

Public Health Emergency Preparedness Program Update: Where We Are and Where We're Going



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Agenda

- PHEP Program Overview
 - Objectives
 - Evolution
 - Capabilities
- Operational Readiness Review (ORR)
 - Evolution of the ORR
 - PHEP Exercise Requirements
 - Pandemic Influenza Requirements
- Support for Emergency Response

PHEP Program Overview



Public Health Emergency Preparedness (PHEP) Program Objectives



**Establish robust,
organized, and
capable public
health
emergency
management
and response
programs**



**Support key
public health
preparedness
capabilities**

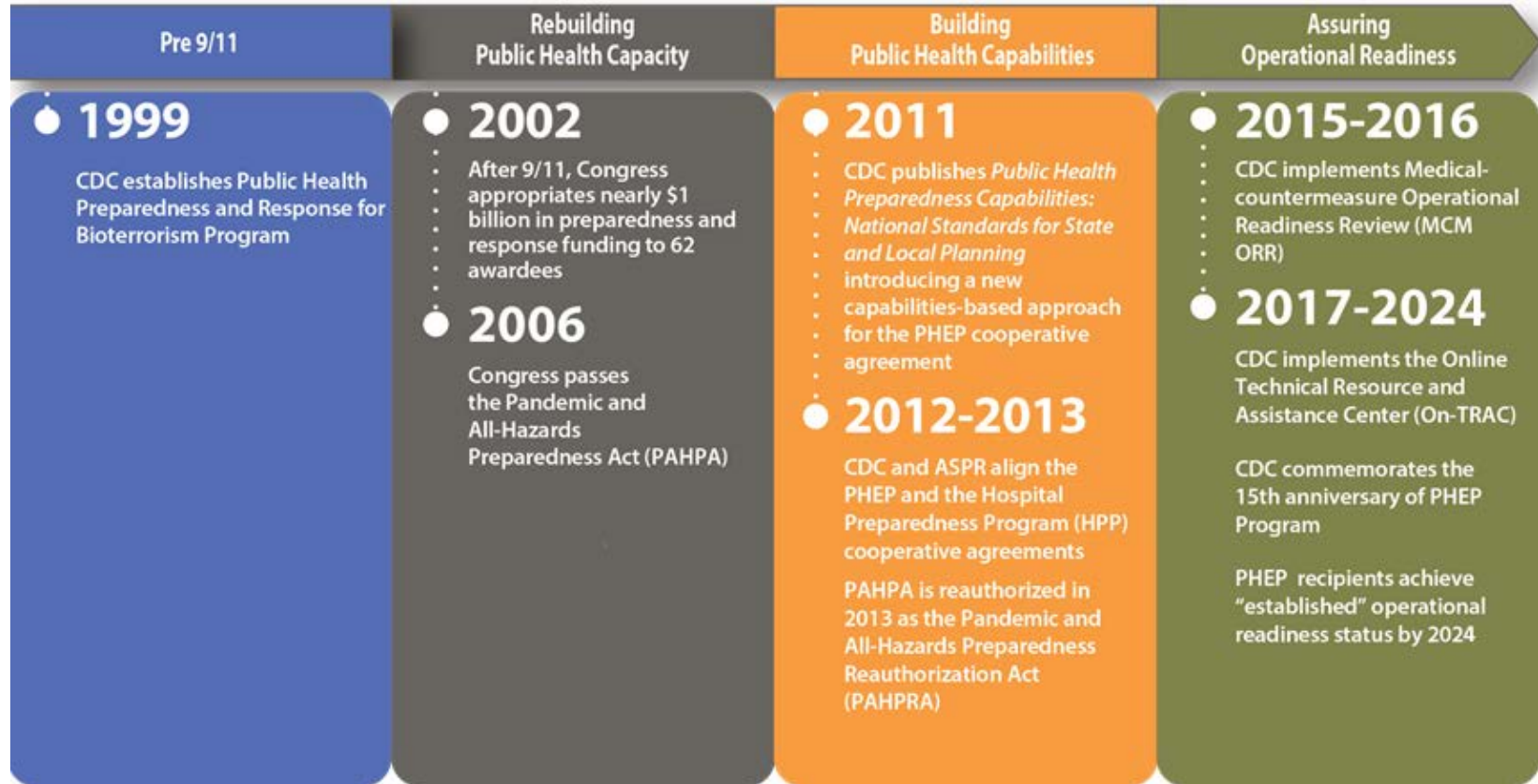


**Ensure
response
readiness**

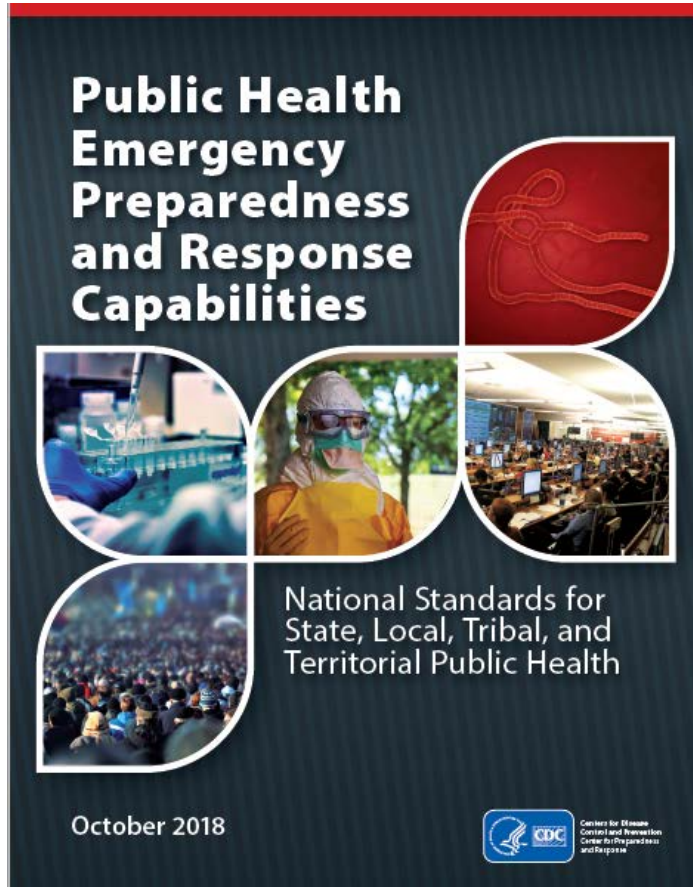


**Assure the
health security
of our
communities**

Evolution of the PHEP Program



Public Health Emergency Preparedness and Response Capabilities



1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing and Administration
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Nonpharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

Operational Readiness Review



Operational Readiness Review (ORR) Past, Present, and Future

- **2015:** CDC moved from reviewing medical countermeasure plans to evaluating operational readiness: Can the plans be implemented?
 - Target date of June 30, 2022, set for all PHEP jurisdictions to be established – or ready – mostly across Capabilities 8 and 9
- **2019:** CDC refined its approach to focus some jurisdictions on demonstration of anthrax readiness with the remaining focused on demonstrating pandemic influenza readiness
 - CDC included pandemic influenza requirements in the funding announcement and the ORR tool
- **2020:** CDC will expand the ORR to all 15 public health preparedness and response capabilities
 - Target date of June 30, 2024, set to be established across all areas

PHEP Exercise Requirements

- All state and local jurisdictions must include both anthrax and pandemic influenza in their planning and exercise programs
- Using a variety of federal risk assessments and other data, CDC identified 18 Cities Readiness Initiative (CRI) metropolitan statistical areas (MSAs) that must focus on anthrax as a primary planning model:
 - Atlanta, Baltimore, Boston, **Chicago**, Cleveland, Dallas, Detroit, Houston, Las Vegas, **Los Angeles**, Miami, **New York City**, Orlando, Philadelphia, San Diego, San Francisco, Tampa, **Washington, D.C.**
 - All others will use pandemic influenza as their primary model

Bold face indicates a directly funded locality

PHEP Exercise Requirements, cont.

- Anthrax-focused CRI jurisdictions, including the four **directly funded localities**, must include one influenza-based tabletop exercise every five years, and one functional exercise every five years focusing on vaccinating at least one critical workforce group
- Influenza-focused CRI jurisdictions must do the same, plus a full-scale exercise every five years
- State recipient requirements align with their localities; some do a full-scale exercise for influenza, some for anthrax, every five years

PHEP Exercise Requirements, cont.

- Upcoming guidance will include:
 - Use of the checklist of best practices for vaccination clinics at temporary, satellite, or off-site locations (<https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/>)
 - Reporting vaccine administration data to jurisdiction's Immunization Information Systems (IIS), as applicable
 - Targeting a critical workforce group, as listed in HHS's Updated Interim Guidance on Allocating and Targeting Pandemic Influenza Vaccine (<https://www.cdc.gov/flu/pandemic-resources/national-strategy/planning-guidance/index.html>)
- CDC currently presenting Pandemic Influenza Vaccination Planning Tool training workshops

2019-2024 PHEP NOFO Requirements for Medical Countermeasure (MCM) Planning

- All jurisdictions must maintain pandemic influenza plans
 - Must be reviewed, updated, and signed by appropriate partners at least once every three years
 - Operationalize MCM distribution, dispensing, and vaccine administration plans through training, exercising, and evaluating
 - Expanded MCM requirements from anthrax to pandemic influenza, with priority determined by risk
 - All jurisdictions must conduct a functional exercise to include critical workforce personnel every five years
 - Influenza-focused jurisdictions must conduct a full-scale exercise every five years

PHEP NOFO Requirements, cont.

- Be able to vaccinate critical workforce personnel with two doses of vaccine, separated by 21 days, within four weeks of availability
- Be able to vaccinate 80% of the population as above within 12 weeks
- Be able to estimate vaccine capacity and potential throughput at various vaccine provider locations and settings
- Be able to process at least a 200% increase in lab specimens
- See <https://www.cdc.gov/cpr/readiness/phep.htm>
 - Funding guidance, exercise requirements, and pandemic influenza supplemental information

PHEP Support for Emergency Response

How PHEP Supports Emergency Response

- Because PHEP is primarily a preparedness, not a response, program
 - PHEP resources can be used to test your plans during a real incident
 - Public Health Service (PHS)-funded staff may be temporarily reassigned
 - PHEP programs must work in support of others, including immunization programs, emergency management, and health care entities
 - Public health preparedness and response capabilities can support emergency risk communications, emergency operations centers, epidemiology, surveillance, and laboratory testing, especially when normal systems can't handle the surge
 - Some vaccines may be appropriate, particularly for public health responders and their families
 - PHEP funding cannot be used as a bridge nor supplant other programs' funding

How PHEP Supports Emergency Response, cont.

- Recent emergencies have been nontraditional
 - Hepatitis A
 - Opioids
 - Lung Injuries/Vaping
- PHEP programs can still provide coordination and planning resources
 - Some “wiggle room” for how far we go
 - Cannot duplicate nor supplant other funds

THANK YOU

Email PHEP questions to:
preparedness@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

