**AGENDA:**

* **ASTHO Zika Advocacy Update – Chris Gould, Senior Director, Federal Government Relations (ASTHO)**
* **NYC Department of Health and Mental Hygiene Scenario Specific Emergency Response Guides – Marisa Raphael, MPH, Deputy Commissioner, Office of Emergency Preparedness and Response (OEPR)**
* **ASPR Updates – Melissa Harvey and Jennifer Hannah**
* **CDC Updates – Christine Kosmos**
* **RITN Project – Heather Misner, MPP, Director, Preparedness and Clinical Outreach (ASTHO)**

**ASTHO Updates**

* **Operation DragonFire – Geetika Nadkarni**
* **CDC Disaster Risk Reduction (DRR) Survey – Jennifer Lumpkins**
* **12th Annual DPHP Meeting – Jennifer Lumpkins**

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**ASTHO Zika Advocacy Update – Chris Gould**

ASTHO is following the progress of the bills presented by the House and the Senate for the Zika Virus response. Recently, the House of Representatives passed a bill to provide $622 million to offset HHS funding for FY16. This bill would be split so that the money provided in FY16 will expire at the end of September 2016 and other part would expire in FY17. However, there is no guarantee the latter amount will be provided. This bill also does not include language to address the repayment of PHEP funds. ASTHO expects little impact from this bill since only $170 million would be awarded to CDC. In contrast, the Senate passed a bill for $1.1 billion to be awarded this year, with $490 million for CDC, which would help with the repayment of PHEP funds. A main concern around emergency funding for Zika is the lengthy approval and awarding process of funds. Delays in passing a bill may mean that states will not receive funds until mid-to-late August to September.

Along with pushing for a healthier bipartisan version of the House bill with language to repay PHEP funds, ASTHO is conveying the message to Congress of the lack of funding in some states for the foreseeable nationwide Zika response and addressing the misconception of unused Ebola funds by states.

**NYC Department of Health and Mental Hygiene Scenario Specific Emergency Response Guides – Marisa Raphael**

The New York City Department of Health and Mental Hygiene (NYC DOHMH) developed a scenario specific response guide for individuals, families, and organizations to use during an emergency. NYC DOHMH’s goal was to provide the public with actions steps for the most likely scenarios in advance of emergencies and engage the community as part of the process of developing and evaluating clear and effective public health preparedness messaging. The initial concept consisted of 22 of the most likely scenarios, based on NYC’s Hazard Vulnerability Analysis and the DHS Planning Scenarios, for four target groups: individuals and families, healthcare service providers, organizations/businesses, and at-risk populations. The methodology focused on leveraging subject matter experts to develop the content, obtain community input, and to review, revise, and finalize the guides.

The Office of Emergency Preparedness and Response (OEPR) led the project and collaborated with subject matter experts across the agency to provide feedback and ensure the content was valid. A vendor was also hired to design the template. OEPR held two sessions in May 2014 and June 2015 with 30-40 attendees from community organizations to obtain suggestions for the guides. As a result, OEPR reduced the number down to 10 scenarios due to the similarity in actions across certain scenarios, and based on the feedback from the healthcare service provider group that they did need separate guidance from other organizations/businesses. In addition, at-risk population was integrated into all the guides. The response guides were translated into 12 languages and promoted through different means; they were distributed to members of the Community Resilience Planning Committee and to national partners/other jurisdictions, and posted on the DOHMH website and social media channels.

The benefits of this project include the development of guides vetted by the community for immediate distribution during an emergency and a stronger relationship with the community. However, the focus remained on public health emergencies so as to not cross the efforts of a state’s emergency management agency. The project is resource intensive, but the NYC DOHMH is sharing the guides for other states to adopt. Visit the NYC DOHMH website to access the [10 Individual & Families Response Guides](http://www1.nyc.gov/site/doh/health/emergency-preparedness/threats.page) and the [Community & Business Consolidated Response Guide Toolkit](http://www1.nyc.gov/assets/doh/downloads/pdf/em/organization-business-response-guide.pdf). For questions, please contact Marisa Raphael at mraphael@health.nyc.gov.

**ASPR Updates – Melissa Harvey and Jennifer Hannah**

Field project officers and/or emergency coordinators contacted states to discuss healthcare planning for Zika. ASPR anticipates a surge in healthcare systems and groups of individuals with specialized care needs, such as women with high risk pregnancies and infants with Zika-related birth defects. To assist states and healthcare coalitions with planning, ASPR posted two new resource materials on [TRACIE](https://asprtracie.hhs.gov/), the [Supporting Children with Special Healthcare Needs Planning Resource](https://asprtracie.hhs.gov/documents/SupportingCSHCNMatrix.pdf) and the [High Risk Pregnancy and Microcephaly Planning Resource](https://asprtracie.hhs.gov/documents/HighRiskPregnancyMicrocephalyPlanningResource.pdf). Modeling resources are also under development by BARDA to share with the states. ASPR encourages DPHPs to contact their regional administrators and field project officers for assistance, and to share best practices and unique tools for Zika either for a webinar presentation with ASPR or to post on TRACIE.

On Tuesday, June 7, the White House convened a restricted interagency meeting with ASPR, HRSA, FEMA, DOT, and CDC to discuss ASPR’s coalition optimization project. This effort will continue throughout the summer with the agencies convening once again in person, followed by a meeting open to private and public healthcare partners to obtain recommendations for healthcare coalitions. The White House will also hold an event in September with representatives from the federal government and state and local coalitions.

ASPR is in the process of structuring the four HPP capabilities buckets. During the last quarterly partner meeting with ASTHO, NACCHO, the American College of Emergency Physicians, and 21 other organizations, the group decided to provide the language for the capabilities. ASPR will compile the recommendations and write a draft of the capabilities to undergo a national engagement period for partners to edit. ASPR will also schedule webinars through TRACIE to collect feedback and overarching concerns.

The past couple of HPP Weekly Updates included guidance by ASPR HPP and the CDC Office of Grant Services related to the redirection of HPP funds for Zika preparedness and response. The guidance includes activities that align with core cooperative agreement activities, such as reaching out to non-traditional providers as part of the healthcare coalitions, extending information beyond emergency departments in hospitals, risk communications, and the process for requesting redirection. HPP Ebola funding cannot be used for Zika and HPP funding should not include any activities under the CDC PHEP program or the Zika cooperative agreement.

Q: What are the restrictions?
A: Funds can’t be used for activities that follow the CDC PHEP program or the CDC Zika cooperative agreement. States cannot use HPP Ebola Part A or part B funding for Zika activities. It is limited to the regular HPP cooperative agreement program.

Q: What’s defined as a special pathogen?
A: There is a list and ASPR is working with CDC to figure out what to do with the list. Our challenge is we don’t want to box ourselves and have facilities think that’s all they need to prepare for. At the same time, Ebola special pathogens and treatment centers shouldn’t feel they’re the only special diseases resource center. More to come as ASPR figures out the list.

Q: Will ASPR make the decision if new emerging infectious diseases will fall under a special pathogen category?
A: Yes. For example, when there was MERS in Korea, it was decided there wasn’t enough capacity in the facilities for the entire country. If a small laboratory accident occurs, we may want to use the facilities initially for containment due to their enhanced infection control and training. If it continued to spread, more hospitals would be involved.

**CDC Updates – Christine Kosmos**

CDC issued an amendment allowing portions of Zika funds to be used for pre-award cost reimbursement. States will not receive the notice of award for Zika funds until July, but are able to use 20% of the funds starting on May 18.

CDC is holding conference calls with the seven jurisdictions considered as the high risk states for sustained multiple transmissions of Zika virus. The first national call was held on Friday, June 10 to introduce CDC’s Zika response plan for CONUS and Hawaii. CDC discussed the concept of operations, plans plans to support jurisdictions in vector control and surveillance and topics related to travel guidance, local transmission and considerations for pregnant women, among others.

**RITN Project – Heather Misner**

The Radiation Injury Treatment Network (RITN) wants to obtain information from DPHPs, radiation control directors, and emergency managers on their familiarity with RITN, how much planning is incorporated into emergency plans that includes RITN as a resource, and the kinds of radiation exercises states have participated in the last couple of years. During the call, DPHPs answered polling questions on their awareness of RITN and their state’s radiation activities. ASTHO and NACCHO will send an online version of the survey to stakeholders. ASTHO will share the link (<http://astho.az1.qualtrics.com/jfe/form/SV_9XeaWz2zxMqOttH>) with emergency management and radiation control program directors to complete the survey. DPHPs are also encouraged to share the link with appropriate staff. Information from this survey will be used in the planning of a webinar to educate stakeholders about RITN’s resources and further partnerships and planning for the year ahead. This webinar is expected to be held in late August and will include information about RITN, radiation planning, and medical evacuations following a radiation event.

**ASTHO Updates**

**Operation Dragon Fire – Gerrit Bakker and Geetika Nadkarni**

As announced at the Preparedness Summit and in previous ASTHO DPHP Annual Meetings, Operation Dragon Fire is a project funded by CDC and led by the National Voluntary Organizations Active in Disaster (NVOAD) with the purpose to develop a technology solution to aid decision makers during times of disaster. The tool will enable response organizations to obtain real-time, accurate, and actionable information during an emergency. Operation Dragon Fire will provide a means to blend and analyze new data sources (social media, business data, volunteer information, and field reported data) with traditionally used data sources. Operation Dragon Fire is currently in the design phase; the team is completing a series of prototypes to prove viability of the concept and construct the design blueprint. The end product will most likely be a suite of products that work together to make up the information sharing ecosystem.

The project is comprised of an Executive Steering Committee and has four working groups in the functional areas of governance, functional and technical considerations, partnership development, and communication strategy. ASTHO is working with CDC and NVOAD to increase the engagement and input of the DPHPs into this project. Geetika Nadkarni is working on scheduling opportunities for DPHPs to learn more about Operation Dragon Fire and to provide input into the development process. ASTHO is holding a webinar next month with a date and time to be declared. Details will be shared with the DPHPs once they are finalized. If you have any questions about Operation Dragon Fire, please contact Geetika Nadkarni (gnadkarni@astho.org).

**CDC Disaster Risk Reduction (DRR) Survey – Jennifer Lumpkins**

Neyling Fajardo (ASTHO) sent CDC’s disaster risk reduction (DRR) survey to the DPHPs on Monday, June 6th. CDC is conducting an assessment of DDR knowledge and practices among state and territory public health preparedness programs. The information collected in the survey will be used for several purposes such as: identifying gaps and best practices in public health DRR knowledge and activities, recognizing research opportunities, and evaluating education and training gaps. CDC will use this information to guide future activities that raise awareness about DRR and its implications for public health practice. DPHPs were provided a link to a short ten minute survey about their program’s familiarity and interest in DRR principles as well as barriers to implementing DRR practices. Participation in this survey is voluntary and participants may refuse to answer any question or discontinue involvement at any time without penalty. Results of the data analysis will be reported only in aggregate form; no individual identifiers will be used when reporting results. For questions about the survey, contact Mollie Mahany at heu0@cdc.gov or 770.488.0518 and/or Miguel Cruz at mgc8@cdc.gov or 770.488.3637. A courtesy call will be made to agencies if no response is received within 14 days.

**12th Annual DPHP Meeting – Jennifer Lumpkins**

ASTHO is happy to confirm the 12th Annual DPHP Meeting will be held October 25-27 at the Millennium Broadway Hotel in New York City. Information on how to make your hotel reservations is provided below. An updated save the date was sent out on Thursday, June 9.

**HOTEL INFORMATION:**

Millennium Broadway Hotel

145 West 44th Street

New York, NY 10036-4012

212-768-4400

Millennium Broadway Hotel Website: <https://www.millenniumhotels.com/en/new-york/millennium-broadway-hotel-new-york/>

**ROOM BLOCK/ROOM RATE INFORMATION: $289/plus applicable taxes (or prevailing government per diem rate).**

* **To make reservations: Please call 1-866-858-9973. Please reference the 12th Annual DPHP Meeting.**
* **You can also reserve your room using this link:** <https://reservations.millenniumhotels.com/ibe/details.aspx?propertyid=13507&nights=1&checkin=10/24/2016&group=1610ASSOCI>
* **The deadline for reservations: Monday, September 26, 2015**

Registration information is expected to be available by the end of June and a draft agenda will be available in late July. For planning purposes the **REGISTRATION FEE= $375.00** (Registration includes: breakfast and lunch). We will be accepting checks and credit cards only.

If you have any questions about the meeting, please contact Jennifer Lumpkins (jlumpkins@astho.org).

**PLEASE NOTE: The next DPHP Conference Call is scheduled for Tuesday, August 2, 2016 at 3:00 pm ET.**