTION IN THE US TO ENCLOSURE B TO TAB D PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM CONPLAN 3500 – 14

MEDICAL

http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

EXHIBIT 2 LIST OF LICENSED BIOLOGICAL PRODUCTS IN THE US TO ENCLOSURE B TO TAB D PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM CONPLAN 3500 – 14

MEDICAL

http://www.fda.gov/BiologicsBloodVaccines/ucm133705.htm

ENCLOSURE C TO TAB D PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM CONPLAN 3500 – 14

IDENTIFICATION OF BIOLOGICAL INCIDENTS

Source of Information	Examples of Initial Intelligence Received	Verification Processes	Methods of Information Sharing
Individual practitioner or healthcare facility lab	• Suspected sentinel case reported through local public health • Confirmed sentinel case reported through local public health	• Private sector, LRN, or CDC laboratory confirmation may be required	HAN, NPIC, COCA
Individual facility, local or state health department surveillance systems	• Influx of patients with similar symptoms indicating potential new disease pathogen	• Private sector, LRN, or CDC laboratory confirmation may be required • Epidemiologic investigation to confirm patterns of similarity	HAN, NPIC, COCA
Identification of novel or atypical pathogen in federal, SLTT, or private sector laboratory	• Individual not originally suspected but "surprise" diagnosis received through secondary testing	• Private sector, LRN, or CDC laboratory confirmation may be required	HAN, NPIC, COCA, NPHIC, PACL, NBIS Protocol
Novel emerging infection reported under IHR from overseas source	• New pathogen or pathogen of concern evolving in a situation in which spread to United States is possible	• Multiple international partners as well as international assistance provided by USG	HAN, NPIC, COCA, NPHIC, PACL, NBIS protocol
Zoonotic outbreak identified by private sector, SLTT, or federal providers or laboratories	• Zoonotic pathogen identified in an animal population with potential for causing concerning human disease	• USDA, CDC, SLTT, NAHLN, or private sector laboratory confirmation all possible	HAN, NPIC, COCA, NPHIC, PACL, NBIS Protocol
Law enforcement	• Credible threat of deployment of pathogen	• Law enforcement investigations paired	LES Bulletin, NSC/Deputies

Source of Information	Examples of Initial Intelligence Received	Verification Processes	Methods of Information Sharing
intelligence	of concern	with public health expertise	Committee Process, NICCL
Public media	• Announced release of pathogen of concern	• Multiple entities/processes at various levels potentially involved	NSC/DC Process, NICCL, follow on HAN, NPIC, COCA, NPHIC, PACL
BioWatch or other environmental sampling	• Pathogen of concern detected in environment leading to a BioWatch Actionable Result or BAR	• BioWatch has internal verification processes and may conduct additional sampling • If another environmental sample, may require USG support to SLTT sample to verify • USPS has a robust program on mail-borne biological threats	BioWatch National Conference Call, NSC/Deputies Committee Process, NICCL, follow on HAN, NPIC, COCA, NPHIC, PACL, NBIS Protocol

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ENCLOSURE D TO TAB D PI&ID RESPONSE BRANCH PLAN TO APPENDIX 1 TO ANNEX C TO USNORTHCOM CONPLAN 3500 – 14

BIOLOGICAL COMMUNICATION RESOURCES

Information Sharing Process	Description
BioWatch National Conference Call	Occurs immediately following the local jurisdictional BioWatch Advisory Committee (BAC) call and begins with a summary by the BAC chair of the current situation, follow-on actions, requests for federal assistance from the various agencies (DHS, CDC, FBI, EPA, or the SNS) and a decision regarding the next conference call time.
Clinician Outreach and Communication Activity (COCA)	Provides timely, accurate, and credible information to clinicians related to emergency preparedness and response and emerging public health threats. COCA fosters partnerships with national clinician organizations to strengthen information-sharing networks before, during, and after a PHE.
National Security Council (NSC) Deputies Committee Process	Coordination can occur for a biological incident through the process outlined in Presidential Policy Directive 1. The NSC is the President's principal means for coordinating the implementation of national security policy. The Principals Committee is the senior interagency forum for national security policy issues. The Deputies Committee is responsible for day-to-day crisis management. Interagency Policy Committees manage the development and implementation of policy.
Health Alert Network (HAN)	CDC primary method of sharing public health information with public information officers, Federal and SLTT-area public health practitioners, clinicians; and public health laboratories. There are jurisdictional HAN programs from 50 states and the District of Columbia, 8 territories, as well as Chicago, Los Angeles, and New York City metropolitan areas.
HHS Public Affairs Conference Line (PACL)	Provides a conference line to allow telephone connectivity for public affairs staff supporting ESF #8. This conference line provides HHS public affairs personnel to work from dispersed sites during the crisis yet be able to receive guidance or direction or to provide information to those needing it.
National Incident Coordination Conference Line (NICCL)	While DHS traditionally leads the NICCL for transmission and exchange of critical and timely incident information among federal authorities, HHS, when needed, can coordinate communications information related to the public health and medical aspects of a response, particularly in a public health specific emergency such as a pandemic disease.
National Public Health Information Coalition (NPHIC)	Leverages a network of state and local public health communicators to exchange information and increase the likelihood of consistent messaging and communication activities between federal and SLTT-area governments regarding the emergency and its impact on health.
NBIS Protocol	Mechanism to bring federal NBIS partners together on a short-notice teleconference to share information on a potentially significant biological incident. It can be initiated at the request of any NBIS partner and is an example of a unique capability of the NBIC that helps enable national biosurveillance integration. The Protocol is activated when a situation meets one or more of the threshold criteria and is requested by a NBIS agency.
Epidemiologic Data	Sources of information may include clinical, epidemiologic, and laboratory data from different sources such as providers/private sector, local, state, and federal public health.

GLOSSARY

Aerosol. A mixture of small droplets of liquid or small particles dispersed as a fine mist, fog, or cloud.

Biological Agent

1. (DOD) A microorganism (or a toxin derived from it) that causes disease in personnel, plants, or animals or causes the deterioration of materiel. Source: JP 3-11.
2. (CFR) Any microorganism (including, but not limited to, bacteria, viruses, fungi, or protozoa), or infectious substance, or any naturally occurring, bioengineered, or synthesized component of any such microorganism or infectious substance, capable of causing: (1) Death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism; (2) Deterioration of food, water, equipment, supplies, or material of any kind; or (3) Deleterious alteration of the environment. Source: 7 CFR Part 331

Biological Hazard. (DOD) An organism, or substance derived from an organism that poses a threat to human or animal health. Source: JP 3-11 Biological warfare. The employment of BW agents to produce casualties in personnel or animals, or damage to plants or materiel; or defense against such employment.

Biological weapon. Biological agent loaded into a munition (e.g., missile warhead, aerosol sprayer). The term biological weapon is often erroneously used to describe a biological agent. (Biological Agent + Munition = Biological Weapon). DHS, Key Planning Factors for Response to Bio Attack

Biosurveillance. Process of active data-gathering with appropriate analysis and interpretation of biosphere data that might relate to disease activity and threats to human or animal health – whether infectious, toxic, metabolic, or otherwise, and regardless of intentional or natural origin – in order to achieve early warning of health threats, early detection of health events, and overall situational awareness of disease activity

Communicable Disease. An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected and/or affected individual, animal, or a reservoir to a susceptible host, either directly or indirectly through an intermediate animal host, vector, or the inanimate environment. Communicable diseases spread from one person to another or from an animal to a person. The spread often happens via airborne viruses or bacteria, but also through blood or other bodily fluid. The terms infectious and contagious are also used to describe communicable disease.

Contagious. 1. Of or relating to contagion. 2. Transmissible by direct or indirect contact; communicable. 3. Capable of transmitting disease; carrying a disease.

Contagious Disease. See communicable disease.

Emerging infectious disease. Any previously unknown communicable illness or any previously controlled contagion whose incidence and prevalence are suddenly rising. In recent years, some emerging (and re-emerging) infections have been bovine spongiform encephalopathy (mad cow disease), Ebola hemorrhagic fever, cholera, plague, hemolytic uremic syndrome caused by Escherichia coli 0157:H7, drug-resistant strains of enterococcus, the human immunodeficiency virus, SARS, and antibiotic-resistant organisms, among many others.

Force health protection (FHP). All measures taken by commanders, supervisors, individual Service members, and the military health system to promote, protect, improved, conserve, and restore the mental and physical well-being of Service members across the range of military activities and operations. These measures enable the fielding of a healthy and fit force, prevention of injuries and illness and protection of the force from health hazards, and provision of medical and rehabilitative care to those who become sick or injured anywhere in the world.

Immunization. The process of rendering an individual immune to specific disease causing agents. Immunization most frequently refers to the administration of a vaccine to stimulate the immune system to produce an immune response (i.e., active immunization). That process may require weeks to months and administration of multiple doses of vaccine. Passive immunization occurs with administration of antibodies to provide prompt but relatively short term immunity.

Infectious Disease. Disease resulting from the presence and activity of a pathogenic microbial agent.

Infectious Disease (of Operational Significance). "An infectious disease (natural, accidental, or deliberate) likely to significantly impact the ability of DOD to maintain mission assurance or likely to result in significant increases in requests for DOD assistance. The disease may occur in humans, animals or plants. Disease characteristics may include: high transmissibility or severity, and high likelihood of impact on force health protection due to limited or no natural protection or medical countermeasures." *JSCP*

Medical countermeasures. Includes both biologic and pharmaceutical medical countermeasures (e.g. vaccines, antimicrobials, and antibody preparations),

non-pharmaceutical medical countermeasures (e.g. ventilators, devices, personal protective equipment such as face masks and gloves), and public health interventions (e.g. contact and transmission interventions, social distancing, and community shielding) to prevent and mitigate the health effects of biological agents. (Office of Science and Technology Policy, White House)

Medical countermeasure dispensing. The ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations. (CDC Public Health Preparedness Capabilities, Mar 2011)

Mission Assurance. 1. The ability to achieve strategic objectives (reference (c)). 2. A process to protect or ensure the continued function and resilience of capabilities and assets—including personnel, equipment, facilities, networks, information and information systems, infrastructure, and supply chains—critical to performance of DOD mission-essential functions (MEFs) in any operating environment or condition. (DOD Mission Assurance Strategy and will be incorporated into DODD 3020.40).

Non-pharmaceutical Intervention. Non-technical measures (e.g., social distancing, isolation, quarantine, personal protective equipment) to prevent illness and death due to an attack.

Pathogen. An organism (i.e., viruses, bacteria) that infects its host and causes disease.

Personal Protective Equipment. Equipment (e.g., gloves, respirators, hazardous material suits, etc.) that helps protect responders from being exposed and infected by a biological agent.

Pharmaceutical Intervention. Medical supplies (e.g., vaccines, medicines, diagnostics and other tools) that can be used to prevent illness or death in a population targeted by an attack (also referred to as medical counter measures – MCM).

Pandemic (Influenza). "A worldwide epidemic when a new or novel strain of influenza virus emerges in which humans have little or no immunity, and develops the ability to infect and be passed between humans."
Implementation Plan for the National Strategy for Pandemic Influenza

PI&ID includes influenza viruses and other highly transmissible diseases that are novel or new, with the following characteristics: 1) easily transmissible among humans, 2) global (rapid local/regional) spread in a short period of time (such as a season), and 3) broad susceptibility among the majority of the human population. *GEF*

Re-Emerging Disease. Any condition, usually an infection, that had decreased in incidence in the global population and was brought under control through effective health care policy and improved living conditions, reached a nadir, and, more recently, began to resurge as a health problem due to changes in the health status of a susceptible population
Examples Cholera, dengue, diphtheria, malaria, tuberculosis

Strategic National Stockpile (SNS). The Federal cache of pharmaceuticals, vaccines, medical supplies, equipment, and other items established to augment local supplies of critical medical countermeasures that may be needed for a public health emergency or disaster. The SNS is managed by the CDC and includes (1) the 12-Hour Push Packages positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets, (2) SNS-managed inventory, and (3) vendor-managed inventory (to increase efficiency and reduce cost of stockpiling). SNS holdings are supplied to state and local jurisdictions at their request upon federal authorization. The statutory mission of the SNS is to provide for the emergency Stockpile (SNS) health security of the United States (42 USC 247d-6b(a)). (DHHS PHEMCE Strategy, 2012)