TO: State Health Officials

FROM: Director, Centers for Disease Control and Prevention (CDC)
Director, CDC Procurement and Grants Office

DATE: October 27, 2014

SUBJECT: Assistance to State and Local Health Authorities for Ebola Preparedness and Response

Thank you for your continued patience, flexibility, and support as the Centers for Disease Control and Prevention (CDC) strives to provide clear and scientifically-based guidance for Ebola virus disease (EVD) preparedness and response. The cases of EVD within the United States present a new and evolving public health challenge, and CDC is working hard to meet this challenge head on. Our collective public health mission is clear: to prevent the importation of EVD into the United States and to stop transmission of EVD within this country.

Following are CDC resources that can help you accelerate your state and local EVD preparedness activities.

**Public Health Emergency Preparedness Cooperative Agreement (PHEP)**

EVD preparedness activities fall within the scope of CDC’s Public Health Emergency Preparedness (PHEP) cooperative agreement, which is authorized by the Public Health Service Act, as amended by the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013. Therefore, the use of PHEP funds for EVD preparedness is considered an allowable expense. All awardees who need immediate assistance with implementation should redirect current and/or carryover prior year funds to EVD preparedness activities. Awardees have the current authority to automatically redirect up to 30% of their awarded funds or $1 million dollars, whichever is less, to respond to emerging public health incidents, including EVD.

Awardees that wish to redirect more than 30% of their funds may do so by notifying their CDC project officers and CDC’s Procurement and Grants Office (PGO). PGO will act on the request within one working day.

Funding should be used to support implementation of the Administration’s policy for active monitoring, and states should also assist local health departments with implementing the policy.

Awardees that do not have available PHEP funds to redirect should repurpose their current work plans and staffing to support EVD preparedness activities. CDC will work with awardees to amend the current PHEP work plans and deliverables to ensure relief on the current proposed activities and deliverables.
Reassignment of CDC Field Staff to Ebola Activities

1. **PHEP-funded Field Staff**: States can reassign field staff funded by the PHEP cooperative agreement without receiving prior approval from CDC. States that have field staff funded by the PHEP cooperative agreement should consider this their first option if staffing assistance is needed for EVD preparedness and response activities.

2. **Other CDC-funded Field Staff**: State and local public health agencies may also reassign other CDC-funded field staff stationed in state and local health departments to support EVD preparedness and response activities. CDC recommends that states consider this to be their second option for augmenting their Ebola-related staffing requirements. This temporary assignment cannot exceed 30 days. CDC requests that state and local health departments that wish to temporarily reassign CDC field staff to EVD preparedness activities notify their respective project officers. The temporary reassignment authority is limited to CDC field staff not funded by the PHEP cooperative agreement and does not include state or local employees funded through other CDC grants or cooperative agreements. States that wish to reassign CDC-funded field staff to EVD preparedness and response activities should notify the CDC Emergency Operations Center (EOC) in writing, submitting requests to EOCSTFEOCdesk@cdc.gov. This e-mail box is for state and local health officials only and is not intended for the public.

3. **CDC's Public Health Associate Program (PHAP)**: The PHAP places public health trainees within state and local public health departments. Upon request by the state, CDC may be able to deploy PHAPs to assist with EVD preparedness and response activities. States may request a PHAP by e-mailing EOCSTFEOCdesk@cdc.gov.

Thank you for your invaluable contributions to the U.S. response to EVD. As our nation’s state and local health officials, you are on the front lines maintaining the health security of the citizens of the United States, and CDC is committed to ensuring that our partnership with you remains strong.

We will continue to explore additional options to assist with implementation of active monitoring in your states and appreciate all your efforts to protect the health and safety of our nation and its people. PGO will be providing additional guidance in the near future.

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