



Michael R. Anderson, MD, MBA, FAAP
Chair, National Advisory Committee on Children and Disasters
11100 Euclid Avenue
Cleveland, OH 44106

Dear Dr. Anderson and Members of the NACCD:

The Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) is a leader in preparing the Nation and its communities to prepare for, respond to, and recover from public health and medical disasters and emergencies. Section 2811 of the Public Health Service (PHS) Act, added by the 2006 Pandemic and All-Hazards Preparedness Act (PAHPA) and amended by the 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), established the ASPR as the principal adviser to the HHS Secretary, responsible for providing integrated policy coordination and strategic direction with respect to all matters related to public health, medical preparedness, and deployment of the federal response for public health emergencies and incidents. As you are also aware, in 2014, the National Advisory Committee on Children and Disasters (NACCD) was established pursuant to section 2811A of the PHS Act. The NACCD was formed specifically to inform the Secretary and the ASPR on matters related to the health and well-being of children affected by disasters.

I would like the NACCD to address the current state of readiness across the nation for a surge of pediatric patients and mass-transport this fall and winter. Pediatric surge and the need for pediatric transport in the event of an outbreak of influenza, enterovirus D68, or Ebola, or a combination of these potential events, could overwhelm present local pediatric care capabilities. The committee's report should focus on these contagious diseases and how pediatric health care organizations would currently cope with large numbers of patients, as well as on strategies to improve their readiness capabilities in the short term.

Additionally, I would appreciate it if the committee could specifically examine the following in the context of readiness for a surge of pediatric patients this fall and winter:

1. The current state of readiness to transport large numbers of critically ill children.
2. The current state of general emergency/pediatric emergency surge capacity.
3. The current readiness of children's hospitals to surge during an infectious disease outbreak.
4. The current state of non-pediatric facilities to care for children in large scale disease outbreaks.
5. A summary of potential mitigation strategies for identified gaps.
6. A review of best practices and a summary of practical tools to help build health care coalitions aimed at increasing community readiness to care for children.

I believe, given the NACCD's expertise, that this report will generate a great deal of insight on this important topic. I look forward to receiving the NACCD's recommendations by February 27, 2015.

Thank you for your continued support in the work of ensuring the public health preparedness of our nation.

Sincerely,

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