

Public Meeting Minutes¹

Thursday, September 12, 2013

Thomas P. O'Neill, Jr. Federal Building

200 C Street, SW, Washington DC 20024

Lower Level - L1J13 / S103 – Willow Conference Room

NBSB Voting Members Present

John Parker, Chair

Georges Benjamin (phone)

John Bradley

David Ecker

Emilio Emini

Daniel Fagbuyi

Manohar Furtado (phone)

Kevin Jarrell

Steve Krug

Sarah Park

Betty Pfefferbaum (phone)

NBSB Ex Officio Members Present

Michaud Vincet (NASA Alternate)

Bonnie Richter (DoE Alternate)

Carmen Maher (FDA Alternate)

Sally Phillips (DHS)

Kay Briggs (Dol Alternate)

Rosemary Hart (DoJ)

Robert Sorenson (DoS Alternate)

Peter Jutro (EPA)

Sam Groseclose (CDC Alternate)

Richard Martinello (VA Alternate)

Brooke Courtney (FDA Alternate)

Lisa Kaplowitz (ASPR Alternate)

Call to Order, Roll Call, and Conflict of Interest Rules

Charlotte Spires, DVM, MPH, DACVPM, Executive Director, NBSB

CAPT, U.S. Public Health Service

U.S. Department of Health and Human Services

CAPT Spires called the meeting to order. She provided an overview of the Federal Advisory Committee Act (FACA) and conflict of interest rules, and then proceeded to take roll for all NBSB members present in-person by teleconference.

¹ A full transcript of these proceedings may be found at

<http://www.phe.gov/Preparedness/legal/boards/nbsb/meetings/Documents/nbsb-transcript-130912.pdf>

Welcome and Agenda Overview

John S. Parker, MD, Major General (Retired)
Chair, NBSB

Dr. Parker thanked everyone for their attendance, and provided an overview of the meeting's agenda. He gave special thanks and praise to the NBSB staff, and all actively engaged voting and ex officio NBSB members. He then introduced the Assistant Secretary for Preparedness and Response (ASPR), Dr. Lurie.

Opening Remarks, Announcement of New Federal Advisory Committee, and Presentation of New Task

Nicole Lurie, MD, MSPH

Assistant Secretary for Preparedness and Response
Rear Admiral, U.S. Public Health Service
U.S. Department of Health and Human Services

- Dr. Lurie thanked Dr. Parker and all members of the board for their continued work, and provided examples of how the 2013 reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA) has provided the agency with great flexibilities and advances to be able to better respond to those in need during an emergency such as those experienced during H1N1.
- The 2013 PAHPA reauthorization builds on work HHS has undertaken to advance national health security by reauthorizing certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness. These include:
 - Authorizing funding for public health and medical preparedness programs, such as the National Healthcare Preparedness Program (previous HPP) and the Public Health Emergency Preparedness Cooperative Agreement;
 - Amending the Public Health Service Act to grant state health departments greatly needed flexibility in dedicating staff resources to meeting critical community needs in a disaster; and
 - Authorizing funding through 2018 for buying critical medical countermeasures under the Project BioShield Act, and increasing the flexibility of BioShield to support advanced research and development of potential medical countermeasures.
- Dr. Lurie thanked the board for the 2011 recommendations on the challenges of the use of pediatric Anthrax Vaccine Adsorbed as post-event prophylaxis, and the resultant task to the President's Bioethics Commission to continue the complex ethical questions.
- She also thanked the board for their work on the All Hazards Science Response task and provided an update about ongoing science preparedness activities within ASPR.
- Dr. Lurie also announced the ASPR's initiative to form the new National Advisory Committee on Children and Disasters, to be formally stood up early 2014. ASPR will be working closely with the American Academy of Pediatrics, among other critical stakeholders, to ensure that we solicit and recruit the best membership for this committee.
- Dr. Lurie then presented the Board with the new task of reviewing given Implementation Models for the National Health Security Strategy (NHSS).
- Drs. Benjamin, Bradley, and Krug thanked Dr. Lurie and congratulated the Department for their continued diligence and work within short timeframes.

NBSB Discussion

The NBSB thanked Dr. Lurie for her remarks, voted, and accepted to respond to the task presented by the ASPR on reviewing the NHSS Implementation Models.

NBSB Situational Awareness (SA) Working Group (WG) Progress Update

Sarah Park, MD, FAAP, WG Chair

Manohar Furtado, PhD, WG Co-Chair (via phone)

- Dr. Park thanked Dr. Parker for his introduction, and thanked the members of the Situational Awareness Working Group as well for their work on this draft report. She then proceeded to provide a summary of the WG's findings:
 - NBSB central recommendation: The NBSB re-emphasizes the need for the HHS Secretary to convene a HHS-led centralized public health and healthcare situational awareness oversight authority to act as the central focal point to assure the compatibility, consistency, continuity, coordination, and integration of all disparate systems, and information requirements, hereafter, referred to as the Central Executive Strategic Group (CESG).
 - A central task of the CESG is the development of a strategy to coordinate the effective integration of activities across the federal agencies (and partners) currently engaged in public health and healthcare situational awareness, including human health biosurveillance.
 - The NBSB also recommends the establishment of a Strategic Integration Group (SIG) composed of management representatives, including lead biosurveillance subject matter experts, from the relevant USG agencies.
 - The SIG is specifically tasked with assuring the implementation of the CESG's strategy with the goal of integrating and coordinating biosurveillance activities and analyses. The initial focus will necessarily be on the evaluation of existing biosurveillance redundancies and gaps.
- Dr. Park also emphasized and clarified that the intent of the proposed SIG, or even the CESG, is not to create yet another permanent agency or organization within the USG, but rather to fill a perceived need for coordination among all key players involved in public health and health care situational awareness activities, including biosurveillance.
- Dr. Park also acknowledged the development and role of the Centers for Disease Control and Prevention's (CDC) new National Public Health Surveillance and Biosurveillance Advisory Committee (NPHSBAC) in the Fall of 2013.
- She then concluded with mentioned of all of the key supporting information provided that led to the WG's findings.
- Several board members thanked the SA WG for their work and indicated that it clearly highlights the need for coordinated and integrated situational awareness and biosurveillance activities across agencies.

Public Comment (In-Person or via Email)

No public comment was received via email, and no one in attendance provided any comment.

Wrap-Up and Conclusions

John S. Parker, MD, Major General (Retired), Chair, NBSB

Dr. Parker thanked everyone for their attendance in-person and those on the phone, and asked CAPT Spires to adjourn the meeting.

Adjourn – 2:30 PM