



Office of the Assistant Secretary for
Preparedness & Response

National Biodefense Science Board
Washington, D.C. 20201

April 2, 2013

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Sebelius:

In a letter dated June 7, 2012, Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response (ASPR), tasked the National Biodefense Science Board (NBSB) with review and evaluation of a draft U.S. Department of Health and Human Services (HHS) Public Health and Healthcare Situational Awareness (SA) Strategy and Implementation Plan (SIP) during its development phase. As part of their task, the NBSB was asked to offer guidance and recommendations on the measurable steps to take to enhance the nation's current public health and healthcare situational awareness capabilities. In response, the NBSB has developed a brief report including a succinct list of overarching concepts with high-level recommendations for HHS guidance during the development phase of the draft SA SIP.

The NBSB was also asked to assess current biosurveillance activities, identify efficiencies, and make recommendations in coordination with applicable existing Centers for Disease Control and Prevention (CDC) advisory committees. The NBSB looks forward to coordinating with the new CDC advisory committee on biosurveillance when it is formally stood up to fully and appropriately respond to this portion of their task.

In their report, the NBSB identified six overarching concepts that require particular emphasis and inclusion in the developed SA SIP:

1. Assurance of a common and unified strategy among all stakeholders involved in public health and healthcare situational awareness efforts, with the scopes of both public health and healthcare situational awareness to be explicitly defined.
2. Identification of the specific questions to be answered in support of both public health and healthcare situational awareness.
3. Recognition that the system for data coordination must integrate the expertise and experience from across all levels and sectors.
4. Bidirectional communication of government agencies with all stakeholders, public and private.
5. Caution in developing common technological systems for situational awareness and biosurveillance such that the valuable complexities of some existing systems are not reduced or lost.
6. Establishment of functional standards for data reporting to promote a common understanding of the target systems and capabilities.

The NBSB also strongly emphasized the need to designate an oversight authority to assure compatibility, consistency, continuity, coordination, and integration of all the disparate systems and data requirements. Therefore, the NBSB recommends that the Secretary of HHS designate a central situational awareness authority for coordinating all public health and healthcare situational

awareness data that have already been collected, processed, and analyzed from respective agencies on a national level.

The designated authority will play an essential and central coordinating role for the successful execution of the following specific recommendations:

1. Consulting with existing internal and external expert resources;
2. Continuing current system interoperability and integration efforts;
3. Determining and clarifying what and how data regarding zoonotic, agricultural, and other potentially public health impacting events should be communicated and integrated into the situational awareness system;
4. Remembering and evaluating the lessons from previous events and emergencies to inform priorities and decision-making;
5. Ensuring and/or facilitating adequate funding, resources, and staffing for systems sustainability; and
6. Integrating public health as the Emergency Support Function (ESF)#8 into the intelligence community for data sharing and monitoring.

The NBSB hopes that you find the NBSB's evaluation of our nation's public health and healthcare situational awareness helpful, and encourages the Department to take the recommendations into thoughtful consideration during their development of the SA SIP.

Sincerely,

/s/ John S. Parker, MD

John S. Parker, MD, Major General (Retired)
Chair, National Biodefense Science Board

Enclosures

An Evaluation of Our Nation's Public Health and Healthcare Situational Awareness: A Brief Report from the National Biodefense Science Board.

cc: Nicole Lurie, MD, MSPH, Assistant Secretary for Preparedness and Response

An Evaluation of Our Nation's Public Health and Healthcare Situational Awareness: A Brief Report from the National Biodefense Science Board

April 2, 2013

In a letter dated June 7, 2012, Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response (ASPR), tasked the National Biodefense Science Board (NBSB)¹ with review and evaluation of a draft U.S. Department of Health and Human Services (HHS) Public Health and Healthcare Situational Awareness (SA) Strategy and Implementation Plan (SIP) during its development phase. As part of their task, the NBSB was asked to offer guidance and recommendations on the measurable steps to take to enhance the nation's current public health and healthcare situational awareness capabilities.² The NBSB was also asked to assess current biosurveillance activities, identify efficiencies, and make recommendations in coordination with applicable existing Centers for Disease Control and Prevention (CDC) advisory committees. At their June 26, 2012, public meeting in Washington, DC, the NBSB formally accepted this task from the ASPR.³

The NBSB formed the Situational Awareness (SA) Strategy and Implementation Plan (SIP) Working Group (WG) to obtain a range of stakeholder views on this topic. The SA SIP WG comprises NBSB voting members, NBSB ex officios, invited federal experts, and invited representatives from multiple areas including: state and local government, industry, public health, epidemiology, preparedness, emergency management, information exchange, veterinary medicine, and agriculture.⁴ This WG focused on responding to the situational awareness portion of the task. The NBSB looks forward to coordinating with the new CDC advisory committee on biosurveillance when it is formally stood up to fully and appropriately respond to the second portion of their task.

The WG held a series of teleconferences and webinars to gather further data, deliberate, and comment on a draft public health and healthcare situational awareness framework, presented by HHS. This draft, evaluated by the SA SIP WG, includes a consolidation of key topics and substantive elements of existing situational awareness and biosurveillance documents to be used as a starting point towards the development of the draft SA SIP.⁵ Using the draft framework, the WG felt it was critical to develop a brief and succinct list of overarching concepts with high-level recommendations to provide guidance during the development phase

¹ See Appendix A for NBSB Charter and Roster.

² See Appendix B for task letter from the ASPR to the NBSB.

³ Please visit the NBSB June 2012 meeting page, available at <http://phe.gov/Preparedness/legal/boards/nbsb/meetings/Pages/120625meeting.aspx>. To view the June 26, 2012 NBSB Public Meeting Webcast, please visit <http://services.choruscall.com/links/aspr120626.html>.

⁴ See Appendix C for the NBSB SA SIP WG Roster.

⁵ See Appendix D for the list of Federal planning documents that are relevant to public health and healthcare situational awareness.

of the draft SA SIP, and in anticipation of the reauthorization of the 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA).⁶

The NBSB held a public meeting on April 2, 2013, in Atlanta, GA, to consider, deliberate, and vote on the recommendations presented by the SA SIP WG. Following discussion by the members and the public, the NBSB voted on, and unanimously approved the transmittal of the recommendations in this report to the Secretary of HHS and ASPR for consideration.

In an effort to enhance current public health and healthcare situational awareness capabilities, the NBSB offers the following overarching concepts and key recommendations to help guide HHS in the development of the draft HHS SA SIP:

The following overarching concepts require particular emphasis and inclusion in the developed SA SIP:

1. Assurance of a common and unified strategy among all stakeholders involved in public health and healthcare situational awareness efforts, with the scopes of both public health and healthcare situational awareness to be explicitly defined.
 - a. The NBSB proposes that the scope of public health situational awareness encompasses: surveillance for existing and emerging public health threats (biological, chemical, radiological) domestically and abroad, whether through monitoring for changes in trends of current disease or signals of new diseases, and whether originating in human health or elsewhere (e.g., animal health); and real-time awareness of the capacity to provide routine as well as emergency public health interventions.
 - b. The NBSB proposes that the scope of healthcare situational awareness comprises: real-time awareness of the capacity to provide routine as well as emergency healthcare, whether in regular practice or during a crisis.
2. Identification of the specific questions to be answered in support of both public health and healthcare situational awareness. These questions will determine what data types (e.g., electronic, digital, and mobile) and sources (e.g., human, animal, environmental) are required, and how broad or narrow the focus should be, both in terms of level of data as well as timeline (i.e., pre-, during, and/or post event).
3. Recognition that the system for data coordination must integrate the expertise and experience from all levels and sectors of subject matter individuals and agencies that review and analyze the raw data, i.e., processed data, rather than just collect the raw data from those agencies.

⁶ President Obama signed the 2013 PAHPRA into legislation on March 13, 2013. Please visit: <http://www.whitehouse.gov/briefing-room/signed-legislation>

4. Bidirectional communication of government agencies with all stakeholders, public and private.
5. Caution in developing common technological systems for situational awareness and biosurveillance such that the valuable complexities of some existing systems are not reduced or lost, nor should the complexities of a new system exceed or burden the capability of others.
6. Establishment of functional standards for data reporting to promote a common understanding of the target systems and capabilities.

Key Recommendation:

The NBSB strongly emphasizes the need to designate an oversight authority to assure compatibility, consistency, continuity, coordination, and integration of all the disparate systems and data requirements. Therefore, the NBSB recommends that the Secretary of HHS designate a central situational awareness authority for coordinating all public health and healthcare situational awareness data that have already been collected, processed, and analyzed from respective agencies on a national level; the authority will also have the responsibility to recommend corrective actions to improve situational awareness, including, the standardization of common operating procedures.

A central situational awareness coordination authority will require close collaboration with multiple federal partners to ensure appropriate synthesis of recommendations and decisions regarding potential threats, and the identification of “signals” above the background “noise,” so arising incidents are recognized quickly and accurately. Establishing a central portfolio management group, under the authority, would also help coordinate between all biosurveillance activities conducted by various agencies to oversee alignment, identify any overlap of situational awareness activities and objectives, and make necessary recommendations.⁷

The designated authority will play an essential and central role for the successful execution of the following specific recommendations:

1. **Consulting with existing internal and external expert resources, by:**
 - a. Reaching out to multiple sources, including states, private industry, and international models, especially to evaluate and potentially adopt and/or adapt existing innovative conceptual and technological approaches that may offer greater operational efficiency; and

⁷ The coordination by the portfolio management group refers to an effort to inform agencies of overlapping projects, not to regulate project review and funding.

- b. Identifying the roles and relationships of jurisdictional authorities and levels (i.e., state, local, territorial, and tribal) and how those systems are linked or may link and evolve to form a cohesive network, providing a nationally meaningful perspective.
2. **Continuing current system interoperability and integration efforts, by:**
- a. Implementing and leveraging standardization of data elements to promote interoperability;
 - b. Promoting systematic planning at all levels and among all areas, public and private, to facilitate uniform data collection and utilization;
 - c. Recognizing state and local systems and their interoperability horizontally and vertically on a national level, especially with regard to system compatibility and information sharing;
 - d. Supporting ongoing preparedness capabilities for emergency response and operations at all levels and in public health and healthcare;
 - e. Working with the Office of the National Coordinator for Health Information Technology (ONC) to actively endorse and facilitate the concept of a nationwide capability for public health and healthcare data exchange as described via electronic real-time health records, scrubbed of patient identifiers but linkable such that systems are interoperable and can be utilized not only to provide potential early aberrant signals but to inform healthcare status and capacity; and
 - f. Building a system that integrates knowledgeable and skilled people interpreting the data and technology to provide validation and, as accurate as possible, early signals.
3. **Determining and clarifying what and how data regarding zoonotic, agricultural, and other potentially public health impacting events should be communicated and integrated into the situational awareness system, by:**
- a. Determining the scope of zoonoses as it relates to human health versus animal health surveillance; and
 - b. Identifying which agencies/organizations will communicate to the oversight authority.
4. **Remembering and evaluating the lessons from previous events and emergencies to inform priorities and decision-making, by:**
- a. Recognizing the dynamic nature of situational awareness and the need to constantly assess and evolve the process and contributing systems; and
 - b. Determining the type of high-level priority data essential for decision making for situations that are common among certain types of events (e.g., for flu season or other disease occurring over a period, data regarding vulnerable populations, vaccine—if one available—efficacy, regional/local incidence, morbidity and mortality).

5. **Ensuring and/or facilitating adequate funding, resources, and staffing for systems sustainability, by:**
 - a. Further investing in critical infrastructure: human, equipment, and technology; and
 - b. Facilitating and encouraging the strengthening of infrastructure by addressing processes and issues that could serve as roadblocks.

6. **Integrating public health as the Emergency Support Function (ESF)#8 into the intelligence community for data sharing and monitoring, by:**
 - a. Incorporating public health expertise in Fusion Centers⁸ to promote information sharing and partnership in the interests of both preventing and mitigating public health threats as well as assuring national security; and
 - b. Recognizing the critical role of public health epidemiologists and investigators in: providing public health intelligence to validate events and their course; protecting the public's health without compromising individual confidentiality; providing strategic analysis; and enhancing current practices and systems.

⁸ "A fusion center is a collaborative effort of two or more agencies that provide resources, expertise and information to the center with the goal of maximizing their ability to detect, prevent, investigate, and respond to criminal and terrorist activity." - Baseline Capabilities for State and Major Urban Area Fusion Centers (October 2008)

APPENDIX A

NBSB Charter and Roster



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

CHARTER

NATIONAL BIODEFENSE SCIENCE BOARD

Authority

The National Biodefense Science Board (hereafter referred to as the Board) was established under Section 402 of the Pandemic and All-Hazards Preparedness Act (P.L. 109-417) (codified at Section 319M of Title III of the Public Health Service Act (42 U.S.C. 247d-7f), as amended) and Section 222 of the Public Health Service Act (42 U.S.C. § 217a). The Board is governed by the Federal Advisory Committee Act (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

Objectives and Scope of Activities

The Pandemic and All-Hazards Preparedness Act, signed into law on December 19, 2006, directs the Secretary of the U.S. Department of Health and Human Services (hereafter referred to as the Secretary) to establish the Board to provide expert advice and guidance to the Secretary on scientific, technical and other matters of special interest to the Department of Health and Human Services regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The Board may also provide advice and guidance to the Secretary and/or the Assistant Secretary for Preparedness and Response (hereafter referred to as the ASPR) on other matters related to public health emergency preparedness and response.

Description of Duties

The Board shall advise the Secretary and/or ASPR on current and future trends, challenges, and opportunities presented by advances in biological and life sciences, biotechnology, and genetic engineering with respect to threats posed by naturally occurring infectious diseases and chemical, biological, radiological, and nuclear agents. At the request of the Secretary and/or ASPR, the Board shall review and consider any information and findings received from the working groups established under 42 U.S.C. 247d-7f(b). At the request of the Secretary and/or ASPR, the Board shall provide recommendations and findings for expanded, intensified, and coordinated biodefense research and development activities. Additional advisory duties concerning public health emergency preparedness and response may be assigned at the discretion of the Secretary and/or ASPR.

Agency or Official to Whom the Committee Reports

The Committee provides advice to the Secretary of the Department of Health and Human Services (HHS) and/or the Assistant Secretary for Preparedness and Response.

Support

Coordination, management, and operational services shall be provided by the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Estimated Annual Operating Costs and Staff Years

The total estimated annual cost for operating the Board is \$1,217,476.00. Management of the Board is estimated to require 4 annual person years of support at an annual cost of \$614,034.00. Operating costs, including compensation and travel expenses for Board members, will be approximately \$603,442.00 per year.

Designated Federal Officer

ASPR will select a fulltime or permanent part-time Federal employee to serve as the Designated Federal Officer (DFO) to attend each Committee meeting and ensure that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFO will approve and prepare all meeting agendas, call all of the Committee and subcommittee meetings, adjourn any meeting when the DFO determines adjournment to be in the public interest, and chair meetings when directed to do so by the official to whom the Committee reports. The DFO or his/her designee shall be present at all meetings of the full committee and subcommittees.

Estimated Number and Frequency of Meetings

The Board shall meet at least twice annually and may be convened on an as-needed basis, at the call of the Secretary and/or ASPR or the Designated Federal Official. The Board may hold such hearings, sit and act at such times and places, take such testimony and receive such evidence, convene conferences and workshops, as the Board considers advisable to carry out its duties. Meetings shall be open to the public except as determined otherwise by the Secretary and/or ASPR, in accordance with the Government in the Sunshine Act (5 U.S.C 552b(c)) and the Federal Advisory Committee Act. Notice of all meetings will be given to the public.

Duration

Continuing

Termination

Notwithstanding section 14 of the Federal Advisory Committee Act, the Board shall terminate five years after the date on which it was established. Therefore, the National Biodefense Science Board will terminate five years after the date on which the charter is filed. The 5-year period may be extended by the Secretary and/or ASPR for one or more additional 5-year periods if the Secretary and/or ASPR determines that any such extension is appropriate.

Membership and Designation

The Board shall consist of 13 voting members, including the Chairperson; additionally, there may be non-voting ex officio members. Members and the Chairperson shall be appointed by the Secretary from among the Nation's preeminent scientific, public health and medical experts, as follows: (a) such Federal officials as the Secretary determines are necessary to support the functions of the Board, (b) four individuals from the pharmaceutical, biotechnology and device industries, (c) four academicians, and (d) five other members as determined appropriate by the Secretary and/or ASPR, one of whom must be a practicing health care professional and one of

whom must be from an organization representing health care consumers. Additional members for category (d), above, will be selected from among State and local governments and public health agencies, emergency medical responders and organizations representing other appropriate stakeholders.

A member of the Board described in (b), (c), and (d) in the above paragraph shall serve for a term of 3 years, except that the Secretary and/or ASPR may adjust the terms of the initial Board appointees in order to provide for a staggered term of appointment of all members. Members who are not full-time or permanent part-time Federal employees shall be appointed by the Secretary as Special Government Employees.

A quorum for the Board and each of its working groups shall consist of a majority of the appointed members eligible to vote. Of the voting members, any who are disqualified from participating in an action on a particular issue shall not count toward the quorum.

Subcommittees

Subcommittees composed of members and nonmembers of the parent committee may be established with the approval of the Secretary and/or ASPR or his/her designee. The subcommittees must report back to the parent committee and do not provide advice or work products directly to the agency. The Department Committee Management Officer will be notified upon establishment of each standing subcommittee and will be provided information on its name, membership, function, and estimated frequency of meetings.

Recordkeeping

The records of the Committee, established subcommittees, or other subgroups of the Committee, shall be managed in accordance with General Records Schedule 26, Item 2 or other approved agency records disposition schedule. These records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

Filing Date

July 3, 2012

APPROVED:

JUL - 3 2012

Date

/s/ Kathleen Sebelius

Kathleen Sebelius

**National Biodefense Science Board (NBSB)
Voting and *Ex Officio* Member Roster**

Voting Members

Chair, John S. Parker, M.D., Major General (Retired)
Senior Vice President
Scientific Applications International Corporation
Virginia Beach, VA

Georges C. Benjamin, M.D., FACP, FACEP(E), FNAPA, Hon FRSPH
Executive Director
American Public Health Association
Washington, DC

John S. Bradley, M.D., FAAP, FIDSA
Director
Division of Infectious Diseases
Rady Children's Hospital
San Diego, CA

Nelson J. Chao, M.D., M.B.A.
Chief
Division of Hematological Malignancies and Cellular Therapy
Duke University
Durham, NC

Jane Delgado, Ph.D., M.S.
President and Chief Executive Officer
National Alliance for Hispanic Health
Washington, DC

David J. Ecker, Ph.D.
Divisional Vice President and General Manager
Ibis Biosciences, Inc.
Carlsbad, CA

Emilio A. Emini, Ph.D.
Chief Scientific Officer
Vaccine Research
Pfizer, Inc.
Collegeville, PA

Daniel B. Fagbuyi, M.D., FAAP, Major
Medical Director
Disaster Preparedness and Emergency Management
Children's National Medical Center
Washington, DC

Manohar R. Furtado, Ph.D.
Founder and President
Biology for Global Good LLC
San Ramon, CA

Kevin A. Jarrell, Ph.D.
Chief Executive Officer
Modular Genetics, Inc.
Woburn, MA

Steven E. Krug, M.D.
Director
Division of Emergency Medicine
Ann and Robert H. Lurie Children's Hospital
of Chicago
Chicago, IL

Sarah Y. Park, M.D., FAAP
State Epidemiologist and Chief
Disease Outbreak Control Division
Hawaii Department of Health
Honolulu, HI

Betty J. Pfefferbaum, M.D., J.D.
Chair
Department of Psychiatry and Behavioral Sciences
University of Oklahoma College of Medicine
Oklahoma City, OK

Ex Officio Members

Executive Office of the President

Franca R. Jones, Ph.D.
Assistant Director
Chemical and Biological Countermeasures
Office of Science & Technology Policy
Executive Office of the President
Washington, DC

Intelligence Community

VACANT

National Aeronautics and Space Administration

Richard S. Williams, M.D.
Chief Health and Medical Officer
Office of the Chief Health and Medical Officer
National Aeronautics and Space Administration
Washington, DC

National Science Foundation

Amber L. Story, Ph.D.
Deputy Division Director
Division of Behavioral and Cognitive Sciences
National Science Foundation
Arlington, VA

U.S. Department of Agriculture

Randall L. Levings, D.V.M.
Scientific Advisor
National Center for Animal Health
U.S. Department of Agriculture
Ames, IA

U.S. Department of Commerce

Dianne L. Poster, Ph.D.
Special Assistant
Associate Director for Laboratory Programs
Director's Office
National Institute of Standards and Technology
U.S. Department of Commerce
Gaithersburg, MD

U.S. Department of Defense

Bernard L. DeKoning, M.D., FAAFP
COL, Medical Corps
Commander
U.S. Army Medical Research Institute of Infectious
Diseases
U.S. Department of Defense
Fort Detrick, MD

U.S. Department of Energy

Patricia R. Worthington, Ph.D.
Director, Office of Health Safety and Security
U.S. Department of Energy
Washington, DC

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention
Ali S. Khan, M.D., M.P.H.
RADM, U.S. Public Health Service
Assistant Surgeon General
Director, Office of Public Health Preparedness &
Response
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
Atlanta, GA

National Institutes of Health

Hugh Auchincloss, M.D.
Principal Deputy Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
U.S. Department of Health and Human Services
Bethesda, MD

*Office of the Assistant Secretary for Preparedness and
Response*

George W. Korch Jr., Ph.D.
Senior Science Adviser
Office of the Assistant Secretary for Preparedness and
Response
U.S. Department of Health and Human Services
Washington, DC

Carol D. Linden, Ph.D.
Principal Deputy Director
Biomedical Advanced Research and Development
Authority
Office of the Assistant Secretary for Preparedness and
Response
U.S. Department of Health and Human Services
Washington, DC

Office of the Assistant Secretary for Health

Bruce Gellin, M.D., M.P.H.
Director
National Vaccine Program Office
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
Washington, DC

Food and Drug Administration

Luciana Borio, M.D.
Acting Director
Office of Counterterrorism and Emerging Threats
Office of the Commissioner
U.S. Department of Health and Human Services
Silver Spring, MD

U.S. Department of Homeland Security

Sally Phillips, R.N., Ph.D
Deputy Director
Health Threats Resilience Division
Office of Health Affairs
Department of Homeland Security
Washington, DC

U.S. Department of the Interior

Lori Caramanian
Deputy Assistant Secretary
Water and Science
U.S. Department of the Interior
Washington, DC

U.S. Department of Justice

Rosemary Hart, J.D.
Special Counsel
Office of Legal Counsel
U.S. Department of Justice
Washington, DC

U.S. Department of State

Kerri-Ann Jones, Ph.D.

Assistant Secretary of State
Bureau of Oceans and International Environmental
and Scientific Affairs
U.S. Department of State
Washington, DC

U.S. Department of Veterans Affairs

Victoria J. Davey, Ph.D., M.P.H.

Chief
Office of Public Health and Environmental Hazards
U.S. Department of Veterans Affairs
Washington, DC

U.S. Environmental Protection Agency

Peter Jutro, Ph.D.

Deputy Director
National Homeland Security Research Center
U.S. Environmental Protection Agency
Washington, DC

U.S. Nuclear Regulatory Commission

Patricia A. Milligan, R.Ph., C.H.P.

Senior Advisor for Emergency Preparedness
U.S. Nuclear Regulatory Commission
Rockville, MD

NBSB Staff

**CAPT Charlotte D. Spires, D.V.M., M.P.H.,
DACVPM**

Executive Director
Office of the Assistant Secretary for Preparedness and
Response
U.S. Department of Health and Human Services
Washington, DC

Cynthia Henderson

Executive Assistant
Office of the Assistant Secretary for Preparedness and
Response
U.S. Department of Health and Human Services
Washington, DC

Jomana Musmar, M.S.

Biotechnology Policy Analyst
Office of the Assistant Secretary for Preparedness and
Response
U.S. Department of Health and Human Services
Washington, DC

Maxine Kellman, D.V.M., Ph.D., PMP

Biotechnology Policy Analyst
Office of the Assistant Secretary for Preparedness and
Response
U.S. Department of Health and Human Services
Washington, DC

Ayah Wali, M.S.

Junior Policy Analyst (Contractor)
Office of the Assistant Secretary for Preparedness and
Response
U.S. Department of Health and Human Services
Washington, DC

APPENDIX B

Task Letter



JUN - 7 2012

Assistant Secretary for
Preparedness & Response
Washington, D.C. 20201

John S. Parker, MD, Major General (Retired)
Chair, National Biodefense Science Board
Senior Vice President
Scientific Applications International Corporation
656 Lynn Shores Drive
Virginia Beach, VA 23452

Dear Dr. Parker and Members of the National Biodefense Science Board (NBSB):

The Department of Health and Human Services has begun activities to develop a Public Health and Healthcare Situational Awareness (SA) Strategy and Implementation Plan (SIP). The Public Health and Healthcare SA SIP aims to strengthen our overall national health security by serving as a comprehensive and national strategy and implementation plan, as called for in the current legislation to reauthorize the Pandemic and All Hazards Preparedness Act (PAHPA). The Public Health and Healthcare SA SIP will provide a common approach to building SA capabilities, to ensure the early detection of incidents with potential adverse health impacts, as well as effective decision making and resource allocation during a response.

I would like the NBSB to review and evaluate the Public Health and Healthcare SA SIP during its development to offer guidance, including recommendations, on the measurable steps to take to enhance our current public health and healthcare situational awareness capabilities. Biosurveillance is one of the major components of situational awareness, therefore, I would also like the NBSB to assess current biosurveillance activities, identify efficiencies, and make recommendations, in coordination with the applicable existing Centers for Disease Control and Prevention (CDC) advisory committees. The Office of the Assistant Secretary for Preparedness and Response (ASPR) and the CDC will lead the SA SIP development process.

Given the NBSB's demonstrated ability, experience, and expertise, your contributions towards the development of this strategy and implementation plan are yet another critical step taken towards ensuring the public health and healthcare preparedness of our nation.

In performing your deliberations, however, I encourage the NBSB to obtain stakeholder views on this topic using whatever means is deemed most appropriate. I look forward to discussing your initial thoughts on this topic at the June 26, 2012, NBSB public meeting. The timeline for completion will be consistent with the timeline established in the final reauthorization of the PAHPA.

Thank you for your continued diligence in serving to strengthen our nation's resilience.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nicole Lurie", is written over the typed name.

Nicole Lurie, MD, MSPH
Assistant Secretary for Preparedness and Response

APPENDIX C

NBSB SA SIP WG Roster

**National Biodefense Science Board (NBSB)
Situational Awareness (SA) Strategy and Implementation Plan (SIP) Working
Group (WG)**

Voting Members

Chair, Sarah Y. Park, M.D., FAAP
State Epidemiologist and Chief
Disease Outbreak Control Division
Hawaii Department of Health
Honolulu, HI

Co-Chair, Manohar R. Furtado, Ph.D.
Founder and President
Biology for Global Good LLC
San Ramon, CA

**Georges C. Benjamin, M.D., FACP, FACEP(E),
FNAPA, Hon FRSPH**
Executive Director
American Public Health Association
Washington, DC

Nelson J. Chao, M.D., M.B.A.
Chief
Division of Hematological Malignancies and Cellular
Therapy
Duke University
Durham, NC

David J. Ecker, Ph.D.
Divisional Vice President and General Manager
Ibis Biosciences, Inc.
Carlsbad, CA

Emilio A. Emini, Ph.D.
Chief Scientific Officer
Vaccine Research
Pfizer, Inc.
Collegeville, PA

John S. Parker, M.D., Major General (Retired)
Senior Vice President
Scientific Applications International Corporation
Virginia Beach, VA

Ex Officio Members

U.S. Department of Agriculture

Randall L. Levings, D.V.M.
Scientific Advisor
National Center for Animal Health
U.S. Department of Agriculture
Ames, IA

U.S. Department of Veterans Affairs

Victoria J. Davey, Ph.D., M.P.H.
Chief
Office of Public Health and Environmental Hazards
U.S. Department of Veterans Affairs
Washington, DC

Executive Office of the President

Franca R. Jones, Ph.D.
Assistant Director
Chemical and Biological Countermeasures
Office of Science and Technology Policy
Executive Office of the President
Washington, DC

Invited Federal Representative

Matthew Hepburn, M.D.
Director
Medical Preparedness
White House National Security Staff
Executive Office of the President
Washington, DC

Other Invited Representatives

Cheryl Austein Casnoff, M.P.H.
Senior Fellow, National Opinion Research Center
University of Chicago
Bethesda, MD

Mary Keating, R.N., M.A.
HPP Coordinator
State ESAR-VHP/MRC Coordinator
Public Health Preparedness and Response Branch
Connecticut Department of Public Health
Hartford, CT

Janet J. Hamilton, M.P.H.
Manager, Communicable Disease Surveillance and
Reporting Section
Disease Control and Health Protection
Bureau of Epidemiology
Florida Department of Health
Tallahassee, FL

Paul L. Hewett, Jr.

Deputy Director
Center for Integrated Emergency Preparedness
Decision and Information Sciences Division
Argonne National Laboratory
Lemont, IL

Alonzo L. Plough Ph.D., M.P.H.

Director, Emergency Preparedness and Response
County of Los Angeles Department of Public Health
Clinical Professor, Health Services
University of Washington School of Public Health
Los Angeles, CA

Mark S. Smolinski, M.D., M.P.H.

Director, Global Health Threats
Skoll Global Threats Fund
San Francisco, CA

Cheryl Stroud, D.V.M., Ph.D.

Chair, North Carolina One Health Collaborative
AVMA Representative, One Health Commission
Chair, One Health Intellectual Exchange Group
Discussion Series
Relief Veterinary Clinician
Raleigh, NC

John Wandelt

Chief, Information Exchange and Architecture
Division
Executive Director, National Information Exchange
Federation
Georgia Tech Research Institute
Atlanta, GA

Executive Secretariat

Jomana Musmar, M.S.

Biotechnology Policy Analyst
Office of the Assistant Secretary for Preparedness and
Response
U.S. Department of Health and Human Services
Washington, DC

APPENDIX D

Reference List

List of federal planning documents relevant to public health and healthcare situational awareness:

- US Department of Health and Human Services National Health Security Strategy of the United States of America (December 2009). (NHSS)
 - <http://www.phe.gov/Preparedness/planning/authority/nhss/strategy/Documents/nhss-final.pdf>
- Implementation Plan for the National Health Security Strategy of the United States of America (May 2012). (NHSS IP)
 - <http://www.phe.gov/Preparedness/planning/authority/nhss/ip/Documents/nhss-ip.pdf>
- National Strategy for Biosurveillance (July 2012). (NSB)
 - <http://www.fda.gov/downloads/EmergencyPreparedness/MedicalCountermeasures/UCM314532.pdf>
- US Government Accountability Office Public Health Information Technology Report: “Additional Strategic Planning Needed to Guide HHS’s Efforts to Establish Electronic Situational Awareness Capabilities.” (December 2010). (GAO PHIT)
 - <http://www.gao.gov/new.items/d1199.pdf>
- Improving the Nation’s Ability to Detect and Respond to 21st Century Urgent Health Threats: First Report of the National Biosurveillance Advisory Subcommittee (April 2009). (NBAS 1)
 - <http://www.cdc.gov/osels/pdf/NBAS%20Report%20-%20Oct%202009.pdf>
- Improving the Nation’s Ability to Detect and Respond to 21st Century Urgent Health Threats: Second Report of the National Biosurveillance Advisory Subcommittee (April 2011). (NBAS 2)
 - http://www.cdc.gov/about/advisory/pdf/NBASFinalReport_April2011.pdf
- US Department of Health and Human Services National Biosurveillance Strategy for Human Health (February 2010). (NBSHH)
 - http://www.cdc.gov/osels/pdf/NBSHH_v2.pdf
- National Strategic Plan for Public Health Preparedness and Response (September 2011). (NSPPHPR)
 - http://www.cdc.gov/phpr/publications/2011/A_Natl_Strategic_Plan_for_Preparedness_20110901A.pdf
- Office of the National Coordinator for Health Information Technology (ONC) -Coordinated Federal Health Information Technology Strategic Plan: 2008-2012 (June 2008). (ONC HIT 2008)
 - <http://dhhs.nv.gov/HOLD/HIT/docs/ONC2008-2012HITStrategicPlanSummary.pdf>
- Office of the National Coordinator for Health Information Technology (ONC) Federal Health Information Technology Strategic Plan: 2011-2015 (September 2011). (ONC HIT 2011)
 - <http://www.healthit.gov/sites/default/files/utility/final-federal-health-it-strategic-plan-0911.pdf>