

**DSLRL**

# FRIDAY UPDATE

**September 23, 2022**

CDC's Public Health Emergency Preparedness (PHEP) program is a critical source of funding, guidance, and technical assistance for state, local, and territorial public health departments to strengthen their public health preparedness capabilities and improve their response readiness. The Division of State and Local Readiness (DSLRL) Friday Update provides information and resources for PHEP recipients and other preparedness planners. Please share the newsletter with your colleagues.

For more information, visit the [CDC State and Local Readiness website](#) or contact us at [preparedness@cdc.gov](mailto:preparedness@cdc.gov).

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**DSLRL FRIDAY UPDATE**



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## PHEP Cooperative Agreement Updates

### CDC Updates BP4 Reporting Requirements

During the September 21 monthly PHEP recipient call, CDC provided an update on reporting requirements for Budget Period 4 (BP4), including data to be submitted via the Operational Readiness Review (ORR) module in the PHEP ORR Reporting and Tracking System (PORTS). As previously discussed, ORR data collection will be limited to about 50 elements versus the approximately 200 elements in the full PHEP ORR. The 50 elements will capture essential planning data from across all 15 capabilities. As a reminder, **local** Cities Readiness Initiative planning **jurisdictions will not be required to submit data** in BP4.

Based on recipient input during the August PHEP call, CDC plans to release all the BP4 ORR forms at one time in November 2022. Also in November, CDC will begin to offer monthly training and orientation sessions on specific data submission topics. Each training session will be followed by an office hours session to address recipient questions based on that month's training topic.

In addition to the 50 planning elements, recipients must submit data related to PHEP annual requirements. This includes the PHEP annual exercise with access and functional needs partners and emergency operations center (EOC) activations. PHEP benchmark data will still be required but will be collected via PERFORMS.

In Budget Period 3, CDC incorporated the PHEP annual exercise requirement into the ORR module using the Partner Planning Sheet (PPS) and the Pandemic COVID-19 Incident Response or RSP forms. However, reporting the annual exercise data in that manner presented significant challenges for recipients and CDC. To streamline the reporting, CDC has developed a new form specifically for reporting PHEP annual exercise data; recipients will be required to submit information on only one partner that participates in the exercise. This stand-alone form will be available in PORTS in the BP4 Forms section displayed on the left navigation bar. Submission of this form will replace the need to submit the PPS form in BP4.

In BP3, recipients reported on their COVID-19 EOC activations through their RSP operational forms. In BP4, EOC activation data will be reported using a new stand-alone form that will also be available in PORTS in the BP4 forms section. Recipients will enter all EOC activations individually using this form, which will allow multiple submissions.

Other BP4 reporting requirements include submission of workforce development and training data using the PORTS WDT form. Submission of critical contact sheet data is required twice a year in June and December.

CDC has **waived** for BP4 the requirement to submit **quarterly integrated action plan updates**. The new integrated action plan module in PORTS is still under development.

CDC is updating several BP4 reporting requirements documents to reflect these changes and finalizing the new EOC activations and PHEP exercise forms and will notify recipients when the materials are available on the CDC website.

### **SAS Portal Opens October 6**

Recipients can begin submitting Statistical Analysis Software (SAS) product requests on Thursday, October 6. Requests to renew existing SAS licenses or to obtain new SAS products must be submitted through the CDC Secure Access Management Service (SAMS) partner portal. PHEP project officers will begin emailing renewal instructions and request forms to recipients on Friday, September 30. Recipients who want to submit new requests should contact their PHEP officers to obtain the instructions and request forms. Recipients must return signed and completed forms to their PHEP project officers by **Friday, October 14**. Current SAS licenses will expire in March 2023; CDC will distribute FY 2023 licenses beginning in January 2023.

### **October 12 PHEP Connects Webinar Highlights CDC's Social Media Best Practices**

CDC's next PHEP Connects webinar, "CDC Social Media: Best Practices, Common Questions, and Emergency Preparedness and Response," is scheduled from **1 p.m. to 2 p.m. EDT on Wednesday, October 12**. CDC presenters will share an overview of social media best practices and provide a snapshot of how CDC social media profiles supported the COVID-19 response. The webinar will also highlight CDC's use of social media during emergency responses and how to use social media to promote personal and public health preparedness. Participant information will be provided in October.



### **Additional Guidance Available on CDC Funding for STLT Monkeypox Response**

CDC continues to provide state, tribal, local, and territorial jurisdictions with the maximum allowable flexibility

for using CDC grant funds to support the current nationwide monkeypox outbreak. Earlier this month, CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) provided partners with additional guidance on the appropriate use of current award resources based on NCHHSTP's approach to HIV, STD, and monkeypox prevention. This guidance builds on other guidance and resources available on the CDC website at [Flexibilities Guidance for Applicants and Recipients of Federal Financial Assistance](#).

Specifically, recipients funded under the following CDC notice of funding opportunities (NOFOs) may use their grant resources, including funds or staff, for monkeypox activities that are conducted in conjunction with their HIV or STD prevention activities.

- [PS19-1901 - Strengthening STD Prevention and Control for Health Departments](#)
- [PS18-1802 - Integrated Human Immunodeficiency Virus \(HIV\) Surveillance and Prevention Programs for Health Departments](#)
- [PS18-1801 Accelerating the Prevention and Control of HIV, Viral Hepatitis, STDs and TB in the U.S.- Affiliated Pacific Islands](#)
- [PS20-2010 - Ending the HIV Epidemic](#)
- [PS22-2203 - Comprehensive High Impact HIV Prevention Programs for Young Men of Color Who Have Sex With Men and Young Transgender Persons of Color](#)
- [PS21-2102 - Comprehensive High Impact HIV Prevention Program for Community Based Organizations](#)

In addition to these NOFOs, the 59 recipients of CDC supplemental funding issued under CDC-RFA-PS19-1901, "Strengthening STD Prevention and Control for Health Departments," to support disease intervention specialists can use their grant resources, including funds or staff, for monkeypox activities conducted in conjunction with other activities permitted through this supplemental funding.

Funding for monkeypox supplies, such as needles and syringes, and for vaccinators for monkeypox may be available through state immunization programs. Requests to use immunization funding must originate from the state immunization program.

### **CDC Request Template for Using Crisis Response Funds for Monkeypox Response Available Online**

Public Health Crisis Response recipients may submit requests to use their 2020 or 2021 COVID-19 supplemental funding to help them address their monkeypox response needs. Requests must be reviewed and approved by CDC's Office of Financial Resources (OFR) due to the specific appropriations language regarding the COVID-19 supplemental funding.

Recipients can obtain from their project officers or download the [request template](#) and [infographic](#), which provide an overview of the request process and outline the specific information needed to determine the allowability of proposed activities. If redirections or significant budget changes are required, recipients can populate the redirection table included in the template as part of the request. Requests to use COVID-19 funding for monkeypox must show a clear connection to existing COVID-19 activities. Requests with no connection to COVID-19 will be denied.

Jurisdictions should contact their project officers if they have any questions regarding this process.

### **Updated Guidance and Clinical Considerations for TPOXX Now Available**

CDC has updated its [Guidance for Tecovirimat \(TPOXX\) Use Under Expanded Access Investigational New Drug Protocol](#), based on data from the published literature and [recently released data](#) from the Food and Drug Administration. These data suggest that broad use of the antiviral drug TPOXX could promote resistance and render the drug ineffective for some patients.

Patients with monkeypox benefit from supportive care and [pain control](#) that is initiated early in the illness. For most patients with healthy immune systems, supportive care and pain control may be enough. However, there are some instances where TPOXX could be beneficial, and CDC has updated guidance to reflect this.



When TPOXX is recommended, early administration is best. Patients can begin treatment as soon they have provided [informed consent](#) to their healthcare providers and the providers are [enrolled in the Expanded Access Investigational New Drug](#) protocol.

Additional resources include:

- [Treatment Information for Healthcare Professionals](#)
- [Patient's Guide to Monkeypox Treatment with TPOXX](#)
- [Study of Tecovirimat for Human Monkeypox Virus \(STOMP\)](#) Clinical Trial

### **CDC Provides Recommendations to Prevent Occupationally Acquired Monkeypox Infection in Healthcare Personnel**

Reports of occupationally acquired monkeypox infection in healthcare personnel (HCP) remain rare in this outbreak, with most reports involving HCP sustaining a sharps injury during specimen collection or not using [recommended personal protective equipment \(PPE\)](#). Currently, there are more than 61,000 reported cases of monkeypox infection [worldwide](#). CDC recommends HCP adhere to all [recommended infection prevention and control](#) measures including [recommended PPE](#) to reduce the risk of monkeypox virus transmission in healthcare settings.

Additional monkeypox resources are available below.

- [Infection Control: Healthcare Settings | Monkeypox | Poxvirus](#)
- [Health Care Personnel Exposures to Subsequently Laboratory-Confirmed Monkeypox Patients — Colorado, 2022](#)
- [Signs and Symptoms of Monkeypox](#)
- [Recommended PPE](#)
- [Cleaning and Disinfection Practices](#)
- [Safely Collect Monkeypox Specimens](#)

### **September 29 COCA Call Addresses What Clinicians Need to Know about Dengue in the U.S.**

CDC will conduct a Clinician Outreach and Communication Activity (COCA) call from **2 p.m. to 3 p.m. EDT on, Thursday, September 29**. During the call, presenters will discuss the current global and domestic dengue epidemiology and its relevance for clinicians in the United States. Presenters will also review dengue clinical classification, diagnosis, and general treatment guidelines based on World Health Organization and CDC recommendations.

Materials for the call will be available on the [COCA Call webpage](#) in the call materials section. The presentation slides will be available the day of the call, and the call recording will be posted a few hours after the live event ends. Free [continuing education \(CE\)](#) credits will be offered for this COCA call.

#### Participant Information

Dial-In: (646) 828-7666 (Audio Only)

Webinar ID: 161 023 2842

Passcode: 159578

Access Link: <https://www.zoomgov.com>



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**2023 Preparedness Summit Abstracts Due October 24**

The 2023 Preparedness Summit is scheduled for April 24-27 in Atlanta, and the [abstract submission](#) period is now open. The deadline for submission is **Monday, October 24**. The 2023 theme, “Recover. Renew: Reprioritizing All-Hazards Preparedness,” will provide an opportunity to revisit pressing issues in preparedness and share resources, shape policies, and build skills to mitigate a variety of threats.

This year’s planning committee invites public health, health care, disaster relief, emergency management, and other professionals nationwide to showcase and share their research findings, best practice training models, tools, or other resources that advance the field of public health and health care preparedness and response. The committee seeks evidence-based sessions that:

- Highlight programs or model practices that have proven effective in building and sustaining public health and health care preparedness at the national, state, local, or tribal level; and
- Demonstrate tools and resources that are replicable and scalable at the national, state, local, or tribal level.

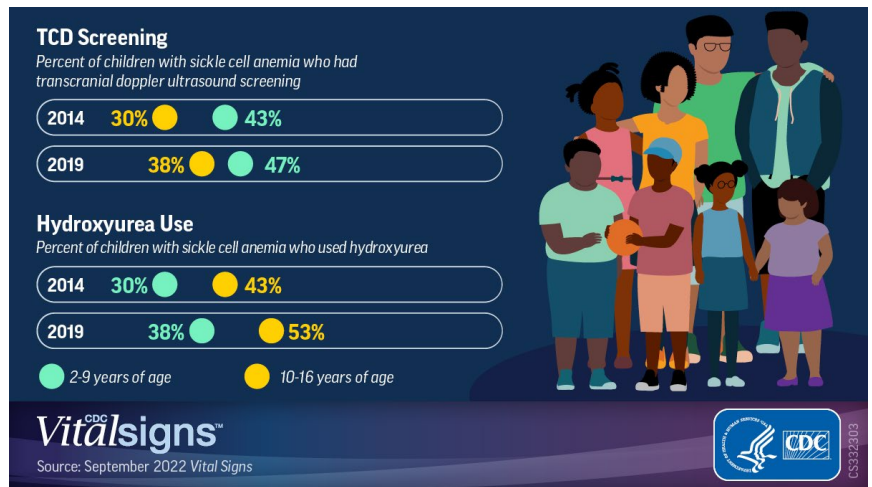
More information about the event is available on the [Preparedness Summit](#) website.



**CDC Vital Signs Report Finds Many Children with Sickle Cell Anemia Not Receiving Lifesaving Screening and Treatment**

On September 20, a new CDC *Vital Signs* [report](#) found that in 2019 less than half of children ages 2–16 years with sickle cell anemia received the recommended screening for stroke, a common complication of the disease. In addition, many of these children are not receiving the recommended medication which can reduce complications such as pain and acute chest syndrome.

Sickle cell anemia is the most severe form of sickle cell disease, which is a red blood cell disorder that primarily affects Black and African American people. It’s estimated that sickle cell disease affects approximately 100,000 Americans.



Data from the IBM® MarketScan® Multi-State Medicaid Database from more than 3,300 children with sickle cell anemia continuously enrolled in Medicaid during 2019 were analyzed in this report.

## Key Findings

- About half (47%) of children ages 2–9 years and 38% of children ages 10–16 years received transcranial Doppler (TCD) ultrasound to assess their risk for stroke. Sickle cell anemia is a leading cause of childhood stroke.
- Only two in five children ages 2–9 years and about half of children/teens ages 10–16 years with sickle cell anemia used hydroxyurea.
- Both the stroke screening and hydroxyurea use were highest among children with high levels of health care use, as well as those with evidence of prior complications from their disease.



## CDC MMWR Reports

- [Morbidity and Mortality Weekly Report, September 23](#)
- [Monkeypox in a Young Infant – Florida, 2022](#)
- [Vital Signs: Use of Recommended Health Care Measures to Prevent Selected Complications of Sickle Cell Anemia in Children and Adolescents — Selected U.S. States, 2019](#)
- [Health Care Personnel Exposures to Subsequently Laboratory-Confirmed Monkeypox Patients — Colorado, 2022](#)
- [Clusters of Rapid HIV Transmission Among Gay, Bisexual, and Other Men Who Have Sex with Men — United States, 2018–2021](#)
- [Outbreak of Acute Gastroenteritis Among Rafterers and Backpackers in the Backcountry of Grand Canyon National Park, April–June 2022](#)
- [Two Cases of Monkeypox-Associated Encephalomyelitis — Colorado and the District of Columbia, July–August 2022](#)
- [Notes from the Field: Norovirus Outbreaks Reported Through NoroSTAT — 12 States, August 2012–July 2022](#)
- [QuickStats: Death Rates from Unintentional Falls Among Persons Aged ≥65 Years, by Age Group — National Vital Statistics System, United States, 1999–2020](#)

## Monkeypox Guidance and Resources

- **UPDATED** [2022 U.S. Map and Case Count](#)
- **UPDATED** [2022 Monkeypox Outbreak Global Map](#)

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