

DSLRL

FRIDAY UPDATE

October 21, 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](https://www.cdc.gov/stateandlocalreadiness/) or contact us at preparedness@cdc.gov.

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DSLRL FRIDAY UPDATE



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Upcoming Deadlines

- **October 31** – PHEP BP3 ORR Supporting Evidence Documents
- **October 31** – PHEP BP3 Annual Progress Reports



PHEP Cooperative Agreement Updates

CDC Provides Additional ORR Submission Guidance

Monday, October 31, is the deadline for submission of PHEP Budget Period 3 (BP3) Operational Readiness Review (ORR) supporting evidence documents. Several PHEP recipients have submitted after-action reports (AARs) and other acceptable supporting evidence and are continuing to do so as the deadline approaches. CDC recognizes that some recipients will not have AARs available this month and encourages those recipients to submit alternative evidence for review. Supporting evidence must be submitted in the PORTS ORR module by the October 31 deadline.

Recipients can find examples of acceptable evidence in the [PHEP Operational Readiness Review Guidance](#). CDC also has posted a [summary](#) of this information in On-TRAC. PHEP project officers, their team leads, and members of DSLR's Evaluation and Analysis Branch are available to answer recipient questions regarding acceptability of evidence. In addition, recipients can find information in On-TRAC on [uploading and referencing final evidence](#), including partner-related evidence.

Submission of supporting evidence by the October 31 deadline will facilitate CDC's review of evidence from recipients' COVID-19 response activities. Project officers may reach out to recipients to address questions they have regarding the evidence supported. CDC will review the ORR data and supporting evidence to identify strengths, gaps, and documentation of sufficient responses to meet PHEP requirements. Following

this review, CDC will provide feedback to recipients individually and also plans to use the data to assess and report on the state of preparedness nationwide.

CDC PHEP Grants Management Call Scheduled for October 27

CDC's Office of Grants Services (OGS) and DSLR will conduct the next PHEP grants management conference call from **3 p.m. to 4 p.m. EDT on Thursday, October 27**. During the call, CDC will discuss the following grants management issues related to the PHEP and the Public Health Crisis Response cooperative agreements.

- Office of Management and Budget guidance regarding COVID-19 funding flexibilities
- Federal Financial Report (FFR) requirements for COVID-19 public health workforce supplemental funding recipients
- PHEP Budget Period 5 continuation guidance closeout requirements
- FY 2023 SAS license renewals and new requests procedures

CDC encourages PHEP directors and business officials to participate and share the following participant information with other PHEP personnel as needed.

Participant Information

Dial-In: (888) 994-4478 (Audio Only)

Meeting ID: 277 231 988 382

Phone Conference ID: 468 562 73

Access Link: [Click here to join the meeting](#)

November 9 PHEP Connects Webinar Highlights Public Health Storytelling

CDC's next PHEP Connects webinar, "Storytelling for Public Health," is scheduled from **1 p.m. to 2 p.m. EST on Wednesday, November 9**.

Presenters will discuss how to use storytelling in community engagement efforts to demonstrate public health impact. More details and participant information will be available in November.



CDC Provides Guidelines for Using PHEP Funds for Ebola Response

As public health agencies in the United States are preparing for potential cases of Ebola virus disease related to the recent Uganda outbreak, 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.

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.

Requests involving a change in scope, meaning the response activities do not align with the activities in approved PHEP work plans, must be approved by CDC's Office of Grants Services (OGS).

PHEP funds may be used during a public health emergency response to test capabilities and preparedness plans related to emerging infectious diseases, such as Ebola. For instance, PHEP funds **may** be used for the following activities related to individuals undergoing health monitoring or in isolation or quarantine (persons under investigation or PUIs).

- Surveillance
- Information sharing

- Identification of designated facilities to support isolation and quarantine for the proper isolation of patients with potential or confirmed exposure
- Updating procedures and designated facilities to support isolation and quarantine, including transportation to ensure proper isolation for patients with potential or confirmed exposure
- Ensuring wraparound services for isolated or quarantined PUIs

If there is a need to use PHEP funds, CDC encourages recipients to first review their budgets and identify unobligated funds that could be used without impacting existing preparedness activities. To request PHEP funds to support Ebola response efforts, PHEP recipients must provide their assigned PHEP project officers with written justification for use of the funds and how they plan to conduct various tasks as part of a comprehensive work plan activity.

Recipients should contact their PHEP project officers if they have questions or want to submit requests to use their PHEP funds for the Ebola response.

Monkeypox Specimen Collection and Infection Control Measures Can Reduce Exposure Risks

CDC continues to receive reports of unsafe monkeypox specimen collection practices involving sharps, such as needles and scalpels. In the United States, at least three healthcare personnel have acquired monkeypox infection from sampling lesions while using a sharp instrument. Injuries sustained from sharps used during specimen collection pose a high risk of exposure, given the large amounts of infectious virus the lesions from monkeypox disease contain. Postexposure prophylaxis (PEP) should be offered when a healthcare worker is injured by contaminated sharps during specimen collection or other clinical activities such as phlebotomy.

CDC recommends that healthcare providers adhere to all [recommended infection prevention and control](#) measures, including using [proper personal protective equipment \(PPE\)](#) to reduce the risk of monkeypox virus transmission in healthcare settings. This includes outpatient settings such as urgent care clinics, emergency departments, and clinics providing evaluation for sexually transmitted infections where monkeypox patients are frequently initially evaluated.

For more information, see the recommendations at [Infection Control: Healthcare Settings | Monkeypox | Poxvirus](#). These recommendations are intended for healthcare settings. Personnel in other settings such as correctional facilities and homeless shelters should continue to follow CDC's [Preventing Monkeypox Spread in Congregate Settings](#).

October 27 COCA Call Provides Update on Monkeypox in Children, Adolescents, and People Who are Pregnant or Breastfeeding

CDC will conduct a Clinician Outreach and Communication Activity (COCA) call from **2 p.m. to 3 p.m. EDT on Thursday, October 27**. During the call, presenters will focus on current information about monkeypox as it relates to children, adolescents, and people who are pregnant or breastfeeding. Presenters will address clinical considerations for diagnosis, treatment, and post-exposure prophylaxis; vaccination; contact and breastfeeding recommendations; infection prevention and control measures; and resources available to care for these patient populations.

Materials for the call will be available on the [COCA Call webpage](#) in the call materials section. The presentation slides will be available the day of the call, and the call recording will be posted a few hours after the live event ends. Free continuing education (CE) credits will **not** be offered for this COCA call.

Participant Information

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

Webinar ID: 160 508 7410

Passcode: 776650

Access Link: <https://www.zoomgov.com/j/16050874>



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Preparedness and Response Resources

ASTHO Hosts Insight and Inspiration Webinar on October 26

The Association of State and Territorial Health Officials (ASTHO) will host a new webinar as part of its [Insight and Inspiration Webinar Series](#), which is designed to motivate public health professionals and develop leadership skills. The webinar, “Start with Why – Experience the Simon Sinek Golden Circle,” is scheduled for **3 p.m. EDT on Wednesday, October 26**. Presenter Stephen Shedletzky, executive coach and one of Simon Sinek’s master trainers, will present Sinek’s Golden Circle framework and help attendees identify what drives their work. [Register](#) to attend the webinar.

ASPR Hosts Infection Prevention and Control Webinar on November 7

[ASPR TRACIE](#) and the National Emerging Special Pathogens Training and Education Center ([NETEC](#)) will host a webinar “Infection Prevention and Control: Incorporating Lessons Learned in Managing Special Pathogens” at **2 p.m. EST on November 7**. Presenters will share their perspectives on how approaches to outbreaks have changed since the start of the COVID-19 pandemic. Presenters will also address issues such as infection prevention for healthcare workers and patients and mitigating disease spread. Speakers will also highlight newly developed tools and resources. [Register](#) to attend the webinar.



News You Can Use

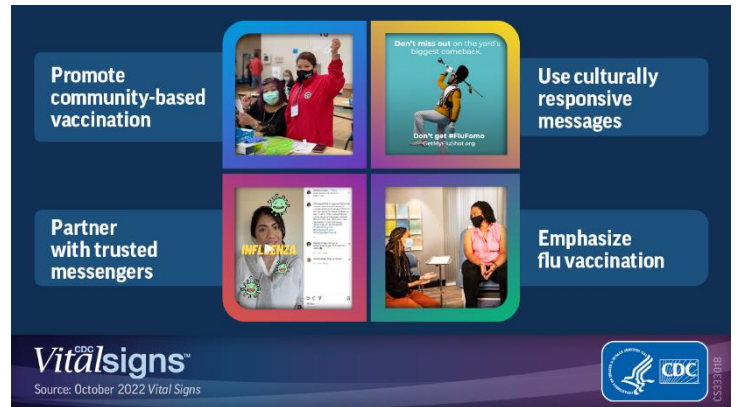
White House Unveils National Biodefense Strategy

On October 18, the White House unveiled the [National Biodefense Strategy and Implementation Plan for Countering Biological Threats, Enhancing Pandemic Preparedness, and Achieving Global Health Security](#). The strategy outlines a whole-of-government effort across 20 federal agencies to detect, prevent, prepare for, respond to, and recover from biological incidents, in partnership with international, state, local, tribal, territorial, and private sector partners. A fact sheet from the White House is available [here](#).

New CDC Vital Signs Report Finds Inequities in Flu Vaccine Uptake

On October 18, CDC released a new *Vital Signs* [report](#) which found that Black, Hispanic, and American Indian/Alaska Native (AI/AN) adults in the United States are more likely to be hospitalized with flu, as well as less likely to be vaccinated against flu. CDC is working to increase flu vaccination rates by using proven strategies to raise awareness of how serious flu can be and break down barriers to vaccination.

The report reviewed flu hospitalization rates from 2009 through 2022 and flu vaccination coverage from 2010 through 2022 by race and ethnicity from two data sources, the Influenza-Associated Hospitalization Network (FluSurv-NET) and Behavioral Risk Factor Surveillance System (BRFSS).



Over the past two years, CDC has initiated programs to address barriers to flu vaccination and raise awareness about its importance, specifically among people from racial and ethnic minority groups. These include the [Partnering for Vaccine Equity \(P4VE\)](#) program and a targeted, national [flu vaccination campaign](#). These programs use proven actions to help increase vaccination among people from racial and ethnic minority communities.

Read the full media statement at [Inequities Found in Flu Vaccine Uptake](#).



CDC MMWR Reports

- [Morbidity and Mortality Weekly Report, October 14](#)
- [Monkeypox Virus Infection Resulting from an Occupational Needlestick — Florida, 2022](#)
- [Ocular Monkeypox — United States, July–September 2022](#)
- [Health Care Personnel Exposures to Subsequently Laboratory-Confirmed Monkeypox Patients — Colorado, 2022](#)
- [Progress Toward Poliomyelitis Eradication — Pakistan, January 2021–July 2022](#)
- [Influenza and COVID-19 Vaccination Coverage Among Health Care Personnel — United States, 2021–22](#)
- [Effectiveness of Monovalent mRNA Vaccines Against COVID-19–Associated Hospitalization Among Immunocompetent Adults During BA.1/BA.2 and BA.4/BA.5 Predominant Periods of SARS-CoV-2 Omicron Variant in the United States — IVY Network, 18 States, December 26, 2021–August 31, 2022](#)
- [Effectiveness of COVID-19 mRNA Vaccines Against COVID-19–Associated Hospitalizations Among Immunocompromised Adults During SARS-CoV-2 Omicron Predominance — VISION Network, 10 States, December 2021– August 2022](#)
- [QuickStats: Emergency Department Visit Rates, by Age Group — United States, 2019–2020](#)
- [Receipt of First and Second Doses of JYNNEOS Vaccine for Prevention of Monkeypox — United States, May 22–October 10, 2022](#)
- [Characteristics of JYNNEOS Vaccine Recipients Before and During a Large Multiday LGBTQIA+ Festival — Louisiana, August 9–September 5, 2022](#)

- [A Health Equity Approach for Implementation of JYNNEOS Vaccination at Large, Community-Based LGBTQIA+ Events — Georgia, August 27–September 5, 2022](#)

COVID-19 Guidance and Resources

- **UPDATED** [Selected Adverse Events Reported after COVID-19 Vaccination](#)

Monkeypox Guidance and Resources

- **UPDATED** [Signs and Symptoms](#)
- **UPDATED** [Infection Control: Healthcare Settings | Monkeypox | Poxvirus](#)

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