



United States Department of
Health & Human Services
Office of the Assistant Secretary for Preparedness and Response



“Public Health & Medical Preparedness and Response: An Introduction”

**FEMA National Advisory Committee
Los Angeles, CA
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Office of the Assistant Secretary for
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US Department of Health and Human Services



ASPR leads the nation in preparing for public health and medical emergencies

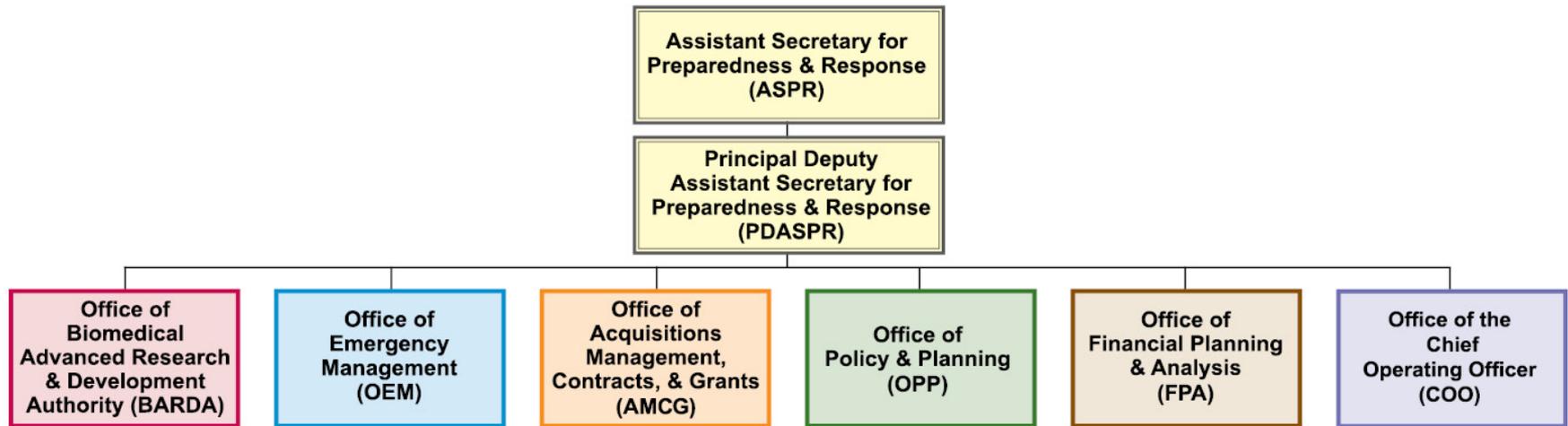


Our Mission:

Lead the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters by supporting our communities' ability to withstand adversity, strengthening our health and response systems, and enhancing national health security



ASPR Organization



ASPR: Where Policy, Science and Response Come Together



ASPR Works With Partners from Local Communities to Global Institutions



ASPR: Resilient People. Healthy Communities. A Nation Prepared.



HHS coordinates federal Public Health and Medical response



- Emergency Support Function (ESF)-8 is the mechanism for Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual
 - Public health and medical care needs
 - Behavior health needs
 - Veterinary and/or animal health issues
- HHS leads ESF-8 along with 15 supporting Agencies
- ASPR is the coordinator on behalf of HHS Secretary
 - Every Division within HHS has an emergency coordinator that is represented during an event
- HHS supports other Agencies' Emergency Support Functions, as assigned





HHS response assets support local/state needs

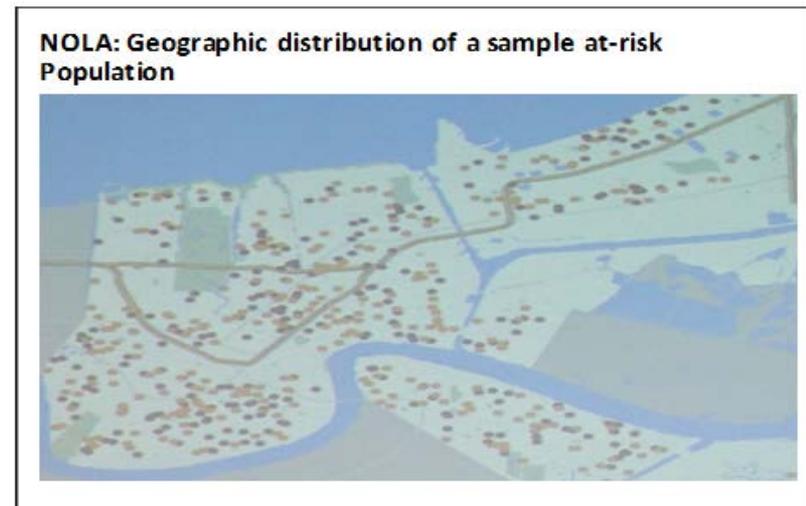
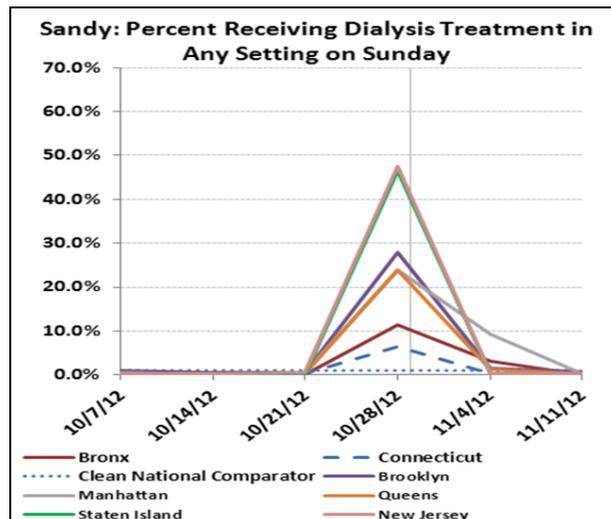


- National Disaster Medical System
 - 1) Disaster Medical Assistance Teams (DMAT)
 - Provides a temporary medical surge capacity that supplements State and Local capabilities using doctors, nurses, and EMTs
 - 2) Disaster Mortuary Assistance Teams (DMORT)
 - Works with local Chief Medical Examiner in mass casualty event
 - 3) National Veterinary Response Teams (NVRT)
 - Supports both animals in shelters and response animals
- Regional Emergency Coordinators
 - Work with States and communities to develop plans
 - Serve as HHS's liaison to FEMA and state public health
- Recovery assistance and coordination of health and social services

NDMS responds to Hurricane Sandy



- Using analysis of existing Medicare data to assess the performance of health system during weather events
 - Encourage best practices (e.g. early pre-event dialysis)
- Primary care needs and pharmaceutical needs
- Develop a protocol for identifying electrically dependent patients in communities for planning and response



Pilot Exercises Results

- Individuals identified as having an oxygen concentrator and/or ventilator
- Homes were visited during the exercise by fire, EMS, and volunteers
- Response at the homes:
 - 89% of individuals matched our records
 - 93% of DME matched our records
- Less than 5% had enrolled in city's Special Needs Registry



At-Risk Resiliency Interactive Map

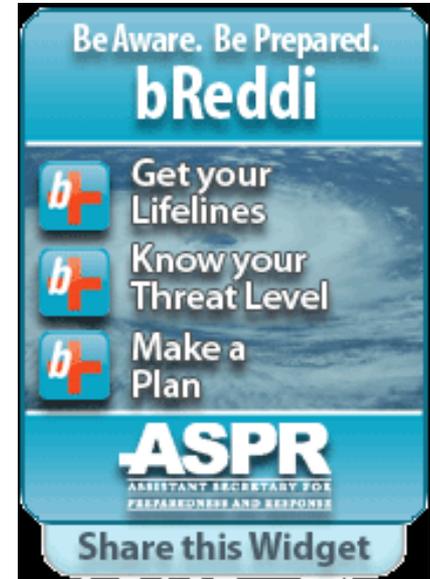
Data. Awareness. Preparedness. Resilience.



- Provide de-identified aggregate at-risk CMS data by state, county, and zip code layered over power outage and NOAA weather
- Inform decision making by emergency management, public health, aging services, non-profits, and other partners
- Prioritization of power restoration with electric companies
- Allocation of limited support services (shelters, generators, back up batteries)
- Help hospitals, EMS, and coalitions anticipate and emergency plan for surge
- Anticipate potential need for EMAC requests



- Leverage open source Twitter data to find illnesses being discussed
- Select a geographic area of interest
- Generate a daily list of top 5 trending illnesses for state and local health departments



Facebook app helps you communicate with your existing social networks during a disaster



Facebook app that helps you manage your preparedness needs



Why the Private Sector Should Be Part of The TEAM?

- The private sector employs 80% of the population
- They have strong infrastructure
- The private sector has specialized skills and assets
- They have systems and process that can help in programmatic development
- Most importantly, they are apart of the community





BRAND

Public vs Private



Public Support/Public Image

MAKE · A · WISH[®]



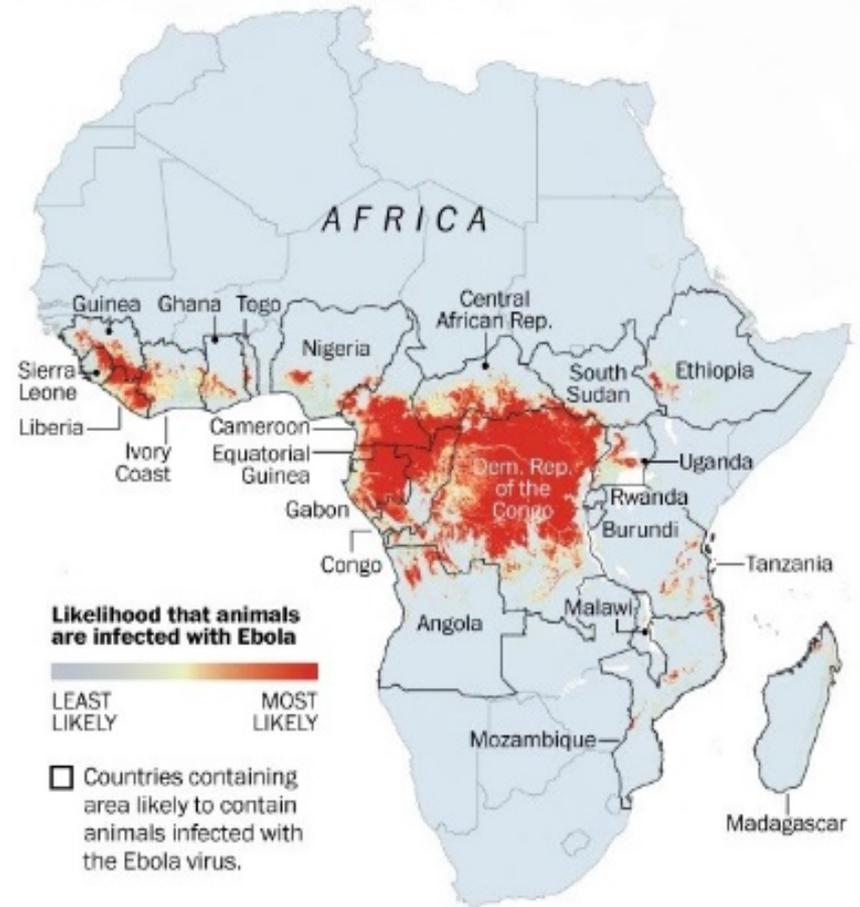
Disney[®]

EBOLA

Areas at risk for Ebola emergence

A new model created at Oxford University shows areas where the Ebola virus is most likely present in animal populations. These areas may be at risk for outbreaks of Ebola because of animal-human transmission.

- Disease Transmission
- International Response
- Domestic Issues
- Symptoms
- Worried Well
- Public Health Preparedness
- Other Issues



Source: Oxford University

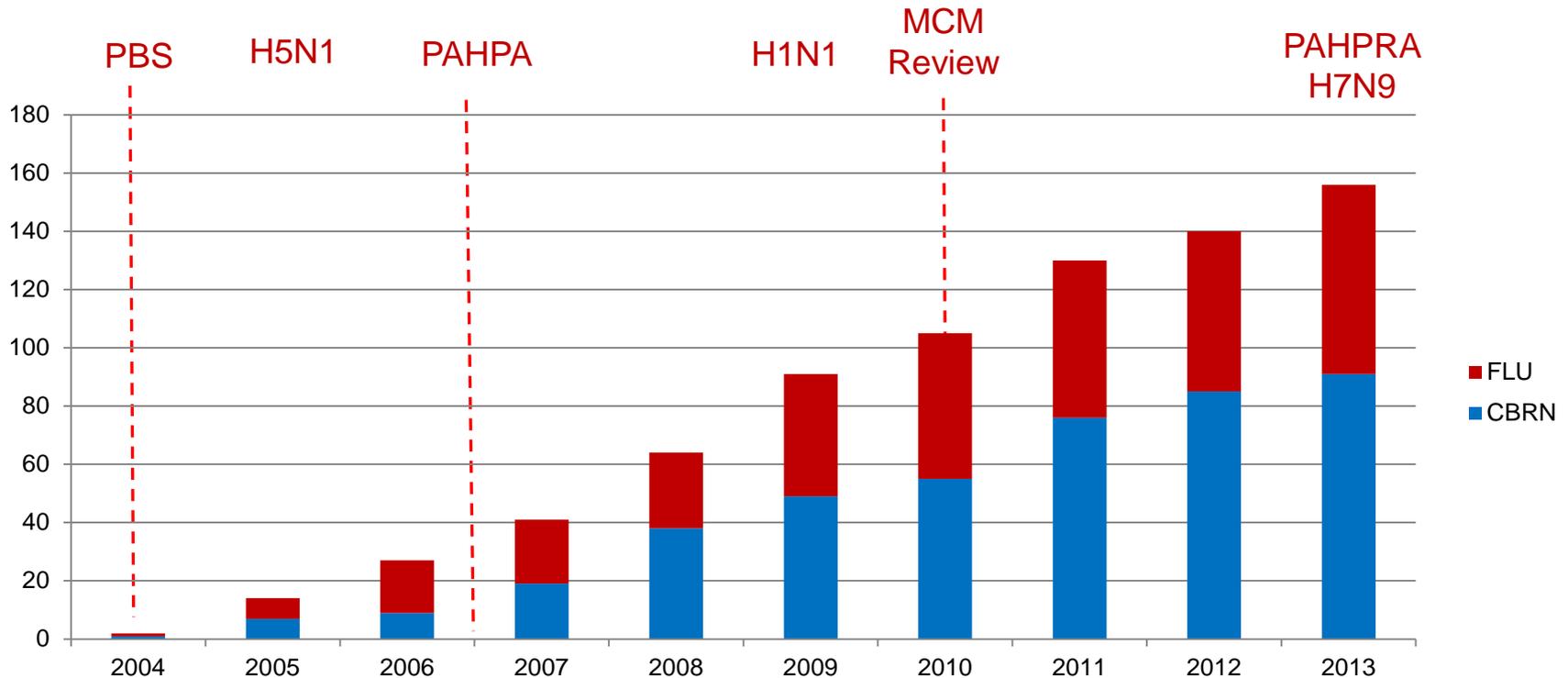
Lazaro Gamicio/The Washington Post



BARDA has over 150 products in MCM Development Pipeline since 2004



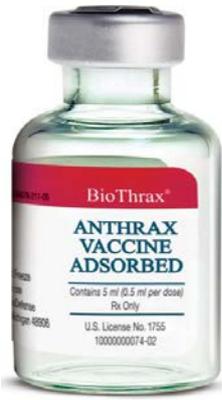
BARDA also prioritizes repurposed and multipurpose MCM candidates



BARDA brought 11 MCMs to licensure under Project BioShield



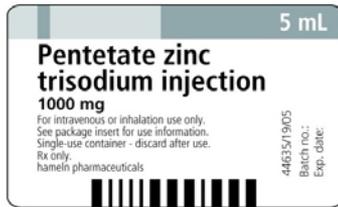
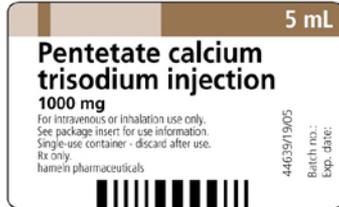
Smallpox



Anthrax



Botulism



Radiation



An additional 12 more products expected to be licensed by the FDA over the next 5 years

Chemical



Public Private Partnership Changed U.S. Vaccine Industry



GlaxoSmithKline Q-Pan H5N1 adjuvanted vaccine

- Using adjuvant to produce greater number of doses
- Cell-based influenza vaccine
 - Derived from cell cultures
 - Alternative to egg-based production
- Recombinant-based vaccine
 - Using an insect virus (baculovirus) and recombinant DNA technology
- Working towards a universal flu vaccine



First cell-based influenza vaccine manufacture facility in U.S. (Novartis):Dedicated Dec. 2011



Protein Sciences
fluBLOK
recombinant flu
vaccine

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PHE.gov:
www.phe.gov



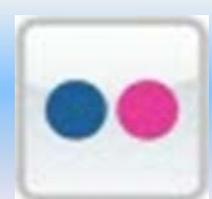
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Questions?