

FRIDAY UPDATE

July 29, 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.



In This Issue

Upcoming Deadlines

- **August 15** – Responses to PHEP BP4 Conditions of Award

PHEP Cooperative Agreement Updates

- CDC Provides Update on PHEP ORR Strategy for BP4
- ORR Friday Feature: Accessing PORTS Survey via REDCap
- 15 New CEFOs Join National CEFO Network
- August 10 PHEP Connects Webinar Highlights Health Misinformation

Emergency Response Activities

- CDC, FDA Streamline Process to Provide TPOXX for Monkeypox Treatment
- CDC Announces New Schedule for COVID-19 National Partner Update Call Series

What's on the Calendar

- **August 8** – [CDC EPIC Webinar](#) (2 p.m. to 3 p.m. EDT)
- **August 10** – CDC [PHEP Connects Webinar](#) (1 p.m. to 2 p.m. EDT)
- **August 18-19** – CDC [POD Essentials Train-the-Trainer Course](#) (10 a.m. to 3:30 p.m. EDT)
- **August 24** – CDC PHEP Connects Webinar (1 p.m. to 2 p.m. EDT)

Preparedness and Response Resources

- Chemical Emergency Considerations Checklist for Healthcare Facilities Now Available
- FEMA Seeks Feedback on Biological Incident Response and Recovery

News You Can Use

- TFAH Releases Report on Impact of Chronic Underfunding on America's Public Health System
- HHS Announces ASPR Changes
- CDC Identifies Bacteria Causing Rare Melioidosis Disease in U.S.

Online Resources

- CDC MMWR Reports
- COVID-19 Guidance and Resources



Upcoming Deadlines

- **August 15** – Responses to PHEP BP4 Conditions of Award



PHEP Cooperative Agreement Updates

CDC Provides Update on PHEP ORR Strategy for BP4

CDC continues to refine its implementation strategy for the PHEP Operational Readiness Review (ORR) evaluation in Budget Period 4 (BP4). As discussed during the June 15 PHEP recipient call and the July 13 HPP-PHEP recipient business meeting, CDC will continue to streamline the ORR evaluation to reduce burden for recipients. In BP4, the PHEP ORR will focus on collecting recipient data related to select capability planning elements. In addition, local Cities Readiness Initiative (CRI) planning jurisdictions will **not** be required to submit data in BP4.

CDC will reduce the number of evaluation questions in the BP4 ORR. Of the approximately 200 questions in the full PHEP ORR, CDC plans to collect data on approximately 50 planning-related questions in BP4. These questions will align with the operational data elements collected in Budget Period 3 (BP3), primarily the Pandemic COVID-19 Incident Response or RSP questions. Collecting parallel data elements is intended to maintain the focus on pandemic lessons learned and to capture the current plans, policies, and procedures that PHEP recipients used or revised during the COVID-19 pandemic response.

The August 17 PHEP recipient call will discuss the BP4 ORR implementation and will solicit recipient feedback on the following questions.

1. What is preferred method for launching the BP4 forms in the PHEP ORR Reporting and Tracking System (PORTS)? Should all the forms be released at one time, or should their release be staged in batches? Recipients should come prepared to discuss which option they prefer and why.
2. Are there preferred delivery methods for BP4 ORR orientation and training? What worked well for the BP3 ORR and PORTS training and orientation? How could CDC improve that process?

CDC is scheduled to open the BP4 module in early November and will provide more detail on the ORR questions in conjunction with the August 17 recipient call.

ORR Friday Feature: Accessing PORTS Survey via REDCap

On Monday, July 25, CDC released a short survey to collect feedback from PHEP recipients on their experience with the PHEP ORR Reporting and Tracking System (PORTS) and the BP3 ORR module. All external PORTS users received a link to the survey and are encouraged to complete the survey; multiple survey submissions per jurisdiction are allowed.



CDC has updated the survey link after learning many users were unable to access the survey. Users **can click or copy** <https://airc.cdc.gov/surveys/?s=DXD34LWNJH7D98RR> to access the survey.

In addition to questions regarding the technical aspects of using PORTS, the survey offers an opportunity for recipients to provide input on ORR and PORTS training, guidance, and support. Other survey questions focus on the usefulness of the ORR process and the effort required to collect and report required data. CDC will use the feedback to continue to improve the ORR process.

The survey closes at **11:59 p.m. EDT on Friday, August 26**. Questions regarding the survey can be directed to EAB@cdc.gov.

15 New CEFOs Join National CEFO Network

Since its inception in April 2021, CDC's national Career Epidemiology Field Officer (CEFO) network has added 15 new centrally funded CEFOs, with several additional placements underway. The new CEFO assignments are in **Alaska, Colorado, Connecticut, Delaware, Kansas, Los Angeles County, Louisiana, Maine, Nevada, New York, Ohio, Rhode Island, Texas, Utah, Wisconsin**. Currently, 35 centrally funded CEFOs support 43 jurisdictions. In addition, seven jurisdictions use their PHEP funding to support additional CEFOs in their jurisdictions.

CDC has expanded its CEFO program to better support the emergency preparedness and response activities of every state, territory, and locality directly funded by the PHEP cooperative agreement. Centralized CEFO funding supports one CEFO in each PHEP-funded state or locality, as well as two regional CEFOs who support six Pacific and two Caribbean territories. Since the expansion was first announced, CDC has been working with 31 jurisdictions to develop new CEFO assignments.

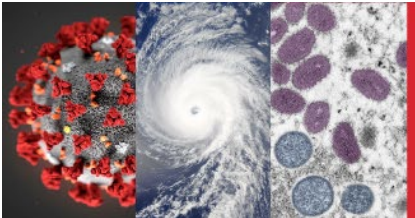
The cadre of CEFOs will gather at CDC's Atlanta headquarters the week of August 22 to share information on response tools and techniques developed in their jurisdictions and to discuss ideas to inform a nationwide preparedness strategy.

August 10 PHEP Connects Webinar Highlights Health Misinformation

CDC's next PHEP Connects webinar is scheduled **from 1 p.m. to 2 p.m. EDT on Wednesday, August 10**. Presenter Tara Kirk Sell, senior scholar at the Johns Hopkins Center for Health Security and assistant professor in the Department of Environmental Health and Engineering at Johns Hopkins Bloomberg School of Public Health, will discuss communication approaches of current and previous public health emergencies. The presentation will also highlight the harms and monetary costs of health-related misinformation and policy efforts that may help combat the problem.



CDC will host an additional PHEP Connects webinar **from 1 p.m. to 2 p.m. EDT on Wednesday, August 24**, highlighting hurricane preparedness. Additional information will be available in August.



Emergency Response Activities

CDC, FDA Streamline Process to Provide TPOXX for Monkeypox Treatment

CDC, in partnership with the Federal Drug Administration (FDA), has made it easier for healthcare providers to provide tecovirimat (TPOXX) treatment to patients with monkeypox under an expanded access investigational new drug (EA-IND) protocol. The streamlined process reduces the number of required forms, patient samples, and photos, and gives patients the option to see their doctor virtually.

TPOXX is available through the Strategic National Stockpile. To request TPOXX, clinicians and care facility pharmacists can contact their state or territorial health departments or CDC's Emergency Operations Center at (770) 488-7100 or Poxvirus@cdc.gov.

Treatment with TPOXX can begin upon receipt of the medication and after obtaining informed consent. No preregistration is required for clinicians or facilities. All forms requested under the EA-IND can be returned to CDC **after** treatment begins.

For more information, see CDC's website on [Obtaining and Using TPOXX \(Tecovirimat\)](#).

CDC Announces New Schedule for COVID-19 National Partner Update Call Series

CDC's COVID-19 All-State, Tribal, Local, and Territorial Support (STLT) national partner call will now occur **on the third Monday of each month at 2 p.m. EDT**. The next call is scheduled for **Monday, August 15**. This call series provides STLT partners with the latest information on the COVID-19 outbreak and U.S. preparedness efforts. During the calls, experts from different areas of CDC's COVID-19 response provide updates on the latest scientific findings, guidance for operations, and information resources. Registration for the call series is [available at this link](#). After registering, participants will receive a **unique** participant link via email.



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Preparedness and Response Resources

Chemical Emergency Considerations Checklist for Healthcare Facilities Now Available

The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) has published a new [Chemical Emergency Considerations for Healthcare Facilities Checklist](#). This resource can assist healthcare facilities in preparing for a chemical emergency by providing key information and considerations that can be used for planning and

response purposes. ASPR TRACIE developed the new checklist in collaboration with CDR Jason Wilken, a CDC Career Epidemiology Career Officer (CEFO) assigned to the California Department of Public Health, and his jurisdictional colleagues in California.

FEMA Seeks Feedback on Biological Incident Response and Recovery

The Federal Emergency Management Agency (FEMA) is seeking public feedback on [Key Planning Factors for Response to and Recovery from a Biological Incident](#) (Bio KPF). The Bio KPF provides planning guidance for federal, state, local, tribal, and territorial government and nongovernmental authorities to inform the response to and recovery from various types of biological incidents. The document is intended to serve as a bridge between the public health, the biological incident-specific response community, and the all-hazard incident response and recovery approach used by the emergency management and first responders. The national comment period closes at **5 p.m. EDT on Friday, August 5**.

FEMA will host an informational webinar from **3 p.m. to 4 p.m. EDT on August 1** to discuss the Bio KPF guidance document. [Register](#) to attend the webinar.



TFAH Releases Report on Impact of Chronic Underfunding on America's Public Health System

Trust for America's Health (TFAH) released July 28 its annual report on federal, state, and local public health funding trends and recommendations to build a stronger public health system. According to the report, [The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2022](#), chronic underfunding has created a public health system that cannot address the nation's health security needs, persistent health inequities, and emerging threats and was a contributing factor in the inadequate response to the COVID-19 pandemic. The full report is available at www.tfah.org/wp-content/uploads/2022/07/2022PublicHealthFundingFINAL.pdf.

HHS Announces ASPR Changes

The U.S. Department of Health and Human Services (HHS) [announced](#) July 22 that HHS Secretary Xavier Becerra has elevated the existing Office of the Assistant Secretary for Preparedness and Response (ASPR) from a staff division to an operating division that will be known as the Administration for Strategic Preparedness and Response (ASPR).

The move elevates ASPR to a standalone agency within HHS alongside other HHS agencies, such as CDC, the Food and Drug Administration (FDA), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), among others.

This change will allow ASPR to mobilize a coordinated national response more effectively and efficiently during future disasters and emergencies in close collaboration with its sister agencies. The reclassification of ASPR as an operating division is recognition of the growing size and scope of ASPR's mission over the years, especially in light of the multiyear COVID-19 response.

ASPR will continue to be led by Dawn O'Connell, who retains the title of Assistant Secretary for Preparedness and Response. She will continue to advise the HHS Secretary on preparedness and response issues and coordinate responses to health-related emergencies on the Secretary's behalf as defined in statute and in partnership with HHS's other staff and operating divisions.

CDC Identifies Bacteria Causing Rare Melioidosis Disease in U.S.

CDC has identified the bacteria that causes a rare and serious disease called [melioidosis](#). The bacteria, *Burkholderia pseudomallei* or *B. pseudomallei*, was identified through sampling of soil and water in the Gulf Coast region of Mississippi.

It is unclear how long the bacteria has been in the environment and where else it might be found in the United States; however, modeling suggests that the environmental conditions found in the Gulf Coast states are conducive to the growth of *B. pseudomallei*. CDC is alerting clinicians throughout the country of this discovery through a national health advisory, reminding them to be aware of the signs and symptoms of melioidosis and to consider melioidosis in patients that present with symptoms of the disease.

Read the full press release at [Bacteria that Causes Rare Disease Melioidosis Discovered in U.S. Environmental Samples](#).



CDC MMWR Reports

- [Morbidity and Mortality Weekly Report, July 29](#)
- [Gun Carrying Among Youths, by Demographic Characteristics, Associated Violence Experiences, and Risk Behaviors — United States, 2017–2019](#)
- [Progress Toward the Elimination of Mother-to-Child Transmission of Hepatitis B Virus — Worldwide, 2016–2021](#)
- [Chronic Conditions Among Adults Aged 18–34 Years — United States, 2019](#)
- [Safety Monitoring of COVID-19 mRNA Vaccine Second Booster Doses Among Adults Aged ≥50 Years — United States, March 29, 2022–July 10, 2022](#)
- [Notes from the Field: Cluster of Parechovirus Central Nervous System Infections in Young Infants — Tennessee, 2022](#)
- [QuickStats: Age-Adjusted Suicide Rates for the Three Leading Methods of Suicide, by Race and Ethnicity — National Vital Statistics System, United States, 2020](#)
- [Symptoms of Mental Health Conditions and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers — United States, March 14–25, 2022](#)

COVID-19 Guidance and Resources

- **UPDATED** [Novavax COVID-19, Adjuvanted Vaccine: Overview and Safety](#)
- **UPDATED** [COVID-19 Vaccine Boosters](#)
- **UPDATED** [COVID-19 Vaccines for Children and Teens](#)

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