



Hospital Preparedness Program (HPP)  
Public Health Emergency Preparedness (PHEP)

## 2017-2022 HPP-PHEP Cooperative Agreement

CDC-RFA-TP17-1701

### SUPPLEMENTAL GUIDELINES

Updated Public Health Preparedness Capabilities Planning Model

February 2017



## Hospital Preparedness Program (HPP) Public Health Emergency Preparedness (PHEP)

This following planning model updates the planning roadmap described in CDC's [Public Health Preparedness Capabilities: National Standards for State and Local Planning, which was published in 2011](#). This updated planning roadmap is intended for state, local, and territorial public health departments receiving PHEP funding; it describes a high-level planning process these public health departments may wish to follow to help determine their preparedness priorities and plan their preparedness activities in response to the 2017-2022 HPP-PHEP funding opportunity announcement (FOA).

This updated planning model is not intended to be a prescriptive methodology but is intended to describe a series of suggested preparedness planning activities. The diagram below depicts the model's three main phases and associated steps.



Following are descriptions for the suggested steps to complete each of the three phases.



## Phase 1: Assess Current State

### Step 1a: Assess Organizational Roles and Responsibilities

The first step in the assessment phase is to determine which organizational entities within the jurisdiction are responsible for each domain, capability, and activity. These entities may include state agencies, partner organizations, local and tribal health departments, health care coalitions (HCCs), community-based partners, ESF partners, and others. For instance, in some jurisdictions the coroner/medical examiner traditionally takes a lead role in fatality management activities; public health should, therefore, seek this partner when identifying what role public health contributes to this capability.

### Step 1b: Assess Capability

The *2017 HHS Capabilities Planning Guide* (CPG) provides a platform awardees can use to self-assess their current programs across all health care and public health preparedness capabilities. Awardees are required to submit their final CPG data in PERFORMS 30 days before each budget period application deadline. For example, for Budget Period 1 of the new five-year project period, awardees must submit their CPG data by March 6, 2017. The intent of the CPG is to serve as one source of information to help set strategic priorities, inform application goals, objectives, and planned activities, and guide preparedness investments by helping to identify preparedness capability gaps. Jurisdictions are encouraged to use tools and local-level input in their planning processes, such as existing jurisdictional strategic plans, data from current hazard and vulnerability assessments, and results from after-action reports/improvement plans (AARs/IPs). Other sources of information include, but are not limited to, jurisdictional risk assessments, site visit observations, National Health Security Preparedness Index, and other jurisdictional priorities and strategies. Awardees are encouraged to complete the 2017 CPG tool prior to the submission deadline so that the data can inform their budget period funding applications.

Awardees are required to assess every function/objective within the 15 public health preparedness capabilities and the four health care preparedness and response capabilities by submitting responses to the following questions for each function/objective:

- Function/Objective Importance
- Function/Objective Current Status
- Function/Objective Challenges and Barriers
- Task Gaps (where applicable)
- Resource Element/Activities Gaps



## Hospital Preparedness Program (HPP) Public Health Emergency Preparedness (PHEP)

Successfully addressing prioritized resource elements is defined as having either the ability to demonstrate a jurisdiction has (within its own existing plans or other written documents) or has access to (partner agency has the jurisdictional responsibility for this element in its plans and evidence exists that there is a formal agreement between the public health agency and this partner regarding roles and responsibilities for this item) the resource element. If any resource element is not fully present as described in the capability definitions, awardees should note any challenges or barriers to fully attaining the resource element.

By completing the CPG, awardees are able to fully assess the performance of each capability and function and whether or not it meets their jurisdictional needs. CDC uses aggregate CPG assessment data to better understand the full scope of awardee programs across the nation and as a data source for national reports and strategies, such as the National Preparedness Report and the National Health Security Strategy and associated National Health Security Review (NHSR). The U.S. Department of Health and Human Services also plans to use the aggregate CPG data from all 62 awardees to serve, in part, as evidence of compliance with the World Health Organization (WHO) International Health Regulations (IHR). Because this data is used to inform national preparedness decisions, awardees are asked to invest the time necessary to conduct a thorough CPG self-assessment that best reflects the current status of their preparedness programs.

CDC worked closely with the National Association of County and City Health Organizations (NACCHO) to compare the resource element content with the Project Public Health Ready (PPHR) 2011 criteria and the Public Health Accreditation Board (PHAB) measures; that crosswalk can be found online at: [NACCHO-PPHR-PHAB Crosswalk](#). Jurisdictions which have or are pursuing PPHR or PHAB certification may be able to use this information to further facilitate their assessments.

### Step 1c: Assess Performance

CDC will monitor and evaluate progress across all six preparedness domains in the HPP-PHEP logic model. Awardees are expected to demonstrate and improve response outcomes during exercises and actual incidents. By the end of the project period, PHEP awardees are expected to build, maintain, or have access to resource elements necessary to complete the tasks indicated in each function from the [Public Health Preparedness Capabilities: National Standards for State and Local Planning](#) to achieve substantial, measurable progress in each of the 15 public health preparedness capabilities (for which they fund), thus strengthening the six domains.

Performance demonstration and evaluation will be collected via activities to address CDC-defined performance measures, documented exercises, or real incident activities.



## Phase 2: Determine Strategies and Activities

### Step 2a: Review Jurisdictional Inputs

After assessing the jurisdiction's current level of resource elements and performance, the next step is to identify needs and gaps. In addition to the CPG assessment from the previous phase, there are a number of additional inputs which awardees can use, including, but not limited to:

- Existing data from jurisdictional hazards and vulnerability analyses
- Emergency management plans
- Funding considerations, such as guidance or funding requirements from related federal preparedness programs
- Current state, local, or territorial strategic plans
- Previous strategic plans or planning efforts
- Previous state and local accreditation efforts, including PPHR and PHAB
- CDC's medical countermeasure Operational readiness review (MCM ORR) results
- CDC's MCM technical assistance action plan
- AARs/IPs
- Previous performance measure results

### Step 2b: Prioritize Domains and Capabilities

Awardees should choose which domains to strengthen based upon their jurisdictional inputs. PHEP awardees are required to strengthen all six domains over the five-year project period; however, awardees are not required to address all 15 capabilities in the project period. Other prioritization criteria may include:

- Missing/incomplete priority resource elements
- Performance/ability is substantially lower than needed
- Risks and threats to the public health, medical, and mental/behavioral health system
- Ability to close gaps and develop capability is greatest
- Evidence-based practice

CDC recommends that, when developing priorities, awardees take the following steps:

- Review the entire FOA and identify all of the requirements set forth for not only the budget period but also the entire project period. Note the required activities that have already been addressed and those still outstanding.
- Review the HPP-PHEP logic model to better determine which domains, strategies, and capabilities will be addressed. Awardees should determine jurisdictional priorities and timelines and develop a work plan accordingly.



### **Step 2c: Propose Outputs**

This planning model encourages awardees to propose outputs that meet jurisdictional needs.

Awardees should review the various inputs described in step 2a, analyze their priorities based on the prioritization criteria described in step 2b, and determine a set of outputs accordingly.

Awardees should take into consideration that CDC will monitor and evaluate progress on all readiness outputs, as stated in the logic model. Awardees are expected to document outputs in their project narratives, work plans, or during program visits. CDC expects that by the end of the project period, PHEP awardee strategies, activities, and related outputs will lead to the development and maintenance of established public health emergency management and response programs.

Throughout the project period, CDC will monitor awardee outputs by reviewing operational readiness data, site visits, and other information to determine progress in:

- Creating and maintaining plans in accordance with CDC guidance and using Federal Emergency Management Agency's (FEMA) National Incident Management System (NIMS) fundamentals across each of the domains;
- Hiring, or otherwise having access to, trained personnel (including volunteers) necessary to effectively implement plans in the event of an incident;
- Implementing operational plans in exercises and real incidents to improve operations by identifying gaps and areas where improvement is needed and exercising and retesting to strengthen gaps and identified areas of weakness;
- Establishing and updating necessary partnerships and partner agreements across all capabilities where public health emergency preparedness and response has a lead or support role; and,
- Purchasing and/or having access to necessary equipment and keeping this equipment updated.

At the time of application, awardees must describe their planned activities and the respective outputs, with a focus on: 1) areas for which improvement has been identified in drills, exercises across each of the public health preparedness capabilities, and MCM action plans; and 2) program requirements for the project period that are described in more detail in the Strategies and Activities section of the FOA.

## **Phase 3: Develop Plans to Achieve Outcomes**

### **Step 3a: Plan Organizational Initiatives**

After determining priorities, the next step is to engage in concrete initiatives and activity planning, particularly for the respective domain. For the purposes of this planning model, all activities are



viewed as related to individual domains, capabilities, functions, and resource elements. However, in practice jurisdictions may group together related activities to address multiple functions or capabilities within the scope of one project or initiative,

### **Step 3b: Plan Activity Type**

For each capability and function, jurisdictions generally will be either building, sustaining, or, perhaps, scaling back the domain, capability, and/or function, depending on the needs, gaps, priorities, and goals that have been identified. Some may choose not to have any planned activities for a specific timeframe or budget period. For build-and-sustain scenarios, jurisdictions are encouraged to pursue partnerships and memoranda of understanding with other agencies, partners, and jurisdictions. For scale-back scenarios, jurisdictions should identify the challenges and barriers causing them to scale back their efforts.

Jurisdictions should consider what types of support are required by their local and tribal health departments and plan assistance or contracts accordingly. Support provided to local health departments should ideally describe which capabilities and functions are intended to be addressed.

Jurisdictions should also determine any technical assistance needs they might have, whether from CDC or other sources. Technical assistance may be needed to address challenges, barriers, or other needs.

For the purposes of this planning model, activities and technical assistance needs will, in general, relate to specific functions and resource elements, such as developing or modifying plans or processes, training staff, or building/buying equipment and technology.

### **Step 3c: Plan Evaluations, Demonstrations, and Exercises**

The final step in the planning process is to develop plans for demonstrating and evaluating newly developed strategies and activities. Demonstrations of capabilities can be through many different means such as drills, exercises, planned events, and real incidents. Additionally, planning for such exercises, planned events, and other activities can be demonstrated through the submission of an updated multiyear training and exercise plan (MYTEP). CDC strongly encourages jurisdictions to use routine public health activities to demonstrate and evaluate their capabilities. Documentation of the exercise, event, or incident, and the use of quality improvement-focused AARs/IPs are vital to this process.



## Hospital Preparedness Program (HPP) Public Health Emergency Preparedness (PHEP)

As part of the 2017 funding application, and for each subsequent budget period within the 2017 - 2022 project period, awardees will be required to describe in a brief narrative their plans to affirm and acknowledge their ability to collect and respond to required CDC-defined performance measures. For example, awardees may describe:

- Subawardee monitoring process;
- Program monitoring process;
- Training and exercise evaluation process; and/or
- Process for monitoring and responding to required performance measures, potential data sources, and anticipated barriers and challenges and how they will be resolved.

Awardees may also describe how evaluation data will be shared with key stakeholders and used by the awardee to improve program quality and demonstrate the value of this funding.

For those capabilities and functions where CDC-defined performance measures have been developed, jurisdictions must submit data for those measures at various points throughout the project period. Awardees will be required to report on CDC-defined performance measures that will demonstrate, or show progress toward, the accomplishment of program outcomes of the cooperative agreement.



Hospital Preparedness Program (HPP)  
Public Health Emergency Preparedness (PHEP)

## 2017-2022 HPP-PHEP Cooperative Agreement

CDC-RFA-TP17-1701

### ASPR GRANT DIRECTIVE FOR SETTING UP A SEPARATE LEGAL ENTITY

February 2017



**ASPR Grant Directive – 02(a)**

To: Hospital Preparedness Program (HPP) Grant Recipients

From: Virginia Simmons, Chief Grants Management *VS*

Effective Date: December 12, 2016

Subject: Use of Grant Funds for Setting up a HCC as a Separate Legal Entity

RE: This directive replaces any other directions or guidance issued prior to the effective date of this directive

**BACKGROUND**

All states<sup>1</sup> that receive Hospital Preparedness Program (HPP) awards are required to support the development and operation of healthcare coalitions (HCCs). While allowable, establishment of HCCs as a separate legal entity is entirely voluntary and subject to the following directions and guidance. Use of any other organizational structures not addressed in this directive requires prior approval from appropriate HHS officials.

There are several scenarios that could occur when healthcare coalitions set up as a business. In the first two scenarios, listed below, the health care coalitions would be establishing a stand-alone company and follow all the laws, both state and federal, that apply to any business operating within the state. In the third scenario the state may establish a central body, either the state itself or with another agent, and have the healthcare coalitions serve as "chapters" across the state.

In all cases these legal entities must set up as a business and follow the standard business practices required of that type of organization. For example, a non-profit should have a Board of Directors that is legally responsible for all the undertakings of the company. If a healthcare coalition hires employees, they must meet all the payroll requirements including withholding and reporting of all associated taxes. The company will need to establish the policy and procedures required to administer the grant funds. The state must assure that the company has the financial capability to administer the grant funds, prior to issuing a subaward.

Prior approval to use the State HPP funds to support any costs regarding the setup of the organization is required, regardless of the total requested amount.

---

<sup>1</sup> For purposes of this directive, "State" means any of the 62 jurisdictional entities that receive a Hospital Preparedness Program award.

## PRIOR APPROVAL PROCESS

Prior approval is required before using any HPP funds:

- to support the healthcare coalitions in establishing a non-profit organization, or
- before establishing the affiliated organization structure.

The state will follow the same procedure that is currently used for other prior approval requests.

It is strongly advised that you work with the HPP Program Officer and the Grants Management Specialist assigned to your state while developing the request.

## ASSOCIATED ORGANIZATION COSTS

Different organization costs are allowed depending on what type of company the healthcare coalitions are setting up.

- 1) If a healthcare coalition forms a separate **for-profit** organization, including a LLC, then none of the associated organization costs may be paid for using the grant funds. (Source FAR Part 31.205-27-  
[https://www.acquisition.gov/far/current/html/Subpart%2031\\_2.html](https://www.acquisition.gov/far/current/html/Subpart%2031_2.html))
- 2) If a healthcare coalition forms a separate **non-profit** group the following organization costs, as stated in 2 CFR Part 230 (<https://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-part230.pdf>), may be approved costs:

*Organization costs:* Expenditures, such as:

- incorporation fees,
- brokers' fees,
- fees to promoters, organizers or management consultants, attorneys, accountants, or investment counselors, whether or not employees of the organization, in connection with establishment or reorganization of an organization,

are unallowable except with prior approval of the awarding agency.

- 3) If a state establishes a central body with the healthcare coalitions serving as "chapters" across the state, the healthcare coalition is then considered an affiliated organization and the following guides would apply.

*Affiliated organizations:* A number of universities and other organizations have established closely affiliated, but separately incorporated, organizations to facilitate the administration of research and other programs supported by Federal funds. Such legally independent entities are often referred to as "foundations," although this term does not necessarily appear in the name of the organization. Typically, the parent organization provides considerable support services to its "foundation" in the form of administration, facilities, equipment, accounting, and other services, and the latter, acting in its own right as a recipient, includes the cost of these services in its indirect cost proposal.

Costs incurred by an affiliated, but separate, legal entity in support of a recipient foundation (foundation) are allowable for reimbursement under HHS grants only if at least one of the following conditions is met:

- The foundation is charged for, and is legally obligated to pay for, the services provided by the parent organization.
- The affiliated organization is subject to State or local law that prescribes how Federal reimbursement for the costs of the parent organization's services will be expended and requires that a State or local official acting in his or her official capacity approves such expenditures.
- There is a valid written agreement between the affiliated organizations whereby the parent organization agrees that the foundation may retain Federal reimbursement of parent organization costs. The parent organization may either direct how the funds will be used or permit the foundation that discretion.

If none of the above conditions is met, the costs of the services provided by the parent organization to the foundation are not allowable for reimbursement under an HHS grant. However, the services may be acceptable for cost sharing (matching) purposes. (Source: HHS Grants Policy Statement (GPS) Services Provided by Affiliated Organizations (II 45) - [https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#HHS Grants Policy](https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#HHS%20Grants%20Policy))

Approval by appropriate HHS officials is required for any other scenario under which a state HPP awardee or sub-recipient HCC may seek to charge such costs to their award or sub-award under this option.



Hospital Preparedness Program (HPP)  
Public Health Emergency Preparedness (PHEP)

# 2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701

## REQUIREMENTS AND RECOMMENDATIONS FOR STRENGTHENING PUBLIC HEALTH DOMAINS

February 2017



## Domains At-a-Glance

The Domains At-A-Glance provides an overview of the preparedness domains described in the 2017 HPP-PHEP funding opportunity announcement, including a definition of the domain, a list of associated public health preparedness capabilities, PHEP domain activities, PHEP performance measures, PHEP readiness outputs, and PHEP programmatic requirements and recommendations.

### Domain 1 At-A-Glance: Community Resilience

**Definition:** Community resilience is the ability of a community, through public health agencies and health care coalitions (HCCs), to develop, maintain, and use collaborative relationships among government, private health care organizations, and community organizations to develop and use shared plans for responding to and recovering from disasters and emergencies. Awardees should conduct activities that sustain or expand community resilience. These activities need to be actionable, realistic, and support the achievement of readiness outputs and intended outcomes.

The activities include:

- Characterize the probable risks of the jurisdiction and the HCC
- Characterize populations at risk
- Engage communities and health care systems
- Operationalize response plans

#### Associated Capabilities

- **Capability 1:** Community Preparedness
- **Capability 2:** Community Recovery

#### Performance Measures

- Community preparedness evaluation tool

#### Readiness Outputs

- Assessments conducted
- Established HCC and public and private partnerships
- Preparedness plans that address community-specific needs and vulnerable populations
- Coordinated trainings and exercises and continuous quality improvement

#### Requirements

- Jurisdictional risk assessment
- Access and functional needs planning for at-risk populations
- Response plans for chemical, biological, radiological, nuclear, and explosive (CBRNE) threats
- Community partnerships
- Demonstration of tribal population coordination through tribal input letter
- Local health department participation in HCCs
- Joint exercises with HCCs/PHEP/emergency management



## Recommendations

- Environmental health tracking
- Community assessments for public health emergency response (CASPER)

## Domain 2 At-A-Glance: Strengthen Incident Management

**Definition:** Incident management is the ability to establish and maintain a scalable operational response structure with processes that appropriately engage all critical stakeholders and support the execution of core public health and health care capabilities and incident objectives. Awardees should conduct activities that sustain or expand incident management. These activities need to be actionable, realistic, and support the achievement of readiness outputs and intended outcomes. The activities should include:

- Coordinate emergency operations
- Standardize incident command structure for public health
- Expedited fiscal and administrative preparedness procedures

## Associated Capabilities

- **Capability 3:** Emergency Operations Coordination

## Performance Measures:

- 3.1 Staff assembly
- Additional performance measures to be determined

## Readiness Outputs

- Risk communication systems
- Emergency operations centers (primary and alternate)
- Incident management systems
- Response plans
- Recovery plans
- Continuity of operations (COOP) Plans

## Domain 2 PHEP Requirements

- All-hazards emergency preparedness and response plan
- Emergency Management Assistance Compact (EMAC) participation
- Incident management training
- Standardized incident command structure for public health
- Fiscal preparedness plans in place

## Domain 2 PHEP Recommendations

- Infectious disease response planning



## Domain 3 At-A-Glance: Strengthen Information Management

**Definition:** Information management is the ability to develop systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts and warnings using a whole community approach and exchange health information and situational awareness with federal, state, local, territorial, and tribal levels of government, HCCs, and their individual members. PHEP awardees must conduct the following activities to strengthen information sharing among public health and medical preparedness and response partners and enhance emergency public information and warning.

- Share situational awareness across the health care and public health systems
- Share emergency information and warnings across disciplines, jurisdictions, and HCCs and their members
- Conduct external communication with the public

### Associated Capabilities

- **Capability 4:** Emergency Public Information and Warning
- **Capability 6:** Information Sharing

### Associated Performance Measures

- 6.1 Information sharing
- Additional performance measures to be determined

### Readiness Outputs

- Information sharing platforms for HCC members
- Defined essential elements of information
- Risk communication materials
- Social media monitors
- Health care situational awareness protocols and systems
- Trained risk communication staff
- Message and report templates

## Domain 3 PHEP Requirements

- Establish a common operating picture
- Coordinate emergency information sharing
- Coordinate public messaging
- Availability of information sharing systems

## Domain 3 PHEP Recommendations

- Sustain or enhance public health information systems interoperability and functionality

## Domain 4 At-A-Glance: Strengthen Countermeasures & Mitigation

**Definition:** The countermeasures and mitigation domain includes the ability to store and deploy medical and pharmaceutical products that prevent and treat the effects of hazardous substances and infectious diseases, including pharmaceutical and non-pharmaceutical equipment such as



vaccines, prescription drugs, masks, gloves, and medical equipment. It also includes the resources to guide an all-hazards approach to contain the spread of injury and exposure using mitigation strategies such as isolation, closures, social distancing, and quarantines. During large-scale emergencies, all partners in the jurisdiction must be aware of their roles, from whom they will receive information and directives, and to whom they should report. This is true for a single person in the local health department all the way up to a large federal agency. In response to a large-scale incident in which medical countermeasures (MCMs) may be requested, distributed, and dispensed, it is vital that everyone involved in the response understands how information and materials will move and what their roles will be. Understanding the overall concept of operations for an emergency response will aid jurisdictions in developing MCM distribution and dispensing (MCMDD) plans and executing those plans should it be necessary.

PHEP awardees should conduct the following activities that strengthen access to and administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions and strengthen mitigation strategies.

- Manage access to and administration of pharmaceutical and non-pharmaceutical interventions
- Ensure the safety and health of responders
- Operationalize response plans.

#### Associated Capabilities

- **Capability 8:** Medical Countermeasure Dispensing
- **Capability 9:** Medical Materiel Management and Distribution
- **Capability 11:** Non-Pharmaceutical Interventions
- **Capability 14:** Responder Safety and Health

**Associated Performance Measures:** There are no associated CDC-defined performance measures at this time.

#### Readiness Outputs

- Storage and distribution centers
- Inventory management systems
- Points of dispensing (PODs) / alternate notes
- Trained POD staff
- Stockpiled personal protective equipment (PPE)
- Safety and “just in time” trainings

#### Domain 4 PHEP Requirements

- All-hazards MCM distribution and dispensing planning
- MCM operational readiness reviews
- State and local MCM operational readiness review self-assessments
- MCM technical assistance action plans
- Updated receipt, stage, and store (RSS) site surveys



- Updated critical contacts
- Inventory Management Tracking System and data exchange annual tests
- Responder health and safety
- Staffing strategies to operationalizing response plans

#### Domain 4 PHEP Recommendations

- Non-pharmaceutical interventions coordination
- Community reception center planning

### Domain 5 At-A-Glance: Strengthen Surge Management

**Definition:** Surge management is the ability to coordinate health care, medical and support staff volunteers; share resources, staff, and patients, as necessary and appropriate, across a health care coalition so that each member health care organization can effectively manage surge incidents by creating additional direct patient care capacity across a community; use and coordinate the expertise of the public health, health care, and emergency management disciplines to ensure the public has access to high-quality direct patient care and mass care during emergencies; and prevent and manage injuries and fatalities during and after a response to an emergency or incident of health significance. The following four activities are used to manage public health surge.

- Address mass care needs, such as shelter monitoring
- Address surge needs, including family reunification
- Coordinate volunteers
- Prevent or mitigate injuries and fatalities

#### Associated Capabilities

- **Capability 5:** Fatality Management
- **Capability 7:** Mass Care
- **Capability 10:** Medical Surge
- **Capability 15:** Volunteer Management

#### Associated Performance Measures

- 5.1 Identify role with partners
- 15.1 Managing volunteers
- Joint measure 2 Volunteer management

#### Readiness Outputs

- Electronic volunteer registry systems
- Coordinated public health and health care agencies
- Patient tracking systems
- Population monitoring systems
- Real time monitoring of patient acuity for rapid decompression
- Medical surge plans at the systems level
- Plans for implementing crisis standards of care



### Domain 5 PHEP Requirements

- Address health needs in congregate locations
- Family reunification planning
- State planning activities to manage public health surge
- Volunteer coordination
- Coordinate community partnerships

### Domain 5 PHEP Recommendations

- Infectious disease planning

## Domain 6 At-A-Glance: Strengthen Biosurveillance

**Definition:** As defined by Homeland Security Presidential Directive 21 (HSPD-21), biosurveillance involves active data-gathering with appropriate analysis and interpretation of biosphere data that might relate to disease activity and threats to human or animal health — whether infectious, toxic, metabolic, or otherwise, and regardless of intentional or natural origin — to achieve early warning of health threats, early detection of health events, and overall situational awareness of disease activity. PHEP awardees must ensure coordination among preparedness, laboratory, and epidemiology programs through the following activities to strengthen biosurveillance.

- Conduct epidemiological surveillance and investigation
- Detect emerging threats and injuries
- Conduct laboratory testing

### Domain 6 Associated Capabilities

- **Capability 12:** Public Health Laboratory Testing
- **Capability 13:** Public Health Surveillance and Epidemiological Investigation

### Associated Performance Measures

- 12.1 Laboratorian reporting
- 12.2 24/7 emergency contact drill (bidirectional)
- 12.5 Proficiency testing (LRN-C additional methods)
- 12.6 Proficiency testing (LRN-C Ccre methods)
- 12.7 Sample packaging and shipping exercise (SPaSE)
- 12.11 Proficiency testing (LRN-B)
- 12.14 PFGE *E. Coli*
- 12.15 PFGE *L. monocytogenes*
- 13.1 Disease reporting
- 13.2 Disease control

### Domain 6 Readiness Outputs

- Electronic disease surveillance systems
- Laboratory response networks



## Hospital Preparedness Program (HPP) Public Health Emergency Preparedness (PHEP)

---

- Laboratory testing capability
- Integrated laboratory and epidemiology systems

### Domain 6 PHEP Requirements

- Border health surveillance activities
- State health official input letter
- Laboratory Response Network-Biological (LRN-B) participation
- Laboratory Response Network-Chemical (LRN-C) participation
- Level 1 and Level 2 LRN-C laboratory equipment replenishment requirements

### Domain 6 PHEP Recommendations

- Enhance public health informatics (surveillance and investigation)
- Participate in National Syndromic Surveillance Program (NSSP)
- Participate in National Notifiable Diseases Surveillance System (NNDSS) modernization
- Implement electronic death registration systems (EDRS)
- Implement electronic lab reporting (ELR) consistent with national standards
- Implement electronic case reporting (eCR) consistent with national standards
- Disaster epidemiology training
- Collaborations with poison control centers
- Response planning for CBRNE threats