NEMA-ASTHO-GHSAC Joint Policy Workgroup Meeting
August 1, 2019
Louisville, Kentucky
Meeting Summary

Chairs:
Dr. Randall Williams (ASTHO) and Director Pete Landon (GHSAC)

Agenda Topics

- CDC Brief
- Migrant Border Health Issues Taxing the Public Health System
- Leaning Forward on Ebola Preparedness
- Update: Upticks in Cyber Attacks on Public Health Systems
- Combating the Vaccinations Information War
- ASPR Brief

CDC Brief

Harald Pietz, Deputy Director, Division of State and Local Readiness, CDC

The Public Health Emergency Preparedness (PHEP) division provides a national system where public health and emergency management speaks the same language. The development and testing of capability standards provide measures of preparedness within the public health departments. The Operational Readiness Review (ORR) provides a test to show how public health departments comply to those standard capabilities designed by the CDC. Mining the gaps helps to provide metrics to go back to congress to show the successes of the program as well as the areas that need more attention. Now that the standards are set, the CDC moves towards focusing on specific threats, primary on Anthrax. CDC looks forward in continuing the relations of their partners and how best they can utilize their resources on how public health fits into the response efficiently and effectively. Through the fully integration of preparedness programs on a national scale, the CDC intends to continue to also have an agency response roll.

Migrant Border Health Issues Taxing the Public Health System

Dr. Duane Caneva, Chief Medical Officer, Department of Homeland Security
Dr. Jennifer Tuteur, Deputy Chief Medical Officer, County of San Diego Health & Human Services Agency

At this point the system has caught up with the volume of those passing the borders, but it does not shadow the constraint in deciding what to do with those crossing over with a communicable disease (those identified were flu, chicken pox, and measles). Compounding the issue are the overcrowded conditions with no mandate for health screenings. The most area of concern relies in the 600 – 800 thousand family units that cross the border may stay at a minimum of two to ten days in the facilities as the process of allowing them into the country completes. Federal representatives rely on state and local public health capabilities and the CDC when applicable. When faced with complex situations, those patients will immediately go to the local hospital.

In sharing a local perspective, San Diego County, CA representatives have successfully completed 13,600 health screenings to date. They were able to utilize local resources to identify a facility for health screenings at the same time have the proper federal representation to connect sponsors. Through partnerships with non-profits and local assets, the County has thus far been able to ensure no flu outbreak reached the citizens.

Leaning Forward on Ebola Preparedness

Trina Sheets, NEMA Executive Director
Ed Rouse, Director, Division of Emergency Operations, CDC
Kelly Nadeau, Healthcare Preparedness Program Director, Georgia Department of Public Health

In setting the stage of where we were in 2014, it was important to understand that GHSAC was not a member of the working group thus also not a part of the 2014 survey results; however, those results provide a picture of where the Nation was during the time of the first Ebola response/preparedness initiative to compare how much we have leaned forward as a Nation.

Currently, the greatest area of concern is an outbreak in various countries of Africa. Mainly focused in the Democratic Republic of Congo, there have been 2,592 cumulative cases in the past year. Rwanda decided to close their borders as a precautionary measure so that the disease does not cross in the country's border. Uganda and South Sudan are also conducting border screening to ensure they stop the spread. The CDC is working with various ministries of health in African countries as well as USAID to encourage containment to keep Ebola away from the United States. They solicited volunteers through the ASTHO and NACCHO networks for deployments to assist in the initiative equated to 105 deployments to various countries in Africa to assist in vaccination efforts and assessments. For the home front, the CDC provides technical assistance, recommendations, and guidance for hospitals and healthcare professionals. In collaboration with ASPR, the CDC continues to provide expertise and resources to the National Ebola Training and Education Center to increase our capabilities in the United States.

States such as Georgia are implementing best practices. For example, Georgia Department of Public Health has on their website a focus page, https://dph.georgia.gov/TravelClinicalAssistant, that provides guidance for an country of interest. This enables everyone to utilize the webpage such as emergency management, law enforcement, and public health officials. Ten hospitals within the state have been identified as treatment centers and assessment hospitals for any long-term treatment strategies; while the rest are considered 'front line' facilities. Region IV will have a full-scale exercise in the first week of November to test the response and capabilities of an Ebola outbreak.

The gap. Funding for the Ebola program will cease at the end of the fiscal year, which will impact exercises like the one Region IV is hosting as well as training, stockpiling, quarterly meetings within the network, and the overall preparedness initiatives. Resource intensive actions that will also be impacted, such as rapid isolation units, will need to be reassessed in how to create the best plans with fewer capabilities. Sharing best practices through tools like the national center network helps to identify the capacity between local, state, and national resources.

Update: Upticks in Cyber Attacks on Public Health Systems

Sean McCloskey, DHS Cyber Security Advisor, Cybersecurity and Infrastructure Security Agency

Last year, 15 million patient records were compromised in 503 breaches and the upticks only increase. So far this year, 33 million patient's data has been compromised with most breaches coming through phishing attacks and third-party vendors that back door into public health systems. Promoting resilient practices through educating and training staff on how to detect phishing campaigns along with insightful resources that provide cyber training is a great start to protecting those resources. CISA does provide training courses for anyone interested.

Combating the Vaccinations Information War

Michael Loehr, Chief, Emergency Preparedness and Response, Washington State Department of Health
Robert Ezelle, Director, Washington State Emergency Management Agency

Through the coordinated efforts of public health and emergency management, the State of Washington was able to quickly silence the anti-vaxx narrative with clear, concise communication and

information that assisted in driving the resources to affected areas as well as enhanced the education for vaccinations. The Governor emergency public health proclamation helped in setting the stage of the severity of the critical message to the community. In taking the public health message, the media did not validate the anti-vaxx narrative, instead heightened the public health message as it was accurate and scientific based. With the surge of 3000 cases, state and local resources were overwhelmed thus the state utilized EMAC to aid the resource depletion in the areas most affected by the measles.

NYC also shared how their communities have spread the imperativeness of vaccination information and shared their resources website: https://www1.nyc.gov/site/doh/health/health-topics/measles.page

ASPR Brief

Joseph Lamana, Readiness Division Director, Office of the Assistant Secretary for Preparedness and Response, Health and Human Services

The Department of Defense (DoD) looks to reduce 17,000 to 19,000 medical staff positions to convert to non-medical positions (military positions). This healthcare shift will impact state and local resources to fill the gap of medical care services at military facilities. ASPR is concerned with this shift regarding the impacts of the CONUS patient distribution plan and the repatriation plan, especially within the MOUs with hospitals since the shift will cause further need for local emergency services.

The National Defense Authorization Act (NDAA) proposal from ASPR goes as follows. The goal of the plan is to better integrate and collaborate medical services from emergency medical services to definitive medical and specialty care.

- ASPR proposal to focus on five hubs to be "pilot" locations to allow a slow transition of the shift.
- Will strengthen NDMS to provide care to DoD personnel and casualties by addressing six challenges:
    1. 17,000 – 19,000 reduction of workforce will increase stress on civilian healthcare
    2. Casualties will exceed DoD and Veteran Administration's capacity to provide treatment
    3. Reduction of in-garrison care available when military deploys to include reserves
    4. Civilian healthcare has service line expertise that can augment DoD
    5. DoD does not have significant ground transport capability within US
    6. DoD is dependent on interaction with civilian healthcare system for training and recruitment

For aeromedical evacuation (AE) and repatriation, ASPR no longer looks to depend on the Department of Defense for these efforts. ASPR has developed, implemented through the contract of the US Air Force School of Aerospace Medicine and Florida International University, and maintained a training program for aircraft teams to do patient transport at the same efficiency as the Department of Defense once did.

Announcement

During the meeting wrap up, it was announced of the cut in funding for the next meeting cycle will result in one face-to-face meeting for 2020, which also is the ten-year anniversary of this working group. In order to keep the group engaged, a webinar or conference call was offered in addition to the face-to-face meeting.