

DSLRL

FRIDAY UPDATE

May 27, 2022

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 (DSLRL) 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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- **June 15** – COVID-19 Annual FFRs (2020 Response Funding)
- **June 30** - PHEP BP3 Deliverables (See [Public Health Emergency Preparedness \(PHEP\) Budget Period 3 Benchmarks and Reporting Requirements Overview – April 2022](#))



CDC Provides Guidelines for Using PHEP Funds for Monkeypox Response

As CDC continues to investigate multiple cases of monkeypox in the United States and to work with state and local health officials identify those who may have been in contact with individuals who tested positive for monkeypox, CDC reminds PHEP recipients of the parameters for using PHEP funds for response.

While PHEP funds are primarily authorized for preparedness planning, PHEP funds may, on a limited, case-by-case basis, be reallocated to support response activities to the extent they are used for their primary purposes: to strengthen public health preparedness and enhance the capabilities of state, local, and territorial governments to respond to public health threats. Use of PHEP funds in these instances must be consistent with the underlying authority for the PHEP program and within the scope of the PHEP cooperative agreement.

PHEP recipients must receive approval from CDC to use PHEP funds during response for new activities not previously approved as part of their annual funding applications or subsequent budget change requests. The approval process may include a budget redirection or a change in the scope of activities. Prior approval by the CDC grants management officer is required for a change in scope. Recipients should contact their PHEP project officers if they have questions or want to submit requests to use their PHEP funds for the monkeypox response.

Common types of expenses that may be supported by PHEP funding in any response include:

- Emergency operations coordination
- Risk communications
- Epidemiology and surveillance activities
- Laboratory testing surge activity
- Overtime for response staff (with prior approval)

CDC encourages PHEP recipients to review the current [PHEP notice of funding opportunity](#) for specific details on use of PHEP funds during a response.

See the News You Can Use section for more information on the monkeypox investigation.

June 8 PHEP Connects Webinar Highlights Rural Preparedness Considerations



CDC's next PHEP Connects webinar, "The Rural Context and Public Health Emergencies," is scheduled from **1 p.m. to 2 p.m. EDT on Wednesday, June 8**. Diane Hall, CDC's rural health lead, and Alana Knudson, director of the National Opinion Research Center (NORC) Walsh Center for Rural Health Analysis, will discuss rural considerations in emergency planning and preparedness. This webinar will also include an overview of CDC's work in rural health, COVID-19 resources that benefit state, tribal, local, and territorial health departments, and a discussion of a rural preparedness toolkit currently in development. Following is the participant information

Participant Information

Dial-In: (669) 254-5252 (Audio only)

Meeting ID: 1612411865

Passcode: 569595

Web Link: <https://www.zoomgov.com/j/1612411865>



Surgeon General Advisory Addresses Health Worker Burnout

On May 23, U.S. Surgeon General Dr. Vivek Murthy issued a new advisory highlighting the urgent need to address the health worker burnout crisis across the country. Health workers, including physicians, nurses, community and public health workers, and nurse aides, among others, have long faced systemic challenges in the health care system even before the COVID-19 pandemic, leading to crisis levels of burnout. The pandemic further exacerbated burnout for health workers, with many risking and sacrificing their own lives in the service of others while responding to a public health crisis.

The [Surgeon General's Advisory Addressing Health Worker Burnout](#) lays out recommendations for addressing the factors underpinning burnout, improve health worker well-being, and strengthen the nation's public health infrastructure.

For more information, visit: www.surgeongeneral.gov/burnout.

CDC Provides Information on COVID-19 Rebound after Paxlovid Treatment

On May 24, CDC [issued](#) a Health Alert Network (HAN) Health Advisory to update health care providers, public health departments, and the public on the potential for recurrence of COVID-19 or "COVID-19 rebound." Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease. Paxlovid treatment helps prevent hospitalization and death due to COVID-19.



COVID-19 rebound has been reported to occur between two and eight days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative. A brief return of symptoms may be part of the natural history of SARS-CoV-2 (the virus that causes COVID-19) infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status. Limited information currently available from case reports suggests that persons treated with Paxlovid

who experience COVID-19 rebound have had mild illness. There are no reports of severe disease. Additionally, there is currently no evidence that additional treatment is needed with Paxlovid or other anti-SARS-CoV-2 therapies in cases where COVID-19 rebound is suspected.



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News You Can Use

CDC Continues to Investigate U.S. Monkeypox Cases

CDC continues to track multiple clusters of monkeypox that have been reported within the past weeks. CDC is urging U.S. health care providers to be alert for patients who have rash illnesses [consistent with monkeypox](#), regardless of whether they have traveled or have specific risk factors for monkeypox. CDC is working with state and local health officials to identify people who may have been in contact with individuals who have tested positive for monkeypox so they can monitor their health.

On May 26, CDC held a national call with state, tribal, local, and territorial public health partners to provide a situational update on the current investigation. CDC also hosted a Clinician Outreach and Communication Activity (COCA) call on May 24 to discuss what clinicians need to know about monkeypox including guidance about the typical clinical presentation, treatment options, pre- and post-exposure prophylaxis, and reporting to public health authorities. A recording of the call and the presentation materials are available for viewing on the [COCA Call webpage](#). Following are additional CDC resources regarding monkeypox.

- [2022 United States Monkeypox Case](#)
- [Information For Laboratory Personnel](#)
- [Monkeypox in Multiple Countries](#) (Travel Notice)
- [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#)
- [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)
- [Antivirals](#)
- [Infection Control Measures in Hospitals](#)

CDC Warns of *Salmonella* Outbreak Linked to Peanut Butter

CDC has issued a [food safety alert](#) regarding a multistate outbreak of *Salmonella* Senftenberg infections.

- Fourteen people infected with the outbreak strain of *Salmonella* have been reported from 12 states. Two people have been hospitalized. No deaths have been reported.
- The true number of sick people is likely higher than the number reported, and the outbreak may not be limited to the states with known illnesses. This is because some people recover without medical care and are not tested for *Salmonella*.

- Interviews with ill people and laboratory data suggest some Jif brand peanut butters may be contaminated with *Salmonella* and making people sick. Four of five people interviewed reported eating different types of Jif brand peanut butter before getting sick.
- On May 20, J.M. Smucker Company recalled multiple Jif brand peanut butter types, including creamy, crunchy, natural, and reduced fat. Recalled products include lot codes 1274425–2140425 with “425” at the end of the first seven numbers.
- Investigators are working to identify whether additional products are contaminated.
- See the [recall notice](#) for packaging sizes, descriptions, and product codes.



Preparedness and Response Resources

ASPR SNS Supports Response to Monkeypox Outbreak

The Office of the Assistant Secretary for Preparedness and Response’s (ASPR) Strategic National Stockpile (SNS) is responding to the U.S. monkeypox outbreak and supporting multiple states. SNS has several medical countermeasures (MCMs) available that could be used in the current monkeypox outbreak, including Jynneos vaccine, ACAM2000 vaccine, and TPOXX (tecovirimat capsules or injection).

State health officials and tribal leaders can request these MCMs on behalf of those needing pre- or post-exposure prophylaxis (PrEP, PEP) or treatment for monkeypox should they identify a need to request support. SNS will prioritize MCMs for states with confirmed cases or exposed contacts linked through epidemiological investigation. State and tribal leaders can request MCMs from the SNS by contacting the **CDC Emergency Operations Center at 770-488-7100**. Once a request is made, a consultation will ensue with CDC subject matter experts, which will ultimately allow the state health department to determine the appropriate product and quantity, as well as whether the MCMs needed are for PrEP, PEP, or treatment.

For more information or questions, contact the SNS Operations Center at sns.ops@cdc.gov.



Online Resources

CDC MMWR Reports

- [Morbidity and Mortality Weekly Report, May 27](#)
- [Barriers to and Disparities in Access to Health Care Among Adults Aged ≥18 Years with Epilepsy — United States, 2015 and 2017](#)
- [Seizure- or Epilepsy-Related Emergency Department Visits Before and During the COVID-19 Pandemic — United States, 2019–2021](#)
- [Multistate Outbreak of *Listeria monocytogenes* Infections Linked to Fresh, Soft Hispanic-Style Cheese — United States, 2021](#)
- [Notes from the Field: Self-Reported Health Symptoms Following Petroleum Contamination of a Drinking Water System — Oahu, Hawaii, November 2021–February 2022](#)
- [QuickStats: Percentage Distribution of Deaths Involving Injuries from Recreational and Nonrecreational Use of Watercraft, by Month — United States, 2018–2020](#)
- [Post-COVID Conditions Among Adult COVID-19 Survivors Aged 18–64 and ≥65 Years — United States, March 2020–November 2021](#)

COVID-19 Guidance and Resources

- **NEW** [Surgeon General's Advisory Addressing Health Worker Burnout](#)
 - **NEW** [COVID-19 Rebound After Paxlovid Treatment](#)
 - **UPDATED** [COVID-19 Vaccine Boosters](#)
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Center for Preparedness and Response

Centers for Disease Control and Prevention



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