ORR Reporting: Using the COVID-19 Response to Meet PHEP Pandemic Exercise Requirements

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PHEP Connects Webinar
March 16, 2022

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- Complete our evaluation questions
Presenter(s)

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Purpose

- The COVID-19 response has occurred in multiple phases. Vaccine availability became a cornerstone for fighting the pandemic. Early in 2021 there was limited vaccine availability, and jurisdictions vaccinated critical workforce and targeted populations in a phased approach.

- Today’s webinar will discuss the PHEP Operational Readiness Review (ORR) reporting form: *Vaccination for critical workforce groups and disproportionately impacted populations (VAC)*.

- Specifically, the webinar will describe how recipients should report on their phased vaccination approach to the COVID-19 response during the period of limited vaccine availability.
Webinar Outline

- Budget Period 3 (BP3) Reporting Requirements – February 2022 Update
- Key Considerations during BP3 Reviews
  - Lead, support, or no role
- Domain Focus
  - Implementation of capability elements related to limited vaccine administration
- Guidance Changes to Accommodate COVID-19 Response
  - PHEP Operational Readiness Review (ORR) reporting form: Vaccination for critical workforce groups and disproportionately impacted populations (VAC)
    - Prioritized vaccination categories
    - Limited vaccine supply
    - Information management
    - Vaccine administration
    - Use of volunteers
Budget Period 3 Reporting Requirements – February 2022 Update
## Required Elements and Data Collection Status for BP3

<table>
<thead>
<tr>
<th>Form</th>
<th>Element</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive</td>
<td>Critical Contact Sheet (CCS)</td>
<td>X Existing ORR form</td>
</tr>
<tr>
<td></td>
<td>Partner Planning Sheet (PPS)</td>
<td>X New ORR form</td>
</tr>
<tr>
<td></td>
<td>Workforce Development and Training (WDT)</td>
<td>X Modified ORR form</td>
</tr>
<tr>
<td></td>
<td>Pandemic COVID-19 Incident Response (RSP)</td>
<td>X New ORR form created for COVID-19 response evaluation</td>
</tr>
<tr>
<td></td>
<td>Emergency Operations Center Activation</td>
<td>Modified ORR form</td>
</tr>
<tr>
<td></td>
<td>Annual PHEP Exercise</td>
<td>X Existing ORR form</td>
</tr>
<tr>
<td></td>
<td>Pandemic Influenza: Critical Workforce Group Functional Exercise</td>
<td>Existing ORR form; VAC and RSP submission fulfills this requirement</td>
</tr>
<tr>
<td></td>
<td>Pandemic Influenza Full-Scale Exercise</td>
<td>Existing ORR form; VAC and RSP submission fulfills this requirement</td>
</tr>
<tr>
<td></td>
<td>Joint Functional Exercise with Emergency Management and Health Care Coalitions</td>
<td>X Existing ORR form</td>
</tr>
<tr>
<td></td>
<td>LRN-B Biological Sample Testing</td>
<td>Benchmark reported in PERFORMS</td>
</tr>
<tr>
<td></td>
<td>LRN-C Chemical Sample Testing Using Core and Additional Methods</td>
<td>Benchmark reported in PERFORMS</td>
</tr>
<tr>
<td></td>
<td>LRN-C Lab Specimen Packaging and Shipping Exercise</td>
<td>Benchmark reported in PERFORMS</td>
</tr>
</tbody>
</table>
From Capability Standards to ORR Guidance

**Capability Resource Elements**

- **Resources**: a jurisdiction should have or have access to in order to successfully perform capability tasks associated with capability functions.

- **Infrastructure**: a jurisdiction should have or have access to with sufficient quantities or levels of effectiveness to achieve the intent of any related capability task.

**Lead**: Primary **funding and** responsibility for preparedness planning and/or response activities.

**Support**: Shared **funding and** collaboration for preparedness planning and/or response activities.

**No role**: No direct involvement in **funding**, planning, or response activities.
VAC Sections and Elements
Operational Program Requirements

VAC 1 **Critical workforce groups (CWG) and disproportionately impacted populations prioritized for COVID-19 vaccine**

Categories (Table 1 in document):
- Homeland and national security
- Health care and community support services
- Other critical infrastructure
- General population
Category Population Groups for Phased Vaccination

Table 1. Category, vaccination population group

<table>
<thead>
<tr>
<th>Category</th>
<th>Population Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeland and national security</td>
<td>Deployed &amp; mission essential personnel</td>
</tr>
<tr>
<td></td>
<td>Essential military support &amp; sustainment personnel</td>
</tr>
<tr>
<td></td>
<td>Intelligence services</td>
</tr>
<tr>
<td></td>
<td>National Guard personnel</td>
</tr>
<tr>
<td></td>
<td>Other domestic national security personnel</td>
</tr>
<tr>
<td></td>
<td>Other active duty military &amp; essential support</td>
</tr>
<tr>
<td></td>
<td>Deployed and mission critical/essential personnel</td>
</tr>
<tr>
<td></td>
<td>Essential military support and sustainment personnel</td>
</tr>
<tr>
<td></td>
<td>Intelligence services personnel</td>
</tr>
<tr>
<td></td>
<td>National Guard personnel</td>
</tr>
<tr>
<td></td>
<td>Public health personnel (essential public health department staff, USPHS)</td>
</tr>
</tbody>
</table>
Category Population Groups for Phased Vaccination

Table 1. Category, vaccination population group

<table>
<thead>
<tr>
<th>Category</th>
<th>Population Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care and community support services</td>
<td>Public health personnel</td>
</tr>
<tr>
<td></td>
<td>Inpatient health care providers</td>
</tr>
<tr>
<td></td>
<td>Outpatient &amp; home health providers</td>
</tr>
<tr>
<td></td>
<td><strong>Health care providers in long-term care facilities</strong></td>
</tr>
<tr>
<td></td>
<td>Pharmacists &amp; pharmacy technicians</td>
</tr>
<tr>
<td></td>
<td>Community support &amp; emergency management</td>
</tr>
<tr>
<td></td>
<td>Mortuary services personnel</td>
</tr>
<tr>
<td></td>
<td>Other health care personnel</td>
</tr>
</tbody>
</table>

PORTS VAC1 population group list continued

- Healthcare and community support services
- Community support and emergency management
- Health care providers in long-term care facilities
- Inpatient health care providers
- Mortuary services personnel
- Outpatient and home health providers
- Pharmacists and pharmacy technicians
## Category Population Groups for Phased Vaccination

### Table 1. Category, vaccination population group

<table>
<thead>
<tr>
<th>Category</th>
<th>Population Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population</td>
<td>Pregnant women</td>
</tr>
<tr>
<td></td>
<td>Infants &amp; toddlers 6-35 months old</td>
</tr>
<tr>
<td></td>
<td>Household contacts of infants &lt;6 months old</td>
</tr>
<tr>
<td></td>
<td>Children 3-18 years old with high risk condition</td>
</tr>
<tr>
<td></td>
<td>Children 3-18 years old without high risk condition</td>
</tr>
<tr>
<td></td>
<td><strong>Adults 19-64 years old with high risk condition</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Adults &gt;65 years old</strong></td>
</tr>
<tr>
<td></td>
<td>Healthy adults 19-64 years old</td>
</tr>
</tbody>
</table>

PORTS VAC1 population group list continued:

- Adults >65 years old
- Adults 19-64 years old with high risk condition
- Children 3-18 years old with high risk condition
- Children 3-18 years old without high risk condition
- Congregate care settings
- Healthy adults 19-64 years old
- Household contacts of infants <6 months old
- Infants and toddlers 6-35 months old
- Pregnant women
### Category Population Groups for Phased Vaccination

#### Table 1. Category, vaccination group

<table>
<thead>
<tr>
<th>Category</th>
<th>Population Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other critical infrastructure</td>
<td></td>
</tr>
<tr>
<td>Emergency services &amp; public safety sector personnel (EMS, law enforcement, &amp; fire services)</td>
<td></td>
</tr>
<tr>
<td>Manufacturers of pandemic vaccine &amp; antivirals</td>
<td></td>
</tr>
<tr>
<td>Communications/information technology (IT) &amp; related personnel &amp; services</td>
<td></td>
</tr>
<tr>
<td>Critical government personnel - operational &amp; regulatory functions</td>
<td></td>
</tr>
<tr>
<td>Banking &amp; finance, chemical, food &amp; agriculture, pharmaceutical, postal &amp; shipping, &amp; transportation sector personnel (critical infrastructure with greater redundancy)</td>
<td></td>
</tr>
<tr>
<td>Other critical government personnel</td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
</tr>
</tbody>
</table>

PORTS VAC1 population group list continued

- **Other Critical Infrastructure**
  - Banking/finance/financial clearing and settlement personnel
  - Communications/information technology (IT) personnel
  - Chemical/hazardous materials personnel
  - Critical government personnel (operational & regulatory functions)
  - Critical manufacturing/sector personnel (critical infrastructure with greater redundancy)
  - Electricity, nuclear, oil, gas, water sector personnel
  - Emergency services and public safety sector personnel (EMS, law enforcement, & fire services)
  - Food and agriculture personnel
  - Manufacturers of pandemic vaccine and antivirals
  - Pharmaceutical personnel
  - Postal and shipping personnel
  - Transportation personnel
  - Other, specify
Operational Program Requirements

VAC sections 2-6 based on:

- Vaccination Program Operational Guidance
- Vaccine Storage and Handling Toolkit for vaccine administration-related elements
VAC Questions (from ~September 2020 through February 2021)

**VAC2.a-b Limited supply**

a. PHEP role in determining prioritized populations for limited supply of COVID-19 vaccination at the start of vaccine availability

b. PHEP role in determining prioritized populations for limited supply of COVID-19 vaccination during the refinement of priority vaccination groups

**Lead:** Primary funding and responsibility for preparedness planning and/or response activities

**Support:** Shared funding and collaboration for preparedness planning and/or response activities

**No role:** No direct involvement in funding, planning or response activities
VAC Questions (from ~ September 2020 through February 2021)

VAC2.c Vaccine administration capacity
Select the PHEP program staff role in determining vaccine administration capacity, which is defined as the maximum achievable vaccination throughput regardless of public demand for vaccination.

VAC2.d Equitable access to vaccine services
Select PHEP program staff role planning for equitable vaccine access across the jurisdiction. Equitable access requires information about populations within the jurisdiction and partners who are familiar with how these populations obtain health care and essential services.

Lead: Primary funding and responsibility for preparedness planning and/or response activities

Support: Shared funding and collaboration for preparedness planning and/or response activities

No role: No direct involvement in funding, planning or response activities
VAC Questions (December 2020 through March 2021)

VAC3.a-e PHEP role communicating vaccination plans with

VAC3.a Incident management stakeholders
VAC3.b Vaccine administrators
VAC3.c Critical Workforce Group employers
VAC3.d Disproportionately impacted population community partners for culturally sensitive message development
VAC3.e Disproportionately impacted population community partners to amplify directed outreach

Lead: Primary funding and responsibility for preparedness planning and/or response activities
Support: Shared funding and collaboration for preparedness planning and/or response activities
No role: No direct involvement in funding, planning or response activities
VAC Questions (December 2020 through March 2021)

VAC4.a-k Vaccine management and administration

PHEP role in various aspects of vaccine management and administration:

a. Supply  
b. Shipment  
c. Transport (if it was not possible to ship directly to site)  
d. Storage and handling including cold chain management  
e. DVC/CVS prep and supplies  
f. DVC/CVS locations  
g. Vaccine preparation  
h. Vaccine administration  
i. Vaccine documentation  
j. Vaccine adverse event tracking  
k. Post DVC/CVS actions (demobilization)
VAC Questions (December 2020 through March 2021)

VAC5.a-d Volunteer recruitment for vaccine administrators
PHEP role in volunteer management

a. Recruitment
b. Credentialing
c. Training
d. Safety and health monitoring

Lead: Primary funding and responsibility for preparedness planning and/or response activities
Support: Shared funding and collaboration for preparedness planning and/or response activities
No role: No direct involvement in funding, planning or response activities

- After-action report (AAR): Analysis of Public Health Preparedness Capabilities

- “Lead or support role” for each capability element was
  - Performed without challenges (P)
  - Performed with some challenges (S)
  - Performed with major challenges (M)
  - Unable to perform (U)
  - Not applicable – selected only if there is no role to report
Analysis of Vaccine Management Capabilities

VAC6.a-k PHEP role in various aspects of vaccine management and administration:

a. Supply
b. Shipment
c. Transport (if it was not possible to ship directly to site)
d. Storage and handling including cold chain management
e. DVC/CVS prep and supplies
f. DVC/CVS locations
g. Vaccine preparation
h. Vaccine administration
i. Vaccine documentation
j. Vaccine adverse event tracking
k. Post DVC/CVS actions (demobilization)

Reviewer Guidance (for VAC and RSP) - 

Analysis of capabilities

- Performed without challenges
- Performed with some challenges
- Performed with major challenges
- Unable to be performed
- Not applicable
VAC Questions (January 2021 through May 2021)

VAC6. Vaccine activity analysis

PHEP role in various aspects of vaccine management and administration:

a. Supply
b. Shipment
c. Transport (if it was not possible to ship directly to site)
d. Storage and handling including cold chain management
e. DVC/CVS prep and supplies
f. DVC/CVS locations
g. Vaccine preparation
h. Vaccine administration
i. Vaccine documentation
j. Vaccine adverse event tracking
k. Post DVC/CVS actions (demobilization)

VAC6.l Vaccine campaign Strength (for each performed without challenges or performed adequately)

VAC6.m Vaccine campaign Area for Improvement (for each performed with major challenges or not able to perform)

VAC6.n Vaccine campaign Root Cause Analysis for areas of improvement identified
VAC Questions (January 2021 through May 2021)

VAC6.n Vaccine campaign root cause analysis for areas of improvement identified

Root cause analysis focuses on identifying the most basic factor/s for why the action did not occur or was not performed as expected

After identifying and analyzing issues, recommendations for improvement, such as corrective actions developed

Root cause analysis can be thought of as the transition from identifying an area for improvement to arriving at the corrective action

Appendix A: Improvement Plan

<table>
<thead>
<tr>
<th>Capability</th>
<th>Issue/Area for Improvement</th>
<th>Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability 3: Emergency Operations Coordination</td>
<td>Administrative preparedness – Additional personnel, materiel, or assets secured</td>
<td>Update the BETP Administrative Preparedness Plan based on process and lessons learned from CHECC/OLHS administrative coordination of emergency funds</td>
</tr>
</tbody>
</table>

Conducting root cause analysis leads from the area for improvement to corrective action
Summary

• Budget Period 3 (BP3) Reporting Requirements – February 2022 Update

• PHEP Operational Readiness Review (ORR) reporting form: *Vaccination for critical workforce groups and disproportionately impacted populations (VAC)*
  – Prioritized vaccination categories
  – Limited vaccine supply
  – Information management
  – Vaccine administration
  – Use of volunteers
Available Resources
Web Links for Public Release

- PHEP Budget Period 3 Reporting Requirements and ORR Implementation – February 2022 Update

- Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine during an Influenza Pandemic | Pandemic Influenza (Flu) | CDC

- Homeland Security Exercise and Evaluation Program | FEMA.gov

- COVID-19 Vaccination Program Operational Guidance | CDC
Questions

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.