

United States Government Zika Virus Disease Contingency Response Plan



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Situation

Purpose

This plan outlines the operational response activities for the U.S. Government (USG) if confirmed local transmission or widespread transmission of Zika virus disease occurs in the United States (including the tribal areas, territories and affiliated Pacific islands) and the President determines enhanced Federal government unity of effort is required.

Planning is based on the HHS Zika Virus Disease Domestic Preparedness and Response Goals and Objectives, the CDC Zika Virus Action Plan, the CDC Interim Response Plan and the (Draft) Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans. This document is designed to complement and not repeat the actions already outlined in these foundational documents.

Background

The primary vector for Zika virus transmission is the *Aedes aegypti* mosquito, it can also be transmitted by the *Aedes albopictus* mosquito however the latter is a less efficient vector for the virus. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infections in Brazil.

On February 1, 2016, the World Health Organization declared the increasing cases of neonatal and neurological disorders, amid the growing Zika outbreak in the Americas, a Public Health Emergency of International Concern. The Department of Health and Human Services (HHS), primarily the Centers for Disease Control and Prevention (CDC), has responded to increased reports of Zika and has assisted in investigations with PAHO and the Brazilian Ministry of Health along with investigative efforts with the Colombian Ministry of Health.

A public health emergency exists in Puerto Rico as a consequence of the Zika virus outbreak and its potential effect on pregnant women and children born to pregnant women with Zika. There are also Zika cases in the U.S. Virgin Islands, as well as, many other countries in the Americas. Within the Continental United States (U.S.), Hawaii, and the Pacific Territories and affiliated Pacific island jurisdictions the number of Zika cases is increasing. Local transmission within the Continental U.S. has already begun in Florida. Local transmission is where a mosquito is infected by biting a person with the virus and then bites a second person passing the virus to that individual.

Scope

This plan articulates the anticipated federal activities in response to the Zika virus. It incorporates national capabilities and requirements that have the potential to reduce the spread of Zika virus among the U.S. population. This scope of this plan includes:

- U.S. Government Goals
- Key Objectives
- Indicators, Triggers and Action Steps
- U.S. Government Interagency Coordinating Structure

Nothing in this plan shall be construed to impair or otherwise affect the authority granted by law to a Department or Agency, or the head thereof.

Facts, Assumptions and Critical Considerations

Facts

- Zika virus is spread primarily by *Aedes aegypti* and *Aedes albopictus*, both species of mosquitos are prevalent throughout much of the lower United States, and also responsible for vector-borne transmissions of Dengue virus, Chikungunya virus and Yellow fever virus.
- Vector borne local Zika virus transmission in the US has occurred.
- Zika virus can be transmitted through sexual activities with either male or female partners.
- Zika infection rarely causes severe illness (requiring hospitalization) or death. Most people (80%) infected will not become symptomatic.
- Common signs and symptoms of Zika infection are typically mild, last several days to a week and include fever, rash, joint pain, conjunctivitis (red eyes), muscle pain and headache.
- Currently, there is no targeted antiviral treatment or vaccine available for Zika.
- Zika infection during pregnancy can cause microcephaly and other serious brain anomalies in neonates. Zika infection has also been associated with fetal death.
- All children born to women infected with Zika should be monitored closely for complications for at least three years. There is emerging evidence that children born

without microcephaly, though carried by women infected by Zika during pregnancy, may develop neurological complications.

- In addition to the brain damage and associated microcephaly in infants, it is likely that Zika virus causes a broader spectrum of neurologic disease. This spectrum includes microcephaly, craniofacial disproportion, spasticity, seizures, irritability, brainstem dysfunction including feeding difficulties, ocular abnormalities and findings on neuroimaging such as calcifications, cortical disorders and ventriculomegaly in neonates and other neuropathy including acute motor axonal neuropathy, a type of Guillain-Barre Syndrome that onsets rapidly and may require respiratory assistance.
- Zika has the potential to be transmitted by blood products, solid organs, human cells, tissues, and cellular and tissue-based products.

Planning Assumptions

- There will not be a Stafford Act declaration providing funds for federal assistance. Funding for the federal response will be borne by individual Federal Departments and Agencies, through the Economy Act or other relevant funding authorities pursuant to applicable law.
- International borders will remain open and thus travel-associated cases will continue to be observed in the United States.
- Zika will require a public health, medical and human services response due to the potential for long-term medical, behavioral and social supportive care for those adversely impacted with significant complications (e.g. congenital neurological impairment).
- A Public Health Emergency may be declared during Phase 3 and 4 in order to allow states, local, tribal and territorial (SLTT) entities to access additional resources, such as [GSA's Public Health Emergencies Program](#).
- Vector control and public messaging will continue throughout the Zika epidemic to mitigate infections, regardless of the number of caseloads and size of patient management component of response.

Critical Considerations

- Because Zika virus is spreading rapidly across the Americas, at risk countries will need to prepare for adequate intensive care beds capacity to manage patients with acute Guillain-Barre syndrome and will need to assess the availability of specialist care for

infants and others impacted by the neurologic effects of the virus. Specifically, communities need neurology and maternal-fetal specialists, and potentially physical and occupational therapists, learning support specialists and other allied health and human services professionals.

- Given the risk of Zika virus transmission through intrauterine, perinatal, and sexual transmission and the fact that nearly half of pregnancies in the U.S. are unplanned, preventing unintended pregnancy through access to quality family planning services is increasingly important for women and men of reproductive age.
- Interdependent decisions of public health and medically-related mission areas should be coordinated to avoid unintended consequences. Interdependent decisions include, but are not limited to, enhanced pre-/post-health screenings for high risk travelers to affected countries, public messaging, federal workforce protection guidance, vaccine and/or therapeutic development.
- Consistent, accessible, and culturally and linguistically appropriate messaging from all partners to all stakeholders is required for effective communications. Information from the whole of community (state, local, tribal and territorial, federal, private sector and media partners) will be necessary to develop a full understanding of the risks, identify appropriate response actions and provide accurate risk communications.
- Although Zika has been associated with serious health outcomes, the virus is not known to spread in a manner which requires implementation of quarantine or isolation measures.
- Additional health screening may be required for federal responders traveling to endemic areas, including pre- and post-deployment Health Risk Assessments. Federal employers may implement medical monitoring programs, including baseline testing and post-exposure medical evaluations and follow-up.
- International partners may request technical or other assistance from the U.S.

Mission

HHS, as the lead federal agency for public health and medical response, will leverage national public health and medical resources to prepare for and respond to a domestic Zika virus disease outbreak. HHS will coordinate activities across the USG to prevent and reduce Zika virus disease transmission; detect Zika virus disease infection in communities where it may emerge, provide clinical guidance and treat the adverse health consequences associated with Zika virus infection.

Execution

Concept of Operations

HHS, as the Emergency Support Function (ESF) Coordinator for public health and medical services (ESF# 8), acting as the lead Federal agency under the National Response Framework and Response FIOF will ensure a coordinated, consistent whole nation approach that integrates all critical stakeholders and levels of government to work together in a national response to the Zika virus.

This concept of operations outlines focus areas, objectives for response, aligns key tasks with operational response phase, triggers/decision points, Federal roles and responsibilities and provides an incident coordination structure for managing a coordinated Federal response to the Zika virus disease outbreak. Further details regarding department and agency activities integration, synchronization and phasing are outlined in Appendix 1 - U.S. Government ZikaVirus Disease Plan Synchronization Matrix.

U.S. Government Zika Response Goals

The USG Zika response goals provide an overarching framework for USG support to SLTT jurisdictions, the international community and require multiagency coordination to accomplish. There are three USG Zika response goals. Each goal has multiple objectives listed under the key objectives heading below. The USG Zika response goals are:

- Minimize impact on communities affected by the Zika virus.
- Provide technical and other assistance to affected countries.
- Conduct unified coordination, communication and information sharing among USG stakeholders.

Key Objectives

Minimize the impact on communities affected by the Zika virus.

- Foster an effective vector control campaign to eliminate and contain mosquitoes known to transmit Zika virus infection through engagement with state and local resources during the primary mosquito infestation season. [Responsible Federal agencies include: CDC, VA, Food and Drug Administration (FDA), Environmental Protection Agency (EPA), Department of Agriculture (USDA), Department of Interior (DOI), Department of Labor (DOL), Department of Defense (DoD)]

- Evaluate alternative methods of vector control to develop and recommend best practices to contain transmission of Zika virus disease. Coordinate with state, local, tribal and territorial officials on strategic environmental control efforts utilizing modeling to identify potential impacts and identify areas of highest risk. [Responsible Federal agencies include: EPA, USDA, DOI, USGS, CDC, DoD]]
- Establish disease tracking through strong environmental and human surveillance systems. [Responsible Federal agencies include: CDC, DOI, USGS, DOD]
- Provide direct and non-direct clinical and non-clinical support services to women and men of reproductive age and pregnant women suspected or confirmed with Zika infections (including quality contraception care, behavioral/psychosocial support), infants with microcephaly and those with permanent or long term neurological complications potentially associated with Zika virus. [Responsible Federal agencies include: ASPR, HRSA, OASH, CDC, SAMHSA, and Department of Veterans Affairs (VA)].
- Provide access to training for health care providers who provide (or could provide) quality family planning and/or primary care services to non-pregnant individuals who may wish to reduce the risk of unintended pregnancy, as well as those who want to become pregnant, to address concerns about Zika virus disease and adverse birth defects. [Responsible Federal agencies include: ASPR, OASH]
- Prepare for potential surge requirements for specific healthcare services and implement measures needed to promote the delivery of healthcare services. [Responsible Federal agencies include: ASPR, HRSA]
- Develop safe and effective vaccines. [Responsible Federal agencies include: ASPR, FDA, CDC, NIH, DOD]

Provide technical and other assistance to affected countries.

- Enhance the vector control capabilities of countries with persistent endemic and epidemic Zika virus disease to combat and contain known competent vectors of disease. [Responsible Federal agencies include: CDC, ASPR, U.S. Agency for International Development (USAID)]
- Provide support to non-governmental organizations and foreign governments to minimize the Zika threat in affected countries throughout the world. [Responsible Federal agencies include: CDC, ASPR, Office of Global Affairs (OGA), Department of State (DOS)]

Conduct unified coordination, communication and information sharing with USG stakeholders.

- Ensure federal, state, local, tribal, territorial officials and healthcare organizations are provided the most current information regarding Zika virus for clinical and non-clinical support services of microcephaly and other serious brain anomalies in neonates. [Responsible Federal agencies include: ASPR, CDC].
- Ensure federal, state, local, tribal, territorial officials and healthcare organizations are provided the most current information regarding Zika virus prevention and treatment of Guillain Barre Syndrome and other related neurological disorders. [Responsible Federal agencies include: ASPR, CDC]
- Develop effective accessible and culturally and linguistically appropriate communication campaigns on methods of reducing Zika virus disease transmission that include both environmental control, use of personal protective equipment and avoidance measures and increase awareness of the risk of sexual transmission across a range of media to inform the interagency and support public officials during periods of mosquito infestation.[Responsible Federal agencies include: CDC, ASPR, DOL].
- Provide the most current guidance for the health and safety of responders deployed to areas where mosquitos carrying Zika virus may be present. [Responsible Federal agencies include: All Agencies in consultation with CDC, Office of Personnel Management (OPM), and Occupational Safety and Health Administration (OSHA)]

Indicators, Triggers and Action Steps

The response triggers/ decision points developed are consistent with CDC risk categories, Confirmed Local Transmission, and Widespread Multi-person Transmission in order to synchronize Federal interagency actions with those of the affected communities.

The definitions for indicators, triggers and action steps are from the Institute of Medicine Crisis Standards of Care:

- **Indicator:** A measurement, event or other data that is a predictor of change in demand for Public Health and Medical resources. This may warrant further monitoring, analysis or information sharing.
- **Trigger:** A decision point based on changes that requires adaptations to service delivery beyond steady state.
- **Actions:** Steps that can be taken

Indicator	Trigger/Decision Point	Action step/task by ESF, Department or Agency
<ul style="list-style-type: none"> Detection of Zika infected mosquitos in a locality. Increased numbers of travel acquired Zika infection in a locality. Increased presentations for Zika testing, Increased reports of suspected Zika infections. 	Confirmed Local transmission by Mosquitos (single case or cases clustered in a single household or community occurring < 2 weeks apart)	See U.S. Government Zika Virus Disease Plan Synchronization Matrix (Annex 1)
<ul style="list-style-type: none"> Zika virus causing epidemic affecting United States. Widespread acute anxiety, agitation and demand for care by at risk population. Continued need to communicate with public about high risk/evolving situation. Multiple state, local, tribal or territorial emergency declarations nationwide. The LFA (HHS) determines capabilities from other Department Agencies are required to achieve operational objectives. The White House, through the National Security Council Staff makes the decision to adjust coordination mechanisms. 	Widespread Multi-person Transmission by Mosquitos (multiple states, local, tribal or territorial transmissions occurring ≥ 2 weeks apart.)	See U.S. Government Zika Virus Disease Plan Synchronization Matrix (Annex 1)

(Indicator, Triggers and Action Steps)

Key Federal Departments and Agencies Roles and Responsibilities

Federal response to support a Zika virus disease outbreak must be coordinated closely with state, local, tribal and territorial governments. The following departments and agencies play a key role in the Zika response and recovery.

- a. **Department of Health and Human Services** (includes ASPR, CDC, NIH, FDA, OASH, OGA, ACF, ACL, ASL, CMS, HRSA, SAMHSA, ASPA, OGC, ONC) - The Department of Health and

Human Services leads the Federal effort to provide public health and medical assistance to the affected area including the following activities: Conducting surveillance to identify potential mosquito habitats and expand mosquito control and abatement programs in all high risk jurisdictions. Supporting Zika virus readiness and response capacity in States and Territories where mosquito populations are known to transmit Zika virus with a priority focus on areas with ongoing Zika transmission. Serving as the technical lead for coordinating international public health and medical assistance, including the sharing of laboratory and clinical samples of biological material, and responding to requests for coordinating international deployments of HHS public health and medical personnel and medical countermeasures. Managing the U.S. International Health Regulations (IHR) (2005) National Focal Point (NFP) processes to assess and notify domestic potential public health emergencies of international concern (PHEIC), conduct emergency communications and share information related to the Zika outbreak in the United States with the World Health Organization and other IHR NFPs worldwide. Conducting vaccine research and diagnostic development & procurement, including rapid advance development and commercialization of new vaccines and diagnostic tests for Zika. Providing input on CDC Zika virus testing protocols issued through FDA Emergency Use Authorization (EUA) diagnostics and provides guidance to the state survey agencies regarding the deployment of tests to the public health laboratories. Deploying targeted prevention and education strategies to key populations, including women and men of reproductive age, those who may want to avoid unintended pregnancy, pregnant women, those who may want to become pregnant, their partners and healthcare professionals. Increasing access to quality family planning expands the CDC Pregnancy Risk Assessment Monitoring system, to improve Guillain Barre Syndrome tracking, and ensure the abilities of birth defect registries across the country to detect risks related to Zika. Monitoring blood and blood product shortages and reserves, including the safety and availability of the blood supply. Providing access to health care coverage through Medicare, Medicaid, Children's Health Insurance Program and the Health Insurance Marketplace which may include payments and reimbursement for vaccines and antivirals. Improving access to health care services.

- b. **Department of Agriculture** - USDA coordinates with HHS on diseases that impact both human and animal health. Provides technical expertise on integrated pest management and surveillance of mosquitos to CDC, other Federal agencies and state, local, tribal and territorial governments.
- c. **Department of Commerce** - Monitors the economic impact of communities affected by Zika virus to aid in recovery. U. S. Census Bureau provides data about the nation's people and economy to address public health issues. National Oceanic and Atmospheric

Administration (NOAA) provides climate, water, weather, oceanographic, ocean-related marine mammal health, ecosystem resource data and information to address public health issues.

- d. **Department of Defense** - DOD provides Defense Support of Civil Authorities as requested by HHS and approved by the SECDEF in accordance with the Robert T. Stafford Act or the Economy Act. DOD has pest management subject matter expertise and conducts medical surveillance and lab diagnostic and confirmatory testing for the DOD military and beneficiary population and shares data with HHS and CDC as requested. Conducts comprehensive health surveillance of infectious and non-infectious disease threats relevant to DOD forces. DOD maintains a public health emergency management program on DOD installations, provides hospital care and medical services to military healthcare system beneficiaries responding to, involved in or otherwise affected by the Zika Virus. Lastly, DOD is conducting Zika vaccine research.
- e. **Department of Homeland Security** (includes OHA, FEMA) - Supports public and external affairs coordination and emergency management planning and coordination. Develops and provides health advisories to component agencies. Provides assistance through use of relevant national support contracts and interagency agreements managed by DHS for support response operations.
- f. **Department of the Interior** - The Department of the Interior (DOI) is the steward of 20 percent of the Nation's lands and protects the health and well-being of millions of visitors who visit those lands. DOI's One Health group provides guidance for the prevention, early detection and control of zoonosis and other diseases in wildlife and the environment. The National Park Service's, Office of Public Health provides public health protection services in the DOI and bureaus. The US Geological Survey provides scientific support on mapping disease and environmental data, satellite imagery, ecology of vector-borne disease as well as impacts of pesticides on pollinators and the environment. The Bureau of Indian Affairs Emergency Management (BIA EM) Program leads and manages the Tribal Assistance Coordination Group (TAC-G) a Multiagency Coordination (MAC) group that assists federally recognized tribes during emergencies and disasters, as well as providing information and technical assistance for tribal emergency management programs.
- g. **Department of Labor** (includes Occupational Safety and Health Administration, OSHA) – Provides specialized expertise and technical support and assistance as requested to other federal, state, local, tribal and territorial governments for protecting workers from occupational exposure to Zika virus and other hazards. Provides guidance to private

sector employers and workers as necessary. Coordinates worker safety and health activities with CDC/National Institute for Occupational Safety and Health (NIOSH). OSHA maintains its authority to enforce its standards and other requirements under the Occupational Safety and Health Act.

- h. **Department of State** (includes USAID) - The Department of State manages all international diplomatic aspects of domestic incidents such as communicating and coordinating between the U.S. Government and other nations regarding the response to a domestic crisis. Coordinates international activities related to naturally occurring disease outbreaks with international implications. Facilitates coordination with the WHO and PAHO to minimize the Zika threat in affected countries while reducing the risk of further spread of the virus. Provides support to U.S. citizens and nationals and provides medical support to U.S. Government employees in affected countries. USAID coordinates international assistance in the case of an overseas disease outbreak. In the case of the U.S. government requesting international assistance with a disease scenario in the United States, the Department of State is responsible for coordinating offers of assistance. If requested, USAID will provide technical and logistical assistance to DOS and the Lead Federal Agency (LFA) with the review and facilitation of international offers of assistance, as described in the International Assistance System Concept of Operations.
- i. **Department of Transportation** - The Department of Transportation serves the United States by ensuring a fast, safe, efficient, accessible and convenient transportation system that meets vital national security interests and enhances the quality of life of the American people. In light of the globalization of travel and trade, DOT plays a supporting role in preventing the introduction of infectious diseases to the United States through air, and maritime, surface and rail systems. Transportation supports/underpins other critical infrastructure. DOT is the coordinator for ESF #1 transportation.
- j. **Environmental Protection Agency** - Environmental Protection Agency (EPA) is identified as the lead Federal Agency for integrated pest management, pesticide registration and use information, and environmental contamination cleanup of indoor/outdoor areas. EPA is focused on appropriate pesticide use, including technical assistance on wide-area spraying, residential treatments, and any potential new product registrations. In order to address public health concerns, EPA provides technical assistance and training to prevent pesticide misuse and overuse, protecting both human health and the environment.

- k. **Office of Personnel Management (OPM)** –Provides guidance to agencies on human resources policies that may be used to help protect employees from the Zika virus (in accordance with CDC guidance) and can disseminate valuable information to the Federal human resources community. OPM can also provide direct hire authorities related to positions that need to be filled quickly related to the Zika outbreak. To prepare for and respond to Zika, the Federal Executive Boards (FEBs) can serve as a communications link with local Federal departments and agencies in their respective geographic areas.
- l. **Veterans Affairs (VA)** - Provides hospital care and medical services to eligible individuals responding to, involved in or otherwise affected by the Zika virus.

Resources and Funding

Resources

Federal departments and agencies are responsible for personnel augmentation to support operations under this plan. Each federal department and agency possesses individual policies for personnel augmentation that is predicated on its authorities, various policies, memorandums of understanding and mutual aid agreements.

Funding

Federal departments and agencies are responsible for managing their own financial activities during all operational phases and across all mission areas within their established processes and resources. Exclusive of a Stafford Act declaration, any augmentation of personnel associated with the support provided by one agency to another shall be provided on a reimbursable basis as governed by the Economy Act or other relevant authorities.

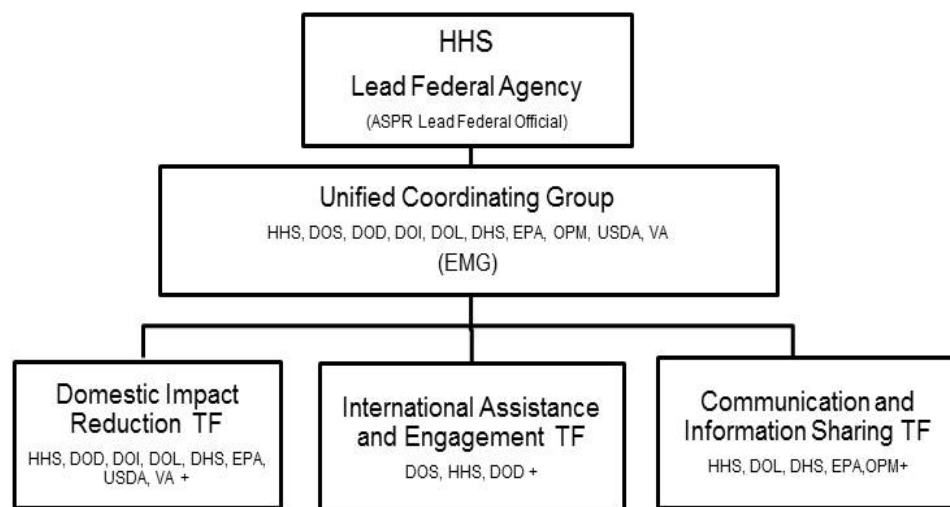
Oversight and Coordination

Oversight

In accordance with the National Response Framework and the Response FIOF, the coordination construct contained in the (Draft) Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans, the Secretary of Health and Human Services shall lead all Federal public health and medical response to public health emergencies and incidents as the lead federal agency. As the principal advisor to the Secretary on all matters related to the Federal public health and medical response to Public Health Emergencies the ASPR shall be appointed the as the Senior Response Official (SRO), responsible for coordinating with relevant

Federal officials to ensure integration of Federal preparedness and response activities consistent with the Public Health Service Act. The ASPR, through the Office of Emergency Management (OEM) and the Office of Policy and Planning (OPP), convenes its Disaster Leadership Group (DLG) to ensure a coordinated, HHS-wide, strategic approach among the executive leadership of HHS operating divisions and staff divisions regarding interagency coordination and involvement of the Domestic Resilience Group (DRG). To facilitate interagency coordination during a non-Stafford incident, the ASPR may request the establishment of a Unified Coordination Group (UCG) through the Domestic Resilience Group (DRG) of the National Security Council Staff. The purpose of unified coordination is to integrate and synchronize the response and recovery activities of relevant federal departments and agencies. The Unified Coordination Group is comprised of senior leaders representing various Federal departments and agencies identified in this plan to manage the emergency. The ASPR will lead this group during a Widespread Zika Response. The deputy director of the UCG may be provided by CDC. The UCG will follow National Incident Management System principles using the HHS Emergency Management Group as its support staff. The White House National Security Council Staff will provide oversight, guidance and de-confliction as appropriate. This structure allows for coordination of multiple federal agencies and their emergency support functions.

Although a Stafford Act Emergency has not been declared and is not expected, HHS may choose to partner with FEMA to provide portions of their existing incident management structure that exists under the National Response Framework.



(Figure 1 - Unified Coordination Group with Subordinate Task Forces)

Coordination

Unity of effort and operational coordination will be accomplished by working from the single set of goals and objectives identified in this plan. The work of the UCG will be conducted by subordinate Task Forces developed around the goals and objectives outlined in this plan. The HHS Emergency Management Group Manager will assist in coordinating the actions of each Task Force and directly interface with the UCG. Each task force will be led by a recognized subject matter expert in the area. Because this is a public health and medical response, subordinate to the task forces are work groups that are designed to allow interagency access participation/ problem solving in sufficient detail.

Domestic Impact Reduction Task Force (Lead: CDC)

Responsible for accomplishing the operational objectives found in this plan under the heading Domestic Impact Reduction. This task force (HHS, DOD, DOL, DOI, DHS, EPA, USDA VA, and DOC) develops supporting tasks for the objectives. Sub working groups are identified as:

- Pregnancy and Birth Defects
- Disease Surveillance
- Vector Surveillance and Control
- Epidemiology
- State Coordination

The Sub Working Groups under each task force will accomplish the supporting tasks. This also allows subject matter experts from across the Interagency to engage in a more focused problem solving manner. The task force reports the accomplishment of objectives through the Emergency Management Group (EMG).

International Assistance and Engagement Task Force (Lead: DOS, HHS Sub-Lead)

Responsible for accomplishing the operational objectives found in this plan under the heading International Assistance and Engagement. This task force (DOS, HHS, USAID and DOD) develops supporting tasks for each of the objectives. Sub working groups are identified as:

- Traveler Health
- Sample Sharing

The Sub Working Groups under each task force will accomplish the supporting tasks. This also allows subject matter experts from across the Interagency to engage in a more focused problem solving manner. The task force reports the accomplishment of objectives through the EMG.

Coordination and Information Sharing Task Force (Lead: ASPR)

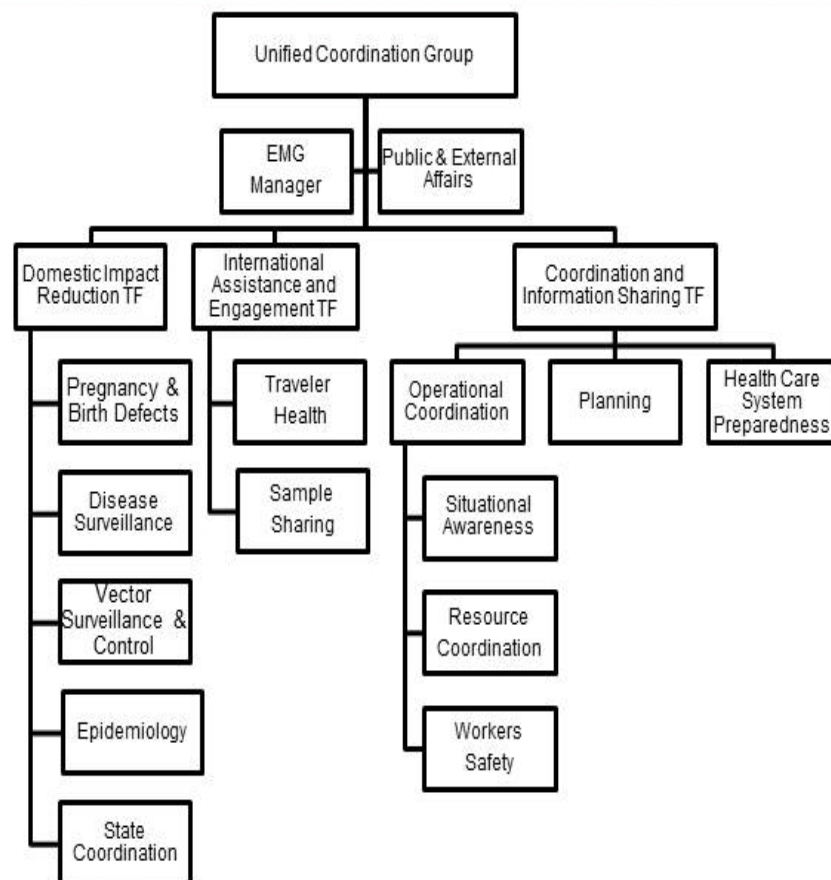
Responsible for accomplishing the operational objectives found in this plan under the heading Coordination and Information Sharing. Maintains the master list of UCG objectives and tracks objective accomplishment of the other task forces (HHS, DOL, DHS, EPA and OPM) . Sub working groups are identified as:

- Operational Coordination
 - Situations Awareness
 - Resource Coordination
 - Workers Safety
- Planning
- Health Care System Preparedness

The Sub Working Groups under each task force will accomplish the supporting tasks. This also allows subject matter experts from across the Interagency to engage in a more focused problem solving manner. The task force reports the accomplishment of all objectives through the UCG.

Task Force Lead Responsibilities

1. Support the UCG; facilitates work group meetings by establishing time, location, method of communication and roles (e.g. recorder).
2. Review operational objectives for each task force and develop supporting tasks for accomplishment with task force members.
3. Ensure task force members take action, on behalf of their organizations.
4. Report activities and task accomplishment through the EMG Manager and Coordination Working Group to the UCG.
5. Establish a mechanism for interagency coordination and vetting of messages and guidance to ensure equities are met and obtain interagency agreement.



(Figure 2 - Task Force Structure with Subordinate Work Groups)

Annex 1:
U.S. Government Zika Virus Disease (ZVD) Plan
Synchronization Matrix

Phase 0-1: Pre-Incident

Phased Triggers	Phase 0: Pre-Incident Preparedness (vector present or possible)	Phase 1: Pre-Incident Mosquito Season (Aedes aegypti or Aedes albopictus biting activity. Introduced travel related or sexually transmitted cases)
HS ASPR Coordination	<ul style="list-style-type: none">Lead Federal Agency (LFA) for health issuesCoordinate interagency public health, medical and research preparedness for Zika virus related activitiesLeads and coordinates all draft Federal communication for public health and medical information across USGEnsures that all public communications is accessible to individuals with disabilities and populations with limited English proficiencyMaintain situational awareness across the USGLeads HHS' public health and medical activitiesCommunicate with hospitals, public health partners and healthcare systemsReview, revise, and share interagency preparedness and response plansLeads Sample Sharing Working Group <p>BARDA</p> <ul style="list-style-type: none">Maintain awareness of emerging infectious diseasesManage MCM activitiesIssue Broad Agency AnnouncementsConduct Tech Watch activitiesSupport Modeling activitiesMaintain relationships with Industry, Agency, NGO and PVO partners	<ul style="list-style-type: none">HHS EMG activated to Level IHHS Senior Leaders Coordination and Situational Awareness meetings to approve strategy for the responseConsider convening DLGConduct Interagency Coordination teleconferenceRECs engage with State Health DepartmentsMonitor and maintain situational awareness of behavioral health needs that may rise from ZikaMonitor and maintain situational awareness of the access and functional needs of at-risk individuals that may rise from ZikaMake International Health Regulation (IHR) notification protocolRequest funding to meet projected mission requirements (request supplemental)Begin GIS mapping of Zika virus cases and testing capabilitiesBegin Media Monitoring on topics related to the U.S. and Zika virusFoster an effective vector control campaign to suppress mosquitoes capable of transmitting Zika virusMRC program provides situational awareness and information to REC’s and SOCIn conjunction with state and local authorities, monitor supply chain for PPE required by vector controlAssessment of capacity to manage cases within the community medical care networkDevelop risk communication messages and share information with stakeholders <p>BARDA</p> <ul style="list-style-type: none">Activate the National MCM Response InfrastructureCoordinate preparation of the USG Zika Diagnostic Strategy PlanConvene Modelling Coordinating Group Meetings with academia, industry and government partnersSupport the advanced development of rapid serological diagnosticsDevelop the Zika MCM Landscape documentSupport the advanced development of high throughput molecular diagnostics for screening the blood supply for Zika virusSupport late stage development of pathogen reduction technologies to inactivate viral pathogens that may potentially be in blood suppliesSupport the advanced development & manufacturing of new Zika-specific medical countermeasures (vaccines, therapeutics and diagnostics)Conduct Animal Model Studies in coordination with DoD, NIH and FDAConduct Clinical Studies in coordination with CDC, NIH and FDACoordinate Vaccine Distribution Strategy and Plan with CDCSupport outreach via Tech Watch and Broad Agency AnnouncementsSupport and coordinate MCM advanced development outreach activities with International, NGO, PVO partners
HHS/CDC Coordination	<ul style="list-style-type: none">CDC manages public health activitiesCommunicating with hospitals, public health partners and healthcare systems	<ul style="list-style-type: none">CDC Incident Management Structure (IMS) activated in EOC to CDC Level IIICDC maintains situational awareness (SA) and facilitates bidirectional information flow between regional partners (Federal,

Phased Triggers	Phase 0: Pre-Incident Preparedness (vector present or possible)	Phase 1: Pre-Incident Mosquito Season (Aedes aegypti or Aedes albopictus biting activity. Introduced travel related or sexually transmitted cases)
		<p>State, Local, Tribal and Territorial [SLTT]) and HHS components</p> <ul style="list-style-type: none">• Enhance surveillance for human Zika virus cases• Receive initial notifications from local and state public health departments regarding possible transmission• CDC prepares to deploy rapid response teams (CERT)• In conjunction with state and local health departments, assess needs at healthcare facilities• Assess capacity to manage cases within the community medical care network• Conduct laboratory confirmation of cases and begin other lab studies (monitor virus for transmission characteristics and resistance, develop diagnostics, begin development of vaccine candidates, etc.)• Develop appropriate risk communication messages and share accessible and culturally and linguistically appropriate information with stakeholders.
HHS Op and Staff/ Division Coordination	<p>FDA</p> <ul style="list-style-type: none">• Facilitate product (antivirals, vaccines, diagnostics, biologics) development• Develop guidance documents for the appropriate use of MCM• Communicates with key stakeholders including healthcare providers and product sponsors about emergency response activities, including Emergency Use Authorization, Zika diagnostic test development, and other updates from FDA <p>HRSA</p> <ul style="list-style-type: none">• Awarded a total of \$5 million in funding to 20 health centers in Puerto Rico to further strengthen the response to combat the Zika virus. Health centers will use this funding to expand voluntary family planning services, including contraceptive services, outreach, education, and to hire more staff <p>NIH</p> <ul style="list-style-type: none">• Develop biomedical research response plan for Zika virus, including pathogenesis, identification of countermeasure approaches (vaccines, diagnostics, therapeutics, novel vector control)• Develop effective communication campaigns on methods of the risk of Zika virus in pregnancy and the communication strategies of disseminating culturally appropriate knowledge on the most effective methods of contraception if families opt to delay pregnancy given their own assessment of the risk and their circumstances• Develop effective communication campaigns for communicating when attempting pregnancy may decrease the risk of transmission (6 weeks after possible exposure) and risk of sexual transmission for men 6 months after having Zika infection <p>OASH</p> <ul style="list-style-type: none">• Assess where gaps exist in providers trained to provide all contraceptive methods, including Long-Acting Reversible Contraceptive methods so that all women seeking to avoid pregnancy will have access to all contraceptive methods• Develop information for providers of care for non-pregnant, reproductive age individuals (Zika toolkit)• Support formation of state-based teams (in collaboration with HRSA/BPHC, CDC, CMS, and IEA) composed of Title X, primary care, rural health, IHS, and Medicaid in states in southern part of U.S. to facilitate contraceptive training for providers and incorporation of appropriate counseling/messaging for non-pregnant individuals into	<p>ACF</p> <ul style="list-style-type: none">• ACF has developed (in collaboration with CDC) and is distributing Zika virus and prevention information to individuals and families that receive support from ACF programs and its grantees. These programs include Head Start centers, child care providers, domestic violence centers, pregnancy support programs, homeless youth centers, and many other ACF human services programs.• ACF will work with grantees and officials to identify potential Program funding flexibilities for Zika prevention activities <p>AHRQ</p> <ul style="list-style-type: none">• Amplify dissemination of coordinated HHS guidance to health care systems and health care professionals through multiple established networks utilizing AHRQ websites, e-communications and social media in support of HHS’s response to a Zika domestic outbreak <p>ASL</p> <ul style="list-style-type: none">• Lead calls to certain Members of Congress (for example, those in the state in which transmission occurred, leadership, leadership on committees of jurisdiction)• Email notification to all Hill staff via the CDC Hill Notification System• Work with IEA to ensure messaging is coordinated <p>CMS</p> <ul style="list-style-type: none">• Clinical Standards and Quality provides input on the CDC Emergency Use Approval (EUA) for Zika virus testing protocols and provides guidance to the state survey agency directors regarding the deployment of the tests to the Public Health Laboratories• Provide access to health coverage through Medicare, Medicaid, Children’s Health Insurance Program, and the Health Insurance Marketplace and CMS programs may include payments and reimbursements for vaccines and antivirals <p>FDA</p> <ul style="list-style-type: none">• Project the availability of diagnostic tests <p>HRSA</p> <ul style="list-style-type: none">• Facilitate communication and coordinate activities between HRSA grantees

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	<p>Zika response plan</p> <ul style="list-style-type: none">• Monitor and coordinate U.S. Blood Safety	<ul style="list-style-type: none">• Issue supplemental funds to Health Centers to expand services• Share CDC and other HHS resources to stakeholder networks <p>NIH</p> <ul style="list-style-type: none">• Pathogenesis: NIH coordinates with CDC to identify key research questions re. pathogenesis• Vaccines: Begin preclinical development and pilot lot manufacturing of vaccine candidates; initiate clinical trial site preparation• Diagnostics: CDC/BARDA/NIH work in collaboration to improve diagnostics; NIH primary role to identify improved antigens for use in serologic diagnostics• Therapeutics: NIH initiates screening of drugs (approved and investigational)• Novel vector control: NIH works with CDC to assemble available info on novel vector control, plan assessments of epi impact of interventions. NIH supports research into novel insecticides/ larvicides <p>OASH</p> <ul style="list-style-type: none">• Conduct webinars to provide current guidance to Title X and other providers of care to non-pregnant individuals (male and female) on latest CDC information/guidance and messaging for public• Coordinate Widespread distribution of Zika toolkit to providers of care for non-pregnant individuals (male and female) of reproductive age• Develop monitoring parameters to track training, contraceptive provision and testing• Continue communications with other Federal partners• Developing OMH website resource pages in English and Spanish that will link to the CDC, White House pages on Zika, other federal agencies and trusted sources of external organizations• Working with the HHS Promotores de Salud Steering Committee to conduct a needs assessment to develop educational materials for the community• Amplifying CDC, White House, and Surgeon General’s Zika materials via social media platforms• Hosting a bilingual social media campaign• Disseminating Zika prevention information for travelers and pregnant women based on CDC’s recommendations via OMH• Aligning Zika messaging with monthly health observances: For example during Men’s Health Month in June, OMH will emphasize prevention messages such as protecting your partner, reducing sexual transmission of Zika• Working with the HHS Contraception Work Group (ASPR), OMH will continue to develop messaging on Zika prevention for men• Working with the HHS Prep 4 Pregnant Women Work Group to create a culturally and linguistically appropriate Spanish fact sheet on Pregnancy & Stress: Caring 4 Pregnant Women during Zika virus disease outbreak• Ongoing engagement with key stakeholders to inform, educate, provide updates, make key asks and receive input from community leaders and advocates• Developed a Zika video in partnership with ATTN that shares tips to protect oneself from Zika.• Surgeon General will lead a conference call with Business Forward, which includes 200+ small and medium-sized businesses around the country, about information on preventing Zika and what the federal response has been

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		<ul style="list-style-type: none">Developed communication with National Basketball Association to provide Zika related health information to players and families as prepare for Olympics and other activitiesCoordination of HHS-wide Blood, Organs, Tissues Senior Executive Council (BOTSEC) Working Group (WG) on ZIKV
FEMA HQ Coordination	Monitor and Coordinate with Region(s), and Interagency Partners	Consider Enhanced Watch <ul style="list-style-type: none">LogisticsFuture PlanningMission AssignmentRecoverySituational AwarenessPre-identify personnel to staff FEMA Catastrophic IMAT-A teamsOrient team members on emerging Zika virus threat
ESF#1	Monitor the National Transportation System for situational awareness; identify potential threats, incidents, and events and send situational messages to local, State, and Federal partners	--
ESF#2	--	--
ESF#3	--	--
ESF#4	Monitor and Coordinate with Region(s)	--
ESF#5	DHS <ul style="list-style-type: none">Serve as the primary national-level hub for domestic situational awareness, common operating picture, information fusion, information sharing, communications and strategic-level operations coordinationMonitor and Coordinate with Region(s) and partners DOL <ul style="list-style-type: none">Coordinates for the federal workforce, public health and medical expertise and guidance for ZIKA virus planning, including working with cooperating agencies to provide information for all at-risk/high-risk populations DOD <ul style="list-style-type: none">Conduct surveillance for Zika virus	DHS <ul style="list-style-type: none">Maintain situational awareness and review existing plans (air, land, maritime) to delay entry of Zika virus to the USPrepare a training program specifically addressing Zika virus to prepare designated individuals for dutiesUse general infectious disease planning supplemented with Zika specific guidance to communicate potential risks and provide health alerts to the DHS workforce and to inform operational decisions DOS <ul style="list-style-type: none">Carry out diplomatic activities and international US government messaging related to disease outbreaks – whether domestic, regional, or global – in coordination with other US agencies and international partners, as appropriateRevise policies and plans for the potential donation of vaccine, diagnostic tests and medical equipment and supplies to international partners, in coordination with HHS and NSSProvide guidance and information to employees and family members DOD <ul style="list-style-type: none">Enhance surveillance for human cases
ESF#6	Monitor and Coordinate with Region(s)	--
ESF#7	Monitor and Coordinate with Region(s)	Coordinate with HHS to determine Personal Protective Equipment (PPE) requirements
ESF#8	HHS <ul style="list-style-type: none">Provide public health and medical expertise and guidance for Zika virus planningFacilitate product (antivirals, vaccines, diagnostics) development by providing regulatory guidance to sponsors and reviewing submissions promptlyConduct surveillance for Zika virus threats	HHS <ul style="list-style-type: none">Lead public health and medical activitiesCommunicate with hospitals, public health partners and health systemsMaintain situational awareness across the USGEnhance surveillance for human cases

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	<ul style="list-style-type: none">Develop and stockpile available antiviral drugs, vaccines diagnostic and other countermeasuresDevelop protocols and guidance documents for the appropriate use of MCM	<ul style="list-style-type: none">Conduct laboratory confirmation of travel related cases and begin other lab studies (monitor virus for transmission characteristics and resistance, develop diagnostics, identify effective antiviral drugs, begin development of vaccine)Facilitate product (antivirals, vaccines, diagnostics) development by providing regulatory guidance to sponsors and reviewing submissions promptlyInitiate assessment of impact of vaccine on diagnosticsProject availability of diagnosticDisseminate accessible and culturally and linguistically appropriate risk communication messages.Model and forecast impact of Zika virus for the interagency communityDevelop/update guidance for control measures (i.e., antiviral treatment and prophylaxis, community mitigation measures, antiviral and vaccine prioritization, allocation, distribution, usage, and safety monitoring, etc.)Disseminate risk communication messages and share acceptable , culturally and linguistically appropriate information with stakeholdersProvide public health and medical guidance that informs the risk communications campaign and public messaging regarding Zika virusProvide guidance and assistance to SLTT on implementing control measuresRevise policies and plans for the potential donation of vaccine, diagnostic tests, and medical equipment and supplies to international partners, in coordination with DOS and NSSDevelop protocols for appropriate use of medical counter measures.Develop and stockpile antiviral drugs, vaccine and other countermeasuresCoordinate strategy for distribution of vaccine in US <p>DoD</p> <ul style="list-style-type: none">Provide updated pest management program guidance and tailored guidance for the Zika virus <p>VA</p> <ul style="list-style-type: none">Provide Zika specific prevention, protection, and clinical guidance to healthcare providers
ESF#9	Monitor and Coordinate with Region(s)	Pre-Identify team: No resource response anticipated
ESF#10	Monitor and coordinate with EPA Regions and Federal, State, Tribal and local partners	<p>EPA</p> <ul style="list-style-type: none">Review applicable plansConsider elevated operational status of HQ EOCEnsure that stakeholders and the public have the most up-to-date information on preventing mosquito breeding grounds and mosquito bites, as well as safe pesticide useProvides technical expertise/information on pesticides and integrated pest management techniques to CDC, other federal agencies, state, tribal and local governmentsEPA Communications Plan will support CDC guidance distribution among the workforce
ESF#11	--	<p>DOI</p> <ul style="list-style-type: none">Where appropriate, monitor DOI lands for Aedes aegypti and Aedes albopictus and conduct Zika antibody surveillance in wildlifeUpdate USGS and CDC vector-borne disease maps with Zika detections in humans, mosquitoes and animalsRe-assess pest management guidance for DOI lands in light of potential Zika virus transmission

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		<ul style="list-style-type: none">Communicate federal workforce protection guidance USDA <ul style="list-style-type: none">Provide technical expertise/information regarding contract vehicles and contractors for aerial sprayingCommunicate federal workforce protection guidanceEnsures that all public communication is accessible to individuals with disabilities and populations with limited English proficiency
ESF#12	Monitor, maintain situational awareness and coordinate with affected Regions and Federal Stakeholder	Maintain situational awareness and coordinate with affected Regions and Federal Stakeholders for potential support
ESF#13	--	--
ESF#15	--	Develop and support Zika virus risk communication procedures for communicating with all internal and external stakeholders

Phase 2-5: Suspected/Confirmed Incident, Incident/Response, and Recovery

Phased Triggers	Phase 2: Suspected/Confirmed Incident Confirmed Local Transmission by Mosquitos (single case or cases clustered in a single household or community occurring < 2 weeks apart)	Phase 3 and 4: Incident and Response Confirmed Multi-person Local Transmission (Zika virus illnesses with onsets occurring ≥ 2 weeks apart, but within an approximately 1 mile (1.5 km) diameter) and Widespread Multi-person Transmission Mosquitos (multiple state, local, tribal or territorial transmissions occurring ≥ 2weeks apart)	Phase 5: Recovery Federal support to SLTT no longer required for Response, but may require a continuation of disaster assistance until normalcy is restored
HHS ASPR Coordination	<ul style="list-style-type: none">Consider Public Health Emergency (PHE) declarationUpdate International Health Regulation (IHR) notification protocolRECs engage SLTT health officialsPublish ESF-8 Orders as appropriateCoordinate HHS federal assistance as neededProvide ESF -8 Liaison Officers (LNOs) to State EOCs/DOHs as neededCoordinate the possible deployment of a REC as a liaison to the CDC Emergency Response Team (CERT)REC/RA recommends their deployment with CERT based on coordination with State, CDC and HHS regional partnersConsider an interagency agreement (IAA) with other Federal Departments and Agencies (D/As) to execute requests for Fed-to-Fed support, in the absence of a Stafford Act declarationFoster effective communication campaigns on methods of reducing Zika virus disease transmission that include both environmental control and use of personal protective and avoidance measures (including contraception, condoms, abstinence, insect repellent, screens, netting, clothing, etc.)Foster an effective vector control campaign to eliminate and contain mosquitoes known to transmit ZIKV infection through engagement with state and local resourcesProvide hospitals, healthcare coalitions, other medical treatment facilities, home care, primary care, assistance in establishing or updating their action plans to maintain and incorporate appropriate care protocolsDetermine local training needs, including those of healthcare coalitionsIdentify, develop, and coordinate resources to address behavioral health needs and the access and functional needs of impacted including at-risk individuals of impacted populations including respondersMRC-CERT conducts activities to support State and local activities. Additional resource requests reported back to HHS and CDCEnhanced messaging from CDC through ASPR to Interagency partners and the NSCS	<ul style="list-style-type: none">ASPR appointed as Senior Response Official (SRO)ASPR requests establishment of UCG through NSCSEnsure interagency operational coordination by the use of a common set of objectives outlined in the USG Zika Virus Disease Contingency Response planCoordinate direct federal assistanceCoordinate messagingPHE declarationA Federal Disaster Behavioral Health Group will be convened to identify gaps and facilitate coordination and communication across HHS and coordinates ESF#8 technical assistanceIssue ESF-8 Operations OrderDeploy Regional Incident Support Team (RIST) and/or IRCT or state HHS LNOs, as neededProvide hospitals and healthcare coalitions assistance in identifying needed resources for capability and capacity buildingReview the Defense Production Act with other USG partners to determine if it is required to address gaps in medical material and or PPE needs <p>BARDA</p> <ul style="list-style-type: none">Support vaccination campaign activitiesInitiate MCM manufacturing activitiesProvide liaison to interagency partners	<ul style="list-style-type: none">EMG level returns to Level III at as interagency coordination and field support concludeRECs provide coordination and information to regional emergency management partnersRotate and re-supply HHS personnel and resourcesMonitor the outcomes of severe disease outcomes due to the Zika virusMRC-CERT conducts activities to support State and local activities. Additional resource requests reported back to HHS and CDCFacilitate coordination and information sharing regarding behavioral health services and the access and functional needs of at-risk individuals being provided and identify gaps or shortfallsReview AARs and lessons learned and revise planning strategy for future response and recovery efforts <p>BARDA</p> <ul style="list-style-type: none">Initiate MCM recovery and disposition plansSupport SNS stockpiling and procurement requirementsAssess Infrastructure warm-basing requirementsReturn the National MCM Response Infrastructure to normal operationsReturn BARDA to normal operations

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	BARDA <ul style="list-style-type: none">• Conduct sample collection for countermeasure development• Accelerate the advanced development & manufacturing of new Zika specific medical counter measures (vaccines, therapeutics and diagnostics) to approved products or use under Emergency Use Authorization in a Public Health Emergency.• Accelerate Animal Model Studies in coordination with NIH and FDA.• Accelerate Clinical Studies in coordination with CDC, NIH and FDA• Coordinate diagnostic tests and distribution of reference panels with CDC• Coordinate Vaccine Distribution Strategy and Plan with CDC• Coordinate vaccine recovery and disposition plans with CDC		
HHS/CDC Coordination	<ul style="list-style-type: none">• CDC IMS activated in EOC to CDC Level I• CDC deploys rapid response teams (CERT)• Notify HHS SOC when CDC Emergency Response Team is deployed and provide contact information of team leader• Support State and local case determination• Support public health identification of contacts and conduct contact tracing efforts• Disseminate updated risk messages• Provide hospitals, other medical treatment facilities, home care, primary care, assistance in establishing or updating their action plans to maintain and incorporate appropriate care protocols• MRC-CERT conducts activities to support State and local activities. Additional resource requests reported back to HHS and CDC• Determine local training needs• Enhanced messaging from CDC through ASPR to Interagency partners and the NSCS	<ul style="list-style-type: none">• CDC IMS continued L1 EOC activation• Maintain a registry of Zika virus infections• Monitor the prevalence of Zika virus infection in U.S. blood donations• Provide training and support for obstetric and health care providers to increase screening for symptoms of Zika virus infection• Implement community-wide larvicide and adulticide treatment program in highest risk areas/areas of active transmission• Develop toolkits for women of reproductive age to help minimize mosquito exposure• Develop a plan to follow Zika exposed children including those microcephaly and other major birth defects as well as those without visible anomalies at the time of delivery to at least three years of age to evaluate their developmental outcomes and identify gaps in service• Monitor the outcomes of severe disease outcomes due to the Zika virus• Accelerate the activities required to move no ketone implementation• Provide guidance and assistance with Zika virus screening of blood supply• Provide guidance and assistance with pathogen reduction technology implementation for blood supply• Provide needed services for infants and children with pregnancy associated Zika virus infection including microcephaly and other birth defects as well as those without visible birth defects and their families. The latest information may be found on the ASPR TRACIE website.• Continue with efforts to provide timely evidence-based communication messages and products• Establish vector control both truck and aerial based application of larvicides	<ul style="list-style-type: none">• CDC IMS returns to Level III EOC activation• Complete study of Zika virus in semen• Evaluate Guillain-Barre syndrome associated with Zika virus infection• Provide needed services for infants and children with pregnancy associated Zika virus infection including microcephaly and other birth defects as well as those without visible birth defects and their families. The latest information may be found on the ASPR TRACIE website.• Provide needed services for infants and children with microcephaly and other birth defects, and their families• Determine state needs for mosquito diagnostic testing, surveillance, and evaluating insecticide resistance• Implement personal protection and source reduction education programs for both individuals and communities• Establish nationwide Aedes aegypti and Aedes albopictus surveillance programs• Revise map using solicited data collected from localities and modeling to predict areas at risk.• Evaluate test capacity and implement contingency plans if necessary• Evaluate the quality of commercial products as they are developed and disseminate information regarding these tests• Assess the likely needs for families with a child who was exposed to Zika virus during pregnancy including those with microcephaly or another major birth defect as well as those without visible anomalies at birth• Develop a plan to follow children who were exposed to Zika virus in pregnancy including those with microcephaly and other major birth

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		and “adulticides” (pesticides)	defects as well as those without anomalies to at least three years of age to evaluate their developmental outcomes and identify gaps in services <ul style="list-style-type: none">Assist federal and other partners with identifying resources needed to ensure sustainability of local blood services during the Zika virus epidemicMonitor the outcomes of women infected during pregnancy, congenital infections, and other atypical transmission routes
HHS Op and Staff/ Division Coordination	<p>ASL</p> <ul style="list-style-type: none">Calls to certain Members of Congress (for example, those in the state in which transmission occurred, leadership, leadership on committees of jurisdiction)Calls with Governors in affected state to coordinate messaging with IEAIn person congressional briefing for committees of jurisdiction and HHS experts regarding response plans <p>CMS</p> <ul style="list-style-type: none">Assist States in extending Medicaid pregnancy related services <p>FDA</p> <ul style="list-style-type: none">Monitor for counterfeit products and taking of enforcement actionsEnsure availability of diagnostics <p>NIH</p> <ul style="list-style-type: none">Pathogenesis: NIH launches cohort studies in endemic countries and U.S. territories focusing on Zika in pregnancy and infants and Guillain BarreVaccines: After consultation with FDA and CDC, NIH launches vaccine trials (Phase I, II/IIb) in U.S. and endemic areas. If/when sufficient safety/efficacy data available, submit for licensure following Phase IIb or in consultation with FDA proceed to Phase IIITherapeutics: Pending results of screens, NIH considers initiation of clinical trials for promising therapeutics candidates in U.S. and endemic areasNovel vector control: If promising technology available, NIH supports effectiveness studies for novel vector control including epi endpoints <p>OASH</p>	<p>ASL</p> <ul style="list-style-type: none">Calls to certain Members of Congress (for example, those in the state in which transmission occurred, leadership, leadership on committees of jurisdiction)In person Hill briefing for all Hill staff with HHS expertsIn person briefing with Members, Governors, State Health Dept Directors <p>OASH</p> <ul style="list-style-type: none">Provide health communications and dissemination support to reach broad audiences through satellite media and modes in alignment with CDC/HHS/USG guidance. Audiences include health care providers mayors or local health officials, young adults/students, athletes/travelers <ul style="list-style-type: none">Monitor the prevalence of Zika virus infection in U.S. blood donations, and in organs and tissue transplantsCoordinate the consensus recommendations for establishing/expanding regulatory approved IND testing/screening of the U.S. blood supply for affected blood collection centers	<p>ASL</p> <ul style="list-style-type: none">In person congressional briefing for all Hill staff with HHS experts to walk through response/recovery phase plansCoordinate messaging with IEA <p>CMS</p> <ul style="list-style-type: none">Provide access to health coverage through Medicare, Medicaid, Children’s Health Insurance Program, and the Health Insurance Marketplace and CMS programs may include payments and reimbursements for vaccines and antivirals <p>NIH</p> <ul style="list-style-type: none">Conduct studies to better understand the risk of negative outcomes associated with Zika virus infection during and after pregnancy <ul style="list-style-type: none">Encourage research to understand the impact of the Zika virus on neurologic tissue <p>OASH</p> <ul style="list-style-type: none">Develop multi-lingual messaging and/or create materials to disseminate via webpage and social media platforms to amplify reach in diverse communities; also to share Zika messaging with other federal and regional partnersDetermine activity outcomes or metrics to assess reach, impact, and effectiveness of approach on Zika messaging to target audiences that was developed by OMHPromote/ amplify CDC’s recommendations through its various social media channels and online platformsSupport the implementation of ZIKAV testing in routine blood screening

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	<ul style="list-style-type: none">Adapt messaging including current guidance for Zika testing (in accordance with CDC)Continue to focus contraceptive training and other efforts prioritizing areas that are experiencing or likely to experience local transmissionContinue to provide most current information and CDC guidance regarding transmission, prevention, testing, and other issues by revising toolkit and conducting periodic webinars targeted at providers of care for non-pregnant, reproductive aged individualsFrequent communication with and support to state-based teams, including provision of needed technical assistanceOngoing assessment of potential increased need for contraceptive care as well as barriers to contraceptive provision and other related needsCommunicate “best practices” and “lessons learned” from affected states to other areas that are or may be affectedContinue communications with other Federal partnersAdapt messaging in accordance with CDC updatesProvide current information and guidance regarding prevention, transmission, testing and other services per CDC updates and guidanceCommunicate regularly with federal, national, state, territorial and local partnersProvide health communication and dissemination support to reach broad audiences through satellite media and modes in alignment with CDC/HHS/USG guidance. Audiences include health care providers, mayors or local health officials, young adults/students and athletes/travelersCoordinate public health messaging to the U.S. blood community, including blood donors and recipientsCoordinate associated federal regulatory guidance outreach with private sector stakeholders (e.g., AABB, America’s Blood Centers, American Red Cross, American Hospital Association)Coordinate the blood industry messaging defining autochthonous transmission by affected U.S. blood collection center		<p>platforms</p> <ul style="list-style-type: none">Exploration for the introduction of Pathogen Reduction technologyMonitor and coordinate with the relevant Odivs/Stafdivs via the OASH PHS BOTS
FEMA HQ Coordination	--	<ul style="list-style-type: none">Support state requests for assistance and Fed to Fed deployments and missionsDeploy team members on request of HHS and/or StateMake determinations, as needed, to enable use of Defense Production Act authorities by other Federal agencies, and State and local governments if	--

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		limited non-medical countermeasures (e.g., repellants, bed netting, insecticides) commodities occur	
ESF#1	--	DOT <ul style="list-style-type: none">Provide technical assistance for logistics (e.g., supplies, equipment, blood supply)Monitor the situation and coordinate with regional transportation entities as necessary	--
ESF#2	--	--	--
ESF#3	--	USACE <ul style="list-style-type: none">Monitor for potential impacts to critical infrastructure resulting from employees’ inability to perform job duties	Normal operations
ESF#4	--	Provide U.S. Forest Service personnel to NRCC/RRCC (if activated) to perform support duties identified in the ESF #4 Annex of the NRF	--
ESF#5	--	FEMA <ul style="list-style-type: none">Supports and facilitates multiagency planning and coordination for operations involving incidents requiring Federal coordination; coordinates comprehensive incident resource planning, management, and sustainment capability; through DHS/Office of Public Affairs, Coordinates the release of accurate, coordinated, timely, and accessible public information to affected audiences, including the government, media, NGOs and the private sector to ensure outreach to the whole community.Pre-identify personnel to staff FEMA IMAT-A teamsOrient team members on emerging Zika virus threatWhen directed by the appropriate Regional Administrator, conduct pre-event Federal Resource Coordination activities with the designated State(Facilitate the provision of non-health emergency Federal support to states, with or without a Stafford Act declaration)Deploy team members on request of HHS and/or State DOL <ul style="list-style-type: none">Coordinates for the federal workforce, worker safety and health activities with CDC and National Institute for Occupational Safety / Health (NIOSH) and OPM for ZIKA virus protection planning for at-risk/high-risk populations.	--

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ESF#6	--	Deploy staff and resources in support of Regional/State activities if requested by HHS	--
ESF#7	--	<ul style="list-style-type: none">• Provide Operational Staging Initial deployment of IRR to sustain a comprehensive logistics support operations of the Whole Community Logistics System• Deploy resources from DCs or vendors to ISB and other operating locations• Monitor burn rate and replenish as necessary• Implement PPE disposal requirements	--
ESF#8	HHS <ul style="list-style-type: none">• Facilitate product (antivirals, vaccines, diagnostics) development by providing regulatory guidance to sponsors and reviewing submissions promptly• Monitor for and taking enforcement action on counterfeit products• Ensure availability of diagnostics• Provide guidance to SLTT and health care providers on strategies/ protocols for surge capacity, crisis standards of care, allocation of scarce resources• Monitor for public health system stress• Enhanced messaging from CDC to the Interagency partners	HHS <ul style="list-style-type: none">• Deploy ESF-8 federal personnel and materiel as needed to supplement response, if resources available• Monitor for public health system stress and surge capability and potential need for Federal assistance• Disseminate updated risk communications messages• Update guidance to health care providers on strategies/ protocols for surge capacity, crisis standards of care, allocation of scarce resources• Facilitate product (antivirals, vaccines, diagnostics) development by providing regulatory guidance to sponsors and reviewing submissions promptly• Monitoring for and taking enforcement action on counterfeit products• Complete vaccine development and begin production• Implement national vaccine campaign• Monitor vaccination coverage levels, antiviral use and adverse events• Monitor health sector CIKR for early warning shortages• Convene, Federal Disaster Human Services Group, Preparedness for Pregnant Women Work Group, and/or Children's Interagency Leadership on Disasters Work Group, to share information, identify gaps and coordinate with partners on non-operational issues related to the access and functional needs of at-risk individuals DOD <p>Supports RFA for the following:</p> <ul style="list-style-type: none">• Provide available logistical support (e.g., transportation) to public health/medical response operations• Facilitate HHS access to DOD medical/materiel contracts, through DLA• Provide epidemiological and vector control/ surveillance and other specialized technical support and assistance.	HHS <ul style="list-style-type: none">• Monitor supply chain to produce critical medical material• Monitor for and take enforcement action on counterfeit products• Consider updated recommendations for control measures, surveillance protocols, etc. (CDC)• Consider updated health care system surge guidance and continue monitoring stress• Process Medicare/Medicaid related waivers• If PHE declaration was issued , consider whether to renew• Re-stock vaccine in preparation for subsequent waves• Monitor for public health system stress and surge capability and potential need for Federal assistance

Phased Triggers	Phase 2: Suspected/Confirmed Incident Confirmed Local Transmission by Mosquitos (single case or cases clustered in a single household or community occurring < 2 weeks apart)	Phase 3 and 4: Incident and Response Confirmed Multi-person Local Transmission (Zika virus illnesses with onsets occurring ≥ 2 weeks apart, but within an approximately 1 mile (1.5 km) diameter) and Widespread Multi-person Transmission Mosquitos (multiple state, local, tribal or territorial transmissions occurring ≥ 2weeks apart)	Phase 5: Recovery Federal support to SLTT no longer required for Response, but may require a continuation of disaster assistance until normalcy is restored
		<ul style="list-style-type: none">Provide pest management subject matter expertise, laboratory diagnostic and confirmatory testing, epidemiological and medical support VA Supports RFA for the following: <ul style="list-style-type: none">Designate and deploy an available medical, surgical, mental health, and other health service support resourcesProvide liaisons as ESF #8 assets to Federal and State emergency coordination entitiesFurnish available VA hospital care and medical services to individuals responding to major disaster or emergency (incl. active duty military)Provide acquisition and logistic support to public health/medical response operations	
ESF#9	--	Deploy teams as needed	--
ESF#10	--	<ul style="list-style-type: none">Maintain situation awareness and coordination with affected RegionsCoordinate protective measures with affected Region(s) in the U.S.Support Mission Assignments and support of other ESFsSupport the NRCC and RRCCs as requestedConsider requests for assistance from State, Tribal, local governmentsImplement the Risk Communications PlanMaintain Mission Essential Functions	--
ESF#11	DOI <ul style="list-style-type: none">Foster an effective vector control campaign to eliminate and contain mosquitoes known to transmit ZIKV through engagement with DOI land managers	DOI <ul style="list-style-type: none">Maintain USGS function of wildlife disease surveillanceProvide technical assistance to DOI land managers to monitor and map the occurrence of Zika virus vectors USDA <ul style="list-style-type: none">Provide personnel to RRCC and/or NRCC (if activated) to perform duties of ESF #11, Agriculture pre or post declaration supportProvide personnel to ensure control against the spread of animal disease agents in support of disaster operationsProvide technical expertise in support of animal and agricultural emergency management	--
ESF#12	--	<ul style="list-style-type: none">Monitor affected Regions and maintain situational awareness to enhance coordination with Federal Stakeholders, energy owners and operators, energy associations, ESCC, ONGSCC and ES-ISAC's	--

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		<ul style="list-style-type: none">Continue to monitor for potential impacts to the energy	
ESF#13	--	<ul style="list-style-type: none">Deploy Field Support Team (FST) and establish a Field Coordination Center (FCC) as necessaryDeploy Quick Response Team (QRT) to provide public safety and security to Federal, State and local entities per approved Mission Assignments (MA)	--
ESF#15	<ul style="list-style-type: none">Establish a Joint Information Center (JIC)Support the messaging, communications efforts, and guidance as identified by the HHS ASPA and CDC	<ul style="list-style-type: none">Modify messaging based on newly acquired knowledgeDisseminate information to Federal employees, contractors and their families	--