

Public Health Emergency Preparedness (PHEP) Budget Period 1: FAQs on COVID-19 Effects on PHEP Requirements

Updated March 27, 2020

1. Will the COVID-19 response satisfy the full-scale exercise (FSE) requirement for recipients and local planning jurisdictions that must demonstrate readiness for emerging infectious diseases such as pandemic influenza?

For Budget Period 1 (BP1), PHEP recipients and their local Cities Readiness Initiative (CRI) planning jurisdictions that must demonstrate readiness for pandemic influenza or other emerging infectious diseases can receive full credit for an FSE if their emergency operations center (EOC) is activated to support the COVID-19 response. Credit is not dependent upon distribution and dispensing of medical countermeasures. However, CDC encourages jurisdictions to submit relevant activities for capabilities outlined in the [Key Components for Pandemic Influenza Operational Readiness](#) that are related to this response. Activities across all capabilities must be documented in the after-action report (AAR) for the jurisdiction's COVID-19 response as supporting evidence. CDC provided the following a list of qualifying criteria in the February 21, 2020, DSLR Friday Update.

2. What Guidance can CDC provide on PHEP FSE credit for COVID-19 activities?

PHEP recipients activated for the Coronavirus Disease 2019 (COVID-19) response may be able to use the incident to receive credit for the PHEP pandemic influenza full-scale exercise (FSE) requirement. Recipients should submit their activation information into the DCIPHER online data collection system when activation occurs. However, recipients cannot finalize the form until they submit deactivation dates and other required information. Based on the information provided, CDC will determine whether jurisdictions receive credit for the pandemic influenza FSE.

Recipients should report their activation per the 2019-2024 PHEP notice of funding opportunity (NOFO) requirements using the PHEP/Functional/Full-scale Exercise or Incident form in DCIPHER. At a minimum, to document EOC activation, recipients must include:

- Name of incident
- Type
- Start date/time
- End date/time (at time of deactivation)
- Event type (select Pandemic Influenza)
- For consideration of credit for the pandemic influenza FSE requirement, recipients should complete the remaining fields on the form following EOC deactivation.
- Capabilities exercised
- Fiscal or other administrative processes and procedures included in exercise
- Community partners included in the joint planning/exercise (select at least one emergency management and one health care coalition partner – verified by after-action report [AAR])
- HHS regional participation
- Local health department participation

- Vulnerable population stakeholders included (list all that participated – verified by AAR)
- EOC site activation information
- EOC general information
- EOC staff notification information

Depending on the duration of the activation, capabilities exercised will be activation-phase dependent. To receive credit for the pandemic influenza FSE requirement, recipients must include information on Capability 11: Nonpharmaceutical interventions, Capability 12: Public Health Laboratory Testing, and Capability 13: Public Health Surveillance and Epidemiological Investigation. In addition, recipients should document specific information regarding quarantine procedures, movement restrictions, social distancing, laboratory specimen management, collaboration with clinical laboratories, contact tracing, and use of personal protective equipment (PPE), identifying at least one strength and one area for improvement.

COVID-19 activities may also meet the joint PHEP and Hospital Preparedness Program (HPP) exercise requirement. If during the activation there was active participation by HPP recipients, their health care coalition partners, and emergency management partners, as verified by the AAR. To receive credit, recipients must document active involvement by each partner.

CDC's PHEP and medical countermeasure (MCM) specialist will review the completed FSE forms and related AARs to determine whether jurisdictions can receive FSE credit for their COVID-19 activation. Recipients currently planning an FSE scheduled to be held within the next 12 months should continue with their planning until they receive confirmation from CDC that their COVID-19 activation meets the FSE requirements.

3. The February 21, 2020, DSLR Friday Update seemed to focus on PHEP recipients' eligibility for FSE credit. Does this apply for local jurisdictions as well? If so, how will that be determined?

This option also applies for CRI planning jurisdictions that must demonstrate readiness for pandemic influenza or other emerging infectious diseases. CDC encourages local planning jurisdictions to submit each activation of their EOCs, but they should coordinate their local efforts with their states. Once an interim AAR is available, the local jurisdiction may submit their activities for the state to review.

4. What should be submitted in the form and when?

At a minimum, jurisdictions should report activation for COVID-19 response when it occurs (or as soon as possible). Jurisdictions can complete the PHEP/Functional/Full-scale Exercise or Incident form in the DCIPHER online data collection system.

Incident/Exercise Information

Name of Exercise/Event/Incident

Type (select 1)

Start date/time

Invalid date range

End date/time

Invalid date range

Event type (select all that apply)

Submission of the form requires an activation end date and time. Jurisdictions may use the date of submission as the listed end date of the activation. This entry can be edited to provide an accurate (or interim end date, if submitting an interim AAR) when the final information is submitted. Provide the initial information as indicated as soon as possible to provide confirmation of activation for the incident in real time. This provides verification for CDC about which recipients have activated.

Start date/time

End date/time

5. What should jurisdictions do if deactivation is delayed and activation lasts for prolonged period, such as more than a year)?

Jurisdictions can submit an interim AAR that focuses on the first three intervals of the [CDC pandemic intervals framework \(PIF\)](#) (investigation, recognition, and initiation.) At the time of submission (once the interim AAR is available), jurisdictions can complete the next section of the FSE form (pictured below.) Be sure to include all capabilities applicable to the incident. For example:

Event type (select all that apply)

Capabilities exercised (select all that apply)

Examples of likely capabilities exercised are provided in this screenshot. Jurisdictions should reference the [Key Components for Pandemic Influenza Operational Readiness](#) for a full list of related capabilities. Additional guidance will provide information about tasks to report within each capability to meet FSE criteria. Jurisdictions must document the application of each capability during the activation in an AAR or comparable report to be submitted after deactivation to request credit for the FSE.

6. Does the COVID-19 response satisfy the distribution FSE for recipients and local CRI planning jurisdictions that must demonstrate readiness for the intentional release of a Category A agent, such as anthrax?

This incident currently does not satisfy the FSE requirement for an anthrax scenario. If those jurisdictions activate their receipt, stage, and store (RSS) sites and distribute any countermeasures using recipient transportation assets, this response may qualify for the anthrax FSE requirement. If this is the case, alert your PHEP and MCM specialists and CDC will assess the situation to determine applicability to the anthrax FSE requirements and will provide further guidance and instructions.

Similarly, if local planning jurisdictions activate points of dispensing (PODs) during the COVID-19 response, the response may qualify for the anthrax-FSE requirement.

The COVID-19 outbreak is an evolving situation and CDC intends to provide credit for meeting the FSE and other PHEP cooperative agreement requirements when applicable to reduce recipient burden. CDC will continue to provide updated guidance on how COVID-19 response activities may satisfy cooperative agreement requirements as the situation develops.

7. When will jurisdictions know if they have met the FSE requirement?

CDC will continue to provide updated guidance as this event evolves to clarify AAR requirements jurisdictions must meet to receive credit for FSE requirements. CDC intends to broadly apply this review criteria to balance the intent of the exercise requirements with the realities of the COVID-19 outbreak response. CDC may amend the enclosed criteria based on the characteristics of the outbreak and accommodate the needs of PHEP Program award recipients.

PHEP and MCM specialists will review interim AARs to provide recipients with an initial assessment regarding whether they have met the exercise requirement. CDC will finalize that determination following the conclusion of the event and final submission of data in the DCIPHER online data collection system.

8. What should recipients do if they are scheduled to complete this year their five-year FSE requirements for an anthrax scenario?

For those jurisdictions whose five-year window to conduct an FSE expires in calendar year 2020, CDC may offer a one-year extension if they are activated for the COVID-19 response. Recipients that are planning to conduct an FSE in calendar year 2020 to meet the requirement to conduct an FSE once every five years should submit a request via email to their PHEP specialist to request an extension. Keep in mind that if the COVID-19 response requires POD activation, those jurisdictions may qualify to meet the FSE requirement.

CDC recommends that those jurisdictions planning to conduct an anthrax FSE this calendar year but whose five-year window does not expire this year postpone their FSEs and related planning activities if they are activated for COVID-19. This will enable those jurisdictions to focus on their COVID-19 response activities.

CDC will continue to adjust guidance to accommodate the evolving response and provide those updates via the DSLR Friday Update.

9. What additional credit can jurisdictions receive for this incident?

This incident may be used to meet the joint exercise requirement with the Hospital Preparedness Program (HPP) provided jurisdictions are coordinating response activities with emergency management and health care coalition partners. Likewise, jurisdictions may be able to meet the annual PHEP exercise requirement provided they are coordinating response activities with vulnerable population partners. For these to be considered, jurisdictions must document in the AAR descriptions of how these activities are coordinated.

To demonstrate partner involvement, jurisdictions must complete the following variables (see screenshot).

- Include total number of all types of EOCs activated within your jurisdiction.
- Include any fiscal or administrative processes implemented during the incident
- Include all joint partners engaged during the activation (at least one each for emergency management and health care coalition to review for joint exercise requirement)
- Recipients should include any local jurisdictions that might submit information to receive credit for FSE requirement (type in all applicable locals)
- Select all vulnerable population partners included. Recipients that include vulnerable population partners as part of the incident may satisfy the annual PHEP exercise requirement for the year it is submitted.

Number of EMA and health EOC sites included in site activation

4

Fiscal or other administrative processes and procedures included in exercise (select all that apply)

Receiving emergency funds X Procurement time X X ▼

Joint planning/exercise included the following community partners (select all that apply)

Health Care Coalitions X Public Health Emergency Management Agencies X X ▼

State Emergency Management Agencies/Organizations (EMA/O) X

HHS Regional participation (select all that apply)

No other awardees/regions participated X X ▼

Local jurisdictions included (select 1)

Yes No

List jurisdictions that participated

Local CRI planning jurisdictions 1, 2, and 3

Identify vulnerable population stakeholders included in planning for the exercise

Add new Vulnerable Population Partner(s) - CRI/TFAS/DFL

Add new Vulnerable Population Partner(s) - States

10. Will jurisdictions receive credit for tabletop and functional exercises for this incident?

- All recipients may use this incident to meet the pandemic influenza tabletop exercise (TTX) requirement if they submit the TTX form for credit.

- Recipients may also use this incident to meet the administrative preparedness TTX requirement by submitting the TTX form for credit.
- This incident does not currently meet the continuity of operations (COOP) TTX, laboratory COOP TTX, or the critical workforce functional exercise requirements, as exercises or COOP activities must be deliberately tested, implemented and subsequently reviewed through an AAR process in order to receive exercise credit. Regardless, jurisdictions should review plans and be prepared to advance COOP implementation activities as a part of the jurisdictional COVID-19 preparedness and response strategy.

11. Will CDC modify other program requirements due to the COVID-19 response?

CDC has modified reporting requirements for the quarterly MCM action plans and PHEP technical assistance action plans that are due March 31.

- Jurisdictions may provide either a verbal or a written update to their MCM and PHEP specialists to meet the March 31 deadline. If jurisdictions prefer to provide a verbal update, the subsequent quarterly update would need to be submitted in writing. **UPDATE: Jurisdictions electing to provide a written update may indicate "Response to COVID-19 – No New Activity" as needed.**
- Additionally, jurisdictions may opt to request a 30-day extension to provide the action plan updates. Jurisdictions can submit extension requests via email to their PHEP specialists.
- Jurisdiction that do not have action plan updates due to the COVID-19 response may send an email to their PHEP and MCM specialists to indicate "Response to COVID-19 – No New Activity" in the header of the action plan forms.
- Operational Readiness Review (ORR) site visits are canceled. **NEW**
- Recipients should discuss expectations for virtual ORR discussions with their MCM specialists. CDC may modify requirements in favor of states working with their local jurisdictions on MCM action plans. PHEP recipients should discuss adjustments to work plans with their MCM specialists based on the intensity of their COVID-19 response efforts. **NEW**
- States will not be required to report local Cities Readiness Initiative (CRI) ORR details (states should continue working with their jurisdictions to advance these objectives as they are able, but they do not need to report progress to CDC). **NEW**
- **CDC has waived these MCM ORR Requirements. NEW**
 - Annual inventory data exchange (IDE) test
 - Annual submission of the revised multiyear training and exercise plan (MYTEP) and training and exercise planning workshop (TEPW)
 - All other ORR drill requirements
 - ORR form update requirements, **with the exception of** the critical contacts sheet (CCS) updates

UPDATE: CDC has waived for BP1 the PHEP 12.2: 24/7 Emergency Contact Drill (bidirectional) performance measure requirement for an annual 24/7 epidemiology/laboratory emergency contact drill between CDC, the on-call laboratorian, and the on-call epidemiologist. This unannounced two-part drill usually takes place in April and May. Due to the COVID-19 activities nationwide, this drill would be redundant and is unnecessary during BP1 (2019-2020).

In addition, CDC has modified proficiency testing requirements for the Laboratory Response Network for Biological Threats (LRN-B). PHEP Benchmark 2 currently requires PHEP-funded LRN-B laboratories to participate in all available proficiency testing challenges specific to each laboratory's testing capability. The benchmark specifies that the minimum performance requirement is that the LRN-B laboratory cannot fail more than one validated proficiency test challenge during the budget period. Typically, CDC's LRN-B program office conducts two proficiency testing challenges each budget period. Due to the COVID-19 response, CDC is waiving the second LRN-B proficiency test, which was scheduled to begin in April. CDC will consider that recipients that pass their first proficiency test challenge will have met the PHEP Benchmark 2 requirement for Budget Period 1.

Other LRN-B requirements outlined in the 2019-2024 PHEP notice of funding opportunity for BP1 remain in place, along with all program requirements for the LRN chemical laboratories.

12. Will jurisdictions be penalized if they do not attend the HPP-PHEP recipient meeting or the NACCHO Preparedness Summit?

NACCHO has rescheduled the 2020 Preparedness Summit for August 21-26, 2020, in Dallas, Texas. ASPR and CDC are assessing options for conducting a recipient meeting virtually to discuss COVID-19 response activities. However, CDC has waived the attendance requirement for this year. In addition, the 2020 Pacific Island Preparedness and Emergency Response (PIPER) Summit originally planned for February, then postponed until May 2020, has been canceled. CDC has also waived the PIPER Summit attendance requirement for BP1.