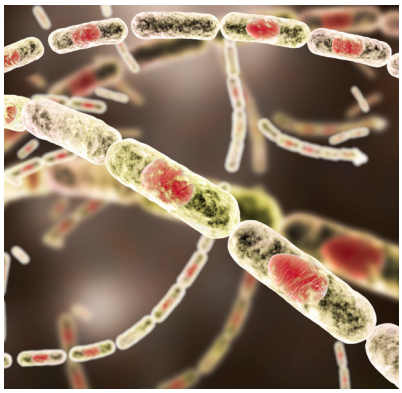
U.S. Department of Health & Human Services
Administration for Strategic Preparedness & Response
Center for the Strategic National Stockpile

Receiving Anthrax Medical Countermeasures from the Strategic National Stockpile

Planning Considerations for State, Local, Tribal, and Territorial Partners

January 2026



ASPR

Note: This document contains sensitive information and should not be distributed widely.

ASPR Administration for Strategic Preparedness & Response

Receiving Anthrax Medical Countermeasures from the Strategic National Stockpile

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Overview

Anthrax is a deadly infectious disease caused by *Bacillus anthracis (B. anthracis)* bacteria. According to the U.S. Department of Homeland Security and public health experts, anthrax is a likely agent to be used in a biological attack because of its potential to devastate a city or a region, causing massive disease outbreaks and death.

It only takes a small amount of *B. anthracis* spores to infect a large number of people. An aerosolized release of *B. anthracis* spores would likely cause a significant public health emergency with the potential for a high number of casualties. Inhalation anthrax would likely account for the most serious morbidity and mortality following aerosolized release of *B. anthracis* spores.

In the event of an aerosolized anthrax release, the following are necessary:

- **Early diagnosis of anthrax**
- **Use of post-exposure prophylaxis (PEP) to protect potentially exposed populations**
- **Initiation of appropriate treatment for those who develop symptoms**

The use of PEP in the first 48 hours following an anthrax incident is crucial to saving lives. Clinical recommendations for effective anthrax PEP include oral antimicrobial drugs in conjunction with anthrax vaccine for exposed individuals. Since anthrax vaccine is currently in limited supply, prioritization strategies may be necessary in the event of a large multi-jurisdictional anthrax incident.

The Strategic National Stockpile (SNS), managed by the Administration for Strategic Preparedness and Response (ASPR), will deploy the following medical countermeasures (MCMs) in response to an anthrax incident:

Antimicrobial drugs

Antitoxins

Vaccine

Other MCMs as necessary

Based on the Centers for Disease Control and Prevention (CDC) clinical recommendations, the SNS will execute a multi-staged response plan for the distribution of PEP MCMs:

- First, the SNS will deploy a 10-day supply of oral antimicrobial drugs to affected jurisdictions.
- This will be followed by a 50-day supply of oral antimicrobial drugs to complete the required PEP course and anthrax vaccine.

In consultation with jurisdictional officials, the CDC, and the Department of Health and Human Services (HHS) Secretary's Operations Center, the SNS may continue distributing PEP MCMs for an extended period of time during the anthrax incident. A combination of a 10-day unit-of-use (u/u) bottle and a 50-day u/u bottle will provide an amount of oral antimicrobial tablets, capsules, or suspension for up to 60 days for one person of any age. Anthrax vaccine will be distributed to affected jurisdictions as multidose vials under cold-chain management. Ancillary supplies are not traditionally delivered with the anthrax vaccine; therefore, jurisdictions should include acquiring necessary supplies in their planning.

In addition to PEP countermeasures, the SNS maintains anthrax treatment countermeasures that are primarily intended for symptomatic patients in hospital settings. Treatment MCMs (such as intravenous (IV) antimicrobials or antitoxins) may be deployed as needed throughout the response.

Please note that the timelines described in this document are subject to change if an incident necessitates earlier response times.

Purpose

State, local, tribal, and territorial (SLTT) governments are responsible for detecting and responding to anthrax incidents and implementing measures to mitigate the adverse health, social, and economic consequences. ASPR, the CDC, and other federal partners can help affected jurisdictions prepare for, respond to, and recover from exposures to biological agents.

Focused on inhalation anthrax, the following planning considerations outline SNS MCM distribution operations that can help public health and health care planners coordinate efforts for receipt, distribution, and dispensing of MCMs to all potentially exposed populations.

Preparedness

Preparedness involves many pre-incident actions that ensure jurisdictions are ready for an anthrax response. The following are key actions to perform in advance of an emergency:

- determining the appropriate MCMs
- developing response plans
- training personnel
- conducting readiness exercises
- evaluating operational readiness through exercises
- maintaining situational awareness in coordination with subject matter experts (SMEs)

The SNS Office of National Readiness and Response and the SNS Office of State, Local, Tribal, and Territorial Preparedness work closely with the CDC Division of State and Local Readiness and other public health partners across the nation to coordinate their anthrax readiness and response plans. This planning partnership helps develop plans that promote the seamless transfer of SNS assets from states to local jurisdictions or localities and, ultimately, to the people who need them.

Tribal nations can request SNS resources through states. Requests to states can also happen concurrently with requests through the Indian Health Service and nation-to-nation requests through either the Federal Emergency Management Agency (FEMA) or ASPR regional administrators.

The Department of State provides direction on federal public health and medical support for response to all types of disasters and public health emergencies outside of the United States and its insular territorial areas via FEMA mission assignments.

The SNS will deliver MCMs used for PEP to designated receive, stage, and store (RSS) facilities or other facilities managed by SLTT partners.All designated RSS facilities must have a completed site survey filed with the SNS and either possess or have access to the required cold temperature storage capacity available. The SNS will coordinate with affected jurisdictions on the delivery of MCMs to points of care that treat symptomatic patients at the time of an event.

Medical Countermeasures (MCMs)

The Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) coordinates MCM-related efforts within HHS and works in cooperation with interagency partners to determine the appropriate type and quantity of MCMs for the SNS formulary. The current SNS inventory of anthrax countermeasures for PEP and treatment, determined through the PHEMCE process, is listed below. However, these MCMs are subject to change through the PHEMCE annual MCM preparedness review process.

Anthrax MCMs in the SNS
Oral antimicrobial drugs (tablets/capsules, suspension) • amoxicillin, ciprofloxacin, doxycycline
IV antimicrobial drugs • ciprofloxacin, clindamycin, doxycycline, meropenem, penicillin G, rifampin
Vaccine • anthrax vaccine adsorbed, adjuvanted (AVA-adjuvanted)
IV antitoxins • raxibacumab, obiltoxaximab
Ventilators

PEP

Providing PEP to decrease the likelihood of infection among people potentially exposed to *B. anthracis* requires rapid decision making, as well as distribution, dispensing, and administration of appropriate medications. The SNS will use metropolitan statistical area (MSA) population data until SMEs can provide better estimates of the potentially exposed population. As public health officials gather better epidemiologic data, the population requiring PEP will be refined.

The use of oral PEP in the first 48 hours following an anthrax incident is crucial to saving lives. For all potentially exposed individuals, the CDC recommends oral antimicrobial drugs given in conjunction with the anthrax vaccine.

Treatment

In addition to PEP for those potentially exposed, MCMs recommended for anthrax treatment will be deployed for use in health care settings. Anthrax treatment consists of a multidrug course, starting with IV antimicrobial drugs. Depending on the severity of the illness, the patient may require IV antitoxins in addition to the IV antimicrobial drugs. After a patient has successfully completed a prescribed course of IV antimicrobial drugs (or once clinically appropriate), treatment should change to oral antimicrobial drugs to complete the required course.

Planning Considerations for Specific Response Needs

Many of the following sections also provide planning considerations specific to the nature of the event and the necessary response. Look for the "Planning Considerations" box at the end of each section beginning with "Receiving PEP Countermeasures from the SNS."

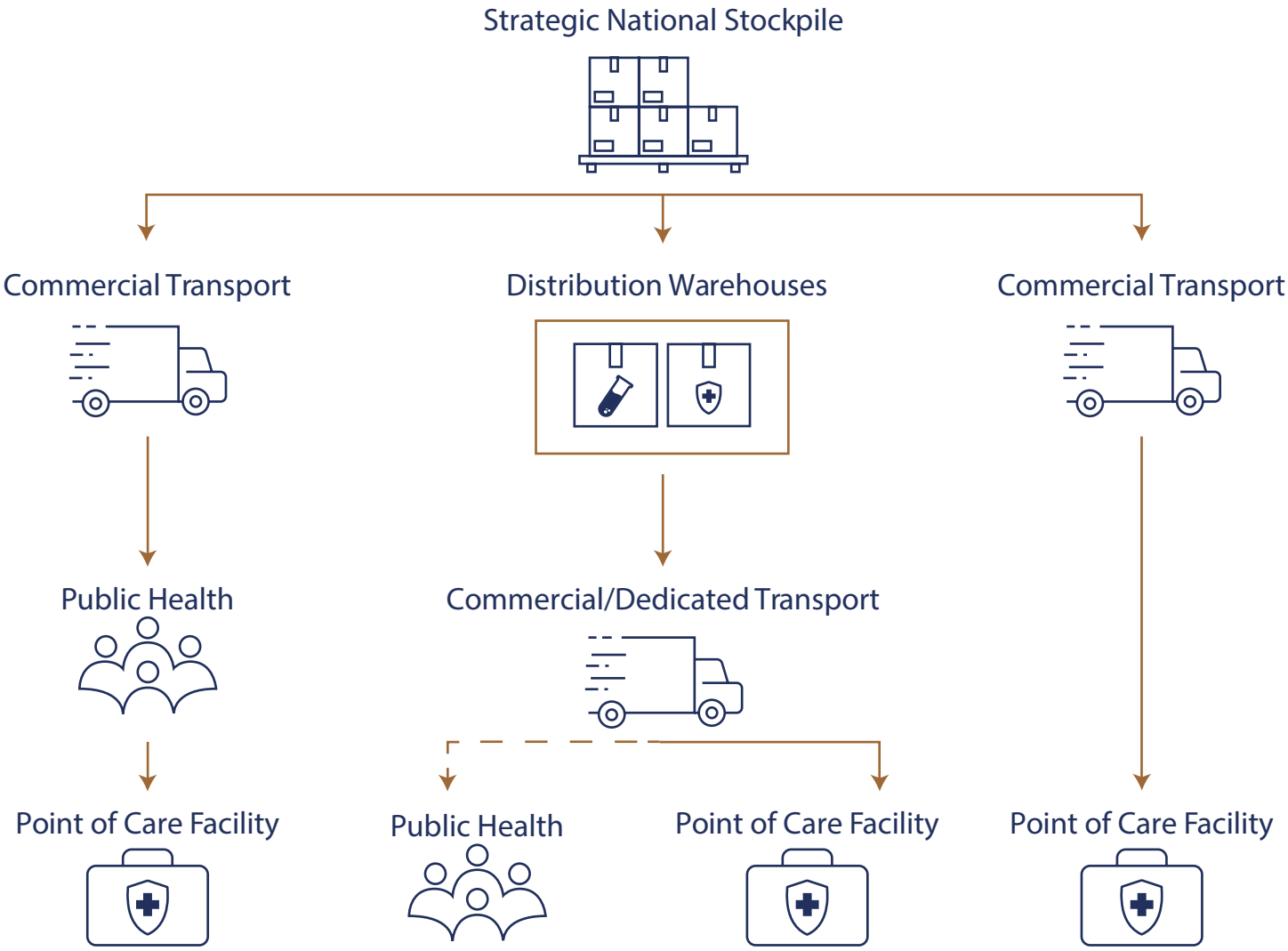
Federal Response Guidance

An anthrax incident may be recognized through several means:

- confirmation of anthrax in humans through traditional disease reporting
- environmental monitoring
- credible intelligence

The HHS Secretary may direct deployment of MCMs upon receipt of credible intelligence that an anthrax incident occurred or is imminent, or the confirmation of sentinel patients at a health care facility. Once a federal decision to deploy MCMs is made, jurisdictions should be prepared to rapidly receive, distribute, dispense, and administer MCMs since early administration is key to effectiveness.

The SNS offers flexible distribution strategies for delivering MCMs. Traditionally, SNS shipments were sent directly to RSS warehouses within public health jurisdictions. While this approach remains an option, the SNS has expanded its capabilities in recent years by partnering with commercial distributors and leveraging their warehousing and transportation networks. Additionally, the SNS can deliver countermeasures directly to point-of-care facilities, ensuring faster and more targeted responses.



The SNS anticipates delivering the majority of MCMs to the designated RSS facility in the affected jurisdictions. After receiving the MCMs, the jurisdictions will distribute assets from the RSS facility to affected localities based on their established distribution plans. Each jurisdiction is responsible for determining the best distribution model for its unique circumstances and resources, which includes the transfer of MCMs and integration of plans among the various localities.

Receiving PEP Countermeasures from the SNS

MCMs are deployed from the SNS using a two-phased strategy.

The first phase consists of:

- 10-day supplies of oral antimicrobial drugs (unit of use (u/u) bottles and suspension)

The second phase consists of:

- 50-day supplies of oral antimicrobial drugs (u/u bottles and suspension) and vaccine (a two-dose series administered intramuscularly two weeks apart for AVA-adjuvanted) for the appropriate PEP course

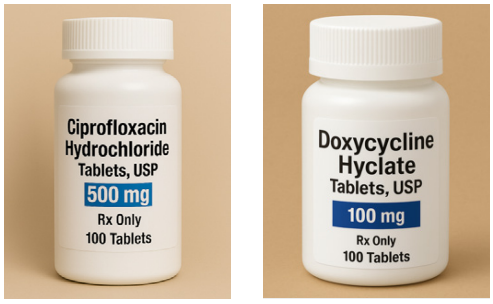
Those receiving antimicrobials alone, without anthrax vaccine, should complete a 60-day PEP course. However, the duration of antimicrobial use could be shortened with concurrent receipt of anthrax vaccine. Thus, it is possible that the duration of antimicrobials received by potentially exposed persons may vary among the population. Specific information on the duration of antimicrobials when taken in conjunction with anthrax vaccine will be provided as the MCMs are distributed.

Though duration may differ between potentially exposed individuals, and recipients may be instructed to stop their antimicrobial course earlier than 60 days, the SNS deployments will remain consistent to ensure all potentially exposed persons have an adequate supply of antimicrobials.

Prior to receiving MCMs, jurisdictions should consult relevant Public Readiness and Emergency Preparedness (PREP) Act declarations and, upon receipt, distribute MCMs accordingly to ensure coverage under the PREP Act's liability protections. Any suspected adverse reaction to an MCM should be reported to either the U.S. Food and Drug Administration (FDA) MedWatch or through the Vaccine Adverse Event Reporting System (VAERS) (for vaccines specifically).

The following describes the types of MCMs the SNS can deploy in response to an anthrax incident by type of medication and SNS response phase.

Oral Antimicrobial Drugs: Ciprofloxacin and Doxycycline (Tablets)



Ciprofloxacin and doxycycline are approved by the FDA for PEP of inhalation anthrax. They are the preferred oral antimicrobial drugs (prior to sensitivity testing) recommended to protect against inhalation anthrax infection. Affected jurisdictions will receive u/u bottles of ciprofloxacin and doxycycline tablets, in multiple deliveries:

- Initial Response: 10-day supply
- Follow-on Response: 50-day supply

Oral Antimicrobial Drugs: Ciprofloxacin and Doxycycline (Tablets) Response	
Initial Response: 10-day Supply	Immediately following a federal decision to deploy MCMs, the SNS will begin delivery of 10-day u/u oral ciprofloxacin and doxycycline tablets to initiate PEP for potentially exposed people. Cases of oral antimicrobial drugs will be delivered directly to the affected jurisdictions via air cargo containers, on pallets, or a combination of both.
Follow-on Response:50-day Supply	The deployment process for the 50-day supply begins immediately following shipment of the initial 10-day supply. Jurisdictions affected should coordinate with the SNS to receive their 50-day supply of oral antimicrobials, and anticipate delivery to their RSS facilities within eight days of the federal decision to deploy. The follow-on shipments will contain enough PEP for all potentially exposed people. The number of 50-day u/u bottles deployed will be sufficient to cover the same population used for the 10-day u/u calculation unless epidemiological data or state or local investigations refine the number of people that require PEP.

Planning Considerations: Emergency Use Instructions for Ciprofloxacin and Doxycycline

Emergency Use Instructions (EUI) provide information to health care providers and recipients about specific uses of medical products approved by the FDA. The CDC has legal authority to create, issue, and disseminate EUI for FDA-approved medical products. During an anthrax incident, the use of oral ciprofloxacin and doxycycline will be guided by the EUI in conjunction with other relevant FDA actions since the expiration dates of these MCMs may be extended through the Shelf-Life Extension Program (SLEP).

SLEP is the federal, fee-for-service program through which the labeled shelf life of certain federally stockpiled medical supplies (e.g., in the SNS) can be extended after they undergo periodic stability testing conducted by the FDA.

Oral ciprofloxacin and doxycycline held in the SNS may be approved for an extended shelf life once testing confirms they are approved for continued use. When shelf-life is extended, the medications are not relabeled with the new expiration date. Instead, in those circumstances, jurisdictions will receive communication (e.g., Dear Health Care Provider letters) that outline the medication, lot number, and new expiration date.

Information on the use of ciprofloxacin and doxycycline for anthrax PEP (including EUI and crushing instructions) are accessible at:

- Products Approved for Anthrax
- Anthrax Prevention
- Emergency Use of Doxycycline
- Emergency Use of Ciprofloxacin

These materials will also be available on the SNS website during an anthrax incident.

Planning Considerations: Emergency Use Instructions for Ciprofloxacin and Doxycycline Con't

During an emergency, public health officials in affected jurisdictions should disseminate the EUI information to the public through various communication channels, such as:

- Website of state, local, tribal, or territorial agencies
- Print and/or online newspapers
- Social media platforms (such as X, Instagram, and Facebook)

Oral Antimicrobial Drugs: Amoxicillin (Capsules)

Amoxicillin is not FDA approved for anthrax PEP. However, it may be recommended for use via an Emergency Use Authorization (EUA) if sensitivity testing determines it is effective against an anthrax strain. If amoxicillin proves to be effective, it would be prioritized for people younger than 18 years of age, since SNS supplies of amoxicillin are limited and potential side effects are associated with long-term use of ciprofloxacin and doxycycline among this age group.

Per the CDC's Guidelines for Prevention and Treatment of Anthrax, pregnant women may be switched to amoxicillin if there are medical contraindications to other antimicrobials (i.e., doxycycline and ciprofloxacin) or if amoxicillin is shown to be effective against the anthrax strain. Affected jurisdictions should take these issues into consideration and address this scenario in their response plans.

Oral Antimicrobial Drugs: Amoxicillin (Capsules) Response	
Initial Response: 10-day Supply	Amoxicillin is not included in the initial response to allow for sensitivity testing to be completed prior to deployment.
Follow-on Response:50-day Supply	Affected jurisdictions will receive amoxicillin (50-day u/u) at their RSS facilities during the follow-on response if sensitivity testing supports its use. This will allow children who started on ciprofloxacin or doxycycline to safely change to amoxicillin to complete the full PEP course. Amoxicillin capsules may be packaged such that multiple u/u bottles will be needed to complete the remaining PEP course. Due to possible side effects of long-term use of ciprofloxacin and doxycycline in people younger than 18 years of age, amoxicillin is the preferred antimicrobial drug for this age group. Because quantities of amoxicillin are limited in the SNS, the CDC may also recommend that children 8 years of age and younger are prioritized for PEP with amoxicillin.

Planning Considerations: EUA for Amoxicillin

- Refer to sensitivity testing results to ensure it is appropriate for use.
- Amoxicillin requires an EUA for use as PEP.
- Quantities of amoxicillin are limited in the SNS.

Affected jurisdictions should be aware that EUAs can come with conditions that must be followed at the time of an event. The FDA will list these conditions as part of the EUA. As with EUI materials, public health officials in affected jurisdictions should disseminate informational materials on products used under an EUA through various communication channels, such as:

State, local, tribal, and/or territorial agency websites

Print and/or online newspapers

Local radio and TV stations

Social media platforms (such as X, Instagram, and Facebook)

Pediatric Oral Antimicrobial Drugs: Amoxicillin, Ciprofloxacin, and Doxycycline (Oral Suspension)

The quantities of pediatric antimicrobial suspension on hand in hospitals or pharmacies may not be sufficient in a large anthrax incident. Therefore, the SNS simultaneously deploys pediatric antimicrobial suspensions (ciprofloxacin and doxycycline) with the initial shipment and follow-on shipment (including amoxicillin) of MCMs to RSS facilities in the affected jurisdictions. Due to limited quantities available in the SNS, the pediatric antimicrobial (amoxicillin, ciprofloxacin, and doxycycline) suspension deployed through the SNS is typically reserved for children younger than 1 year of age.

The initial and follow-on shipments include one oral dosing syringe per suspension bottle. Suspension is shipped from the SNS in powder form and must be reconstituted prior to patient administration. The SNS does not supply the distilled water for reconstitution of amoxicillin and doxycycline suspension. It is best to use distilled or purified water; however, any potable water is sufficient for reconstitution. Ciprofloxacin comes packaged with its own diluent. Special transportation is not required for suspension. Oral dosing syringes will be provided with all suspension formulations to allow for accurate dosing even when measuring spoons are included in commercial packaging.

Pediatric Oral Antimicrobial Drugs: Amoxicillin, Ciprofloxacin, and Doxycycline (Oral Suspension) Response	
Initial Response: 10-day Supply	Affected jurisdictions will receive 10-day supplies of pediatric antimicrobial (ciprofloxacin, doxycycline) suspension in the first shipments following the federal decision to deploy. The SNS deploys pediatric antimicrobial suspension to the RSS simultaneously with the 10-day u/u bottles.

Follow-on Response:50-day Supply	Immediately following the initial response, the SNS will deploy additional suspension during the follow-on response. Affected jurisdictions can expect to receive the second shipment of pediatric antimicrobial (i.e., the first shipment of amoxicillin and the second shipments of ciprofloxacin and doxycycline) suspension within eight days of the federal decision to deploy. Not all three types of suspensions may be recommended during an event; only those recommended by public health officials will be shipped. Amoxicillin, based on its safety profile, is the preferred antimicrobial for people younger than 18 years of age when sensitivity testing determines it is effective against the anthrax strain. Due to its limited supply, oral amoxicillin suspension will be further prioritized for children less than 1 year of age.

Planning Considerations: Pediatric Antimicrobial Oral Suspension

- Ciprofloxacin and doxycycline suspension are approved by the FDA for use as anthrax PEP. However, both antimicrobials require EUIs in combination with relevant FDA actions (e.g., emergency dispensing order, current good manufacturing practices (cGMP) waiver, etc.) due to bottle packaging, labeling, and participation in the FDA's SLEP. Affected jurisdictions should be familiar with the specific emergency dispensing order/cGMP waiver for pertinent information. In this situation, the FDA would grant a mass dispensing order to avoid the need for individual prescriptions or specific labeling information and to allow temperature excursions for these two products. These documents are part of a regulatory package that will allow the use of these two medications without an EUA and associated EUA conditions.
- Amoxicillin is not FDA approved for anthrax PEP and requires an EUA for use. Due to limited quantities available in the SNS, suspension is recommended for use in children younger than 1 year of age. Depending on the affected population size, suspension supplies may not be sufficient for all children under 1 year of age. In that case, opening and mixing or crushing oral MCM formulations may be advised. Instructions for crushing doxycycline tablets are available on the CDC website, and additional at-home dose preparation instructions for other MCMs may be made available during an anthrax incident. A video demonstration of crushing doxycycline is available on the CDC's YouTube channel.
- The SNS supplies oral dosing syringes but does not supply the distilled water for reconstitution of oral antimicrobial suspensions. While it is best to use distilled or purified water, any potable water is sufficient for reconstitution. Ciprofloxacin comes packaged with its own diluent.

Anthrax Vaccine

Anthrax Vaccine Absorbed (AVA)-adjuvanted (also known by its brand name Cyfendus) is a new anthrax vaccine held in the SNS.

AVA-adjuvanted is FDA approved for anthrax PEP in adults aged 18-65 years old, including pregnant and lactating persons. AVA-adjuvanted use for PEP in people younger than 18 years of age or adults older than 65 years of age is beyond the approved labeled use and will be provided under an appropriate regulatory mechanism (e.g., EUA, investigational new drug (IND), or EUI) during an anthrax incident.

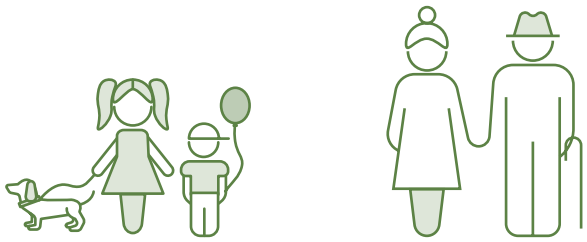
AVA-adjuvanted for anthrax PEP is administered via the intramuscular route in a two-dose course at 0 and 2 weeks following anthrax exposure, along with 42-60 days of oral antimicrobial drugs. The first dose of anthrax vaccine

should be administered within the first 10 days of exposure. To prevent unnecessary vaccinations, epidemiological data that better define this affected population should be available before the second vaccine dose is due.

Affected jurisdictions will receive the first AVA-adjuvanted doses concurrently with 50-day u/u bottles of oral antimicrobial drugs deployed to their RSS facilities or other predesignated locations. Cold chain management (CCM) capabilities should be in place, as verified in the RSS facility site survey. The first shipment of AVA-adjuvanted is the initial vaccine dose allocation (week 0) for an MSA population or initially identified exposed population.

The SNS will deploy the second AVA-adjuvanted dose to the RSS facilities or designated locations (week 2) according to the recommended vaccine schedule. The AVA-adjuvanted quantity for the second dose will be the same as the first dose, unless refined data on exposed persons become available.

Planning Considerations for AVA-adjuvanted



The use of AVA-adjuvanted for individuals younger than 18 years of age or older than 65 years of age, in combination with appropriate antibiotics, will be under appropriate regulatory mechanisms (e.g., EUA, IND, or EUI).

Anthrax vaccine requires cold chain management and must be stored at 2°C - 8°C (36°F - 46°F)

- The SNS is working to increase its limited quantities of ancillary supplies (such as needles and syringes) to administer anthrax vaccine. Therefore, affected jurisdictions should consider how to acquire and provide necessary ancillary supplies for vaccine administration. These ancillary supplies should include sterile syringes, needles, and alcohol pads. Recommendations from state or local immunization services should guide the size of the needle used for treatment.
- Suspected adverse reactions to anthrax vaccine should be reported via the VAERS or to the manufacturer.
- Although not strictly contraindicated, anthrax vaccine should not be co-administered with routine childhood vaccinations during an anthrax incident. The administration of routine vaccines to children within six weeks of the final anthrax vaccine immunization could contribute to increased adverse reactions, resulting in a reduction in adherence to full vaccine schedules for both routine vaccines and the anthrax vaccine.
- Anthrax vaccination record cards used to track dosage, dates, and other vaccination details are shipped with AVA-adjuvanted. Each person receiving the anthrax vaccine will receive one vaccination card.
    - Anthrax vaccination record cards are wallet-sized reminders for anthrax vaccine recipients to know when to return to a vaccination clinic for their subsequent anthrax vaccine dose(s).
    - The anthrax vaccination record cards include blank spaces for the vaccination clinic providers to fill out the recipient's name, vaccine name, date of each vaccination, and date to return for next vaccination, as well as contact information for recipients to report adverse events.

Planning Considerations for AVA-adjuvanted Con't

- Anthrax vaccination record cards can help vaccination clinic providers verify recipient dose schedules and needs.
- Jurisdictions may also consider entering the vaccination data in their immunization information systems.

Receiving Treatment MCMs from the SNS

MCMs for treatment of anthrax held in the SNS include:

- IV antimicrobial drugs
- IV antitoxins

IV antimicrobial drugs and IV antitoxins can be delivered to an RSS site, a coordinating hospital, or an individual hospital. Treatment MCMs (IV antimicrobials, antitoxins) may be deployed as needed throughout the response.

IV Antimicrobial Drugs

The SNS inventory contains the following IV antimicrobial drugs used to treat anthrax:

- Ciprofloxacin
- Clindamycin
- Doxycycline
- Meropenem
- Penicillin G
- Rifampin

Doxycycline and penicillin G are FDA approved for the treatment of anthrax. Since they are used with EUI during an anthrax emergency, EUI fact sheets will be provided.

Although IV formulations are not likely to be used for PEP, IV ciprofloxacin is FDA approved for PEP of anthrax. IV ciprofloxacin, clindamycin, meropenem, and rifampin require an EUA when used as part of a multidrug treatment approach.

Planning Considerations for IV Antimicrobial Drugs

Quantities of IV antimicrobial drugs are deployed based on patient counts, hospital needs, jurisdictional requests, public health official guidance, and product availability. There are no special transportation temperature requirements for IV antimicrobial drugs.

Anthrax Antitoxins: Obiltoxaximab, and Raxibacumab

Anthrax antitoxins are recommended for PEP when antimicrobial drugs are not available or inappropriate for the given circumstances. SNS-held quantities are limited, however, and thus treatment is prioritized over PEP use. An anthrax antitoxin should be added as a combination to antimicrobial drug treatment for any patient exhibiting symptoms with a high clinical probability of systemic anthrax.

Individuals who contract anthrax may require antitoxins in addition to IV antimicrobial drugs. At any given time, the SNS may have the following anthrax antitoxins:

- obiltoxaximab
- raxibacumab

All are FDA approved to treat inhalation anthrax in combination with appropriate antimicrobials. However, please note that all antitoxins:

- are only used with EUI during an emergency
- require cold chain management
- are available in limited quantities

In accordance with CDC recommendations, allocation of anthrax antitoxins will be prioritized, as clinically appropriate, to persons determined to have laboratory-confirmed anthrax. In a mass casualty situation, allocation of anthrax antitoxins will be prioritized to people with:

- an illness clinically compatible with anthrax
- a risk of exposure
- systemic involvement

Persons with simple, uncomplicated infections would not be eligible for anthrax antitoxins.

The SNS can send anthrax antitoxins to a hospital or another location identified by the affected jurisdiction. This hospital can be designated to:

- act as the recipient of these time-sensitive MCM resources
- serve as the coordinating hub for other hospitals
- redistribute MCMs as required

Planning Considerations for Anthrax Antitoxins

Obiltoxaximab and raxibacumab require cold chain management and must be stored at 2°C-8°C (36°F - 46°F).

- Obiltoxaximab, and raxibacumab are FDA approved to treat inhalation anthrax. An EUI will direct the appropriate use of these antitoxins during an anthrax emergency. Once the EUI is issued, fact sheets will be provided for the public and health care providers. Treatment of non-inhalation anthrax requires an investigational new drug application.
- Release of anthrax antitoxins requires special approval. The CDC will approve the use of antitoxins to treat individuals on a case-by-case basis (if the incident allows for it). Information about the process for requesting these MCMs from the SNS will be made available during the incident.
- Suspected adverse reactions should be reported to the FDA MedWatch or the manufacturer.

Ventilators

During public health emergencies severe enough to exhaust local supplies of ventilators, the SNS may deploy ventilators to affected jurisdictions. Mechanical ventilators are a critical lifesaving MCM that may be needed for persons with severe respiratory illness associated with *B. anthracis* exposure.

Ventilators are a scarce resource and will likely be in high demand following an anthrax incident. For the various models in the SNS inventory, up-to-date information regarding ventilator specifications and just-in-time training is available at SNS Respiratory Support and Supplies.

Initially, the SNS may deploy ventilators to a state-identified facility such as a medical center or other point of use in affected jurisdictions as early as day three, but no later than day 10. After the initial deployment, affected jurisdictions may request additional units as needed. Ventilators are deployed with the necessary ancillary supplies to ventilate one adult or pediatric patient. In some instances, resupply kits may be available when additional ancillary supplies are needed.

Planning Considerations for Ventilators

- All SNS ventilator models are issued with a QR code that links to available web-based training and information on ancillary supplies to assist one adult or pediatric patient. All SNS ventilator operational manuals can be accessed at SNS Respiratory Support and Supplies.
- SNS ventilators are a recoverable asset.
- Jurisdictions that receive ventilators are required to track them to facilitate the SNS recovery of these assets following the incident.
- The tracking requirement is outlined on the property custody form and requires a signature by the receiving jurisdictional authority at the RSS facility upon receipt.
- Prior to returning the ventilators to the SNS, the hospital must clean the ventilators according to infection control guidelines and the manufacturer's instructions.

SNS Asset Recovery Following an Anthrax Incident

MCMs sent to a jurisdiction during a response become the property of the jurisdictional authority and cannot be returned to the SNS. Exceptions to this include any unused assets maintained under federal control and durable assets (e.g., ventilators, aspirators, air cargo containers, other movable containers), which are expected to be returned to the SNS inventory. Jurisdictions can return these assets by contacting the SNS Operations Center at sns.ops@hhs.gov.

References - Current Clinical Recommendations

CDC Guidelines for the Prevention and Treatment of Anthrax, 2023
https://www.cdc.gov/mmwr/volumes/72/rr/rr7206a1.htm?s_cid=rr7206a1_w

Clinical Framework and Medical Countermeasure Use During an Anthrax Mass-Casualty Incident
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6404a1.htm

Use of Anthrax Vaccine in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2019
https://www.cdc.gov/mmwr/volumes/68/rr/rr6804a1.htm

Considerations for Anthrax Vaccine Adsorbed (AVA) Post-Exposure Prioritization
https://www.cdc.gov/anthrax/pdf/ava-post-event-prioritization-guidance.pdf

Emergency Use Instructions (EUI) for Doxycycline and Ciprofloxacin for Post-exposure Prophylaxis (PEP) of Anthrax
Emergency Use of Doxycycline
Emergency Use of Ciprofloxacin

Prepare Doxycycline Hyclate for Non-Pill Swallowers
https://www.cdc.gov/anthrax/prevention/doxycycline-preparation-instructions.html?CDC_AAref_Val=https://www.cdc.gov/anthrax/medical-care/doxy-crushing-instruction-pamphlet.html

Resources

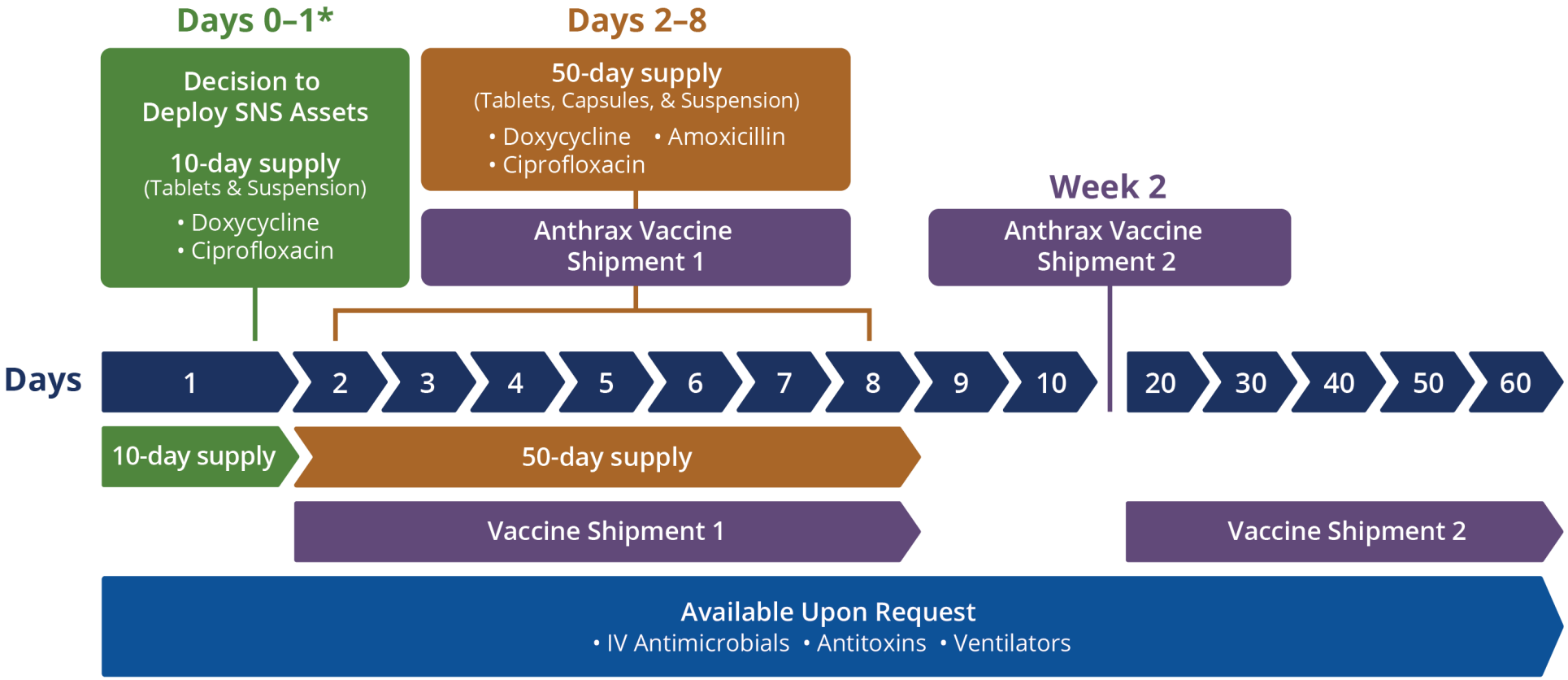
National Strategy for Countering Biological Threats, National Security Council, November 2009
https://obamawhitehouse.archives.gov/sites/default/files/National_Strategy_for_Countering_BioThreats.pdf

Biological Incident Annex, National Response Framework (NRF), August 2008
http://www.fema.gov/pdf/emergency/nrf/nrf_BiologicalIncidentAnnex.pdf

CDC All-Hazards Preparedness Guide, September 2012
https://stacks.cdc.gov/view/cdc/12007

CDC Anthrax website
https://www.cdc.gov/anthrax/

Appendix 1 – SNS Anthrax Response Timeline



Timeline is subject to change as response dictates

** Day 0 starts on the decision to deploy, though treatment may go out before an official decision of a mass deployment due to clinical diagnoses of individual cases at the onset of the response.*

Appendix 2 – Anthrax MCMs with Ancillary Supplies

Asset	Purpose	Deployment Timeline	Delivery Location	SNS Supplied Ancillaries	Notes
Ciprofloxacin, Doxycycline tablets	PEP	10-day u/u delivered within 12-24 hours; 50-day u/u delivered prior to day 8	RSS	None	Doxycycline crushing instructions for pediatrics disseminated electronically
Ciprofloxacin, Doxycycline suspension	PEP	10-day u/u delivered within 12-24 hours; 50-day u/u delivered prior to day 8	RSS	Oral dosing syringes	Oral dosing syringes sent with each bottle (1:1 ratio)
Amoxicillin capsules	PEP	50-day u/u delivered prior to day 8	RSS	None	None
Amoxicillin suspension	PEP	50-day u/u delivered prior to day 8	RSS	Oral dosing syringes	Oral dosing syringes sent with each bottle (1:1 ratio)
AVA-Adjuvanted	PEP	Deliver 1st dose prior to day 8	RSS	Vaccination record cards	Vaccination record cards provided for each vaccine; requires CCM; limited syringe /needle ancillary supply
IV Antimicrobials (Ciprofloxacin, Clindamycin, Doxycycline, Meropenem, Penicillin G, Rifampin)	Treatment	Deploy IV antimicrobials as needed upon request based on patient counts and hospital needs	RSS, Coordinating hospital, or directly to hospital	General IV supplies	IV ancillary supplies available upon request and dependent on availability in SNS inventory
Obiltoxaximab and Raxibacumab	Treatment	Deploy antitoxins as needed with CDC approval	RSS, Coordinating hospital, or directly to hospital	None	Requires CCM; released on case-by-case basis with CDC approval
Ventilators	Treatment	Deploy upon request following verification of need	RSS, or directly to hospital	Ventilator ancillary kits	Require tracking for reclamation

Table 1. Anthrax MCMs with Ancillary Supplies

Appendix 3 – MCMs Regulatory Status

The table below lists the regulatory status or regulatory mechanism needed to use specific drug products in the SNS for the treatment or prevention of anthrax as of January 2026.

Drug (Based on SNS packaging/ available formulation)	Treatment (TX) / Post-exposure prophylaxis (PEP)	FDA Approved for either TX and/or PEP	IND	EUA	EUI**
Amoxicillin U/U, suspension	PEP			X	
Ciprofloxacin U/U, suspension	PEP	X			X
Doxycycline U/U, suspension	PEP	X			X
AVA-adjuvanted, vaccine	PEP	X	X	X	X
Ciprofloxacin IV*	TX	X		X	
Clindamycin IV*	TX			X	
Doxycycline IV	TX	X			X
Meropenem IV*	TX			X	
Penicillin IV	TX	X			X
Rifampin IV*	TX			X	
Raxibacumab IV	PEP/TX	X	X		X
Obiltoxaximab IV	PEP/TX	X			X

Table 2. Anthrax MCM Regulatory Status/Mechanisms Needed for Product Use

*EUA supports IV antimicrobial drugs used as part of a multidrug approach to treat anthrax.

**EUI regulatory mechanism will be used for certain FDA-approved MCMs in combination with relevant FDA actions (e.g., issuing an emergency dispensing order to authorize dispensing without individual prescriptions, partial doses, without all required labeling, by non-health care professionals, etc.)

Under section 564A(e) of the Food, Drug & Cosmetic Act, the CDC may create and issue, and government stakeholders may disseminate an EUI about the FDA-approved conditions of use for such MCMs before or during a chemical, biological, radiological, or nuclear event. When feasible, the FDA and the CDC will coordinate the issuance of an emergency dispensing order and EUI for an MCM. To facilitate creation of EUI, the FDA and the CDC entered into a memorandum of understanding. The HHS Secretary delegated the EUI authority to the CDC Director in 2013.

Anthrax MCMs Status and Requirements

Oral doxycycline and ciprofloxacin – While FDA approved, u/u and suspension bottles require an EUI in combination with relevant FDA actions (e.g., emergency dispensing order, cGMP waiver, etc.) due to product packaging, SLEP, etc.

Oral amoxicillin – U/u and suspension require EUA for PEP.

Anthrax Vaccine Adsorbed, adjuvanted (AVA-adjuvanted) – FDA approved for PEP in adults 18 to 65 years of age when administered with recommended antimicrobial drugs, including pregnant and lactating persons.EUI may be issued for this population to provide specific information during an anthrax emergency, in combination with other emergency use authorities by the FDA, as applicable. Use for PEP in children ≤17 years of age and adults >65 years old will be under an appropriate regulatory mechanism (e.g., EUA, IND, or EUI).

IV doxycycline and penicillin G – FDA approved for the treatment and PEP of anthrax. Use of these MCMs during an emergency will be through CDC-issued EUI describing information related to use during an anthrax emergency, provided as fact sheets in combination with other emergency use authorities by the FDA as applicable.

IV ciprofloxacin – FDA-approved for PEP of anthrax. Use of this MCM during an emergency will be through EUA and used as part of a multi-drug treatment approach.

IV clindamycin, IV meropenem, and IV rifampin – require an EUA and are used as part of a multi-drug treatment approach.

IV obiltoxaximab, and raxibacumab – FDA approved for the treatment of inhalation anthrax. However, the EUI will be used in combination with relevant FDA actions (e.g., emergency dispensing order, cGMP waiver) that describe specific uses during an anthrax emergency. Treating non-inhalation anthrax requires an investigational new drug application.

EUA Conditions

Affected jurisdictions should be aware that EUAs can come with conditions that must be followed during an event. The FDA will list these conditions as part of the EUA. As with EUI materials, during an emergency, public health officials in affected jurisdictions should disseminate information on products used under an EUA to the public and health care providers through various communication channels, including print and electronic media.

Affected jurisdictions and health care providers should be aware of the relevant PREP Act declarations and distribute MCMs accordingly to ensure coverage under the PREP Act's liability protections. Lastly, suspected adverse reactions should be reported to either the FDA MedWatch, VAERS, or the manufacturer.

Appendix 4 – Definitions and Common Acronyms

Anthrax – A serious, deadly infectious disease caused by gram-positive, rod-shaped bacteria known as *Bacillus anthracis (B. anthracis)*.

Anthrax Incident – In this plan, the term "anthrax incident" refers to any large release of *B. anthracis* in a populated area that is likely to cause extensive illness, widespread panic, and disruption of civil services. While there are several methods to deploy anthrax, aerosolized anthrax is the most probable and dangerous means for a large incident.

Antimicrobial Drug – A drug used to treat a microbial infection. "Antimicrobial drug" is a general term that refers to a group of drugs that includes antibiotics, antifungals, antiprotozoals, and antivirals.

Antitoxin – Anthrax toxins are released when anthrax spores are activated and released in the body. One possible treatment is anthrax antitoxin. Doctors must use antitoxin together with other treatment options, including antimicrobial drugs. Currently, a few types of antitoxins can be used to treat anthrax.

Cold Chain Management (or CCM) – The practice of maintaining all phases of the cold chain (i.e., transit, processing, and storage) for temperature-sensitive products to ensure product efficacy, safety, and adherence to regulatory requirements.

Directly Funded Locality – One of four localities in the United States that directly receives funding from the CDC's Public Health Emergency Preparedness cooperative agreement. They include Chicago, Los Angeles County, New York City, and Washington, D.C.

Emergency Use Authorization (EUA) – Allows the FDA Commissioner to permit the use of unapproved medical products or unapproved uses of approved medical products in an emergency. An EUA authorizes the wide-scale emergency use of potentially lifesaving, but unapproved, uncleared, or unlicensed MCMs to diagnose, treat, or prevent serious or life-threatening diseases or conditions when there are no adequate, approved, and available alternatives in an emergency.

Emergency Use Instructions (EUI) – The Pandemic and All Hazards Preparedness and Advancing Innovation Act allows a designated HHS official or unit to create and issue special emergency use instructions and the conditions of use for such MCMs, both before a chemical, biological, radiologic, or nuclear incident occurs and during a response. These instructions can be used by anyone during a response and disseminated by government entities (or persons acting on behalf of those entities) in preparation for an emergency response. EUIs provide guidance to health care professionals, patients/recipients, and parents/caregivers for medical products that were previously authorized for use in a past EUA. The HHS Secretary has delegated the authority to issue EUI to the CDC.

Expanded Access Investigational New Drug (IND) Application – A regulatory mechanism by which the FDA permits the use of a medical product that is not FDA approved or the use of an FDA-approved product in a manner for which it is not authorized. Product use under the IND must comply with FDA regulations, including but not limited to informed consent, disclosure of investigational status, purpose and risk-benefit to the recipients, and product usage in accordance with the IND protocol and Institutional Review Board approval.

Oral Suspension Antimicrobial Drugs – A liquid preparation mixture of antimicrobial drugs.

Public Health Emergency Preparedness (PHEP) cooperative agreement – Managed by the CDC Division of State and Local Readiness, PHEP is a critical source of funding for state, local, and territorial public health departments. Through the PHEP cooperative agreement, the CDC helps public health departments strengthen their abilities to respond to all types of public health emergencies and build more resilient communities.

Receive, Stage, and Store (RSS) Sites – Facilities that accept, store, and prepare for further distribution of MCMs. These functions are primarily carried out at the state level, but, depending on jurisdictional plans, this responsibility may also be carried out in major metropolitan cities or regionally. The RSS facility will act as the hub of the distribution system for the state or other jurisdiction to which SNS assets are deployed.

RSS Survey – A facility site survey to assist planners in determining the suitability of selected RSS facilities. The RSS site survey helps identify, verify, and reverify facilities as RSS sites for federal MCM assets. Data collected from the facility site survey determines a facility's usability as an RSS site from an all-hazards approach. The RSS site survey defines the elements needed for an optimal RSS site.

Shelf-Life Extension Program (SLEP) – A program sponsored by the FDA and the Defense Health Agency that defers costs for stockpiling and replacing federally maintained, perishable pharmaceuticals by extending their useful life following testing.

Strategic National Stockpile (SNS) – The Center for the Strategic National Stockpile, managed by the U.S. Department of Health and Human Services (HHS), Administration for Strategic Preparedness and Response (ASPR), is a national repository of pharmaceuticals, vaccines, medical supplies, and medical equipment stored in strategic locations around the nation. As a critical part of the federal medical response infrastructure, the SNS holds large quantities of emergency medicines, vaccines, and other medical supplies to protect the U.S. population against chemical, biological, radiological, and nuclear threats, as well as emerging infectious diseases and pandemics. Much of the SNS inventory includes specialized MCMs that are not commercially available and cannot be obtained elsewhere, making the SNS a national resource even for targeted or small-scale responses to some of the deadliest threats to the nation's health.

Unit of Use (UoU) or u/u – Package of medication that contains a quantity designed and intended to be dispensed directly to a patient for a specific use without modification.