

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE (OPHPR)

BOARD OF SCIENTIFIC COUNSELORS (BSC) MEETING

SUMMARY REPORT / RECORD OF THE PROCEEDINGS

AUGUST 19, 2016

ATLANTA, GEORGIA

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Welcome

Thomas Inglesby, MD; Chair, OPHPR BSC

Dr. Inglesby called the Board of Scientific Counselors (BSC) Meeting to order at 3:05 PM.

Roll Call & Review of FACA Conflict of Interest

Samuel Groseclose, DVM, MPH; Associate Director for Science, OPHPR and Designated Federal Official, OPHPR BSC

Dr. Groseclose conducted roll call and quorum was present.

Dr. Groseclose reviewed the BSC responsibilities as per its charter. Members were reminded to update their Confidential Financial Disclosure Status Reports. Updated forms should be completed and returned. Members were asked to identify any conflicts of interest. No conflicts of interest were indicated.

Administrative Updates

CDR Christye Brown, MPH, MBA; BSC Coordinator

CDR Christye Brown provided brief updates regarding the ethics forms, logistics preparation for the fall in-person BSC meeting, and status of nomination packages for three upcoming vacancies. The Board was updated on changes to its membership: Dr. Brent Pawlecki, Chief Health Officer, The Goodyear Tire & Rubber Company, and Dr. Alonzo Plough, Chief Science Officer, Robert Wood Johnson Foundation are the two new members and will be in attendance at the fall BSC meeting.

OPHPR Updates from the Director

RADM Stephen C. Redd, MD; Director, OPHPR

Ebola response: Dr. Redd reported that after action reports from the Ebola response are currently being reviewed by federal agencies and are informing a national Biological Incident Annex to the federal response plan.

Flint, Michigan water crisis: Response efforts for the Flint, Michigan water issue are under the lead of HHS. Admiral Nicole Lurie (Assistant Secretary for Preparedness and Response) is the Incident Commander; HHS is working with state and local governments and the Environmental Protection Agency under Unified Command Group.

Zika response: In Brazil and Colombia, CDC is working with partners to understand the pathogenesis of fetal infection with Zika virus. Puerto Rico has widespread transmission with approximately 1.5-1.8% of blood donors found to be infected with Zika. CDC is working with Puerto Rico government to improve 1) access to long acting contraception for those who wish not to become pregnant, 2) vector control, 3) individual prevention measures for pregnant women, and 4) risk communication efforts. Efforts to stand-up a US government Unified Command to include FEMA in Puerto Rico are projected to be fully implemented by August 22, 2016 under the lead of RADM Carmen Maher (nurse scientist at FDA). The CDC is investigating an individual identified with Zika infection in Utah with no history of sexual or mosquito transmission risk

factors who served as a caregiver for an older man who had become infected with the Zika virus after traveling abroad. In Florida, there are two locations with local transmission of Zika, Miami Beach and Wynwood area of Miami. Modified prevention guidance and enhanced surveillance efforts are underway in these communities. Preparation is key but it has been challenging with CDC's increased emergency response burden over the past few years.

Select Agents Program: OPHPR published a review addressing recommendations to improve the laboratory inspection process, reporting of program activities and laboratory inspection feedback, and transparency of the inspection program's protocols and performance. DSAT is identifying approaches to enable the Select Agent Program to operate more effectively, while regulating laboratory biosafety and biosecurity and determining the best way to assure safety.

Medical Countermeasures (MCM): DSLR completed the first cycle of the MCM operational readiness review. Several hundred jurisdictional reviews were performed in this phase. Initial findings indicate that guidance is needed at the point of dispensing and more work is required to ensure that all MCMs have one of the following: EUA, IND, or EUI to enable their use.

Global Health Security Agenda. In May 2016, the federal government (multiple federal agencies including HHS, DoD, USDA, and DHS) completed a Joint External Evaluation of our capabilities to follow the International Health Regulations and support global health security. The evaluation confirmed the fragmented nature of our surveillance efforts and identified operational challenges in some areas, such as identifying and responding to radiological threats and communicating with local communities.

Discussion –Recommendations from the April 2016 BSC Meeting

BSC members were provided with a pre-read document of recommendations they offered at the April 11-12, 2016 BSC Meeting and some OPHPR responses. Dr. Groseclose provided orientation to the document and explained the OPHPR process to follow up with BSC recommendations. BSC Chair recommended that the Board review the document and bring questions and comments on the report to the next board meeting.

Discussion - Actions from Crisis Communications Session

BSC members discussed risk communications in the context of working to address the needs of vulnerable populations, working with stakeholders and members of the community, working to appropriately repackage technical and scientific data when disseminating the information to the community, and utilizing a comparative scorecard to obtain lessons learned. Questions were raised regarding: Whether and, if so, how is the impact of our risk communications being evaluated?; How is risk communications information getting out to various audiences?; Which audiences are being targeted by risk communications efforts?; Has the Zika response resulted in any different approach to risk communication by CDC? The Board acknowledged the tension between the need for rapid AND accurate risk communication during emergency response.

Setting the BSC Agenda – Review/Discussion of Potential Topics

In preparation for the fall BSC Meeting, BSC Members reviewed and discussed the list of eleven potential topics. After discussion and deliberation, thanks was given to the BSC members were for their valuable input.

Potential BSC Agenda Topics - August Webinar/October BSC 2016

#	Potential Topics/Sessions for October 2016 BSC	Point of Contact?	Comment
1	Actions from April BSC Risk Communication discussion – How can we generate more action-oriented takeaways from the discussion?	To be determined	Themes: audience segmentation (class, race, place); communication inequality (info access; ability to understand and act on information); understanding culture of journalism
2	MCM Session: State and local MCM Operational Readiness Review; MCM clinical guidance development; Bridging the PHEMCE knowledge gap with state and local partners	DSLRL OPHPR Sr. Advisor MCM NCEZID? NCEH?	Status updates on MCM initiatives; What type of information can and should be shared each time the SNS is requested/mobilized?;
3	Incident Management Training Development Program Update	DEO	A brief status update since the October 2015 BSC Meeting. Training for incident managers not currently involved in a response was recommended by BSC at the April 2016 meeting. IMTDP was already underway.
4	Global Health Security Update	DEO	A status update since the October 2015/April 2016 BSC Meeting.
5	Red Sky	DEO	A status update since the March 2015 BSC Meeting.
6	Capacity Building Branch	DSLRL	Update on rationale for and current objectives for a new Branch in DSLRL to assist with PPHR capacity development in state and local health departments.
7	Natural Disaster Preparedness and Response Rad/Nuclear Preparedness and Response Chemical Threat Preparedness and Response (Recommend selecting one of these hazards)	National Center for Environmental Health	NCEH's current priorities, strategies, and status of preparedness and response capabilities addressing one of these hazards.
8	CDC Surveillance Strategy - OPHSS	Center for Surveillance, Epidemiology, and Laboratory Services; Office of Public Health Scientific Services	Update on Strategy and progress towards addressing its goals. Would include updates on national notifiable disease surveillance, syndromic surveillance, and work on a surveillance data platform to increase the efficiency and effectiveness of CDC's surveillance activities.
9	Tribal Public Health Preparedness and Response (PHPR)	Kristin Hill? & DSLRL?	What is the current state of tribal participation in PPHR activities? What models are used to link tribal and state/local PPHR activities to ensure effective response & recovery? How can tribes be better integrated with State and local PPHR programs, including accessing PHEP resources? Consider overview of Tribal public health system(s) (Tribal PH 101?).
10	Preparedness Modeling and PH Decision-making	National Center for Emerging and Zoonotic Infectious Disease	Topic of January 2016 CDC PH Grand Rounds. Discuss use of modeling at CDC to support PPHR - pre-, peri- and post- event.
11	PHPR Research Agenda	OSPHP	Share PPHR research agenda (in development as of 7/2016) with BSC for review and comment.

Public Comment Period

No public comments.

Meeting Adjournment

Thomas Inglesby, MD; Chair, OPHPR BSC

With no further comments, the meeting was adjourned at 5:00 PM.

CERTIFICATION

I hereby certify that to the best of my knowledge, the foregoing minutes of the August 19, 2016 meeting of the OPHPR BSC are accurate and complete.

September 22, 2016

_____/S/_____

Date

Thomas V. Inglesby, MD
Chair, Board of Scientific Counselors, OPHPR