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Confronting Bioterrorism: Are Laboratories up to the Task?

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The 9/11 tragedy was a wake-up call for our nation's public health laboratories. While many have heeded the call, much remains to be done to prepare our nation for bioterrorism.

"We are more prepared than we were pre-9/11," said Vice Admiral Richard H. Carmona, MD, the U.S. Surgeon General. Most reference laboratories have the technical capability to handle bioterrorism, but more work is needed in increasing their surge capacity, he said.

"We must improve our ability to respond quickly to an event that overwhelms our health care system," Dr. Carmona said. "If there's a catastrophic event, you have thousands sitting on your doorstep. Whether it's a terrorist attack or a hurricane, we have to ramp up resources such as personnel, reagents, and equipment to take care of many more patients. We have to be better prepared by increasing our productivity while maintaining quality and our regular operations."

These efforts are under way. Since 9/11, many investments in our public health infrastructure have been made to increase preparedness at the state and federal levels, said Jeff Jacobs, ASCP's vice president of public policy in Washington. The Centers for Disease Control and Prevention have provided $1.8 billion to state and local governments for equipment, training, and the development of emergency threat response plans. The Health Resources and Services Administration provided funds to hospitals to improve their infrastructure.

Still, some could argue we have a long way to go. A study by Trust for America's Health, a nonprofit health advocacy group, outlines challenges that state and federal governments face when trying to rebuild an infrastructure that's been all but ignored for nearly 20 years. According to the study, only nine of 50 states met more than half of 10 preparedness targets drawn up by an advisory panel of public health officials; most states are not ready to handle a biochemical terrorist attack or other public health emergency.

States were judged on targets that included spending 90 percent of 2002 federal bioterror-preparedness funds, whether the state had at least one laboratory equipped to handle critical biological agents, and whether the state cut public health funding in 2003.

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Attention Pathology Chairs! Nominate your most outstanding sophomore medical students for the "ASCP Award for Academic Excellence and Achievement." The purpose of this award is to recognize medical students for their academic excellence and encourage them to consider a career in pathology. The deadline for submission of nomination ballots is May 15, 2004. For more information contact the ASCP Executive Office Services at 312-738-1336, ext. 1309 or visit www.ascp.org/Downloadables1/WebTextItems/6488.asp.

Confronting Bioterrorism

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Two-thirds had cut that funding amid severe budget problems, and only Florida and Illinois had the number of nurses, doctors, and pharmacists the federal government deems necessary during an emergency.

State bureaucracy can slow many efforts, Jacobs explained. Some states accept federal funds and then reduce their own funds allocated for emergency preparedness. He cautioned that states are under tremendous budgetary pressures. "Many times they have to balance budgets while the federal government can run deficits."

Public health labs have used their dollars wisely, Jacobs said. Forty-three states have at least one Biosafety Level 3 lab; those that do not are in the process of building them, he said.

Many public health labs have revisited their pay structures in an effort to recruit qualified staff. As with clinical laboratories, public health labs are struggling to find qualified staff to fill vacancies. "In many cases we are competing for the same people," Jacobs said.

According to Jacobs, there needs to be greater attention to ensuring that our clinical labs are ready for an emergency, whether for a pandemic flu or a bioterrorist attack.

"We need to ensure adequate training and communication between clinical and public health labs," Jacobs said. "It's a concern of ASCP to make sure our nation's clinical labs are not ignored in this process."

Federal dollars provided to state public health labs have greatly improved their ability to handle biological specimens, although more work needs to be done, said Scott Becker, executive director of public heath laboratories for the Association of Public Health Laboratories in Washington, DC.

The lab's readiness to test for chemicals in humans is just beginning to evolve, Becker said. With CDC funding, states are purchasing instruments, hiring chemists, and training staff. Testing for environmental chemicals will require more coordination by the Environmental Protection Agency, Department of Health and Human Services, and Department of Homeland Security.

"We've made the most progress in the area of biopreparedness, but some states still need resources for facility improvements and instrument upgrades," Becker said. Challenges include staffing shortages, a state personnel system that operates slowly, and state budget shortfalls that severely hamper efforts. "Just at a time when federal resources are at an all-time high, state budgets are being cut and you can't do more with less," said Becker.

10 key indicators for states to assess their readiness for bioterrorism and other large-scale public health emergencies.

(Source: Trust for America's Health)

1. Spent or obligated at least 90% of FY 2002 federal funds.
2. Passed on at least 50% of federal funds to local health departments.
3. State spending on public health increased or was maintained.
4. Sufficient workers to distribute Strategic National Stockpile supplies.
5. Has at least one bioterrorism lab (Biosafety Level-3 Lab).
6. Has enough bioterrorism labs to handle a public health emergency.
7. No more than 3 counties without emergency alert capability.
8. Has initial bioterrorism plan.
9. Has pandemic flu plan.
10. State-specific information about SARS was available during crisis. ■