

June 2022 Monthly HPP Cooperative Agreement Recipient Webinar

June 8, 2022

Call Transcript

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Odessa Magafas: I will now pass it over to Jennifer Hannah who will officially open today's call.

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Jennifer Hannah: Thank you, Odessa, and thank you all for joining us today. As Odessa stated, I'm Jennifer Hannah, the Deputy Director of ASPR's National Health care Preparedness Programs or NHHP Branch. To begin today's call, I would like to provide a brief overview of our agenda. First, Shayne Brannman from ASPR TRACIE will provide an update to recently published resources that are now available for use. Second, Lisa Dillard will provide an update about the Strategic National Stockpile, or SNS, efforts and activities. Third, I will provide a few ASPR Health Care Readiness Program updates for you. We will then conclude today's webinar with a general Q&A session and closing remarks. I will now pass it along to Shayne for the ASPR TRACIE updates.

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Shayne Brannman: Thanks so much, Jennifer, and good afternoon, colleagues. I hope everyone is taking care of themselves, while you continue in the service of many of your stakeholders and constituents. Thank you for what you do on a daily basis. We truly respect and admire your daily efforts. I'm going to give you two slides on ASPR TRACIE. We do have some new resources that are out, and then some that are coming. So, we'll go to the first slide that identifies select newly released ASPR TRACIE resources, since our last update to this group last month. ASPR TRACIE's 15th Issue of the Exchange focuses on ethical dilemmas during and beyond COVID-19, specific to COVID-19 treatment and vaccination, crisis standards of care, and patient load balancing. One of the articles included in the Exchange highlights our Summary of Lessons Learned during the pandemic from select jurisdictions that utilized a Medical Operations Coordination Center or similar patient load balancing efforts. The summary document highlights key findings, challenges, and future opportunities for jurisdictions establishing a MOCC in the future. Many of you are currently developing communications for your communities regarding the Monkeypox outbreak. The resources in the ASPR TRACIE technical assistance response includes general resources for clinicians and the public, vaccine information, and treatment information. I am pleased to announce that the first two modules of the ASPR TRACIE Disaster Available Supplies in Hospitals (or DASH) Tool are now available for limited release— the Hospital Pharmacy and PPE modules. DASH is being developed in collaboration with Healthcare Ready, HIDA, Region 7 Disaster Health Response Ecosystem, and many other SMEs. And we think it's a pretty nifty tool, but again, time will tell, and we will continue to try to improve as these modules in the days ahead. It is an online, interactive tool that can help hospital emergency planners and other supply chain staff estimate supplies that may need to be immediately available during mass casualty incidents and infectious disease emergencies. We will continue to work on two additional modules for burn and trauma supplies. We will release the entire DASH Tool- with all four modules- and host an accompanying webinar later this summer. So, stay tuned for more details. We have also continued updating our Topic Collections and most recently completed updates on our pre-hospital and hospital decontamination collections. A member of our team will drop each of the links in the chat for

your convenience. And we always include these updates in Ms. Hannah's weekly HPP outreach, so make sure you read that on a weekly basis, as well. With that said, we can move along to the upcoming resources and webinars from ASPR TRACIE. Next slide please.

As mentioned, we are working on the next two modules of DASH. We are also reviewing the significant role the national guard played in supporting the pandemic response. We've got several upcoming presentations which range from the impact of COVID-19 on the delivery of oral healthcare to looking at innovative hospital designs through the lens of newly opened hospitals and the patient care elements they included. We will also be featuring several health care coalitions sharing their recent lessons learned around fit testing and disaster mental health strike team. So again, please stay tuned and keep coming back to TRACIE because we will be providing that in the next couple months. We are also in the process of updating three topic collections: access and functional needs, cybersecurity, and mass gatherings.

We are also in the process of updating three topic collections access and social needs, cyber security, and mass gatherings if you have a particular interest in any of those and want to become a reviewer for those, please do, let us know and we'll include you in that process. And, as always, don't get frustrated, your time is extraordinarily valuable. If you have some resources that you need us to get for you, and put together, and you can't find him quickly on the ASPR TRACIE website, then just email us, or give us a ring at our number, or do an online form, or just rattle my cage with an email directly to me and we'll make sure we pull those resources together for you, in a very quick and responsive format. So again, we want to make sure that we make your job easier on a daily basis, we know you have many arduous demands facing you daily and again, thank you for what you do, and I'll turn it back to the moderator.

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Odessa Magafas: Thank you so much, Shayne. We will take a second here, to see if any of our recipients have any questions about the resources that you provided. And you can go ahead and answer any of the questions they may have. So, if you have a question, feel free to drop it in the chat or unmute and we will go ahead and answer your questions. Rachel I just saw your comment here. To answer your question, yes, following the webinar you will receive a copy of the presentation and it is also being recorded as well. And in terms of the resources that Shayne reviewed, I also drop the link in the chat for your reference as well. Alright, well I don't see.... oh wait, I see another question. Yes, Jenny. So, following the webinar, we go ahead and send out a recap email and those will provide slides with all of the links that we review today, within that email, so you will definitely receive all of these resources. So, I think that's all the questions that we have for this part. I will go ahead and pass it along to Lisa Dillard to provide an update about the Strategic National Stockpile. So, Lisa over to you.

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Lisa Dillard: Thank you so much, and hi everyone. I do want to echo Shayne's comments and thank you all for your service. Throughout the past few years for the COVID-19 response, and as we move into Monkeypox, I also want to thank you for the great work that you all have been doing, on behalf of the nation. I'm Lisa Dillard, for those who may not know us on the line, and I have a couple of my colleagues with me. I'm the acting Deputy Director for the Strategic National Stockpile, right now, and I also have our Communications Director, Miss Stephanie Bialek and my assistant, Mr. Ron Rogers on the line, to capture some of the questions or issues that you all may have. And full disclosure, Stephanie may have to fill in for me on the

presentation for a few minutes because I am expecting a delivery from Lowes, during the time of the presentation. So, let's get started. Next slide please.

So, my intent is to give you an overview of the Strategic National Stockpile, really quickly. I do want to state that in talking to Jennifer, she knows that the SNS has been working diligently to get a little more integrated with the Hospital Preparedness Program. Unfortunately, through our 20-year history, we have not been as close with HPP, as we have been with the Public Health Emergency Preparedness Cooperative Agreement, administered by CDC Division of State and Local Readiness, and I think part of that was proximity. We worked right next door to them when we were under CDC. But now that we are a part of ASPR, and we understand the evolving importance of connections with the hospital systems in these responses that we've been reacting to over the past couple of years it's truly important that we are locked and cocked with HPP as well as PHEP. So, on this slide I want to share with us some of the things that don't change about the SNS. We're still the largest repository for emergency medical supplies and equipment, that is stockpiled on behalf of the nation. We are stockpiled in about 15 strategic locations across the country now, to help with our rapid response. We were established in 1999 and I've been with the Stockpile since 2002. So, I'm going into my 20th year, but I will tell you I learned something new every day, either about public health emergency response or our capabilities. So, it is an evolving program. We're about 13 billion in inventory now, primarily because of the supplemental funding around PPE. And supplies for COVID, that we got. But, at the end of the day, we are still appropriated for those Category A threat agents: chemical, biological, radiological, and nuclear threats. We do have some items to support burn blast events, your radiological outcomes, and emerging infectious diseases and pandemics and, of course, natural disasters. And just want to reiterate that the SNS warehouses are professionally managed by third party logistics providers. They are not federal employees, but they are also in tune to how we respond and can be ready at a moment's notice. Next slide please.

I mentioned the Category A threat agents. Some things did change since I've spoken to most of you. Since the last time we've been able to engage, we still have Smallpox countermeasures, thank goodness, and I'll talk a little bit about our Monkeypox response throughout the presentation. Anthrax, Botulism, Viral Hemorrhagic Fevers, so we actually do have some Ebola countermeasures now since we last spoke. And you can see, the rest that we have. I do want to say on the emerging infectious diseases, we do not have therapeutics. I'll go ahead and throw it COVID into that group. We don't carry the vaccine for COVID either, but we do, as you all know, have a lot of the PPE and some of the MCM that you will need when you are sedating patients for intubation. Next slide.

This gives you a snapshot of some of the items that we have for prophylaxis and treatment, based on the threat category that you saw on the previous slide. Again, I do want to bring your attention to the fact that if we spoke prior to COVID, I would have told you that we only had PPE for Ebola, but since, we have acquired vaccine for Ebola and we actually have some monoclonal antibodies as far as Ebola therapeutics within the stockpile. And one of the things that I will mention for the Public Health Emergency Preparedness folks on the line and Hospital Preparedness, we're going to schedule some formulary webinars in the upcoming future, so we can get you all the most recent information around what we are carrying within our formulary by threat. Next slide.

So, this slide gives you an overview of the evolution of the SNS capabilities. A lot of you on the line have been with us on our journey throughout all of these responses. I do want to stress that

as we have a response, we learn something new and hopefully we get better. I want to highlight where we first started to integrate with the HPP community, which was around Ebola, and that was really our first time from the stockpile perspective of having to reach out and touch hospital systems to get an understanding of their PPE inventory, so we could ensure that there was an enough PPE on hand for the health care workers, as they were either receiving persons under investigation for Ebola or actually treating patients with Ebola. And then we will, Stephanie is on the line, she will have to extend our slide now, as we have evolved into Monkeypox response. And I do want to take a point to say, as part of you know, as we start to think as a community and as a preparedness community of what we need to ensure we're prepared for, we tend to want to fight the last war. I would caution, all of us on this line to understand the importance of our Smallpox preparedness planning that has made this Monkeypox a little bit easier to take, as far as we evolve into a response posture. So, I do want to ensure that everyone understands that our expectation from the federal level is still that we are providing technical assistance, funding, and I would say tools, to help you all prepare for all of those events, for which the SNS holds countermeasures to respond for. Next slide.

So, some of the key takeaways that I do want to remind the folks on the line as well. SNS is intended to be a bridge and a stop gap for the commercial market. We're not intended to replace or substitute what the commercial market provides. So, we ran into a lot of that during the COVID-19 response, where there was the expectation that the SNS was supposed to provide all of the personal protective equipment for, quite frankly all industries, and throughout the nation. But I do want to reiterate that we are the bridge, and I know there are a lot of initiatives that we are working through, such as domestic expansion and expanding the industrial base, one base expansion within ASPR. I know you all, are working on some initiatives to ensure that you have some stocks on hand, but we are looking forward to working together with you all on right sizing what we should hold and what we should expect from the commercial market. I do want to also reiterate that the SNS does not define the requirements for what we hold in the stockpile. We have a governance body which is the Public Health Emergency Medical Countermeasure Enterprise, the PHEMCE. I would also like to report that under this administration, Secretary O'Connell is revising the PHEMCE and we in the SNS and the DSLR partners are advocating for state and local representation on that governance body, which was something that we were doing prior to COVID as well, but there was a slight sun setting of the PHEMCE but now we're back on. So, I just want you to know that we have your interests at heart and would welcome your representation. We are not the ones that will make the final decision on that, but please know that we're advocating, on your behalf. And then I also want to stress, with you that HHS has increased the breadth and depth of the stockpile but, as you all are probably experiencing at state and local level as well, most of our expansion was based on emergency and supplemental funding, throughout the COVID response, and as that funding dries up, I think it's important for us to reiterate to the appropriators within our purview, that we will not be able to maintain where we are, if we do not have enough funding to support that. So, we can talk about that in the Q&A if you want to, as well. Next slide.

So just a couple of slides about the COVID-19 response. Next slide please. Alright so we activated on January 30 of 2020 and I will tell you that we have remained activated. We're still responding to some of the jurisdictions for certain items for COVID and now we are also simultaneously responding to the Monkeypox response. This has been our longest activation, but I would like to say that we have integrated new partners into this, we now have a significant relationship with our commercial partners that are responsible for not only distributing the

medical distributors, but also our federal partners, those in FEMA, FDA, CDC, and we've done all of this, like you, all about 90% virtually. So, I wish I could say we were done, but unfortunately we're not. I was on a call when the CDC Director reminded the White House that in addition to Monkeypox where we, fortunately at least to my knowledge, have not had any deaths, two days ago we had 300 people die from COVID. So, this is still something that is an ongoing response for us, and we are still postured to ensure that your needs are met, should you come to the stockpile for support. Next slide.

This gives you an idea of what we have responded to during COVID, a visual. We started out in 2020. With the repatriation effort of getting Americans out of China and getting Americans off of cruise ships. We also were supporting the National Disaster Medical System responders who were actually servicing those Americans on military bases if you all can remember, when we were bringing folks back to the US. We then transitioned into the PPE pro rata distribution, in the March timeframe, where we get we pretty much gave you all what we had as far as PPE that was left over from H1N1. We worked on acquiring more ventilators to support ventilator deployments and we also had a few hurricanes come in, in the meantime, where we had to ensure folks were straight. The federal vaccine effort, although SNS did not have the Ebola vaccine, we were responsible for developing the ancillary kits that supported the vaccine, so we have been and still are engaged with that and I'll share a slide with you all on that outcome. As we went into the vaccine campaign, we also had to work on the EpiPen distribution, as we started to see some of the reactions to the vaccine. So, we acquired and deployed EpiPens and sent them out to you. And also, if you were inclined to request high flow nasal cannulas, that provided some more positive outcomes outside of ventilators for those patients who were sick with COVID, we also have those for you as well. In addition to another hurricane and a few Afghan and Del Rio repatriation efforts that we had to do. So, just like you, all and some national security special events in DC that we had to deal with. So, this slide just shows you how busy we have been and how busy we continue to be, and I wish I could say I see it, stopping but I really don't. But that's the business we're in. Next slide.

I touched on our contribution to the vaccination campaign. This is a true example of public-private partnership for us. The SNS then CDC and other partners work diligently to determine what type of ancillary supplies should be provided to accompany the vaccine, to make administration as simple as possible on the point of administration end. We came up with those kits and we contracted with McKesson to serve as our partner and had the systems in place so when you ordered the vaccine, you are automatically getting the necessary ancillary supplies to accompany that vaccine, so you could administer. This slide is a little dated. It's dated March, But what I can tell you is we do have enough ancillary kits to support all of the vaccine that the Federal Government has in response to COVID at this time. And this is also an ongoing effort. I will also say that during COVID, this was an additional task force for us, but this has or is in the process of integrating into the style as a steady state operation as we can expect COVID cases to continue. Next slide.

And now I want to touch a little bit on what we're doing for the Monkeypox response. Based on our Smallpox response planning, we do have some vaccine and some antivirals that are in our inventory, so we were able to immediately respond once we understood the clinical intervention for Monkeypox. So, we have two vaccines, and you can see that, and these are what we are deploying, we probably started. I would say two Fridays ago was when we started with the Monkeypox response, but we have Jynneos vaccine. This vaccine was actually, as part of our

Smallpox planning, was the vaccine, we were using for those that were potentially immunocompromised, but it has become the primary vaccine and the Monkeypox responses, you can see it's the only vaccine that's FDA approved for indication for Monkeypox in adults 18 and over, and it's FDA approved for pre-exposure prophylaxis and post exposure prophylaxis in adults 18 years and older. So, I do want to specify for you all that during the Monkeypox response, the way it's set up is, if you are requesting pre-exposure prophylaxis for Monkeypox that request is being held through CDC Drug Services and they will be the one that deploys the Jynneos. This is a steady state activity that we have with CDC Drug Services because they are often providing pre-exposure prophylaxis to laboratory and to work with Smallpox and Monkeypox on a regular basis. So, if you are looking in your clinical consultation to do pre pre-exposure prophylaxis for a certain population, that will come from Drug Services. I know it's transparent to you, I hope it's transparent to you, but I just wanted you to understand there is a difference, whereas the post exposure prophylaxis would come from the stockpile. But I just wanted to make that iteration. This is a two-dose series so that means you have to administer and bring folks back and that's always a challenge for us. And for the Jynneos vaccine, it is administered with the regular needle and syringe and those are not being provided by the SNS. And then there's a couple of requirements around the way it shipped and there is temperature monitoring and reporting, once received that are all included in the instructions, if you are receiving Jynneos vaccine from us. ACAM2000 the primary vaccines that's approved for Smallpox. So that should not be a surprise to you, but for Monkeypox there are some regulatory issues with it. It's an I&D so you have to have informed consent and regulatory mechanisms that go along with administering that. This is the one that's a one dose administration, but it is with a bifurcated needle. And I do know that CDC does have some training on bifurcated needles on their website, on the Monkeypox website, but from our perspective it's packaged in 100 doses, and we are providing the video and bifurcated needles for the ACAM2000. And, lastly, there the tecovirimat antiviral that is approved for treatment of Smallpox, but it is also covered under a CDC held expanded access I&D protocol for other orthopox infections and that's how it's being used for monkeypox. And its capsule or intravenous bile, and this is one of the items that is shipped directly to hospitals for administration. Next slide.

So, I had to submit these slides early this morning before I get the recent numbers of states that are treating for Monkeypox. Last night, we were at 10. Today, we are at 15 states plus the District of Columbia, that either have active deployments or completed deployments from stockpile for some variation of medical plan countermeasures to care for those that have Monkeypox within their jurisdictions. We are engaged in this daily. If you are concerned or, if you do have cases present around Monkeypox, I just want to explain the pathway to ensure you're getting the support you need. The call should be going into the CDC's operations center, where you will be routed to a clinical consultation with the orthopox subject matter experts at CDC. And from those clinical consultation discussions, the decision will be made on which type of medical countermeasure your jurisdiction is requesting. And at that point CDC will send us an order if it's for one of those that we have a stockpile hold. And we will then get in touch with the POC that you provide to arrange the logistics for receipt of the countermeasures. So far this process, after just evolving over two weeks, has been working very well. From time of notification to time of delivery we're averaging about 30 hours, to get medical countermeasures to the point of care so and that's across the United States. Next slide.

And I will talk about a couple of the SNS initiatives before we close. Next slide. So, you all may be aware, we are working very hard to replenish the stockpile. We do have quite a few, I say a

lot more PPE on hand, a billion... If you need N95s call us! But quite a few N95s, gloves, and gowns on hand now. We might be a little bit over as far as I'm concerned. But this is one of the things that we hope to speak to you all about as we work on getting some regional engagements together to determine what the right size is for us as public health planners to have on hand to support the next pandemic or the next emergency, in addition to what the commercial sector should have on hand as well. We are working on a distributor model that may support more point of care deliveries. That might be of most interest to the HPP constituents. As you saw from the slides that I spoke about Monkeypox and a lot of the counter measures that we use, a lot of them are designated for treatment, and they need to go to points of care. So, one of the things we're trying to do is reduce the timeline from us getting to a public health owned warehouse and perhaps helping our public health colleagues and getting some items straight to the hospitals and we're doing that, through health care distributors. We're not there yet. We need to have some conversations of what that might look best for you all, as the receiver of this additional capability, and we're also working with the medical distributors or health care distributors, across the private sector to see what can be best utilized to help support this effort. We're looking at more supply chain visibility, with the supply chain control tower. That is initiative actually a full-grown section now with an ASPR, that monitors the supply chain for some of the needed, critical medical supplies that would be used during a particular emergency, and they also help inform decisions on domestic expansion and domestic manufacturing. So, this you were probably integrated supply chain when you were reporting information through your hospitals during COVID, but this is a wonderful tool that has helped us maintain visibility that is going to be further integrated into our responses going forward. On the fourth issue the National Strategy for Resilient Public Health Supply Chain, we are working with the White House and planners across the federal government for a couple of executive orders that ensure we have better visibility on supply chain. One of the roles that the stockpile is playing is to ensure that we have, what we need on hand at all times. And you'll probably hear about some of these plans to enhance the capability for equitable access going forward. Another piece of this is there's a specific to that speaks to the tribes and their ability to request countermeasures from the Federal Government, and that has been a truly enlightening evolution of discussion that we've been having with the tribes and hope to bring a lot of you in on those discussions and how it may look if the tribes request directly from the Federal Government for medical countermeasures. But also, how you at the state and local level are integrated into understanding what has been requested and how it's being used within your jurisdictions as well. And then the last effort is a spoken about it around the domestic expansion process and ensuring that the nation is no longer held to ensuring we have what we need from overseas as far as critical PPE and other supplies that we need. And we develop a right sized on shoring capability here in the US. And that is a program that ASPR is championing and one that has served as well around the B95 manufacturing thus far. Next slide.

So, I wanted to just throw a slide in for us to think about not necessarily speak on today, but, as I mentioned we've had a long-standing relationship with the PHEP recipients and have actually supported the Division of State and Local Readiness before we left CDC with capabilities. Jennifer and I have been working on SNS, reviewing the Health Care Preparedness Capabilities, and seeing if there's some supply chain areas of opportunity that we can inject to ensure that, at least from a medical countermeasure and supply chain perspective, we're covered. Not only through public health but also throughout our health care systems. I mentioned the Ebola was our true first time and integrating with health care preparedness. They

were fantastic, working with the coalitions to get information on what was in local hospitals within their jurisdictions, as far as PPE was concerned and helping us target PPE to those areas. But I think there's a lot of opportunity for us to do better. Stephanie and I presented at the Health Care Coalition Conference in December of 2021. We have an abstract submitted for 2022's conference, but we are also through the PHEP cooperative agreement are working on some regional engagements. And I just opened it up to this audience, to see if we need to either combine or have a separate group of engagements around health care preparedness. We would be interested in your ideas on who should attend and the topic areas for us to collaborate on. So, I'll leave that as food for thought, and I've said a lot probably in about 15 minutes and my delivery is not here, so I'll pass it back to Odessa for questions or comments.

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Odessa Magafas: That sounds great. Thanks Lisa! And I believe and there's also a slide here about additional resources that will supplement today's materials and you know; you can go ahead and review those materials as needed. I will also drop them in the chat as well, just so that everyone has it. I just dropped those in the chat, and we can go to the next slide.

Wonderful. So, we're going to enter the discussion portion today, and so I see Alyssa, you went ahead and asked a question here. So, if anyone has another question, please feel free to drop it in the chat or you know raise your hand and we can unmute you. So, we do have a question for you Lisa. It says "We are still funded for MCM receipt, staging, storage, and distribution under PHEP. Is there an anticipation that ASPR-SNS or ASPR-HPP will fund MCM activities in the future?"

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Lisa Dillard: Okay, that one's not for me.

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Jennifer Hannah: I'll take that one, Lisa. Currently MCM activities will continue to be funded under PHEP for now. We would certainly have to explore and see how they might would be funded in the future under HPP. But as it stands, your MCM activities, which tends to still be primarily a public health function, will fall under PHEP.

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Odessa Magafas: Thank you so much for the response, Jennifer. We have a comment here, Lisa, this one is for you. Anna really liked the presentation about SNS... so just wanted to read that there. So, if anyone has any other questions, just feel free to drop them in the chat and we'll be monitoring that as well for the next couple of minutes. But as you know, people are sort of thinking of questions you know we can go ahead and transition Jennifer to do the health care readiness program announcements. So I will go ahead and hand it to you Jennifer for your presentation.

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Jennifer Hannah: Right Thank you Odessa. And I want to certainly think Shayne and Lisa for their very informative presentations. And we certainly looking forward, as you know, continuing our partnership with ASPR TRACIE which we've worked with very closely, for a number of years. And we are looking forward to having a closer relationship and partnership with our SNS

colleagues. So, this is just the start and I'm glad that we're hearing positive feedback about the SNS presentation. So, this won't be the last time that you hear from our SNS colleagues, we are looking forward to working very closely together going forward.

But moving on just wanted to provide you with a few program updates from the from ASPR's Health Care Readiness Program. We currently have two new Stories from the Field to share with you today. The first is about how the Washington Medical Coordination Center collaborated with key health care response partners to mitigate hospital surge and ensure continuity of care during the COVID-19 pandemic. The second is about how the Ohio Hospital Association leads efforts to repurpose manufacturing plants and provide necessary personal protective equipment to hospitals in need. As a reminder, you can submit your impact story to our team using the Submission Form. A member of our team will share the direct link to the Stories from the Field webpage and the Submission Form. I'd also like to provide a reminder about continuing to celebrate 20 Years of HPP online by using the hashtag 20 Years of HPP in your social media posts this year.

I want to remind you about the FY 22 Budget Period 4 not competing continuation application. It is due on June 21. This is for the continuation of funds for Fiscal Year 2022/Budget Period 4 which begins on July 1, 2022. Applications must be submitted electronically, on Grant Solutions by 11:59pm Eastern time on June 21, 2022. As a reminder, you must submit an application in Grants Solutions in order for ASPR Grants to be able to issue your notice of award. So please make sure that you meet that deadline. At the same time, my understanding that there are some recipients that may be experiencing issues with the HPP application module in PERFORMS. Specifically with saving work plan and budget changes and despite instructions to login and logout and/or, to use a different browser, I know that these approaches may not be working in some instances. I have contacted Mark Green at CDC, and he is speaking with the PERFORMS team to try to find a resolution to that particular issue. So as soon as we receive a response and additional instructions or guidance that they can provide for how to resolve that particular issue, we will make sure that we push that out to you. We will probably make sure it's in the Bulletin, but at the same time, will ensure that the that are Field Project Officers are equipped with that information so that they can share that, with all of our recipients.

Also related to the Continuation Guidance, I know that we've recently received a few inquiries about the absence of the Capability 2 requirements in the FY 22 Budget Period 4 Continuation Guidance. The appendix table within that guidance reads as follows. "FY 2022/Budget Period 4 requirements that were impacted by PAHPAIA or clarified in previous continuation guidance, are included below. FOA requirements due in FY 2022/BP4 are also included below. These reflect the most current information on each item included, and any requirement not included in this list may be referenced in the FOA." So, I said that to say, in the appendix A, only those requirements that were impacted by PAHPAIA, clarified in previous Continuation Guidance and are due in FY 22/ Budget Period 4 were included in the table. Any requirement that was not included in the list, is referenced in the original funding opportunity announcement. So, in this case, for example, for capability 2, none of those listed requirements met the inclusionary criteria to be listed in the Appendix A or in that list. We had not had to clarify any of those requirements and none of those requirements were specifically due in Budget Period 4. I know that there were a number of Capability 2 requirements that are required for all five years, and the recipient should refer back to the FY 2019/2023

funding opportunity announcement. And although it may not be listed in the table, it is referenced in the funding opportunity announcement, and it does not mean that there is an option to exclude and not to complete the requirements. In addition, related to the Budget Periods 4 FY 2022 continuation award, the final FY 2022 Budget Period 4 award amounts are pending the ASPR's approval. When the award amounts are finalized, the award amount will be loaded into PERFORMS and will be available there. As instructed in the Continuation Guidance, please use FY 22 amounts as your planning numbers. You will note that the submit button in PERFORMS is inactive because we did not want to add the burden of requesting to reopen the application module but rather leave the module open until the final award amounts are available. And we don't have slides for a number these and we're not quite ready to go into to general Q&A. Just a couple more updates. But also, today we noticed, there was a CAT announcement that was that that was released. So, I just remind you, too, so to follow that that guidance accordingly that came out earlier today. And now I think we can move on to the to the to the general Q&A.

So, I want to open the line for any questions from our recipients. As we said, please drop your question into the chat and our team will read it aloud and/or you can feel free to raise your hand using the Zoom function and our team will lower your hand and unmute your microphone. I have Angela Krutsinger who is one of our acting Regional Supervisors, as well as a Field Project Officer, that is joining in will be helping us to walk through any questions that have been received in the chat.

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Angela Krutsinger: Yes Jennifer we do have several questions in the chat and they're coming in fast and furiously. So, I will jump right in the first one is from James Moss. "Do we have an further guidance or information on if COVID will satisfy the CSC exercise requirement?"

00:47:06.210 --> 00:47:13.770

Jennifer Hannah: I do not have any further guidance on that. We're going to take a closer look at it and we'll follow up but thank you for that. I believe is your asked that on a previous call and we will take a closer look at that and get that information out.

00:47:26.250--> 00:47:53.430

Angela Krutsinger: Okay. From Terry Crammer asking for the "Need to print reports generated in PERFORMS to upload into Grant Solutions so the inability to complete work plans and budget in PERFORMS is delaying the submission of the application. Any suggestions for meeting the deadline while PERFORMS has been out of service for 8 days and counting?" And Jennifer I can go ahead and take this one if you're ok with that.

00:47:54.750 --> 00:47:55.710

Jennifer Hannah: Okay, go ahead.

00:47:57.690 --> 00:49:03.750

Angela Krutsinger: Yes, so there is a suggestion but there's not much we can do about it until it does get addressed, but please do make sure that your Field Project Officer is notified of the issues that you're having so that they're aware of that and will be able to continue to push the answers in the system. But as far as getting that addressed, really there's not much we can do

with that, until this system is corrected. But you can work offline, as much as possible. We do have another couple of weeks for you to get the information in PERFORMS, to get those reports printed to be uploaded. And then also, I believe you could still use it as Word document and then put the information in there. I know it is a little bit of extra work to do it that way, but it is a workaround if there is absolutely no other way and you're nervous about waiting until the PERFORMS issue is addressed. Jennifer do you have anything to add to that?

00:49:06.660 --> 00:49:20.760

Jennifer Hannah: No, nothing additional. I think what we'll do, Angela, is that we will make sure that we capture all of that and ensure that all of our FPOs are able to share that, with all of the recipients, so that everyone has had that information.

00:49:23.100 --> 00:50:16.560

Angela Krutsinger: And then Alysia has a question about “will there be any other opportunities to meet with the MRSE team to provide feedback, for those of us who conducted the MRSE in BP3?” And I’ll go ahead and take this one as well. Yes, there definitely will be there are continuing to be MRSE office hours and also, we are continuing to collect information from those who have conducted the MRSE and BP 3 so that we can make adjustments to it. So please reach out to your Field Project Officer anytime or the MRSE office hours are posted in the Health Care Readiness Bulletin. Then we have “could recipients received one document that clarifies and list programmatic requirements and clarifications of all deliverables due for the current and upcoming budget period?”

00:50:20.910 --> 00:50:47.970

Jennifer Hannah: And I can answer that question Angela. Thank you. And, yes, we are working on those as we, as we speak. So, I know we're really late regarding the BP3 requirements as well as in those flexibilities that impacted the BP3, but at the same time we're also working on the BP4 requirements, and we'll have those early after the start date of the award.

00:50:53.880 --> 00:51:23.610

Angela Krutsinger: So, then, we have a question from Anibal Cruz- “We completed the MRSE requirement this past May and we are ready to submit the data in the CAT. Are we going to receive feedback on the information submitted regarding calculations or specific information?” So, I’ll go ahead and answer this one if that's all-right Jennifer.

00:51:25.740 --> 00:51:26.760

Jennifer Hannah: Yes, go ahead Angela.

00:51:27.060 --> 00:51:43.740

Angela Krutsinger: So, once all the data is collected from the MRSE, we will be reaching out to provide feedback and specific information related to the benchmarks collected on that. So I hope that does answer the question.

00:51:47.790 --> 00:52:00.180

Odessa Magafas: Angela or Jennifer, we also have another participant who raised their hand-Sheran. So I'm going to go ahead and lower her hand and then unmute her to ask the question that she might have.

00:52:01.980 --> 00:53:25.680

Sheran Kaplan-Hicks: Hi good afternoon everyone. I'm Sheran Kaplan-Hicks from New Mexico. Firstly, I wanted to say thank you to Shayne. I don't know if she's still on the line, but I really want to thank the ASPR TRACIE team. We do a conference every year that's usually in person, that this year was virtual, and her team did a couple of presentations for us about ASPR TRACIE 101 and showed folks that attended how to navigate around the system and highlighted some of the content that's available and so I really recommend if you're planning to have a conference that you reach out to ASPR TRACIE because they were outstanding. And then the other is a question that I have probably for Jennifer. Will we need to allocate the additional budget that we may be awarded for BP4, prior to being able to submit in PERFORMS and then upload to Grant Solutions? because if we will need to I'm not sure how we're going to have an awareness of what that potential additional budget amount would be, in order to be able to identify potential allocations for it. So, can you give us some guidance about that please? Thank you.

00:53:27.540 --> 00:54:17.610

Jennifer Hannah: First you know, thank you for the compliment to ASPR TRACIE. Shayne I'll say thank you on behalf of Shayne and then of course she's still on the call will allow her to be able to share her sentiments as well. But in response to the second question, I know that this is a really tight turn, especially with a due date of June 21 and the start date of July 1. So, the plan is that actually just go ahead and work on your application using the planning numbers. If the awards go out with an adjusted amount, you will have time after the award is made to make those changes and adjust those allocations for the for the adjusted award amount.

00:54:19.980 --> 00:54:38.160

Sheran Kaplan-Hicks: So just an additional clarification, so will there be do we know a way for us to click submit in PERFORMS because historically if the modules aren't completed the submit button won't turn on.

00:54:38.460 --> 00:55:10.680

Jennifer Hannah: The submit button, yeah, the submit button is off right now. So even though the submit button is inactive, you can still complete your work plan and those budget documents and print those reports. And then upload the reports into Grant Solutions. Once the numbers are finalized and the numbers are updated in PERFORMS, then the steps the submit button in PERFORMS will be activated.

00:55:14.220 --> 00:55:15.000

Sheran Kaplan-Hicks: Alright, thank you.

00:55:16.320 --> 00:55:37.890

Shayne Brannman: Because this is shifting from TRACIE, New Mexico rocks! Thank you Sheran. And to her point if anyone has a need of a TRACIE 101 for an upcoming meeting or

conference, just send us email and we're happy to do those type of things for you. And Sheran, it was an honor to be involved in that Health Care Coalition conference. Thank you.

00:55:47.730 --> 00:56:03.420

Odessa Magafas: And Jennifer there is one question from James Moss here in the chat that reads, "Can I respectfully request that we have receive the FOA earlier then in the calendar year for BP5?"

00:56:05.580 --> 00:56:31.770

Jennifer Hannah: And James that's an excellent question. Just so you know that that is our intent, to have the Continuation Guidance for Budget Period 5 available to you much earlier in the calendar year. We understand that the challenges and the burden that this puts on you when it was released later in the year, rather than earlier, so thank you for that question.

00:56:38.250 --> 00:56:55.050

Odessa Magafas: And it looks like the also have a question from John Whitaker that says, "so we can submit budget reports into grants solutions before receiving the final award amounts?"

00:56:56.640 --> 00:57:25.080

Jennifer Hannah: Of course, I muted and unmuted and muted myself again! So yes, you should go ahead and submit the budget reports and the work plan, based upon the planning numbers. If we find that by June 21 that you don't have the final award amount. But you can go ahead and submit those in Grants Solutions because, as I said, we can't make an award if there's nothing submitted in in Grant Solutions.

00:57:25.087 --> 00:57:46.930

Odessa Magafas: Sounds great, and I think I don't see any more questions coming through Jennifer, so I'll go back to you.

00:57:46.950 --> 00:58:27.300

Jennifer Hannah: Great, thank you. So, thank you to all of our attendees, of course, for your active participation. And thank you again to Shayne and Lisa for sharing your expertise today. And we encourage you to connect with ASPR on social media to receive the most up to date information about how ASPR is contributing to health care preparedness and response. I would be remiss if I didn't share Shayne and Lisa sentiments, thanking all of you for what you do on a daily basis. And I believe that I saw one question come in for us.

00:58:29.100 --> 00:58:40.920

Angela Krutsinger: You sure did. It says, "If we have already submitted in Grant Solutions, can we submit again if the new award amounts come out before June 21?"

00:58:42.540 --> 00:59:15.810

Jennifer Hannah: Actually, what you will do because you're unable to resubmit in Grant Solutions for that noncompeting continuation award, but what you'll be able to do, once the adjusted award amount are released, then after the awards are based and they'll be made at

whatever the final award amount is, then you can you can make changes or provide updated information in a grant note with the work plan and as well as the as the budget forms.

00:59:21.540 --> 00:59:28.230

Angela Krutsinger: And then we just got one last comment that says thanks HP folks I'm grateful for HPP and especially for Jennifer Hannah.

00:59:30.270 --> 01:00:50.970

Jennifer Hannah: Well, thank you for that. And you know I share your sentiments, of course, regarding all of our PPE Staff. They work very hard. And if you need anything at any time, of course, reach out to any of our staff. And please will reach out feel free to reach out, you know, after this call it doesn't end. You can certainly email with your assigned Field Project Officer, but you can also submit questions to the hpp@hhs.gov email address. And so, as I said, I'm going to go ahead and conclude the webinar for today. Again, thank you for your time and we hope to see all of you at the HPP-PHEP recipient Business Meeting on July 13th, even though somebody just said that July 13th was on a Sunday. Let me just check. Nope July 13th is on a Wednesday. So, the joint HPP-PHEP Business Meeting is on July 13, and it is on a Wednesday. So, thanks everyone. As I said, we're going to conclude today's call. Have a have a great day and please reach out to us if you need anything. Thank you.