1. **We understand that "ongoing" activities are not reported on unless they have been chosen as a priority project under the BASE funding. However, with regards to Panflu activities, we are confused because Section 1.1 (page 15 of the guidance dated September 20, 2007) of the pandemic influenza requirements requires us to "Describe any ongoing pandemic influenza-related priority projects…" Does this mean that we report on all "unfinished" Panflu activity that is necessary to complete the requirements of the grant as "Priority Projects"? Or can we choose one or more activities that we feel are "priorities" and only report on them?**
   Answer: Grantees have the flexibility to select unfinished activities as part of their priority projects in pan flu. Grantees may select other activities as priorities but it is recommended that priorities that were unfinished move toward a resolution if possible

2. **Should the evaluation corps list be included as an attachment? Is there a format for the list? What information is required besides name?**
   Answer: The evaluation corps is to be listed in llis.gov. Please submit name, contact information, and area of expertise.

3. **Clarifying a couple of items relating to Pan Flu III:**
   a. **Is the complete narrative supposed to be included in the priority project area? This has been a little confusing for me, as the guidance on page 16 states that we should describe how we coordinate with the hospital program, emergency management, etc., but I do not see the area for that type of narrative.**
   b. **When are the Operational Plan reviews going to be released? I think it will be difficult to address gaps we do not yet know about.**
   c. **Page 17 states that you need to review and approve our exercise strategy? We have entered the information in on the appropriate website, would you like a copy?**

   Answer:
   a) Each Priority Project should be described by following the template in PERFORMS; this is the "narrative" for your Priority Project. The ways in which you coordinate with your hospital program, emergency management, etc. may fit in any of several sections – rationale (why?), for example, or partnerships in implementation and accountability (who?). You can chose where you think it fits best.
   b) has already been released for the six public health areas. However, as we wait for the White House Homeland Security Council to release the results of the other operational plan assessments, we encourage grantees to work with other sectors (hospital, emergency management, education, etc.) to address state-based gaps.
   c) Yes.

4. **When will the CDC set up two conference calls related to RTDD requirements (p.9-11 in final guidance):**
   - **One conf call to address the Poison Control Center Partnerships, and**
   - **One conf call to address the Hospital/Clinical/University Partnerships.**

   Answer: Due to the complicated nature of the RTDD section, we approached sharing information differently than planned. Questions about the Poison Control Center portion of the RTDD work were answered in the first set of Questions and Answers, distributed on October 4, 2007.

   After numerous discussions with key decision-makers about the interpretation of the "diagnostic medical equipment" portion of the RTDD guidance, a call was held on October 5 with the directly-funded localities, CDC experts and APHL staff to discuss alternative activities that would meet legislative intent while issues related to piloting non-FDA-approved equipment were resolved. As a result of this conversation, on October 11, an e-mail was sent to the directly-funded localities specifying three options for their Part 2 submissions for the RTDD requirement. Those options are:

a) Until CDC is able to provide definitive information about how to proceed with the purchase and implementation of advanced diagnostic medical equipment for real time disease detection, grantees may choose to indicate that they will wait for definitive instructions from CDC before committing these funds. In this event, the dollars allocated for RTDD will be restricted (and can be shown in one amount under the RTDD tab, "other"). Note this will also delay the start of any work the directly-funded locality will conduct with Poison Control Centers. The restriction will be noted on your NGA.

b) Grantees may choose to allocate their RTDD funding among the other approved activities, as described below:

* Work with Poison Control Centers as described in section A; and

* Strengthening and enhancing surge capacity may be accomplished with: qualified personnel recruitment programs; cross-training programs for assisting with daily PHL operational capabilities (to free PHL staff for emergency operations during an event); emergency response training with emphasis on PPE and biological safety; development of outreach to community members with emergency preparedness backgrounds and experience; and engaging Centers for Public Health Preparedness for assistance and/or educational tools that inform community members of measures for responding to infectious disease outbreaks (not limited to BT agents) and other emergencies. To meet the objective, the grantee should not only develop a written plan for how surge capacity will be improved or increased, but will also be expected to carry out the plan and report measurable outcomes for this objective (e.g., number of training provided, number of trained individuals); and/or

* Addressing issues of network capacity and development is also an alternate means of fulfilling the requirement for section B. Activities that enhance network development and performance by engaging relevant partners with critical expertise for public health preparedness, disease surveillance, laboratory and emergency response should be considered. Examples may include: deploying information technology applications or tools to enhance disease surveillance at local levels; working with partners to develop and evaluate surveillance for indicators of unusual events, such as food poisoning or emerging infectious diseases; developing outreach and training materials for critical partners; enhancing relationships and communication with emergency department providers, infection control professionals and physicians; communicating with and including critical partners in exercises and after action reviews; development and prioritization of critical timelines for establishing pertinent broadcast communication methods; and developing or enhancing real-time communication technologies between partners. To meet the objective, the grantee should not only develop a written plan for network development activities, but will also be expected to carry out the plan and report measurable outcomes for this objective (e.g., copies of training materials that were developed, a list of partners who were engaged).

c) Grantees may also choose to combine options a) and b) by presenting a plan for option b) with a portion of RTDD dollars associated with pilot testing "diagnostic medical equipment" put into the "other" line to be restricted from use until after additional guidance has been provided. This portion will be restricted in the NGA.

5. For FY 2007, who must meet the HSEEP compliance requirements: State Public Health or State Public Health and all local health department (LHD) contractors under the PHEP grant? (Page 8, Appendix 1, A, Section 1, 6 and Page 16, Appendix 1, B, Section 2, 2.)
Note: HSEEP compliance includes, but is not limited to these activities:

- **Conduct an annual training and exercise workshop and develop and maintain a multi-year training and exercise plan.**

- **Plan and conduct exercises in accordance with the guidelines set forth in HSEEP Volumes I-III.**
- **Develop and submit a properly formatted After-Action/Improvement Plan (AAR/IP). Use the AAR/IP format from HSEEP Volume III.**
- **Track and implement corrective actions identified in the AAR/IP.**

Answer: This requirement applies to both state and local health departments receiving funding under this cooperative agreement in this budget year.

6. **If not in FY 2007, when will LHD contractors have to be HSEEP compliant to continue to receive grant funds?**
Answer: See # 5

7. **When must all States have their peer evaluator corps in place and available to other States? (Page 18, Appendix 1, B, Section 3, 4)**
Answer: We encourage grantees to submit those names they have available into llis.gov now; as you acquire more persons who meet this qualification, please add their names throughout the year.

8. **Page 16 discusses a possible CDC planned PanFlu exercise for the last quarter of FY 2008. When will CDC provide specific guidance on this? CT DPH plans to conduct its next cycle of SNS exercises with the FSE sometime in FY 2008 or the first quarter of FY 2009. The SNS FSE requires CDC participation. We want to coordinate with CDC on one exercise, rather than two exercises that both require CDC / SNS response. We also want to follow one schedule to plan the exercise without a major time shift mid-stream.**
Answer: This guidance is forthcoming; however, we need the states' exercise plans to determine and coordinate CDC assets and support, including the role of the SNS exercise branch. Please submit your proposed strategy, exercises, and potential dates as best you know them so that if approved, there will be minimal conflicts between CDC and grantees.

9. **The Exercise Evaluator List:**
   - **How should we submit it?**
   - **What format should be used?**
   - **What types of information should it include?**

Answer: The evaluation corps is to be listed in llis.gov. Please submit name, contact information, and area of expertise.

10. **If we would like to test the operational capability of one aspect of a plan (e.g., procedures for receiving mixed inventory pallets; use of scalable POD form to transmit data via CRA), do these activities have to occur under full HSEEP compliance?**
Answer: Yes.

11. **When is the exercise plan and schedule to be posted to the LLIS website and where?**
Answer: This is to be posted on the CDC secure Channel in llis.gov at the time of your application. In order to do this you must register for llis.gov. If you already have an llis.gov account, please contact Leiloni Stainsby at lstainsby@deticadfi.com for approval to the Channel.

12. **Regarding Conference Call #3 Notes: In the notes from the 9/27 CDC conference call stated that according to Homeland Security Exercise and Evaluation Program (HSEEP) guidelines, a final AAR/Improvement Plan (IP) with recommendations and corrective actions must be completed within 60 days after the completion of each exercise. This answer appears to contradict the performance measure for 9A that lists the stop time as the Date draft of AAR/IP was submitted for clearance within the public health agency. Also the definition of "clearance" is defined as the accepted practice in the agency. It does not have to be a formalized process involving upper level management.**

Answer: As noted, performance measure 9A lists 60 days as the maximum time it should take for a **draft** AAR/IP to be submitted for clearance within a public health agency. While according to HSEEP guidelines it would be ideal for a **final** AAR/IP to be completed within 60 days, CDC is not requiring that this timeline be met. There will be future guidance on the expected timeframe required for a final AAR/IP to be completed, but at this point, all that is expected within the 60-day timeframe is that a draft be submitted for clearance within the public health agency (as per measure 9A). For the purpose of Performance Measure 9A, "clearance" is defined as the process (whether formal or informal) that the public health agency uses to approve and finalize AAR/IPs.

13. **Question 7 in the Q&A document said that we were to post to the CDC-secure page at www.llis.gov at a minimum or the NEXS when possible. However in the guidance document on p. 17 it states that jurisdictions must enter it into LLIS or NEXS. Is the requirement changed now such that we must enter it into LLIS?**
Answer: NEXS only allows for exercise schedules; not all grantees have access to this system. CDC reserves the right and requires approval of these funds to fit with an exercise strategy matching grantee gaps. Therefore, the strategy and schedule must be posted to the CDC secure Channel at llis.gov.

14. **If CDC would like for us to upload in LLIS, should the Exercise Strategy and Calendar for Pan Flu exercises be combined in one document? If we upload in NEXS, is there a specific location to upload the Exercise strategy?**
Answer: Please see #13.

15. **Question 14 in the Q&A document said that we were to create HSEEP compliant exercise cycles for "two of your stronger and one of your weaker pan-flu related domains". However in the guidance document on p. 16 it states that jurisdictions must create HSEEP compliant exercise cycles that address a minimum of two of the priority areas. Has the guidance changed?**
Answer: Grantees are required to create HSEEP cycles that address a minimum of two of the priority areas that fall within the "no major gaps" or "few major gaps" and if applicable one of the "no or inadequate information" or "many major gaps". Not all grantees have areas in "no or inadequate information" or "many major gaps"; if the grantee has "no or inadequate information" or "many major gaps", the first requirement is to submit a revised written document by December 15, 2007 (guidance forthcoming) and then to consider a discussion-based exercise (seminar or tabletop) around that area (see Level 1 exercise activities).

16. **Regarding the requirement that states submit to CDC as part of their application names of exercise evaluation corps:**
    a. **What is to be included in this submission? Name, contact information, area of expertise?**
    b. **Where are we to submit this information? As an attachment or directly into llis?**
    c. **What are the responsibilities of those "volunteering" to be peer evaluators? Who is responsible for travel funds? Our state has an out-of-state travel cap? If a staff member is selected for a peer review, what obligations do they have for complying with the request? Especially if there are limited travel funds available, limited time; and/or we have exceeded our out-of-state travel cap and are not allowed?**

Answer: Please see the answer to #'s 7 & 9 above. Travel funds from either the receiving or the donating state are available to be used. If a state contacts another and they are not able to travel from their own budget, then the state needing evaluators will either need to fund their travel or seek evaluators elsewhere that meet the guidance requirement of being HSEEP trained and in the same discipline of the exercise.

17. It's from Appendix 7. We are trying to figure out what each of these mean?

- **RTDD List of Primary Concern (None attached)**
- **RTDD List of Collaborators (None attached)**
- **RTDD List of Principal Investigators (None attached)**
- **RTDD List of Local Steering Committee (None attached)**
- **RTDD List of Equipment, Supplies, Personnel, etc. (None attached)**
- **RTDD List of Advanced Medical Equipment and Procedures (None attached)**

Answer: The RTDD guidance for the **directly-funded localities *only*** (second section, regarding demonstration of diagnostic medical equipment for RTDD) requires the creation of the lists referenced in this question. These lists pertain to the specifics of any agreements the locality proposes with hospital, university or clinical laboratories to demonstrate the contribution of certain specific items of diagnostic medical equipment to real-time disease detection.

The fact that the lists noted above all have "(None attached)" after them makes us think that the questioner has copied these directly from PERFORMS. If you are NOT a directly-funded locality, then, since you are not subject to this requirement, "(None attached)" is what you would want to have shown for these attachments.