

DSLRL

FRIDAY UPDATE

December 13, 2024

CDC's Public Health Emergency Preparedness (PHEP) program is a critical source of funding, guidance, and technical assistance for state, local, and territorial public health departments to strengthen their public health preparedness capabilities and improve their response readiness. The Division of State and Local Readiness (DSLRL) Friday Update provides information and resources for PHEP recipients and other preparedness planners. Please share the newsletter with your colleagues.

For more information, visit the [CDC State and Local Readiness website](#) or contact us at preparedness@cdc.gov.

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DSLRL FRIDAY UPDATE



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PHEP Cooperative Agreement Updates

CDC PHEP Recipient Call to Be Held December 18

The next monthly PHEP recipient call will be held from **2 p.m. to 3 p.m. EST on Wednesday, December 18**. Agenda topics include updates on the Budget Period 1 Recipient Work Plan Reporting Tool and CDC response activities. The agenda also includes a CDC Office of Readiness and Response (ORR) presentation on CDC's priorities for response readiness, ORR's fiscal year 2025 strategic plan, and the ORR science agenda.

Following is the participant information.

Participant Information

Dial-In: (646) 828-7666 (Audio only)

Meeting ID: 161 603 9680

Passcode: 46274190

Access Link: <https://cdc.zoomgov.com/j/1616039680?pwd=L37xCosuil3OnvwLmcz8nTSMtRz7wK.1>

Registration Now Open for One PHEP Community of Practice Interest Meeting

CDC will host a One PHEP Community of Practice (CoP) interest meeting for PHEP recipients at **1 p.m. EST on Wednesday, January 22**. This meeting will provide an overview of the One PHEP CoP, discuss the structure of the risk communications and workforce capacity working groups, and get input from participants to help shape the problem areas or gaps on which the working groups will focus their efforts. Interested recipients can now register for this meeting [here](#). The One PHEP CoP currently is limited to staff from the 62 PHEP recipient jurisdictions.

The One PHEP CoP is designed to be a dynamic, peer-driven community that actively engages PHEP recipients in knowledge-sharing, problem-solving, and innovation. Active participation in the initial working groups will enable recipients to meet [PHEP cooperative agreement](#) requirements to strengthen risk communications and to build workforce capacity. Recipients can direct questions to dslrtraining@cdc.gov.

PHEP BP1 Work Plan Reporting Tool FAQs Now Available

CDC has published responses to frequently asked questions (FAQs) to aid in completion of the PHEP Budget Period 1 (BP1) Recipient Work Plan Reporting Tool. [The FAQs are available in the Ready CAMP Knowledge Center](#). Other resources available include a [comprehensive user guide](#), a [recording of the November 19 training session](#), and a [copy of the training slides](#). These materials are also available in the PHEP Recipient Response Workspace (under RWPRT Resources).



CDC and DHS Announce Termination of U.S. Arrival Restrictions of Travelers Entering from Rwanda

On December 4, CDC and the U.S. Department of Homeland Security (DHS) issued a [Federal Register](#) notice announcing the decision of the DHS Secretary to terminate arrival restrictions applicable to flights to the United States carrying persons who recently traveled from, or were otherwise present within, Rwanda. These restrictions directed such flights to arrive at one of the U.S. airports where the U.S. government had focused public health resources to implement enhanced public health measures. The arrival restrictions were terminated for flights departing after 11:59 p.m. EST on December 4.

The last known patient with Marburg was discharged from the hospital with a negative test on November 8. The [World Health Organization](#) announced that, on November 9, Rwanda started the 42-day countdown to declare the end of the outbreak.

NIH Closes Enrollment in Study of Tecovirimat for Mpox (STOMP) Clinical Trial

The National Institutes of Health (NIH) has closed enrollment in its Study of Tecovirimat for Mpox (STOMP) clinical trial. For adults without severe immunocompromise or severe disease and who are not pregnant or lactating, STOMP enrollment was the only route of access to oral tecovirimat. NIH closed STOMP enrollment based on the interim analysis of 75% of the randomized study's target enrollment that showed no difference in the time to lesion resolution between tecovirimat-treated participants to those who received placebo. More information is available in the December 10 [NIH's announcement](#).

CDC has also posted updated information regarding tecovirimat on [Tecovirimat \(TPOXX\) for Treatment of Mpox](#) and [Clinical Treatment of Mpox](#).

CDC Updates Travel Health Notices for Southern Hemisphere Travel

Since August 2024, CDC has been responding to an outbreak of Oropouche virus disease across much of the Amazon Basin and parts of the Caribbean, including Cuba. As summer approaches in the Southern Hemisphere and holiday travel increases, cases of Oropouche virus disease have begun a new surge in Brazil. Brazil has reported more than 1,300 cases since mid-October. Nearly all of them have occurred in the southern state of Espirito Santo, just north of Rio de Janeiro.

CDC has updated its [Travel Health Notices](#) to add Espirito Santo to its list of Level 2 notices for Oropouche. A level 2 notice urges travelers to take enhanced precautions to prevent illness. The rest of Brazil remains under a Level 1 travel health notice, which recommends the usual precautions, such as avoiding insect bites. Meanwhile, cases in other areas of the region have been decreasing. As a result, CDC is also reducing the travel health notice for Cuba to a level 1.



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Preparedness and Response Resources

ASPR Releases 2024 HHS All-Hazards Plan

The Administration for Strategic Preparedness and Response (ASPR) has announced that the [2024 HHS All Hazards Plan \(AHP\)](#) is now publicly available online for viewing and reference through the ASPR website. The 2024 AHP reflects lessons learned by the U.S. Department of Health and Human Services (HHS) throughout responding to the COVID-19 pandemic and outlines clear roles and responsibilities for HHS operational divisions and staff divisions in future efforts to support effective national response and recovery.

The AHP also fully outlines the operational coordination construct and mechanisms for executing HHS's responsibilities when designated the lead federal agency. Several annexes in support of evaluating and executing response to threats and hazards are also available online to complement the available AHP. Visit the [AHP site](#) to learn more about the new plan and related resources.

CDC Releases Standardized Case Report Form for Dengue Case Investigation and Reporting

CDC recently updated the process for [dengue case investigation and reporting](#), including a new [standardized case report form](#) that jurisdictions should use to investigate all suspected dengue cases.

Health departments are advised to investigate and report all suspected dengue cases, using standardized forms and laboratory testing to confirm recent infections and determine if they are travel-associated or locally acquired. CDC also recommends that jurisdictions implement vector control measures when there is an increased risk of transmission, including surveillance and control of the primary dengue-spreading mosquitoes, *Aedes aegypti* and *Aedes albopictus*.

Additionally, the guidance emphasizes the importance of community engagement through public messaging and clean-up activities to reduce mosquito breeding sites. These efforts should focus on educating residents

about preventing mosquito bites, eliminating standing water, and seeking medical care if dengue symptoms appear.



CDC Posts Job Announcement for DSLR Deputy Director

CDC is currently seeking applicants for the position of deputy director of the [Division of State and Local Readiness](#) (DSLRL) in the [Office of Readiness and Response](#). The division deputy director position is a supervisory health scientist who directs and manages division operations and serves as DSLR's senior scientific public health advisor, and management coordinator of national scientific public health program activities. Applicants must have at least a bachelor's degree in an academic field related to the medical field, health sciences, or allied sciences appropriate to the work of the position.

Interested applicants must submit completed applications by **Friday, December 20**. However, the application period will close when CDC has received 75 applications, which may be sooner than the closing date.

The announcement and application instructions can be found at [DE: HHS-CDC-DE-12621594](#).

ASPR Seeks Public Comment on Hospital Preparedness Program Funding Formula

The Administration for Strategic Preparedness and Response (ASPR) seeks public comment to inform the Hospital Preparedness Program (HPP) funding formula. This [Request for Information \(RFI\)](#) is part of a rigorous process to evaluate potential modifications to the funding formula. These updates will enable ASPR to allocate federal funding in a way that reflects the current threat landscape that HPP recipients face and is informed by the experiences and perspectives of health care entities in the field.

This RFI will inform changes to the HPP funding formula, which is statutorily required and determines the distribution of HPP cooperative agreement funding to recipients. The formula consists of three components: a base amount determined by the HHS Secretary, a required adjustment based on population, and an amount based on significant unmet need and degree of risk. Through this request, ASPR seeks feedback on how it might change the data sources and information the agency uses to determine the formula's risk component.

The RFI is open to comment from all members of the public. All comments must be received via the methods outlined in the full RFI by **11:59 PM ET on December 20**. For more information about the RFI, please view the full [news release announcement](#).

New CDC Study Reveals Elevated Mortality Risks After Flu Hospitalization

[A recent study published in *Clinical Infectious Diseases*](#) sheds light on the long-term health consequences of influenza-associated hospitalizations. Researchers from CDC analyzed data from more than 100,000 adults hospitalized with laboratory-confirmed influenza between 2010 and 2018.

The study showed that individuals hospitalized with the flu faced a significantly higher risk of all-cause mortality in the year following their hospitalization, compared with the general population. This elevated risk persisted even in those without underlying medical conditions. These findings underscore the serious nature of influenza infections and the need for comprehensive prevention and treatment strategies.

CDC emphasizes the importance of annual flu vaccination, especially for high-risk individuals, to reduce the likelihood of severe illness and complications. Moreover, the study highlights the need for close monitoring and follow-up care for patients after a flu-related hospitalization. Clinicians should be aware of the elevated mortality risks and consider appropriate interventions to support the long-term health of these patients. As the influenza landscape continues to evolve, this research provides critical insights to guide public health

preparedness and clinical management efforts.



Online Resources

CDC MMWR Reports

- [Morbidity and Mortality Weekly Report, December 6](#)

CDC Online Resources

- **UPDATED** [Measles Cases and Outbreaks](#)
- **UPDATED** [COVID Data Tracker](#)
- **UPDATED** [Weekly U.S. Influenza Surveillance Report](#)
- **UPDATED** [RSV VaxView](#)

Jose Montero, MD, MHCDS, Acting Director
Division of State and Local Readiness
Office of Readiness and Response
Centers for Disease Control and Prevention



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY : 888-232-6348