Centers for Disease Control and Prevention  
Center for Preparedness and Response

Pandemic Influenza Requirements in the  

Mark A. Davis  
*Chief, Program Services Branch*  
Division of State and Local Readiness  
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PHEP Program Overview
Public Health Emergency Preparedness (PHEP) Program Objectives

Establish robust, organized, and capable public health emergency management and response programs

Support key public health preparedness capabilities

Ensure response readiness

Assure the health security of our communities
Evolution of the PHEP Program

1999
CDC establishes Public Health Preparedness and Response for Bioterrorism Program

2002
- After 9/11, Congress appropriates nearly $1 billion in preparedness and response funding to 62 awardees

2006
Congress passes the Pandemic and All-Hazards Preparedness Act (PAHPA)

2011
- CDC publishes Public Health Preparedness Capabilities: National Standards for State and Local Planning
- Introducing a new capabilities-based approach for the PHEP cooperative agreement

2012-2013
- CDC and ASPR align the PHEP and the Hospital Preparedness Program (HPP) cooperative agreements
- PAHPA is reauthorized in 2013 as the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)

2015-2016
- CDC implements Medical-countermeasure Operational Readiness Review (MCM ORR)

2017-2024
- CDC implements the Online Technical Resource and Assistance Center (On-TRAC)
- CDC commemorates the 15th anniversary of PHEP Program
- PHEP recipients achieve "established" operational readiness status by 2024
Public Health Emergency Preparedness and Response Capabilities

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing and Administration
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Nonpharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management
PHEP Requirements for Pandemic Influenza
Requirements in 2019 Notice of Funding Opportunity

- All jurisdictions must maintain pandemic influenza plans
  - Must be reviewed, updated, and signed by appropriate partners at least once every three years
  - Operationalize MCM distribution, dispensing, and vaccine administration plans through training, exercising, and evaluating
  - Expanded MCM requirements from anthrax to pan flu, with priority determined by risk
  - All jurisdictions must conduct a functional exercise to include critical workforce personnel every five years
  - “Flu” jurisdictions must conduct an full-scale exercise every five years
NOFO Requirements, cont.

- Address multiple capabilities such as epi/surveillance, lab, community mitigation, health care systems, communications, etc.
- Be able to vaccinate critical workforce personnel with two doses of vaccine, separated by 21 days, within 4 weeks of availability
- Be able to vaccinate 80% of the population as above within 12 weeks
- Be able to estimate vaccine capacity and potential throughput at various vaccine providers and settings
- Be able to process at least a 200% increase in lab specimens

- See [https://www.cdc.gov/cpr/readiness/phep.htm](https://www.cdc.gov/cpr/readiness/phep.htm)
  - Funding guidance, exercise requirements, and Pan Flu supplement
PHEP Exercise Requirements for Flu

- All state and local jurisdictions must include anthrax and flu in their planning and exercise programs

- Using a variety of federal risk assessments and other data, CDC identified 18 CRI MSAs that must focus on anthrax as a primary planning model:
  - Atlanta, Baltimore, Boston, **Chicago**, Cleveland, Dallas, Detroit, Houston, Las Vegas, **Los Angeles**, Miami, **New York City**, Orlando, Philadelphia, San Diego, San Francisco, Tampa, **Washington, D.C.**
  - All others will use pandemic influenza as their primary model

*Bold face indicates a directly-funded locality*
PHEP Exercise Requirements for Flu, cont.

- Anthrax-focused CRI jurisdictions, including the four directly funded localities, must include one flu-based tabletop exercise every five years, and one functional exercise every five years focusing on vaccinating at least one critical workforce group.
- Flu-focused CRI jurisdictions must do the same, plus a full-scale exercise every five years.
- State recipient requirements align with locals; some do a full-scale exercise for flu, some for anthrax, every five years.
Although not yet officially published, requirements will include:

- use of the checklist of best practices for vaccination clinics at temporary, satellite, or off-site locations (https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/)
- reporting vaccine administration data to jurisdiction’s IIS, as applicable
- targeting a critical workforce group, as listed in HHS’s Update Interim Guidance on Allocating and Targeting Pandemic Influenza Vaccine (https://www.cdc.gov/flu/pandemic-resources/national-strategy/planning-guidance/index.html)

Pandemic Influenza Vaccination Planning Tool training workshops will begin in September
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.