Office of Public Health Preparedness and Response (OPHPR) Priorities

- **Response**
  - Ebola Activities
  - CDC Red Sky

- **PHEP Impact**
  - Progress Since 9/11
  - PHEP Impact Project

- **Partnerships**
  - Our Approach
  - Policy Issues
OPHPDR Priorities

1. Get to zero
   Stay at zero

2. PHEP Impact

3. Approach to partnerships
OPHPR Priorities

1. Get to zero
   Stay at zero
Days Since Last Confirmed Case (Red/Yellow/Green) and Number of Confirmed Cases in the Past 21 Days

Number of Days Since Last Confirmed Case as of 18 October 2015:
- Red: 0 - 21
- Yellow: 22 - 42
- Green: > 42
- White: Administrative unit with no confirmed cases reported

Number of Confirmed Cases in the Past 21 Days as of 18 October 2015 (n = 3):
- Administrative Unit
  - Confirmed Cases by Administrative Unit

* Liberia data are as of 17 September 2015.

Data sources: Guinea Ministry of Health; Liberia Ministry of Health and Social Welfare; Sierra Leone Ministry of Health and Sanitation; USAID; WHO

Creation date: 31 October 2015
Goals of Ebola Outbreak Response

- EOC Development/Emergency Management
  - Staffing
  - Logistics
- Support the healthcare system
  - Clinical support
  - Infection control training
  - Personal protective equipment (PPE)
- Stop human-to-human transmission
  - Case identification
  - Contact tracing
  - Infection control
Support Laboratory Response

- Support labs in Guinea, Liberia, and Sierra Leone with logistics, staffing, and coordination
- Provide testing equipment and supplies
- Oversee transition of laboratories to ministries of health
- Support under-resourced areas
Provide Community Education

- Text messages, **radio** and **video** messages in local languages, fact sheets, posters, and flipbooks
- Various audiences: teachers, travelers, caretakers, etc.
Support Risk Communication/Social Mobilization

- Message conveyed directly to the village level
- Compliance increased and resistance decreased
- Multimedia events
- Cell phones and internet
DSLR/State Coordination Task Force Key Accomplishments

2014 EBOLA RESPONSE
(as of September 20, 2015)

Active Monitoring
- 10 Days to establish protocol
- Implemented across 62 PHEP* awardee jurisdictions
- 26,000+ travelers monitored since October 2014

Hospital Readiness
- >600 Total Assessment Hospitals likely to change
- 55 Ebola Treatment Centers

Communication
- 26 Nationwide Calls
- Reaching Approximately 8,000 Participants

Funding**
- Approximately $165M of Ebola supplemental
- $145M Ebola Response
- $10M Temporary Epidemiology Field Assignees and other response support
- $10M Grants management and evaluation activities

*Public Health Emergency Preparedness cooperative agreement
**$4.7 million of FY2014 funds supported Ebola active monitoring
CDC RED SKY

"Watching the horizon for emerging health threats"
CDC RED SKY
Key Capabilities

- Web-enabled platform for real-time/near real-time information sharing/situational awareness
  - Two-way system
  - CDC to state/local, federal, international partners
  - Improve decision-making
- Entry point is through Epi-X
- Completed development July 31, 2015
- Beta testing September 2015 with 31 users in 26 state health departments and three local health departments
- “Go Live” with Epi-X users October 30, 2015
OPHPR Priorities

2 PHEP Impact
Progress in Preparedness since 9/11

- Preparedness funding for States
- Strategic National Stockpile
- State planning for stockpile assets
- Laboratory Response Network
- Epi-X health communication systems
- CDC Emergency Operations Center
## Progress in Public Health Preparedness

<table>
<thead>
<tr>
<th>Before 9/11</th>
<th>Now</th>
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<tbody>
<tr>
<td>CDC did not fund all states for public health Preparedness/response</td>
<td>All states, select locals/territories receive appropriated funding to improve their response capabilities.</td>
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<td>No national stockpile of medical supplies/pharmaceuticals</td>
<td>CDC’s Strategic National Stockpile now ensures availability of key medical supplies.</td>
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<td>Few states had written plans for receiving, distributing, and dispensing stockpiled assets.</td>
<td>All states now have plans to receive, distribute, and dispense stockpiled assets.</td>
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<td>CDC performed all tests to detect and confirm the presence of biological threat agents.</td>
<td>More than 150 laboratories across the nation in CDC’s Laboratory Response Network can now perform these tests.</td>
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<td>No secure system was available to share information about emerging health threats.</td>
<td><em>Epi-X</em> now provides a secure, web-based communication system that allows sharing of preliminary health surveillance information.</td>
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<td>CDC coordinated state and local response efforts from an ad-hoc emergency operations center with limited equipment.</td>
<td>CDC now operates a state-of-the-art command center 24/7/365 to monitor health threats and coordinate emergency response.</td>
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PHEP Impact Project

- Two-part initiative designed to get us all on the same page:
  - Quantify and effectively communicate PHEP impact since the events of 9/11
  - Assure the development and sustainment of state and local public health emergency response systems

- Provide framework for PHEP program development and evaluation moving forward

- More to come during Wednesday’s sessions
OPHPR Priorities

3 Approach to partnerships
DSLRS Partnership Approach

- Key to our day-to-day work with our state and local PHEP partners

- Encompasses our routine work with:
  - Other CDC centers, institutes, and offices
  - Other federal partners: ASPR, DHS/FEMA, DOT
  - National partners: APHL, ASTHO, CSTE, NACCHO

- Includes engagement with key stakeholders to influence public health preparedness policy issues
Partner Engagement on Key Policy Issues

- Develop better mechanisms for funding state and local public health response
  - Need immediate and flexible no-year funding available to ensure timely response to urgent events
  - ASTHO Preparedness Policy Committee priority

- Obtain grant management flexibilities consistent with other HHS grant programs
CDC works 24/7 to save lives & protect people from health threats

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