

October 23, 2020



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 (DSLR) 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.

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- October 30 PHEP BP1 FFRs, Annual Progress Reports, and Performance Measure Data Due
- October 30 PHEP Quarterly Spend Plan Reports for BP1 (Q5) and BP2 (Q1) Due
- November 16 Direct Assistance Renewals/New Requests for Personnel Due



## **CDC Offers Considerations for Conducting JRAs in BP2**

While CDC has modified several PHEP requirements for Budget Period 2 (BP2) in consideration of the COVID-19 response, the jurisdictional risk assessment (JRA) requirement will not be modified other than the change that extends all BP2 reporting deadlines to **October 29, 2021**. For those jurisdictions whose JRAs have expired or are set to expire during BP2, CDC encourages them to review their methodological approach for determining risks to the health of their jurisdictions to ensure such approaches consider current human and financial resources. Many jurisdictions use complex and detailed calculations and formulas to produce jurisdictional risk profiles, which may require significant personnel time and effort to complete.

To allow jurisdictions to focus on response efforts and optimize their current human and financial resources, CDC recommends these risk assessment methodology considerations:

- Review most recent JRAs and refresh or amend them according to major developments or other
  jurisdictional changes, such as recent disasters with unique lessons learned, new climate intelligence,
  or significant changes in population demographics.
- Select alternative methodology that optimizes the use of current human and financial resources
  - Jurisdictions should review the JRA criteria in the <u>2019-2024 PHEP Notice of Funding</u> <u>Opportunity (NOFO)</u> in selecting an alternative methodology to ensure that the selected approach will meet the requirements.
- Incorporate lessons learned, observations, interim after-action reports, and other documents from the COVID-19 response experience into updated JRAs.
- Discuss proposed methodology or special circumstances with project officers.

Since the JRA is a joint requirement for PHEP and Hospital Preparedness Program recipients, CDC and HPP program officials have worked together to develop these considerations. Successfully achieving the minimum requirements as outlined in the NOFO will satisfy the five-year JRA requirement.

PHEP recipients should direct any questions to their DSLR project officers.

Jurisdictions that plan to use PHEP Budget Period 3 (BP3) direct assistance (DA) funds to support Career Epidemiology Field Officers (CEFOs) should plan on covering 100% of the costs. CDC covered 10% of CEFO costs to support response and other agency activities in Budget Period 2 but will no longer be able to do so in BP3. Fiscal year 2021 PHEP funding levels for BP3 will be available in the BP3 continuation guidance scheduled to be released in January. Recipients will soon receive forms from their DSLR project officers to renew current CEFO assignments or to request new CEFO assignments. The deadline to submit DA renewal/request forms is **Monday, November 16**.



## **COVID-19 Crisis Response Cooperative Agreement Reports Due Now**

Several jurisdictions have not yet submitted their September fiscal reports and second quarter progress reports for the COVID-19 Crisis Response Cooperative Agreement. The reports, which were due October 15, are a required activity and must be submitted to CDC via REDCap. For the quarterly progress report, recipients should provide programmatic updates on their response activities from July 1 to September 30. The September fiscal report should summarize obligations and commitments incurred through September 30.

## New CDC Web Portal Offers Venue to Share COVID-19 Travel Guidance



CDC is developing a web portal called **Travel Planner** that will serve as a centralized communication platform for COVID-19 travel restrictions and policies enacted by state, tribal, local, and territorial (STLT) governments. The travel portal is intended to serve as a centralized location that travelers can search to find COVID-19 information for the communities they're passing through and for their final destinations. This information will help travelers make informed decisions, protect themselves, and reduce transmission before, during, and after they travel.

CDC is soliciting the help of STLT jurisdictions to provide content for the new web portal. To upload information to the Travel Planner, jurisdictions must have a CDC

SAMS (Secure Access Management Services) account. Jurisdictions should email <a href="mailto:travelplanner@cdc.gov">travelplanner@cdc.gov</a> to request a SAMS account, if they don't already have one, and to request access to the COVID-19 Travel Planner web portal. Entering jurisdictional travel information is expected to take less than 15 minutes.

## **CDC Expands "Close Contact" Definition**

CDC has updated its guidance on what constitutes close contact to a person infected with COVID-19 following the October 21 release of a new <u>MMWR study</u> indicating the coronavirus can be spread after multiple brief interactions. The updated guidance clarifies that close contact is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset until the time the patient is isolated. For asymptomatic patients, the time period is two days prior to specimen collection. This updated guidance has implications for contact tracing activities as well as public-facing guidance on when to quarantine. For more information, visit the COVID-19 <u>contact tracing</u> web pages on the CDC website.



• November 12 - PHEP Connects Webinar

November 18 – PHEP Recipient Monthly Call



## **New PPE Preservation Planning Toolkit Now Available**

The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has developed a new toolkit, including links to a guide and an Excel spreadsheet, to assist organizations with planning and implementation strategies for personal protective equipment (PPE) preservation. Developed by ASPR's COVID-19 Healthcare Resilience Working Group, the toolkit can help users understand types of PPE preservation strategies and calculate how using those strategies can increase the duration of a specified PPE supply.

#### **SNS Offers New Federal Medical Station Orientation**

The Strategic National Stockpile (SNS) is offering a new Federal Medical Station (FMS) Orientation designed to familiarize public health partners and stakeholders with an overview of the FMS mission, capabilities and formulary. The virtual orientation is available on CDC TRAIN, course ID# 1093806, Included in the training is an orientation to the 50-bed and 250-bed FMS cache configurations, components of an FMS bariatric kit, and facility and logistical support requirements to successfully conduct FMS operations and components of an FMS bariatric kit.

The new orientation is in addition to the <u>series of FMS training videos</u> on the assembly or operation of key components in the FMS deployment cache. Additional SNS course offerings are available <u>here</u> on the ASPR Public Health Emergency website.



## **CPR Funds 10 New Preparedness and Response Research Projects**

CDC's Center for Preparedness and Response (CPR) has funded 10 new research projects designed to provide preparedness practitioners with science-based tools to strengthen response to public health threats. The projects will address topics ranging from disaster citizen science to shelter surveillance.

The Rand Corporation will develop and deliver toolkits and trainings on disaster citizen science initiatives for health departments and community groups. Disaster citizen science is the use of scientific principles and methods by "nonprofessional" scientists or volunteers. The American Red Cross will develop and test a new electronic surveillance form designed to modernize the collection, transmission, and analysis of real-time data on the health needs of shelter residents during disasters. University of Florida researchers will conduct a real-time assessment of insecticide spraying during arboviral disease outbreaks such as Zika, West Nile, and Dengue to help prevent and control the spread of viruses and bacteria by mosquitoes. This project will evaluate the efficacy and limitations of different mosquito adulticides.

#### Other research projects include:

- Developing a Clinical Framework for Cytokine Administration in Patients with Acute Radiation Syndrome following a Nuclear Detonation – National Alliance for Radiation Readiness (NARR)
- Improving Accuracy of Mortality Reporting for Emergency and Disaster-Related Deaths

- at State, Tribal, Local, and Territorial Levels NORC at the University of Chicago
- Informing Use of Graduated Response Techniques to Respond to Public Health Emergencies – ICF
- Feasibility Study of the Composite of Post-Event Well-being (COPEWELL) Model for Community Functioning and Resilience – Johns Hopkins University
- Building Ethically Informed Disaster Research through Rapid Research in U.S Territories National Science Foundation
- Engaging Stakeholders to Support Development of a Science Agenda Association of Public Health Laboratories
- Training Modules to Improve Social and Behavioral Science, Public Health Research, and Interdisciplinary Research and Applications for Disasters National Science Foundation

For more information, contact preparedness@cdc.gov.



## **CDC MMWR Reports**

- Morbidity and Mortality Weekly Report, October 23
- <u>Early Release</u>: Excess Deaths Associated with COVID-19, by Age and Race and Ethnicity United States, January 26—October 3, 2020, October 23
- Early Release: COVID-19 in a Correctional Facility Employee Following Multiple Brief Exposures to Persons with COVID-19 Vermont, July–August 2020, October 23

#### COVID-19 Guidance and Resources

- NEW Frequently Asked Questions: Right of Reference to the CDC Influenza SARS-CoV-2 (Flu SC2)
   Performance Data for Manufacturers and Test Developers
- NEW Treatments Your Healthcare Provider Might Recommend for Severe Illness
- NEW COVID-19 Case Investigation and Contact Tracing in Non-Healthcare Workplaces
- NEW Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers
- UPDATED Duration of Isolation and Precautions for Adults with COVID-19
- UPDATED CDC COVID Data Tracker
- UPDATED Staffing Resources
- UPDATED COVIDView
- UPDATED COVID-19 Electronic Laboratory Reporting Implementation by State
- **UPDATED** Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)

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