

State of California—Health and Human Services Agency California Department of Public Health



Agreement to Allocate Centers for Disease Control and Prevention, Public Health Emergency Response (PHER) Phase III Funds

On April 28, 2009, Governor Schwarzenegger issued a Proclamation of Emergency which included orders requiring CDPH to take all necessary actions to respond to H1N1 outbreak. This order was reissued on October 5, 2009. The Governor ordered that the California Department of Public Health (CDPH) enter into such contracts as it deems appropriate to provide services, material, personnel and equipment to supplement the extraordinary preventive measures implemented by Local Health Departments (LHD). Based on the imminent need to plan and prepare for an escalation of H1N1 and the administration of vaccinations to large segments of the California population, this contract letter serves as a mechanism for expeditious release of federal Public Health Emergency Response (PHER) Phase III H1N1 supplemental funds to LHDs to plan, prepare for, and respond to an H1N1 Influenza pandemic.

By signing this agreement and accepting these funds, each LHD agrees to spend funds according to federal and State requirements and commits to submitting a workplan and budget for the funding stream included under this agreement. Once this signed agreement is received, CDPH will issue the first 25% of the federal (PHER) Phase III H1N1 supplemental funds.

LHDs are required to use PHER Phase III funds to address gaps in capabilities for the H1N1 mass vaccination program and to support activities related to implementation of the mass vaccination program. Specifically, PHER Phase III funds shall support vaccine administration by the LHD and Tribal entities as well as enhancing the capabilities of the private sector to administer vaccine.

LHDs are encouraged to assess mass vaccination readiness through review of afteraction reports (AARs) of previous exercises/real events and identification of preparedness gaps by using the CDC Gap Analysis Tool included in the 2009-10 Application Guidance (Attachment 18).

2009-10 Local Guidance for CDC Public Health Emergency Response Funds – PHER Phases I and II (Section Five in the Local Guidance Narrative) references vaccine campaign activities, including recruitment and preparation of vaccinators, administration of vaccine, tracking and reporting of administered vaccine, and communications with internal and external partners. CDPH will also issue Local Guidance specific to PHER

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Phase III that describes the formal process and timeline for LHD submission and subsequent review and approval of the workplan and budget by CDPH.

This agreement incorporates by reference the following federal and State guidance documents:

 Centers for Disease Control and Prevention (CDC), Public Health and Social Services Emergency Fund, PHER Phase III, Funding for the Implementation of the Pandemic (H1N1) 2009 Influenza Vaccination Campaign.

PHER Phase III is intended to supplement PHER Phase I which provides guidance and funds for vaccination planning, laboratory testing, epidemiology, surveillance, and other associated pandemic preparedness and response activities, and PHER Phase II which provides guidance and funding to further accelerate mass vaccination planning for a vaccination campaign for H1N1 influenza in the fall of 2009.

- CDPH Novel H1N1 Mass Vaccination Operational Plan (September 2009)
- The Local Allocation table for Phase III funding stream (See attachment).

LHDs are required to submit their mass vaccination plan to CDPH and adhere to State and federal reporting requirements.

CDPH expects that a portion of the funds will be used to fund temporary personnel costs, including LHD staff costs, associated with mass vaccination, contracting with vaccinators to vaccinate on behalf of public health agencies, and other models for funding temporary mass vaccination personnel.

Other recommended activities include the following:

- Planning for large-scale mass vaccination campaign
 - Administering vaccine at public health-organized clinics or other venues and point-of-dispensing (POD) sites organized on behalf of LHDs
 - Maintaining cold-chain storage capacity where needed
 - Develop and implement plans to immunize healthcare workers to minimize absenteeism and maximize the healthcare workforce available to manage the surge resulting from a pandemic influenza event
- Communications to the public
 - Implementing communication strategies, in coordination with CDPH, to reach the public, especially those priority groups identified in the Advisory Committee on Immunization Practices (ACIP) recommendations, with an emphasis on the importance of receiving H1N1 vaccination as a priority community mitigation strategy

These recommendations may be found at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm

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- Identifying medically vulnerable populations and providing access to vaccinations through mobile vaccination teams, home-based vaccination, institutional vaccination, outreach teams, or other similar means
- Collaborating with medical providers, media and the public to ensure that target groups for vaccination participate in the vaccination program
- Providing the public with vaccine administration site addresses
- Tracking of administered vaccine
 - Monitor and comply with federal requirements to track doses for the recording of aggregate and individual-level information on doses of novel influenza vaccine

Required Signatures:

Local Health Department
County of El Dorado
Organization
330 Fair Lane, Placerville, CA 95667
Address
Ron Briggs, Chairman - Board of Supervisors
Authorized Representative of LHD (print name)
Signature
Date
California Department of Public Health
Elisabeth H. Lyman Deputy Director
Public Health Emergency Preparedness
Signature Date