

October 25, 2024

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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PHEP Cooperative Agreement Updates

CDC Releases MYIPP Data Elements

CDC has finalized the submission details for the multiyear integrated preparedness plans (MYIPP) required by the <u>2024 PHEP notice of funding opportunity (NOFO)</u>. The PHEP NOFO requires all 62 PHEP recipients to submit MYIPPs and associated data elements by **June 30, 2025**.

The MYIPP must be informed by a collaboration among the recipient, emergency management, Cities Readiness Initiative (CRI) local planning jurisdictions, rural and frontier jurisdictions, and federally recognized tribal entities as appropriate. In addition, the MYIPP must address Response Readiness Framework priorities and the PHEP NOFO's AHA-C activity regarding developing and conducting required exercises. The 2024 PHEP NOFO Exercise Framework Supplemental Guidance also specifies that the MYIPP must include considerations for laboratory participation, recovery planning, health equity, data modernization, partnerships, and statutory requirements for pandemic influenza planning.

Following are the specific MYIPP data elements recipients must report to CDC. Recipients must review MYIPP data elements each budget period and update as needed after the initial submission.

- Date recipient's MYIPP was created, updated, or reviewed.
- Integrated preparedness planning workshop (IPPW) date.
- Roster: Select all the organizations and categorical partners that had representation at the IPPW.
 Coordinate MYIPPs with CRI local planning jurisdictions and frontier, rural, and tribal entities as relevant.

- Number of years MYIPP covers; at a minimum, the MYIPP must cover three additional years of planning beyond the current budget period, resulting in a four-year progressive exercise and training plan within the five-year performance period.
- Response Readiness Framework areas prioritized during the Budget Period 1 (BP1) Integrated Preparedness Plan (IPP).
- Public Health Preparedness and Response Capabilities prioritized during the BP1 IPP.
- Planned exercises: projected dates for all 13 required exercises.
- Primary strength for the focus of the BP1 IPP.
- Exercise or response that was used to identify the area of improvement (AOI) for the BP1 IPP.
- Primary area of improvement area of focus informed from lessons learned through previous exercises or responses.
- Exercise or response for which the identified improvement area was observed.
- Last date recipient's pandemic influenza plan or integrated respiratory pathogen pandemic plan was created, updated, or reviewed.
- Last date recipient's all-hazards preparedness and response plan was created, updated, or reviewed.
- Last date recipient's infectious disease response plan was created, updated, or reviewed.
- Last date recipient's medical countermeasure distribution and dispensing plan was created, updated, or reviewed.
- Last date recipient's continuity of operations plan was created, updated, or reviewed.
- Last date recipient's volunteer management plan was created, updated, or reviewed.
- Last date recipient's crisis and emergency risk communications and information dissemination plans were created, updated, or reviewed.
- Last date recipient's health care system preparedness and response plan was created, updated, or reviewed.

Recipients should contact their PHEP project officers with any questions or for more information.

CDC will provide details regarding the required exercise and incident response improvement plan data elements in the November 1 issue of the DSLR Friday Update.

PHEP TP19-1901 Closeout Reports Due October 31 for Applicable Recipients

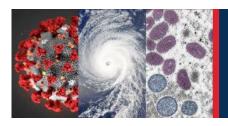
PHEP recipients who do not have no-cost-extensions must submit their TP19-1901 program closeout reports no later than **October 31**. The closeout report will serve as the final progress report for preparing to close the award after the June 30 period of performance end date.

Recipients will use the PHEP Cooperative Agreement 2019-2024 Performance Report module in PORTS to submit their closeout information. The closeout report should summarize recipients' program activities from July 1, 2019, to June 30, 2024. CDC has streamlined reporting by eliminating the requirement for a separate Budget Period 5 (BP5) annual progress report. Instead, recipients should incorporate BP5 accomplishments into the final report, along with information on PHEP benchmarks and pandemic influenza plans.

Recipients should review <u>CDC's grants closeout process</u> for additional guidance on closing their awards. Recipients have up to 120 days after the end of their period of performance end date to close out their awards. However, CDC encourages early submission of all closeout reports. If recipients have additional questions, they should contact their assigned PHEP project officers or grant management specialists.

CDC's Division of Readiness and Response Science (DRRS) soon will be contacting PHEP directors to formally invite them to participate in the Regional Centers for Public Health Preparedness and Response. Over the next two weeks, Robin Soler, the DRRS Applied Research team lead, will contact the 62 PHEP directors to invite them to meetings with the centers in their regions. Some regional centers may also contact the PHEP directors regarding participation in the 10 regional steering committees or in regional coordinating bodies for regions 1, 2, and 5. During these meetings, PHEP directors will learn more about the structure of the regional centers and their FY 2024 plans and have an opportunity to provide feedback.

CDC is actively seeking PHEP director participation as they are critical partners in the development and implementation of evidence-based preparedness and response strategies and interventions in state, tribal, local, and territorial jurisdictions. CDC updated PHEP directors on the regional centers during the recent ASTHO Directors of Public Health Preparedness (DPHP) annual meeting in Rhode Island where PHEP directors provided valuable feedback and expressed interest in learning more about this initiative. PHEP directors can direct questions regarding the regional centers to Robin Soler at rsoler@cdc.gov.



Emergency Response Activities

CDC Response All-STLT Call to Be Held October 28

The next CDC Response All-STLT Update Call will be held at **2** p.m. EDT on Monday, October **28**, and will be extended to one hour. CDC subject matter experts will provide updates on CDC's emergency response activities, including H5N1, Marburg, hurricanes and other natural disasters, dengue, and Oropouche. A portion of the time will also be allotted to answer participants' questions regarding the presented topics. A replay of the call will be held at 3 p.m. EDT on Tuesday, October **29**, using the same connection details.

Participant Information

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

Meeting ID: 161 016 7208 Passcode: 46217352

Access Link: https://cdc.zoomgov.com/j/1610167208?pwd=Y1h2QWp5SFJDZlhnU2NoeDZrT21JUT09

Please note, the cadence of this call will change to twice a month beginning in November, with calls scheduled for November 11 and November 25.

To subscribe to this listserv to receive updated invitations to the monthly CDC Response All-STLT Update Call and the replay, please email eocevent375@cdc.gov.

CDC Updates Recommendations for U.S.-based Healthcare Personnel and Traveler Monitoring On October 23, CDC updated its interim recommendations for post-arrival management of <u>U.S.-based healthcare workers</u> (HCWs) and <u>other travelers</u> arriving from Rwanda during the Marburg virus disease (MVD) outbreak. The updated recommendations for post-arrival management focus on more efficient and targeted approaches that consider the recent outbreak containment measures instituted in Rwanda. Following are the major changes.

- 1. Limited the recommendations for daily monitoring and to avoid presence in U.S. healthcare facilities (HCFs, including the workplace restriction for U.S.-based HCWs) to persons who have been present in the past 21 days in specified Rwandan HCFs with known Marburg virus transmission risk.
 - For U.S.-based HCWs this applies to both patient care and nonpatient care areas
 - For other travelers who are not U.S.-based HCWs this applies to patient care areas only
- 2. Defined an outbreak area for which persons are recommended to have intermittent monitoring if they have a history of being in situations with additional exposure potential, as defined in the interim recommendations. For U.S.-based HCWs (other than those who fall under #1), this is a reversion to routine guidance.



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News You Can Use

NACCHO Announces Funding Opportunity for Delivering Customized Systems Improvement Training to Local Health Departments

CDC's National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (PHIC) and the National Association of County and City Health Officials (NACCHO) are providing an opportunity to deliver customized performance and systems improvement training and technical assistance to local public health departments through statewide or state-level public health associations and organizations.

NACCHO released a <u>request for applications</u> on October 22. All requests must be submitted no later than **Tuesday**, **November 12**.

CDC and NACCHO will host an <u>informational webinar</u> at 2 p.m. EDT on **Tuesday**, **October 29**, where interested applicants can learn more.



Online Resources

CDC MMWR Reports

- Morbidity and Mortality Weekly Report, October 25
- <u>Genomic Surveillance for SARS-CoV-2 Variants: Circulation of Omicron XBB and JN.1 Lineages United States, May 2023–September 2024</u>
- Locally Acquired (Autochthonous) Mosquito-Transmitted Plasmodium vivax Malaria Saline County, Arkansas, September 2023
- <u>Two Outbreaks of Legionnaires Disease Associated with Outdoor Hot Tubs for Private Use Two</u> Cruise Ships, November 2022–July 2024
- <u>Notes from the Field</u>: First Locally Acquired Dengue Virus Infections Pasadena, California, October—December 2023

CDC Online Resources

- UPDATED Measles Cases and Outbreaks
- UPDATED COVID Data Tracker
- **UPDATED** CDC Respiratory Virus Updates

- UPDATED Weekly U.S. Influenza Surveillance Report
- UPDATED RSV VaxView

Jose Montero, MD, MHCDS, Acting Director Division of State and Local Readiness Office of Readiness and Response Centers for Disease Control and Prevention

