ASPR Health Care Readiness Cooperative Agreements All-Recipient Webinar Transcript
November 9, 2022
Call Transcript

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Jennifer Hannah: Thank you for joining us today. I am Jennifer Hannah, Director of ASPR's National Health Care Preparedness Programs, or NHPP Branch. Before I hand it over to our first presenter, I would like to provide a brief overview of what we will cover today. First, I will provide a few updates on the ASPR Health Care Readiness Program. Next, NETEC, the National Emerging Special Pathogens Training and Education Center will provide an update on the NSPS, National Special Pathogen System, and their readiness for the current Ebola outbreak in Uganda. Afterwards, Dr. Meg. Sullivan and Dr. Michael Anderson will provide an update on the current pediatric surge across the US and open the call for a discussion regarding what you are seeing in your jurisdiction, what actions you or your subrecipients have taken, gaps, challenges, and resource needs. Finally, we will leave some time at the end of the call for general questions from the audience.

As I stated, I'd like to begin today's webinar with two administrative updates. In August of this year, ASPR issued a notice of funding opportunity to strengthen the regional tier of the NSPS and increase the number of RESPTCs, or Regional Emerging Special Pathogen Treatment Centers. Applications came from a diverse audience of health care facilities from across the country and were reviewed by an objective review panel comprised of experts from professional associations, academia, and federal agencies. Informed by that review, ASPR selected three new RESPTCs, which include Washington Hospital Center in Washington, DC, University of North Carolina at Chapel Hill, and Spectral Health System in Grand Rapids, Michigan. We also provided funding to the existing ten RESPTCs.

I would also like to highlight recently published stories from the field in Texas, Rhode Island, and Arkansas. Stories From the Field provide the opportunity to highlight the hard work and accomplishments of our recipients. These stories provide an example of the range of support that ASPR funding offers recipients and subrecipients to boost her health care readiness. To read these stories and others visit aspr.hhs.gov. A member of our team will share the link in the chat. I will now pass it to NETEC to provide an update on the NSPS and their readiness posture for the current Ebola outbreak in Uganda.

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Dr. Vikram Mukherjee: Thank you again for the opportunity to present. My name is Vikram Mukherjee, and I am an intensive care physician from Bellevue Hospital in New York and Co-PI for NETEC. I'm joined here by colleagues, Shelly Schwedhelm, and Dr. Aneesh Mehta. Over the next few minutes, we'd like to give a broad overview of the work that NETEC is doing in the world of special pathogens and the resources that we can offer in terms of preparedness for outbreaks. The National Emerging Special Pathogens Training and Education Center, NETEC, partners with the 13 Regional Emerging Special Pathogen Treatment Centers, RESPTCs, with a very common goal of working together to increase the capability of public health and health care systems to safely and effectively manage patients who are infected with special pathogens. We have a very clear mission and a vision. The mission is to set the gold standard for special pathogen preparedness and respond across health care systems in the US. With the goals of driving best practices, closing knowledge gaps, and developing innovative resources. Our vision

is to highlight a sustainable infrastructure and a culture of readiness for managing suspected and controlled special pathogen incidents across the US. As you know, living through the two and a half years of the pandemic, the recent monkeypox outbreak, and as we look carefully at the ongoing Sudan Ebola virus, this is a very necessary mission, and vision that NETEC offers for health care systems. We have three or four major tools that we have to offer. The big categories are consultation, assessments, education, and training support for researchers. Recently, we've been growing an arm called the International Arm, where we are building bridges with our colleagues in Europe, Africa, and Southeast Asia, so we can learn from each other's lessons and have a more unified approach to special pathogens and outbreaks. First, we have a large team of subject matter experts that provide consultations and assessments with the goal of assessing and advancing special pathogens readiness with free expert consulting. What we offer is we help health care facilities and EMS agencies prepare for special pathogen events with free, virtual and onset readiness consulting and program assessments. We have two major categories. One is our targeted support service. We offer virtual or on-site readiness, consultations to help health care facilities prepare for special pathogen events. If you are an acquaintance that works in a health care facility and wants us to evaluate your bio preparedness, give us a call and we will engage with you to make sure you get the support and the services you need. Our TSS services, or targeted support services, are delivered by experts who have real world experience in special pathogen events and are built from a big bench of hospitals, EMS agencies, long-term care centers, researchers, and government agencies. Across the years, many of us have been working in this field for decades and can bring the expertise and experience to your facility. The other big category that we offer is our online self-assessment tools where health care facilities and EMS services evaluate their operational readiness to respond to special pathogen events. These self-assessments enable you to recognize strengths and identify opportunities for improvement. The different forms of self-assessments depend on which category of readiness you want your institution to perform at. The 13 RESPTCs have an operational readiness scorecard. This has been developed in close collaboration with the RESPTCs and it's essentially a decision-making tool to assess, on a monthly basis, how ready our RESPTC is to activate. It's looking at staff, space, and so on to be able to decide the score. It is administered on a monthly basis, verified on a weekly basis, and it's sometimes used to inform our federal partners on operational challenges identified across the network. The second big category is for the state designated Special Pathogen Treatment Centers. For this, we have developed a survey tool, which is currently in a phase of deployment, which will help in identifying gaps through targeted support services and follow up consultations, we have a team to help. The third big category is SPORA, or Special Pathogens Operational Readiness of Assessment. Essentially, once a year across the 13 RESPTCs can self-identify any vulnerabilities and usually follow up with the NETEC onsite assessment to look at preparedness in a very nonpunitive way and learn from best practices. Other RESPTCs have developed this in their own regions and are going along the same trend. Another resource assessment is the frontline checklist for a health care facility or special pathogen checklist, which goes back to the basics. If you're in a frontline hospital, it’s assessing if you are prepared to easily identify, isolate, and inform a patient who might come in with the highest exposure and concerning symptoms. Again, this is much shorter, but very usable within a few minutes of getting acquainted to it. And this checklist guides a review of their immediate care capabilities or the bare minimum that, if a person comes in as a high-risk exposure with concerning symptoms, timely isolate them and identify those patients. All these resources are available on the NETEC website. Over the last year, we’ve had more than 400 answered requests for technical

assistance. We have assessed 42 health care facilities for readiness and have a large bench of at least 70 experts in special pathogens who can provide support virtual or on site with customized answers to the questions that each facility might have. The second big category of resources that NETEC offers is education and training. This is inherent to our existence, and the goal, again, is to prepare health care workers for special pathogen events, so they can take care of patients. And we do this through specialized education for training and through online resources. We offer courses and training for nurses, physicians, EMS colleagues, and other healthcare professionals including the lab, where our resources equip facilities and individuals with preparedness best practices. On the slide, there is a picture of one of our core subject matter experts providing an in-person education before pandemic times. Over the last two years, we have complemented our in-person education with the flexible online module. We've delivered education through webinars, podcasts, and online courses. These are free and self-paced for SMEs along with this almost all our resources are recorded, so you can look at them offline and on the NETEC website. We have a resource library that can provide education towards customizable exercises based on the model, resources, tools, and so on. Lastly, we've had 750 online course enrollments, 1,000 library downloads, and close to 500 webinar participants. In fact, on a recent town hall addressing challenges and improving guidance on the Sudan Ebola virus, we had more than 3,000 registrants and close to 200 to give an idea of how far-reaching NETEC is in education and training. The last big arm that is the special pathogen's research network. The goal is creating a very rapid inform-based infrastructure to improve readiness for conducting clinical research related to special pathogens in the US. The Special Pathogens Research Network, or SPRN, provides researchers with training, tools, and resources to understand clinical syndromes and study effective treatments and clinical management strategies. This can be very imperative when you have a novel pathogen in terms of the need for vaccines, countermeasures, and enhancing a healthcare facility readiness for carrying out clinical trials. So, the four big categories here are a central, based out of Nebraska, which ensures that clinical trials across all the RESPTCs are reviewed and implemented, so they can be deployed quickly during a special pathogen event. This came to light in the early days of the pandemic with the first FDA approved countermeasure for SARS COVID. The onset of activation was one and a half days between when the study was introduced and when it went live at these centers. The second big support for researchers is training. NETEC helps train partner institutions to double up capacity and turn on protocols. The third big category is biorepository access. The biorepository provides a comprehensive library of biospecimen with this clinical metadata. Lastly, we compile and disseminate cutting research out of the SPRN in combating emerging pathogens. We've had multiple publications come out, which not only reviews emerging pathogens, but also helps inform preparedness, staffing solutions, and so on in the world of special pathogens. We have more than 200 specimens available in the biorepository for researchers to access. We've had multiple new training resources to increase capacity to turn on protocols. Lastly, over the last month and a half we've had a very active role in the Sudan Ebola virus disease response, which SPRN is actively supporting all ten to thirteen RESPTCs and the NIH to onboard local testing capacity teams. We are also working hard on the countermeasure to make sure if a patient does come to the US, we are able to provide countermeasures in a timely and appropriate manner. Lastly, clinical research response. We will work with subject matter experts to provide input on clinical cases, definitions on guidance, and working very closely with the CDC and ASPR colleagues to do this in a timely manner. I'm going to give it to Shelley, one of our core leaders for NETEC to go over the NSPS.

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Shelly Schwedhelm: Great. Thank you. I'm going to share a bit of information that is still a work in progress on our National Special Pathogen System of Care. When we think about systems of care, nationally, you might think of trauma or strokes, and this is an effort to create a similar strategy across the nation for special pathogens. Our mission is to provide a coordinated and standardized healthcare network of high quality, patient, and community-centered care for patients with suspected or infected with special pathogens in the US while protecting our health care workforce. I think COVID-19 taught us a lot and we certainly understand the next special pathogen is not far behind. The Ebola work is under way, so we need to be prepared for that as well. When we think about a vision for a National Special Pathogen System of Care our aspirational goal is to save lives through a sustained and standardized system that enables our health care personnel and administrators to provide high quality care. As we were putting together the system of care, we thought about what success would like or what would be the outcomes we are striving for, which is zero preventable deaths after a special pathogen infection. We know very well that we've become good at providing the highest level and quality of care that's needed to save lives. When it comes to special pathogen care, it is two hours to mobilize a network after a suspected patient may show up and 100 percent of the US having access to care. We certainly know that equity was a major challenge for both the recent COVID-19 outbreak as well as the monkeypox as well. Our goal is to work hard to mitigate some of those access to care and equity issues. I want to spend just a couple of minutes talking about the why. So, this has been needed for a long time, and we certainly had part of a structure back in 2015 after caring for patients with the Ebola virus. We came up with about four major key points that we wanted to share. The first is reducing the cost of future outbreaks. So, when we think about this the whole goal is to reduce harm, but in disaster preparedness it's one of those things you either have it or you don't when the time comes. Obviously, it's doing what we can do to mitigate and prepare for future outbreaks. Secondly, capitalizing on renewed global interest in preparedness. There's a lot of leaders across various industries working and should be collaborating to reduce disruption in the economy. Unfortunately, our memory has been short to this over time, so the goal of the NSPS is to create a self-sustaining system of care. Thirdly, is applying lessons learned from COVID-19. As I mentioned before, the disproportionate equity impacts of COVID-19, but we also know there are issues with supply, chain coordination, communication, load balancing, and key features in regard to preparedness and success or getting people to the right care at the right time. Finally, enhancing the overall preparedness ecosystem. There are lots of opportunities to have synergistic relationships with many of the national efforts in other programs, whether those are CDC programs, ASPR programs, RDHRS disaster grant comes to mind and making sure that we're doing what we can to optimize and amplify each other's work. I want to talk briefly about where we've been and where we're headed. Back in December 2020, there was some funding provided to NETEC. We started with an opportunity to work with different stakeholders, did some significant interviews, research and needs assessment. It helps members of workshops to better understand what the system of care could look like. And then we went about trying to design it. We established some working groups and held sessions with experts to provide input about how a structure like this might be organized. We launched some of the strategy to start working on the different components. So, on this slide there is a picture of a core advisory group that will oversee this structure. On the left you see a coordinating body for the National Special Pathogen System of Care, so that's what I call the engine, the operations, or all the work that NETEC is doing certainly fits into that

from a standpoint of education, training, research, infrastructure, and technical assistance. Then we also need to work on public-private partnerships and some funding opportunities to create this national infrastructure. You'll see there is the delivery network with the tiered system and this prompt a reminder from back when 2015 as we had assessed hospitals, frontline hospitals, and then state designated treatment centers as well as RESPTCs. Tier A are those 13, Tier B through D will also be built out, so we could have a robust diagnostic support for special pathogen patients. We wanted to begin to focus in on a couple of major priorities, so we did a lot of work to get stakeholders to better understand the needs of the country and to talk to different leaders in industry and public-private partnerships. We're starting to begin to try and lay out the priorities and next steps. So, we believe we need to build out a foundation to take advantage of some additional funding outside of our federal support, which is key to the success of this tiered structure. We'll need to get a board of directors put in place and we're going to start working on the care delivery network. A lot of that is started, at least in the Tier A facilities, but there's a lot of work to be done as we build out Tier B through Tier D, which would be the frontline hospitals. With that I'll go ahead and turn it over to you Megan.

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Megan Wassef: Thank you both for presenting today. I will now go to the Q and A portion of this presentation. If you have any questions, feel free to come off mute and ask your question or put those in the chat. It looks like we have a question that just came in asking about the public-private partnerships.

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Shelly Schwedhelm: Our intent is to see if there are industry leaders and potential philanthropies who may support the tiered structure and the National Special Pathogen System of Care, so while not having complete dependency on the federal government to build this out, but also making way and putting the infrastructure in place to support this moving forward and provide the resources that are needed to make it a robust system

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Megan Wassef: There is a follow up question about the state government, in particular.

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Shelly Schwedhelm: I think both federal and state would be key players with any initiative like this, but our goal was to try to diversify when it came to funding to seek additional resources to build out the structure.

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Jennifer Hannah: Let's go back to that previous slide. I think it's important for folks to see the vast variety, depth of the resources, and the information that NETEC has available. I know folks might be copying this information down as well about the offer for assessments and technical assistance. We know it is a busy tie with the ongoing COVID-19, pediatric surge, Ebola planning, but we want to make sure you can reach out to NETEC for assistance.

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Shelly Schwedhelm: Thanks, Jennifer. NETEC.org is the best place to access our resources and contact us. We also have exhibits on the website for Ebola, for instance. It's also got the frontline checklist, quick downloads for some laboratory resources, lots of different things.

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Megan Wassef: Great, I think we're going to go ahead and move to the next presentation. We will share these slides in the follow up email for those of you who didn't copy that information. Jennifer, I'll turn it over to you to introduce our next presenters.

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Jennifer Hannah: I'm excited to introduce our next presenters, Dr. Meg Sullivan who serves as the Chief Medical Officer at ASPR and Dr. Michael Anderson, who serves as a senior adviser at ASPR. Dr. Sullivan and Dr. Anderson will be providing an update on the current pediatric surge situation around the US.

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Dr. Meg Sullivan: Great. Thank you so much. Jennifer. I am also excited to be here today, and I know I can speak for Dr. Anderson as well. We wanted to spend a few minutes briefly providing an update on ASPR's activities and assets related to this issue, and then, more importantly, hear from you about what you're seeing on the ground, strategies that are working, opportunities for additional collaboration, etc. And just as I know all of you are, we are working with our state and local partners on managing the surge of respiratory illnesses in an attempt to help mitigate the hospital capacity issues as well as capacity issues across our entire health care system that we know is building into urgent care, primary care, and throughout the entire system, which we are monitoring capacity across the country. We are sharing best practices to reduce the strain on systems and standing by to deploy additional personnel and supplies as needed, so I'll talk about each of those terms of hospital capacity. As soon as we started, seeing the increase of respiratory illnesses in several regions of the country, we immediately reached out to our partners on the ground to better understand what they were seeing. Through this outreach, and in collaboration with our CDC partners, we are tracking trends in the number of cases of respiratory viruses, number of emergency department visits, the number of inpatient admissions to allow us to better anticipate surge peaks and valleys in hospital bed capacity. We know first that the data received is incomplete and we are working to try and get it in different ways, whether it is again in coordination with our CDC partners or through HHS Protect, but also through on the ground assessments from our ASPR regional emergency staff. We really appreciate the collaboration from our partners on the ground to identify hotspots and focus our resources there. We also are working closely with the FDA to monitor the supply chain for any potential shortages. We know there already are some true shortages or resource constraints and are in partnership with the FDA to minimize the impact on the ground. All of this work helps us identify and work closely with those health systems that are, or will experience, stress and strain as a result of RSV, flu and COVID-19 in the context of the other burdens that we know exist right now. We've also begun convening town halls across our ten regions, bringing together pediatric experts, children and hospital leaders, local state emergency managers, public health leaders, as well as other key local state and federal partners to hear directly from our partners on the ground and share best practices. Over the last couple of weeks, we have held town halls for Regions 1, 3, 10, and 9, and have upcoming town halls throughout the next few weeks to capture all of the regions. During these town halls and in other venues, we are

sharing technical expertise, resources, and clinical tools for many ASPR funded preparedness programs, including some that we have on the call today, including the Pediatric Disaster Care Centers of Excellence, the Regional Disaster Health Response Systems, the ASPR TRACIE information portal and the Hospital Preparedness Program. We are looking forward to hearing from many of you today about some of the work that you are doing. Finally, from response at ASPR, we also have additional tools such as personnel and supplies ready for deployment should they be needed. We know this next level of surge response assistance may be available in some circumstances when the demand on a jurisdiction exceeds its capabilities and available resources. In addition to personnel, we also manage supplies that may be used as part of a response to a strategic national stockpile, which includes medical supplies, such as PPE for health care workers, ventilators, and some COVID-19, flu, and RSV tests that continue to be available upon state request. Finally, in closing before we open it up for discussion, I want to say with the increased RSV infections, a rising number of flu cases, the ongoing burden of COVID-19 in our communities in the face of an ongoing youth mental health crisis, ongoing staffing shortages throughout our entire health care system, it is an incredibly challenging time. There is no doubt we will face additional challenges this winter. As all our federal partners are working closely with states to ensure they have the resources to keep our communities and country safe throughout the winter, I want to highlight the work of states and health care providers across the country who are using innovative strategies to support their health systems over the last few weeks. What we have heard around this innovation and collaboration has truly been heart-warming, even if ongoing challenges exist. That was a brief overview of some of the work we are doing, and this remains a top priority. We will continue to engage in whatever way possible but would love to take time to hear about the work you are doing, any specifics about what you're seeing on the ground, or any opportunities for collaboration and support.

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Jennifer Hannah: While folks are gathering comments, we received a few questions. Can you be more specific on what supply shortages you are aware of?

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Dr. Meg Sullivan: This is in close collaboration with the FDA, so there have been two shortages that the FDA specifically referenced on their website. The first is a specific formulation of output to the solution used for nebulizers, which is the twenty mL vials as opposed to the smaller vials. We're working closely to increase production, but the other vials and sizes haven't seen a true impact yet. The other is amoxicillin oral suspension. Again, some shortages with that specific formulation, which we are working to mitigate. We are working across industry and manufacturers to mitigate supply constraints. But this, as I mentioned, is our engagement with local on the ground partners, our supply chain control tower, and the FDA to see what we can do to minimize impact.

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Jennifer Hannah: Great. Thank you. We got a couple of questions regarding personnel and staff resources. The first question is asking if you can identify what type of personnel. And I think it’s in reference to the personnel being considered for support.

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Dr. Meg Sullivan: We know there are so many challenges across the health care system with staffing. I think one of the first things we are doing is that middle category that I talked about, which is trying to work with our regions to create that regional cooperation through the Medical Operation Coordination Cells and bed sharing load balancing to mitigate the real impacts that we're seeing. For additional tools when those are requested, we have our NDMS teams or other staffing surge tools through contracting support that we could use to decompress hospitals. This is based on collaboration with the state request, in which case, we have a defined process by which we adjudicate and provide it when available. We've had discussion with on the ground health care providers to understand if they have resource needs and encourage them to work directly with their states, who work with our regional emergency coordinators, who can help manage those conversations and provide more details.

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Jennifer Hannah: And there are specific triggers for states to request assistance that you've already stated previously and to work closely with their regional emergency coordinators.

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Dr. Meg Sullivan: I think that's the best. You work through these processes under different systems and have a defined process to use, but I would encourage states to work with their regional emergency coordinators.

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Jennifer Hannah: Another question, is additional resources for states. I know one resource is the ASPR TRACIE page that was highlighted on the ASPR Health Care Readiness Bulletin this week, are there additional resources you'd like to highlight?

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Dr. Michael Anderson: I think ASPR TRACIE is a great collection of most of our resources. Meg highlighted the three ASPR and two HRSA funded Disaster Centers for Kids. I'll take the next question that's about innovative strategies that we're getting from the town halls. One of the most interesting ones is trying to figure out where a pediatric intensive care unit bed is for community hospitals. We've seen resources in a couple of different regions, even some arrow medical flight systems that are doing this. It's heartbreaking to hear about a community hospital that either a doctor, nurse, or a ward clerk spends six hours trying to find a bed, so this way to bring data and known beds together is terrific.

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Jennifer Hannah: As you can see, there are tactical questions here as well, talking about other options for locating cribs and pumps. John Lewis noted there's a shortage and Diane Anderson highlighted they're beginning to see a shortage of cribs and warmers.

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Dr. Meg Sullivan: The supply chain is high on our priorities and something we continue to monitor. I would suggest the health care facilities seeing those shortages work through their regional and state staff and there's different options to provide support depending on the specific need.

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Jennifer Hannah: Great. Thank you. I know that Dr. Sullivan and Dr. Anderson would like to hear from folks on the call about what you're seeing and hearing on the ground. We've heard some of this already based on the chat but would also like to know what actions are taken on the ground. For our hospital associations, this is an opportunity for you to share that information. I see a comment from Puerto Rico about an increase of pediatric bed occupancies that still is manageable, which is encouraging to hear. If you want to share, please enter information into the chat or raise your hand. Another comment is Nebraska has started a MEOC for situational awareness with their HCC. Megan, I see Teresa Ehnert has her hand up.

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Teresa Ehnert: Just a quick question about getting ground treatment situational awareness in Arizona. Obviously, they're seeing RSV case counts ten times higher than the average of what we would typically see, like 56 cases last week and we had 581. We're definitely feeling the pressure and stress trying to get situational awareness on pediatric events. The trade supplies we know are in short supply everywhere, but I have a question about the benefit of having the federal government ask for an official RFI from states with regard to pediatric capacity and capability. Load balancing isn't as easy if the beds aren't as plentiful as they were for adults and there doesn't seem to be as much importance in providing the data. When the federal government asks the state and the state asks the stakeholders there is a high level of response, if you will. I wanted to ask about the benefit if ASPR were to do an official RFI to the states with regard to pediatric capacity and capability.

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Dr. Meg Sullivan: As I mentioned early in the remarks, data is so important, and having accurate data can influence where efforts should be directed the most. We're working closely with CDC and our on the ground partners to get as much information as possible, but I also know that we are mindful of what is possible and not burdening an already overstressed system. It comes down to trying to balance both of those. I do think it's a helpful question and one that is definitely worth taking back and talking through.

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Jennifer Hannah: It looks like we've got folks entering activities here. Georgia is hosting a state-wide call tomorrow with hospital CMOs and officials with the State Department of Public Health Emergency Preparedness Division, so they'll know more about their status after the call. Colorado has activated the combined hospital transfer center to assist with pediatric capacity issues. Lao Moore presented on how the combined hospital transfer center previously was helpful during COVID-19, so happy to see it being employed. Michigan has a pediatric dashboard on the Juvare platform to provide situational awareness related to bed availability. Georgia has high rates of pediatric bed occupancy, critical care bed shortages, and high volumes in emergency departments, and RSV has been replaced by influenza. Minnesota has started daily pediatric coordination calls and the children's hospital is doing a good job of setting up a fast-track, ready track to help steer kids from the emergency department. This weekend they steered 184 children from the emergency department and noted they need help with staffing. Idaho started weekly pediatric mock calls and mentioned staffing as an issue. They

asked if there is conversation around a national state of emergency to provide some leeway under an 1135 waiver?

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Dr. Meg Sullivan: I think we all know this is first a health care workforce challenge in general. There are so many challenges and then with the increased strain through RSV, COVID-19, the flu amongst everything else that is happening. I can say this continues to be a top priority, not just for ASPR, but across the entire government. There are a lot of conversations that are happening, and I can't speak specifically to this one, but I do know this continues to be a priority.

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Jennifer Hannah: We're still seeing information come in. New Jersey has daily calls and data collection with the coalitions for daily reports to the Department of Health and back to the coalitions, identifying challenges and possible opportunities to support each other. They have clinical leaders providing their expertise across all entities, public health, EMS, OEM that are engaged in receiving the same information and supporting difficult pediatric transfers. They also have meetings with clinical leadership and CEOs regularly including the Department of Health and coalition members. Washington State says they activated the Health Care Multi-agency Coordination group for the pediatric surge. The Washington Medical Coordination Center is pivoting for pediatric patient transfers across the state. Missouri has implemented pediatric bed queries through EMResource, hold weekly coordination meetings at both the state and regional level, and hold training for community hospitals through EMSC to encourage treatment at non-pediatric hospitals. New Mexico has noted that they have a pediatric bed polling on EMResource twice daily and have a statewide coalition call tomorrow with the Assistant Medical Chief of Staff at UNM Pediatrics. So, lots of good information about what's going on the ground. I want to thank our HPP recipients for encouraging your coalitions for completing the short questionnaire that ASPR sent out. We'll pull that information and share the survey results. We received another comment from Colorado that emphasized the importance of the Regional Disaster. Health Response Systems engagement for multi-state coordination. Illinois also continues to closely monitor pediatric intensive care units and pediatric bed availability and will be stratifying the daily emergency department questions by age. So, we'll make sure to capture all of the information in the chat.

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Dr. Meg Sullivan: I was about to say this is heartening to see. One of the things we've been saying is there are real challenges happening right now, high rates of RSV, particularly in October, coupled with rising cases of flu and the ongoing burden of COVID-19, right in the midst of an already strained system. Immediately, it's seeing what things can be done and we're seeing list after list of these. This is wonderful to see, as part of the ASPR funded programs, this work being done on the ground. It's heartening and something we want to capture. We also know that a lot of these are long term challenges that we need to address in a long-term way, which I think is part of ASPR's mission with our health care readiness portfolio, and the funding in partnership with you. We're trying to think through what those things like what we've heard today, regional bed coordination and improved data, are and how to make an impact knowing, for example, RSV season is annual, but still making sure we don't see what we are seeing today again.

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Dr. Michael Anderson: The only thing I'll add in is I believe we have a slide on the town halls we already done and those coming up. We'll be doing all regions and assessing if we're going to do round two or what's next. I appreciate everybody that's been on these calls.

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Jennifer Hannah: I know folks are entering information and we'll share that information with you because they have a pulse on the surge. So, transitioning to general Q and A, there are a couple of questions. The first is asking if we should expect the questionnaire. I think it's referring to the coalition questionnaire being a readily occurring request. Right now, it's a one-time request and we'll determine if we're going to gather the information again. I appreciate everyone having their coalitions respond. Please, continue to encourage your coalitions to share that information because it is an important input to ASPR and will help with decision-making. Another question here is asking if the town hall invitations have already been sent out.

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Dr. Meg Sullivan: The town hall invitation for Region 6, which is tomorrow, has been sent out to anybody who would like to receive it. I'm happy to put my email in the chat or Jennifer can. We'll make sure to get an invite out. Usually, invites go out two or three days before the actual date.

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Jennifer Hannah: You can certainly send requests directly to me Jennifer.Hannah@HHS.GOV or to HPP@HHS.GOV and we'll make sure that information gets directed to the appropriate people. Megan, let's show the slide with the town hall dates again. We have Region 5 and Region 7, which will be a joint pediatric town hall scheduled for November 15th. I know there was a question at the top of the meeting about the expectation of the state to work with the RESPTCs since they are now getting the funding directly and states aren't getting any for this for work. I think there was a subsequent comment also that states are no longer receiving funding for this project, which I think that was referencing some of the NETEC information. The Ebola funding did expire at the end of FY2019, which was September 30th, 2020. It's certainly been challenging to maintain capability and capacity in the absence of funding keeping in mind that we did provide some additional funding for COVID, but that was for COVID. When we're talking about that capability and capacity for Ebola in some instances some of the states and jurisdictions have been able to maintain that capability and capacity with assessments, hospitals, and so on. What we've asked and directed our RESPTCs to do, which was what was included within their notice of funding opportunity, was to make sure they had the states at the table. What we understand is right now with Ebola planning or any other types of infectious disease planning or response is that the response is not going to happen in a vacuum. There's certainly a public health function and there's also a health care function. Certainly, it's about making sure that we are saving lives and improving patient outcomes. I would ask states continue to be at the table when the RESTPCs reach out. We know a lot of work started with the original Ebola funding and that in many cases there are those operations plans in place. The good news is that no one is starting from starting from scratch, but we encourage you to continue to work with those with RESPTCs. There are a couple of questions at the bottom. On the September 14th recipient call, it was noted a final version of the BP4 HPP requirements with updated due dates would be released in the coming weeks. Is there an update on when it will be

released? We are finalizing the review and I know it’s taken us quite a while to get that done, but we will finish those requirements and get those released and posted online. The final question is about who is recommended to be invited to the pediatric town hall. It’s really open to hospitals, health care facilities, your clinicians or anyone that wants to participate on those calls. We think this pediatric surge is certainly a shared event. Once you receive that invite, please share it widely. I know we're at the top of the hour. We have a question about if there are any updates or additional information for future funding for state assessment and treatment hospitals. Unfortunately, there is no additional funding at this time for those assessment hospitals or special pathogen treatment centers. We're certainly trying to explore options in the absence of emergency supplemental funding. I think it’s probably a little ways off for us to figure out a best path forward, but we do understand there is a critical need for funding to maintain and restore that capability and capacity built in 2015. I appreciate that question and that's certainly at the forefront of our minds. As I said, I know we're a little over time here, so I'm going to go ahead and close out. I want to thank all of our presenters for their time today and thank all of you for your active participation in today's meaning. Anything entered into the chat will certainly be shared with our ASPR leaders on this call. As a reminder, we invite you to share any stories regarding how you, your member hospitals, and other subrecipients are using ASPR funding to make a positive impact on your communities. If you have a story to share, please fill out our form or reach out to your field project officer for more information. A member of our team will drop the link in the chat, and we look forward to hearing about the great work you are doing. With that we're going to end today's call. We know went overtime, so thank you for hanging in there with us. Have a great afternoon.