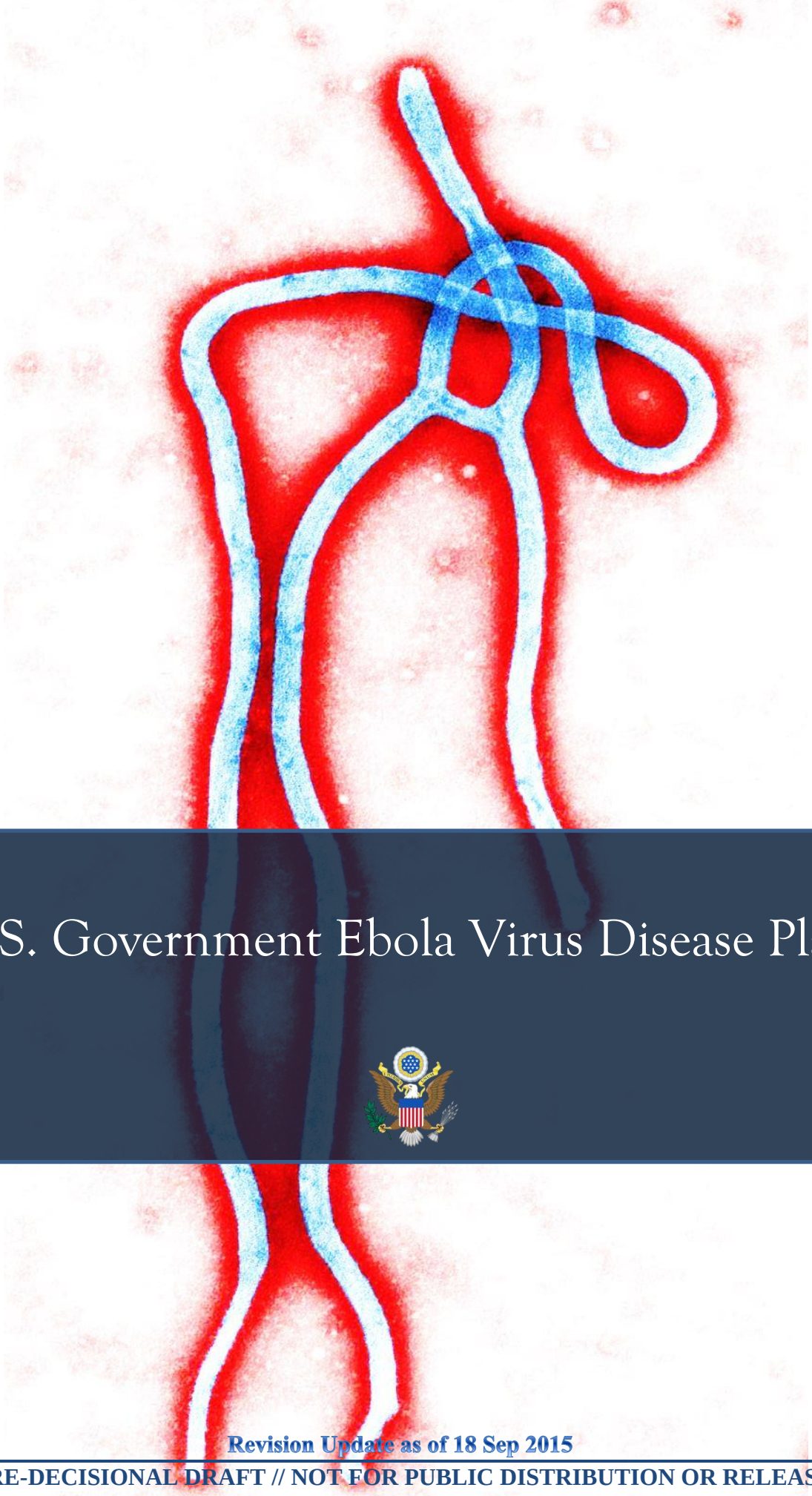


U.S. Government Ebola Virus Disease Plan

Revision Update as of 18 Sep 2015

PRE-DECISIONAL DRAFT // NOT FOR PUBLIC DISTRIBUTION OR RELEASE

Situation

Purpose

To describe the integrated concept of operations, process and organizational constructs the U.S. Government (USG) will utilize to prevent, protect against, mitigate, respond to, and recover from a Ebola Virus Disease (EVD) outbreak, as risk mitigation and management of a U.S. impact. This plan will guide the USG through management and containment of EVD domestically with a focus on unified approach in support of Federal, State, Local, Tribal and Territorial [SLTT] governments. This plan will also clarify the roles and responsibilities of Federal interagency partners and those supporting entities to establish clear lines of responsibility, and eliminate duplication of effort.

This plan supports overarching national strategic goals of controlling any EVD outbreak at its source; mitigating second-order impacts; engaging and coordinating with a broader audience; and fortifying health security infrastructure. This plan also focuses on national policy objectives which involve the Nation's capabilities to prevent and protect against emerging infectious diseases, through safe and expeditious response and recovery from an infectious disease outbreak, by maintaining the health and safety of the public; protecting critical infrastructure and key resources; and ensuring the national security and public trust in the Federal government. It similarly supports coordination of national EVD preparedness, response, mitigation, and recovery efforts both horizontally across the USG, and vertically among Federal, SLTT governments, as well as Non-Governmental Organizations (NGOs), the private sector, to help control Ebola at its source.

Scope

The scope of this plan is limited to USG actions in support of the SLTT, as well as assistance to the private sector as the actions pertain to the protection of the United States (U. S.) from the threat of an EVD outbreak. It will guide the Federal interagency actions required during preparedness, response, and recovery from an EVD incident. This plan encompasses:

- The situational awareness, tracking, reporting, and operational coordination of the USG, and the enhanced steps that will be taken upon identification of spikes in EVD cases, or a domestic EVD outbreak.
- Medical support to SLTT.
- Medical countermeasure (MCM [vaccines, therapeutics, and diagnostics]) development, testing, and distribution.
- Screening of personnel entering the U. S. at ports of entry and along the international border (legitimate lawful entry, illicit entry, resettlement and repatriation).
- EVD detection and monitoring process within the U. S.

- The movement, treatment and tracking/reporting of EVD cases and Person Under Investigation (PUI) [1]in the U.S. or returning to the U.S.
- Identification of the appropriate pre-incident posture from which the Nation can surge, if required.

This plan is specific to the USG's tracking, coordination, and overall situational awareness in planning for mitigation, preparedness, response, and recovery. Though this plan takes our partners into consideration, it does not include such specifics with regard to SLTT or private sector (EVD) actions or tasks.

Background

Ebola is a highly infectious, severe, and acute viral illness with an incubation period ranging from 2-21 days. Ebola has historically demonstrated a fatality rate of up to 90% (although the fatality rate for the 2014 EVD outbreak in West Africa ranges from 46% to 72%). The largest EVD outbreak ever recorded in human history began in Guinea in December 2013. The World Health Organization (WHO) was formally notified in March 2014, of this rapidly evolving outbreak. The disease had spread to countries in West Africa, and on 7 August 2014, the WHO declared a Public Health Emergency of International Concern (PHEIC) for EVD in West Africa. This declaration underscored the need for a coordinated response to contain the spread of Ebola. Bodily fluids and tissue specimens from infected individuals, known to contain infectious material and the risk of increased transmission, progresses with the evolution of the disease. A combination of several key factors are believed to have contributed to the rapid, sustained transmission of the disease in West Africa, including a fragile health system; limited experience with EVD, and inadequate capacity to perform standard medical treatment in affected workers. In addition, cultural customs and practices, the lack of awareness of the disease by the general population, and a diminished capability of a coordinated response coalesced to exacerbate the growing outbreak.

Although Ebola is not endemic in the U.S., the frequency of international travel from countries in West Africa to the U.S., combined with the potential for laboratory exposure to the virus due to ongoing medical research served to heighten the risk for exposures in the U.S. In 2014, during the height of the EVD outbreak in West Africa, two imported cases were reported in the U.S.; one in Dallas and the second in New York City. On 30 September 2014, an individual who had traveled to Dallas from Monrovia, Liberia, was diagnosed as the first confirmed imported cased of EVD in the U.S. This individual died on 8 October 2014, and two healthcare workers from a hospital in Dallas, Texas who provided direct patient care, were infected and subsequently received treatment at the National Institutes for Health (NIH) and Emory University Hospital. Both healthcare workers recovered and were discharged. On 23 October 2014, a physician from an NGO team providing patient care to Ebola patients in Guinea was confirmed with EVD in New York City. The physician was treated at Bellevue Hospital in New York City. This healthcare worker also recovered and was discharged. In addition to these EVD incidents,

[1] Person Under Investigation (PUI) is a person who has both consistent signs or symptoms and risk factors as follows: (1) elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; **AND** (2) an epidemiologic risk factor within the 21 days before the onset of symptoms.

several U.S. NGO healthcare workers and citizens were infected with Ebola and subsequently evacuated from West Africa to the U.S. for treatment.

Threat

As of 7 June 2015, the WHO reported about 27,273 confirmed cases in the following countries: **Africa**: *Guinea* (3,670), *Liberia* (10,666), *Mali* (8), *Nigeria* (20), *Senegal* (1), *and Sierra Leone* (12,901); **Italy** (1); **Spain** (1); **United Kingdom** (1); and the **United States of America** (4). The WHO also reported 11,173 deaths associated with Ebola as follows: in **Africa**: *Guinea* (2,437), *Liberia* (4,806), *Mali* (6), *Nigeria* (8), *and Sierra Leone* (3,915); and the **USA** (1). As long as Ebola continues to occur in the West African region, there is a risk of spread to other countries. Anecdotes and data from the U.S. Centers for Disease Control and Prevention (CDC) suggests the possible consequences of further international spread could be particularly serious considering the following factors, especially in developing countries:

- The virulence (ability to cause serious disease or death) of the virus.[2]
- Diagnosing Ebola in a person who has been infected for only a few days is difficult because the early symptoms, such as fever, headaches, and muscle pain are nonspecific to the Ebola infection and are often seen in patients with other diseases like malaria, typhoid fever, and the flu.[3]
- The pervasive transmission in communities and healthcare facilities in affected developing countries.
- Ebola could become endemic to the region due to its presence in natural animal reservoirs, leading to future outbreaks.
- The strained health systems in affected and most at-risk countries.

Threat of Spread

The risk of an outbreak of EVD spreading outside of West Africa and directly to the Americas, was analyzed by the Defense Threat Reduction Agency (DTRA). The modeling analysis suggested that the probability of EVD emerging in the Americas is plausible due to the importation of EVD cases. The likelihood of EVD case importation in the Americas is contingent largely on the passenger flow of international travelers from areas in West Africa affected by the outbreak. Several factors were considered in this analysis including, EVD outbreaks most likely originate from an animal reservoir and potentially an intermediary species common to remote villages and tropical rainforests domains in Africa; the Ebola virus is a zoonotic pathogen and its spread among humans is uncommon; and the first appearance of the Ebola virus in humans may likely have occurred via direct contact with tissue or bodily fluids from an infected animal.[4] As a result, the modeling suggested the probability of an outbreak in the Americas is low.

Effective public health control measures (such as case identification, contact tracing, patient isolation, and quarantine where appropriate, to break the chain of the virus transmission) could

[2] CDC Website: Ebola Virus Disease, http://www.cdc.gov/vhf/ebola/.
[3] Ibid.
[4] Ibid.

further lower any risks associated with trade and travel. Although elimination of the current outbreak will minimize the risk to the U.S., the risk may not ever be fully eliminated due to the ever-present possibility of reemergence of EVD through natural animal reservoirs. The potential reemergence of EVD places the US population at risk from importation of cases to the U.S.

To advance EVD preparedness and response efforts and further the development of this plan, the U.S. Department of Health and Human Services (HHS), Analytic Decision Support Section of the Biomedical Advanced Research and Development Authority (BARDA), in conjunction with the CDC, Ebola Modeling Task Force, modeled the impact of simultaneous EVD patients on treatment capabilities in the U.S. Through a conservative analysis, it is estimated that the approximate number of simultaneous patients in treatment in U.S. hospitals, could range from 0 to ≈ 15. This estimate considered many EVD potential sources, which included importation from transportation, medical evacuation, and secondary transmissions.

Facts of the 2014 EVD Outbreak

Scientific and General Facts

- The Ebola basic reproduction number or basic reproductive ratio (R_0) value for the EVD outbreak in West Africa is between 1.5 and 2.5.[5]
- Early symptoms of EVD are non-specific and can mimic other illnesses including malaria, typhoid fever, and the flu.
- The virus is spread through direct contact with the body fluids (blood, urine, feces, saliva, vomit, semen, and other secretions) of an infected person, or with objects that have been contaminated with the virus and can transmit infection.
- Scientific evidence suggests a person infected with the Ebola virus is not contagious until they present with specific indicators revealing the presence of the disease (existence of EVD).
- The U.S. and other international partners provided and continue to support West African nations to counter and control the Ebola epidemic.
- The U.S. has developed a system of hospitals designated as Ebola treatment centers and Ebola assessment hospitals in order to identify, manage, and treat Ebola cases.
- There are limited options for patient movement by air transportation for known or suspected Ebola cases.
- Rapid case identification, isolation, and contact tracing and monitoring and meticulous attention to infection control practices remain the first line of defense to prevent spread of Ebola.
- Bats and non-human primates in Africa have been found to be infected with Ebola and may possibly serve as a source of infection to humans.

[5] Althaus, Christian L. (2014). "Estimating the Reproduction Number of Ebola Virus (EBOV) During the 2014 Outbreak in West Africa". *PLoS Currents*. doi:10.1371/currents.outbreaks.91afb5e0f279e7f29e7056095255b288.

HHS/ASPR/CDC/NIH

- HHS/ASPR and CDC has provided extensive guidance and training to medical facilities in the U.S. on how to prevent the spread of Ebola in healthcare settings.
- CDC has established and promulgated healthcare worker guidance to Federal, SLTT, and private sector partners on management of patients with confirmed Ebola or PUIs for Ebola who are clinically unstable.
- CDC has established an Ebola Response Team (CERT) that can be deployed anywhere in the U.S. to help combat Ebola.
- Medical countermeasures that can lessen the harmful effects of EVD, including Ebola vaccine candidates, are in accelerated development; and human clinical trials of investigational Ebola vaccine candidates at U.S. research facilities, including the NIH and Walter Reed Army Institute of Research, began in late 2014. In addition, NIH, CDC and the Ministries of Health in Guinea, Liberia, and Sierra Leone are conducting vaccine clinical trials in country.

DHS/CBP/USCG

- On 21 October 2014, the Department of Homeland Security (DHS) mandated enhanced screening and protective measures to prevent the spread of Ebola in the U.S. The U.S. Customs and Border Protection and CDC are now conducting entry screenings for people traveling to the U.S., from Ebola affected West African countries (Guinea, Liberia, or Sierra Leone) at five designated aerial ports of entry (New York's JFK, Newark, Dulles, Atlanta, and Chicago).
- The Secretary of DHS indicated On 21 October 2014, that there are no direct, non-stop commercial flights from Liberia, Sierra Leone or Guinea to any airport in the U.S. As of August 2015, there continue to be no direct flights from Guinea, Liberia, or Sierra Leone to the U.S., and travel to and from the U.S., from the EVD affected countries, encompasses a very small percentage of the overall travel to the U.S.
- Under its immigration authorities, the United States may deny admission to any applicant for admission (a term which excludes U.S. citizens and most lawful permanent residents) diagnosed with Ebola.
- USG Border enforcement capabilities, to include holding capacity, are limited to handle suspected EVD cases.
- Vessels, e.g. USCG, involved in migrant interdiction from Caribbean countries are limited by capacity and capability.

DoS/USAID

- Request for international assistance related to the 2014 EVD outbreak, have been managed and coordinated by the Department of State (DoS) and the United States Agency for International Development (USAID) is coordinating the USG international response.

Critical Considerations

- When necessary and indicated, State and local health agencies may request Federal assistance for epidemiologic investigations and contact tracing of a large number of PUIs.
- Foreign nationals suspected of having EVD may not be accepted by their native country of origin, or country of residence for travel entry into that country.
- Economic impacts in foreign nations could exacerbate migration and increase the desire of individuals to flee their country, which increases the potential for more international travelers to arrive at U.S. ports of entry, and may require activation of emergency repatriation and refugee influx plans.
- In the case of foreign nationals deemed inadmissible to the U.S. due to symptoms consistent with EVD, it may be in the USG's best interest to care for symptomatic persons, rather than transport them back to their country of origin.
- Operational use of personal protective equipment (PPE) is critical in the control of the disease and personal safety. Front-line personnel in law enforcement and national security roles use different PPE than those in a clinical or laboratory environments. PPE also varies within clinical environments based on clinical role and exposure risk.
- An EVD event in densely populated areas, medically underserved areas, or highly impacted sections of a state may exacerbate medical shortages and require SLTT governments to reallocate healthcare resources from within the region.
- The primary source of PPE for healthcare facilities will be the private sector. If a healthcare facility is unable to obtain PPE from normal private sector channels due to supply shortages; healthcare coalition, state, or local resources should be available to assist. The Strategic National Stockpile (SNS) may be required to assist facilities when no other resources are available to meet an urgent need.
- If circumstances indicate the need to quarantine or de-populate multiple Ebola-exposed animals or animal colonies associated with family units of a person(s) with confirmed EVD, local and state health capabilities may be quickly overwhelmed.
- State and local officials may resist transport and/or disposal of Ebola waste within their jurisdictions.

Assumptions

Domestic Implications

- The U.S. borders or ports of entry will remain open and additional measures will be needed to manage entry into the U.S.
- Effective cross-border interaction between North American countries will help facilitate containment efforts and limit disease spread across the borders.
- Public health resources will be required to support and sustain screening measures at ports of entry and land-border crossings where international travelers arrive in the U.S. in order to sustain a comprehensive surveillance system, which serves to limit the introduction of infectious diseases and prevent disease spread.

- U.S. border stations detaining migrants will be limited by capacity and capability and will require public health and medical assistance for suspected cases of EVD consistent with travel history from EVD affected countries.
- Foreign nationals who are interdicted off shore during a migration to the US are inadmissible to the U.S.
- States will require Federal assistance for cross-state epidemiologic investigations and contact tracing.
- Sound patient isolation practices, effective infection control, and appropriate and effective border control measures along with the identification of travelers from affected areas for post arrival monitoring and intensive and methodical contact tracing in affected communities, will reduce the likelihood of further transmission from any potential confirmed cases to the U.S.
- Intensive public health surveillance and education actions, as well as substantial messaging, and effective patient isolation and infection control measures will be required to contain the spread of disease.
- The private sector will support domestic materiel (e.g. PPE) needs; if needed the SNS will augment limited private sector supplies.
- Adequate public health and healthcare infrastructure exist in the U.S. to provide patient isolation and treatment (supportive care) of confirmed cases.
- A variety of communications channels and mediums will be required for the effective distribution and publication of Ebola information and messages to the media and the public. Examples of this include: Social media channels (e.g., Twitter, Facebook, YouTube, podcasts, text messaging, etc.); internet websites; Health Alert Network (HAN); conference calls and webinars; and online partners such as WebMD and Medscape, in addition to traditional media outlets.
- An adequate level of Federal and SLTT collaboration and support will be required to carry-out the local operational response in the execution of an emergency repatriation of US citizens (overseas evacuation).
- Crisis standards of care would not be required in U.S. healthcare facilities due to a surge of patients as it is improbable that a 10-patient or even a 50-patient domestic Ebola cluster would significantly change usual healthcare operations and the level of care it is likely to deliver.
- Delays in detection, early diagnosis and confirmation testing in countries with poorly developed and fragile public health and healthcare infrastructure will increase the number of potentially exposed contacts.
- There will be underreporting of infectious disease outbreaks in countries with poorly developed public health systems and fragile healthcare infrastructure.

Mission

HHS as the lead USG agency for public health, will coordinate the interagency public health and medical response effort to the domestic EVD threat, to protect individuals within its borders; and

through a directed effort to contain the spread of EVD through the identification of the disease at the borders and ports of entry, or in travelers from affected areas through post arrival monitoring; treatment of infected EVD cases; and support of the development of an EVD vaccine.

End State: Effective containment and control of the spread of EVD and prevention of EVD deaths within the United States; the declaration of "Free of the presence of Ebola infections," in SLTT jurisdictions; and a reduction of new cases signaling the control of the epidemic at its source, and elimination of any potential infections to reservoir species within the U.S.

Execution

Senior Leader Intent

To execute a coordinated and seamless Federal Interagency response, supporting the SLTT EVD preparedness and response efforts.

This effort will focus on (1) the containment and interruption of transmission of EVD cases at the source; (2) the enhancement of detection efforts at our borders and ports of entry to limit the spread of EVD to the U.S.; (3) leading a coordinated Federal response; (4) the quick detection of EVD infected individuals within the U.S., (5) the mitigation of secondary effects of EVD cases presenting in the U.S., as well as any impacts of the EVD epidemic; (6) the safe movement of EVD patients from overseas and domestic locations to assessment and treatment facilities; (7) the provision of USG support to partner nations to build capacity and healthcare infrastructure to manage EVD cases; and (8) the safe and successful treatment of EVD patients in the U.S..

Key Federal Decisions

Decisions at the federal level may include:

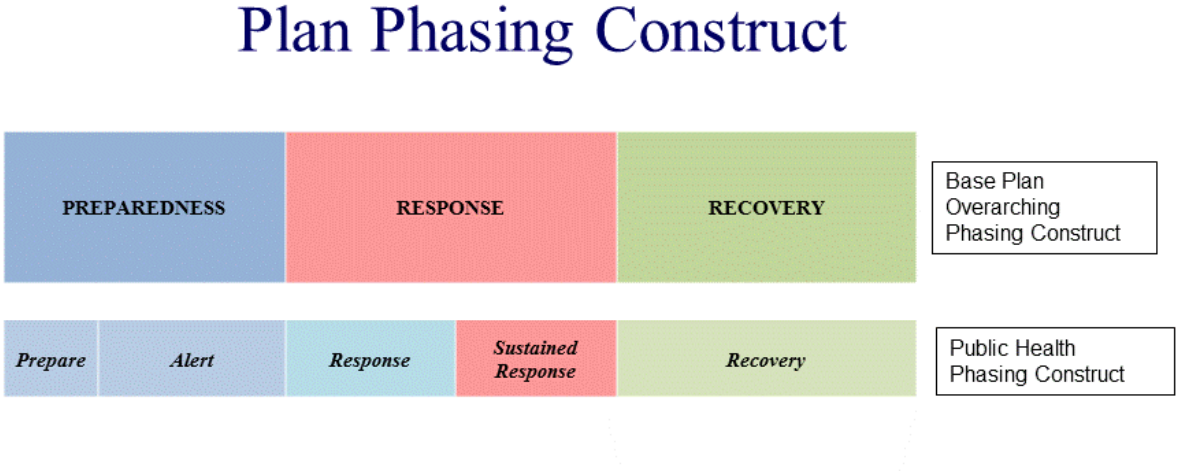
- Presidential Declaration of a National Emergency (Lead: President of U.S.)
- Stafford Act Declaration (Lead: President of U.S.)
- Public Health Emergency (PHE) Declaration (Lead: HHS Secretary)
- Border measures and travel health notices/warnings (Co-Leads: HHS and DHS)
- MCM development and distribution (Lead: HHS)
- Emergency authorization of medical countermeasures (Lead: HHS)
- Public Readiness and Emergency Preparedness (PREP) Act declarations and other liability and compensation mechanisms (Lead: HHS)
- Distribution of Ebola PPE from Strategic National Stockpile (SNS) to assist SLTT hospital healthcare teams in caring for Ebola patents in the event supplies are not immediately available at the facility (Lead: HHS)
- Funding to states (Lead: HHS)
- International donation/sharing of MCMs (Lead: NSS; with HHS and DoS input considerations and recommendations, consistent with the *Policy Framework for*

Responding to International Requests for Public Health Emergency Medical Countermeasures from the U.S. Department of Health and Human Services)

- Provision of USG support to partner nations in order to build capacity to manage EVD cases (Lead: DoS)
- Overseas emergency repatriation/evacuation (Co-Leads: DoS and HHS)
- Identification, tracking, and screening (at the border, air travel, of maritime vessels) (Lead: DHS)

Concept of Operations

Successful implementation of this plan is dependent upon the synergistic interaction of complex systems interacting to achieve the desired end state. Operational and recovery activities outlined in this plan are organized into three phases: Preparedness, Response, and Recovery, as depicted in the ***phasing construct figure*** below, which are consistent with the Federal Interagency Operations Plan (FIOP) schematic and strategy.



HHS is the Lead Federal Agency (LFA) for coordinating the Federal public health and medical response for emergencies and incidents covered under the National Response Framework (NRF) and Public Health Service (PHS) Act authorities, to include infectious disease outbreaks such as EVD. In addition, HHS is the LFA for the domestic reception, temporary care, and onward travel of eligible U.S. citizens and dependents evacuated from overseas areas. Furthermore, HHS is responsible for developing plans and procedures, in coordination with the heads of Federal departments and agencies, for assistance to U.S. citizens or others evacuated from overseas areas. The Federal interagency supports HHS in executing public health and medical requirements as requested to assist SLTT governments. USAID is the LFA with responsibility for coordinating the USG international response to an EVD outbreak per Executive Order 10973, and the Foreign Assistance Act (Public Law 87-195).[6] These authorities enable USAID to administer the President's authority to provide emergency relief and humanitarian assistance in response to international disasters, including disaster assistance for health and disease prevention.

[6] USAID authority the Foreign Assistance Act of 1961, Public Law 87-195; Executive Order 10973

At the national level, multiple agencies have inherent authority to coordinate various surveillance and sampling activities involving prevention and detection. At the regional level, HHS provides guidance to SLTT public health and medical authorities, and collaborates closely with other agencies for situational awareness associated with potential/suspected EVD cases.

The USG may execute and operate in multiple phases of this strategy, simultaneously. The following section provides the primary triggers and end-states that will set the conditions for interagency actions within the context of this plan.

Phase – PREPAREDNESS (Steady State – Credible Threat/Alert)

Preparedness. Federal efforts will focus on monitoring and the provision of Situation Reports, as indicated. In addition, Federal efforts will provide resources to support SLTT and partner preparedness activities to effectively respond to an imported or naturally occurring case of EVD or a domestic EVD cluster, and assist with the development or adaptation of preparedness and response plans as appropriate. Federal efforts to support preparedness activities could include the provision of funding to deliver and sustain training of personnel to staff Ebola treatment beds; enable better monitoring and detection of EVD cases; enhance public health surveillance and contact identification, tracing and monitoring; ensure accessibility and allocation of adequate PPE. Additionally, Federal efforts may include training on effective hazardous medical waste management and disposal processes and procedures.

Phase - Steady State

- **Phase begins:** This phase is always in execution, consistent with the National Preparedness Goal and National Response Framework.
- **Phase ends:** This specific phase is in concurrent execution with other phases and could advance to the credible threat/alert phase. Unless modified or altered through revisions, the steady state never ends, it may transition when the Nation has established that it can maintain the capabilities and capacity to respond as warranted, that plans are established and implemented and response assets are adequately trained and have sufficient resources. A final determinant is that the interagency is postured to respond to an Ebola threat.

Phase – Credible Threat/Alert

- **Phase begins:** Identification of a confirmed Ebola outbreak.
- **Phase ends:** Presentation of a single case within the U.S., either through medical evacuation, an imported case, or from an exposure incident from a U.S. laboratory.

The Federal interagency will support HHS in executing public health and medical requirements as requested to assist SLTT jurisdictions. In this phase, expanded information sharing and situational awareness mechanisms are enhanced through coordination structures at National, Regional, and SLTT levels.

Regionally, HHS/Assistant Secretary for Preparedness and Response (ASPR) Regional Administrators and Regional Emergency Coordinators (RECs), and the properly designated Federal Health Coordinating Officer (FHCO) communicate and coordinate response activities. At the SLTT level, an Incident/Area Command Structure may be established between SLTT leadership, Federal/state public health and health systems, and state/local emergency management agencies. Depending upon requirements (e.g., medical waste transport and disposal), other agency support components like the Department of Transportation (DOT),

Department of Labor (DOL), and the U.S. Environmental Protection Agency (EPA) may be activated.

Phase – RESPONSE (Immediate Response – Sustained Response)

Response. Response actions will ensure a coordinated Federal effort, including technical assistance, public health and medical expertise and other resources. The resources and capabilities may include, but are not limited to, public safety and security; transportation; environmental health and safety; mass care and human services; and logistics management and resources support, as outlined in the *NRF*. Federal public health and medical efforts during a response may focus on the following core areas: (1) provision of capabilities to ensure trained and staffed Ebola treatment beds; (2) provision of support and services to enable effective contact identification, tracing, and monitoring; (3) assistance with the medical assessment of contacts with symptoms; (4) provision of capabilities to facilitate the safe transportation for cases and contacts with symptoms ; (5) provision of resources and services to ensure adequate personal protective equipment; and (6) the provision of rapidly deployable teams capable of providing response coordination, communications and media relations, and information management and community support.

Phase – Immediate Response

- **Phase begins:** Single case identified within U.S., either through medical evacuation, an imported case, or from an exposure incident from a U.S. laboratory.
- **Phase ends:** Simultaneous cases in multiple geographic locations and/or the activation of interagency coordination structures.

During this phase, the CDC will provide laboratory support to the affected state health department. If requested, the CDC will deploy a response team to the state or receiving hospital for the EVD case to assist with management of the identified case. This team will provide infection control expertise, patient contact tracing and contact monitoring, and staff training; and may assist in media and risk communications.

Phase – Sustained Response

- **Phase begins:** Should impacts of EVD become more widespread from a single case, a cluster of cases within one geographic location, or multiple geographic locations and require a coordinated Federal response to deliver capabilities beyond public health and medical affecting essential services and national critical infrastructure.
- **Phase ends:** When all confirmed EVD cases are closed, there is no Person(s) Under Investigation (PUI), and all contacts of confirmed cases have been monitored for 21 days, the known incubation period for EVD, with no symptoms.

Should impacts of EVD become more widespread and require a coordinated Federal response to deliver capabilities beyond public health and medical affecting essential services and national critical infrastructure (CI), the response would employ a Unified Coordination Group (UCG). This would include top officials from the agencies holding significant authorities. At a minimum, the HHS Assistant Secretary for Preparedness and Response (ASPR) and the Federal Emergency Management Agency (FEMA) Administrator, fulfilling the functions for the Secretary of the Department of Homeland Security (DHS) as the Principal Federal Official (PFO) for domestic incident management, and the Director of the Centers for Disease Control

and Prevention (CDC), or their designees, would be members of the UCG. Other Federal designees would be added as appropriate (e.g., Department of Defense (DoD) for authorities and resources under Defense Support of Civil Authorities (DSCA); EPA (decontamination, waste handling and disposal, disinfection agent licensing, and waste water handling and treatment); Department of Transportation (DOT) with authorities related to the movement of hazardous waste and National Highway Traffic Administration (NHTSA) with oversight of Emergency Medical Services); and Department of Labor (DOL) with authorities for worker protection, including from occupational exposure to bloodborne pathogens and other hazards during care of Ebola patients and handling of hazardous waste.

The role of the UCG would be to jointly establish national objectives to guide the execution of operations, while HHS retains the LFA designation for the Federal public health and medical response. Depending upon requirements, other agency support components can also be activated.

For response operations, scalability allows for a transition to a UCG that includes the required Federal ESFs and Recovery Support Function (RSF) activities. At the regional-level, the HHS/ASPR Regional Administrator, REC, and the FEMA Regional Administrators (RAs) are formally activated for communication and coordination.

During the response phase, contact tracing and monitoring will be followed (including animal vectors and reservoirs) to ensure that the disease transmission has ended. Contact tracing will consist of 21 days of monitoring individuals who had contact with the patient, and checks to ensure that none of the original contacts have transmitted the disease to other individuals.

Phase –RECOVERY

Recovery. Efforts will focus on providing appropriate resources to support SLTT and partner recovery activities, the maintenance of indicated surveillance, and assistance with initiatives and efforts as applicable or requested, to facilitate the amendment of preparedness and response plans.

- **Phase Begins:** Begins concurrently with phase response.
- **Phase Ends:** SLTT jurisdiction is declared "Free of the presence of Ebola infections," and Federal support no longer required to support SLTT recovery operations and efforts.

During the recovery phase, the Health and Social Services RSF will conduct assessments and identify and coordinate RSF specific missions to enable and promote the resilience, health, and independence and well-being of an EVD impacted community. Also, the monitoring of an affected community or SLTT jurisdiction for about 42 days, could occur before a declaration of "Free of the presence of Ebola infections," is considered or offered. The Health and Social Services RSF will facilitate and assist in providing for the continuity of essential health and social services, to include but not limited to, potential assistance with the replenishment of hospital supplies and MCMs as conditions may require and the circumstances dictate.

Lines of Effort (LOE)

This section contains the LOE, which help frame the operational environments to respond to the EVD threat domestically in support of SLTT governments and partners. LOE connect activities

and undertakings to desirable conditions and end states, and facilitate the development of task and provision of resource capabilities needed to influence conditions for achieving the desired objective.

The LOE are integrated to deliver capabilities to bridge national preparedness with law enforcement, trans-border, public health, and defense. The LOE help visualize activities and enable their sequencing and synchronization to achieve the desired end state.

LOE Activity Descriptions

LOE #1: Information Management and Communications

- Conduct activities to attain situation awareness.
- Conduct operational coordination of the USG.
- Provide for coordination, situational awareness, and information management mechanisms and expand and/or enhance these mechanisms as appropriate.
- Appoint an HHS lead spokesperson to provide consistent EVD messaging across the USG.
- Conduct EVD crisis and risk communication to internal and external partners and the general public.
- Conduct and coordinate health communications and social marketing.
- Coordinate interagency communications via the Department of Homeland Security (DHS) National Incident Communications Coordination Line (NICCL).
- Coordinate with state and local public health communication officials.
- Develop and provide USG Ebola Senior Leadership Brief for Federal partners.
- Conduct of media monitoring to identify and correct misinformation.

LOE #2: Detection, Screening, and Monitoring Activities

- Conduct necessary and appropriate preparation actions for enhanced disease detection, screening, and monitoring.
- Develop and provide for capabilities to efficiently detect, screen, and monitor for EVD.
- Provide for an informed, protected, and appropriately-resourced USG land and maritime border and ports enforcement workforce to cope with any EVD-related situation that may arise.
- Provide for land and maritime border and ports screening measures and conduct monitoring activities of personnel entering the U.S. legally and illegally.
- Provide advance notice of arrival measures for vessels destined for U.S. ports.
- Send appropriate notification to state/local health departments of arrival of persons required to be monitored.
- Provide for safe and rapid screening with appropriate disposition of individuals entering the US from Ebola affected countries.

- Provide appropriate detection, screening, and monitoring activities to ensure that individuals suspected of having Ebola will be identified on entry at selected ports of entry into the U.S., and transferred to designated assessment hospitals or Ebola treatment centers.
- Provide for detection and monitoring processes within the U.S.
- Provide public health guidance for monitoring and movement of persons suspected or confirmed as EVD case.
- Conduct consultation with local and state health departments to assist in the determination/designation of a PUI.
- Coordinate with local/state public health authorities to conduct monitoring of individuals returning from Ebola affected countries and individuals with other epidemiologic risk factors (e.g., patient contacts, domestic U.S. healthcare workers).
- Provide for CDC Ebola Response Team (CERT) to assist state and local health departments in contact tracing and monitoring, interviews and contact follow-up, as requested.
- Ensure USG border enforcement land and maritime workers recognize, isolate, and provide support and notify CDC and state/local public health officials of a potential EVD case at a U.S. port of entry (POE).
- Provide for quarantine, anchorages, and screening measures employed offshore for vessels arriving at U.S. ports.
- Provide for medical evacuation of patients from maritime vessels.
- Expand capability of USG interdiction agencies to deal with potential EVD cases.
- Ensure individuals entering the U.S., identified as suspected or confirmed EVD cases (once identified to U.S. officials) receive the appropriate disposition, and proper notification are made and procedures followed.

LOE #3 - Health System Activities

- Conduct public health epidemiological measures for suspected EVD cases and promptly informing public health authorities.
- Provision of hospital preparedness efforts and activities.
- Provide advice, guidance and training to healthcare facility and staff by public health authorities (i.e. CDC, ASPR, health departments) as requested.
- Provide appropriate medical care and treatment according to the U.S. health system strategy as detailed at: http://www.cdc.gov/vhf/ebola/hcp/us-hospital-preparedness.html
- Conduct of public health and medical activities (including veterinary medical support as appropriate) to effectively manage outbreaks.
- Provide for effective infection control practices including disinfection of contaminated or potentially contaminated healthcare facilities, homes, and facilities to eliminate the risk of the spread of disease.

- Coordinate with SLTT regarding training and awareness of infection control measures and management of hazardous medical waste.
- Consultation with local and state health departments to assist in determining if a state's health system resources and capacity is exceeded, such as providing assistance to healthcare facilities to address urgent PPE, healthcare supply, and MCM needs in the event of private sector supply chain disruptions.
- Provide educational and training resources for staff on the behavioral health effects of disease outbreaks for healthcare professionals, patients, and families.
- Provide for safe handling and transportation of EVD laboratory samples and waste in accordance with applicable Federal and state laws and procedures.

LOE #4 - Patient Movement

- Provide patient movement of actual and/or suspected EVD cases from U.S. port of entry to designated medical facilities as appropriate.
- Provide for off-shore maritime movement of U.S. citizens and non-U.S. citizens from vessels intending to arrive in U.S. ports or U.S. territorial waters.
    - ***Patient Movement to the United States:*** U.S. persons (citizens and lawful permanent residents) who are either suspected of having or confirmed to have Ebola will be transported to the U.S. using a DoS contracted air capability. Patient movement will be conducted in accordance with established HHS and DoS guidance, to formally approved Ebola treatment centers designated to provide care for EVD patients. DoS, in collaboration with HHS and other Federal departments and agencies, is responsible for combining patient movement and bed assignment into an overall mission plan. The organization requesting patient movement is responsible for obtaining bed assignment prior to applying for medical evacuation support. At the request of each of the facilities, a rotation schedule has been established to provide predictability to the admissions.
        - DoD and uniformed personnel who are either suspected of having or confirmed to have Ebola will be transported to the U.S. using DoD transportation assets in accordance with establish DoD guidance for the management and treatment of EVD cases outside the Continental U.S.
    - ***Patient Movement within the United States:*** State governments may request Federal transport of Ebola cases through HHS, when the demand exceeds local capabilities. State government requests for Federal transport of Ebola cases within the U.S., will be routed to the ASPR regional representative or alternatively the HHS SOC. ASPR will then coordinate Federal patient movement (when a determination that patient movement is warranted). Referred cases will be transported to one of the approved Ebola treatment centers.

- ***Utilization of DoD transportation assets***. DoD may be able to transport multiple EVD patients in a single lift when requested under the Stafford Act, Economy Act, or as directed by the President or Secretary of Defense.

LOE #5 - Vaccine and Therapeutics Development, Testing, and Distribution

- Develop MCMs with potential to protect health and save lives.
- Procure products for SNS and domestic use
- Facilitate access to investigational MCMs for Ebola as necessary under appropriate regulatory mechanisms (e.g., clinical trials, expanded access, Emergency Use Authorization).
- Monitor for fraudulent products that claim to prevent or treat Ebola infections and take actions, as warranted, to protect public health.

Sustainment

Administration

All department-, agency-, or program-specific actions must be authorized by statute.

When other Federal departments and agencies are operating programs under their own statutory authority and funding, there is an expectation that coordination among agencies will occur.

Resources

Each Federal department and agency possesses individual policies for resource support and personnel augmentation that is predicated on its authorities, various policies, memoranda 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 previously established processes and resources.

Federal funding to support coordinated Federal preparedness and response operations will be consistent with applicable laws and authorities as detailed within the National Response Framework (NRF) Financial Management Support Annex. There are two types of funding for the coordination of Federal resources: Stafford Act and non-Stafford Act support.

Communications, Coordination, and Oversight

Communications

HHS leads and coordinates all domestic Federal messaging and release of public health and medical information across the USG. The HHS Secretary's Operation Center (SOC) is the primary national-level hub for situational awareness and info-sharing related to public health and

medical response, and emergency repatriation response. The DHS National Operations Center (NOC) is the primary national-level hub for domestic situational awareness, Common Operational Picture (a presentation and source of collective information), information fusion, and information sharing. Supporting plans identified in Annex D of this base plan should address communications structures applicable to international areas of responsibilities.

In the absence of a Stafford Act Declaration, agencies will retain responsibilities and authorities related to their respective missions and will fund additional support as required. HHS may also request support in carrying out its mission from individual Departments and Agencies (D/As), as needed. If the President has invoked the Stafford Act, coordination of interagency partners and tasking through mission assignments will occur through the National Response Coordination Center (NRCC) under the NRF response authorities.

Operational Control Structures

Organizational Structure and Characteristics

- The operational control structures for preparedness to the threat of Ebola will be in accordance with the NRF, FIOP-Biological Incident Annex (BIA).
- The operational control structures for a response to and recover from Ebola will be in accordance with the NRF, FIOP-BIA.

Coordination

The President leads the overall Federal Government response. All Federal D/As must cooperate with one another, and with SLTT, and insular area governments, community members, and the private sector to the maximum extent possible. Although Federal disaster assistance is often considered synonymous with Presidential declarations under the Stafford Act, Federal assistance can actually be provided to state and local jurisdictions, as well as to other Federal departments and agencies, through a number of different mechanisms and authorities.

Pursuant to Presidential directive, the Secretary of Homeland Security is the Principal Federal Official for domestic incident management. Statutes and Presidential directives also assign specific responsibilities to the Attorney General, Secretary of Defense, Secretary of State, Secretary of Health and Human Services, and the Assistants to the President for Homeland Security and National Security Affairs. Presidential directives also mandate the heads of all Federal departments and agencies provide their full and prompt cooperation, resources, and support, as appropriate and consistent with their own responsibilities for protecting national security, to the Secretary of Homeland Security, Attorney General, Secretary of Defense, and Secretary of State in the exercise of leadership responsibilities and missions assigned.

HHS is the LFA responsible for managing all domestic Federal public health and medical response to emergencies, including EVD cases and outbreaks. The Federal interagency supports HHS, as requested, to assist SLTT partners with related preparedness and response activities. If the President invokes the Stafford Act, FEMA will coordinate Federal support through the NRCC. In the absence of a Stafford Act Declaration, HHS will request related support from individual D/As. The United States Agency for International Development (USAID) is

responsible for coordinating the USG international response to an EVD outbreak per Executive Order 10973, and the Foreign Assistance Act (Public Law 87-195).[7].

Oversight

The authorities that guide the structure, development, and implementation of this EVD Plan are statutes, executive orders, regulations, and Presidential directives. Congress has provided the broad statutory authority necessary for this plan, and the President has issued executive orders and Presidential directives to supply direction to D/As of the Executive Branch.

The Secretary of HHS, in close coordination with the Secretary of Homeland Security, and the FEMA Administrator has principal responsibility for the management and maintenance of the USG EVD Plan.

Authorities

For a comprehensive listing of authorities applicable to this plan, please reference ***Annex B.***

[7] USAID authority the Foreign Assistance Act of 1961, Public Law 87-195; Executive Order 10973

Organization

Table 1 Annex Organization

Annex	Annex Title
Annex A	**Synchronization Matrix**
Annex B	**Legal Authorities**
Annex C	**List of Abbreviations**
Annex D	**Supporting Plans** Appendix 1: **Americas Ebola Virus Disease (EVD) Branch Plan** (*To be developed*) Appendix 2: **ASPR Plan for Supporting a Domestic Ebola Virus Disease Cluster** (*To be developed*)

ANNEX A: SYNCHRONIZATION MATRIX

U.S. Government Ebola Virus Disease Plan Synchronization Matrix

	Phase - Preparedness		Phase - Response		Phase - Recovery
	Prepare	**Alert**	**Initial Response**	**Sustained Response**	**Recovery**
Phased Triggers	No specific threat	Identification of a confirmed Ebola outbreak globally	Single case identified within U.S.	Impacts of EVD become more widespread and require a coordinated Federal response	Federal support no longer required to support SLTT, but will require a continuation of disaster assistance until pre-incident conditions and normalcy are restored.
HHS / ASPR Coord.	• LFA for health issues • Coordinate inter-agency public health and medical preparedness for EVD related activities • Leads and coordinates all draft Federal communication for public health and medical information across USG	• HHS Emergency Management Group (EMG) at steady state normal operations (Level III) • ASPR/RA, RECs maintain situational awareness and facilitate bidirectional information flow between regional partners (federal and State, Local, Tribal and Territorial [SLTT]) and HHS components • HHS Disaster Leadership Group (DLG) coordination and situational awareness meetings to approve strategy for the response • ASPR/RA, RECs engage with State Health Departments • In collaboration with CDC, assess capacity to manage cases within the community medical care network. • In collaboration with CDC, assess patient transportation assets and plans for coordination and adequacy, including inter-facility moves.	• HHS EMG normal operations (modified Level III/II) for sit. awareness and reporting, additional staffing for enhanced watch • Execute WHO International Health Regulation notification protocol • Activate PHS CC • ASPR/RA, RECs engage SLTT health officials • Begin conducting interagency ESF-8 public health and medical coordination calls • Release ESF-8 WARNORD • Prepares ESF-8 OPORD • Coordinate HHS direct federal assistance • Coordinate transfer of confirmed EVD patient to designated Ebola Treatment Facility • Alert IRCT for regional coordination • Provide ESF #8 Liaison Officers (LNO) to State EOCs/DOH • Acquire funding to meet projected mission requirements (request supplemental) • Consider seeking Presidential declaration of national emergency as appropriate. • Utilize IAA with other Federal D/As to execute requests for Fed-	• EMG at level 1 activation for interagency coordination and to support field personnel • ASPR/RA, RECs assess states' need for assistance • Coordinate federal HHS direct assistance • Issue ESF-8 Operations Order • Provide representative to NRCC • Deploy RIST and/or IRCT, as needed •	• EMG level returns to Level III at as inter-agency coordination and field support conclude • ASPR/RA, RECs provide coordination and information to regional emergency management partners • Rotate and re-supply HHS personnel/teams

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			to-Fed support, in the absence of Stafford Act declaration • In collaboration with CDC determine local training needs • Request Deputies Committee (DC) and NSC/Principals Committee (PC)		
HHS/CDC Coord.	• CDC manages public health activities • Communicating with hospitals, public health partners and health systems	• CDC Incident Management Structure (IMS) activated in EOC to CDC Level III • Enhance surveillance for human EVD cases • Receive initial notifications from local and state public health departments regarding possible PUIs • CDC prepares to deploy Ebola Response Teams (CERT) • In conjunction with state and local health departments assess PPE stocks at healthcare facilities • In collaboration with ASPR, assess capacity to manage cases within the community medical care network • In collaboration with ASPR, assess patient transportation assets and plans for coordination and adequacy, including inter-facility moves. • Conduct laboratory confirmation of cases and begin other lab studies (monitor virus for	• CDC IMS activated in EOC to CDC Level I • CDC deploys Ebola Response Teams (CERT) • 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, necessary to assist them in establishing or updating their action plans to maintain and incorporate appropriate care protocols • CERT conducts activities to support State and local activities, reporting back to CDC additional resource requests • In collaboration with HHS/ASPR determine local training needs, patient care, PPE (etc) guidance updates as appropriate.	• CDC IMS continued L1 EOC activation	• CDC IMS returns to Level III EOC activation

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		transmission characteristics and resistance, develop diagnostics, begin development of vaccine candidates, etc.) • Develop risk communication messages and share information with stakeholders • Recommend initiation of entry screening to identify travelers from affected areas for post-arrival monitoring as appropriate.			
FEMA HQ Coord.	• Monitor and Coordinate with Region(s), Tribe(s), and partners	***Consider* Enhanced Watch** • Logistics • Future Planning • Mass Care • Mission Assignment • Recovery • Situational Awareness • Pre-identify personnel to staff FEMA Catastrophic IMAT-A teams • Orient team members on emerging EVD threat	***Consider* NRCC Level III activation** • Situational Awareness Section (most positions including GIS) • Planning Section (most positions) • Resource Support Section (log, comptroller, mission assignments, transportation, movement coordination), Liaisons, Support Staff (NRCC Support, IT, WebEOC)	***Consider* NRCC Level I or II activation** • Support state requests for assistance and Fed to Fed deployments and missions • Deploy team members on request of HHS and/or State • Make determinations, as needed, to enable use of Defense Production Act (DPA) authorities by other Federal agencies, and State and local governments	• **NRCC Level I activation** with FEMA as lead for interagency coordination consequence management and infrastructure impacts beyond public health and medical requirements

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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		• Monitor the situation and coordinate with regional transportation entities as necessary • DOT provide technical assistance for logistics (e.g., supplies, equipment, blood supply)		
ESF#2			Provide tactical communications support through Mobile Emergency Response Support (MERS)		
ESF#3			USACE Monitor for potential impacts to critical infrastructure resulting from employees' inability to perform job duties	USACE Monitor for consequences to power grid, water, wastewater and other critical infrastructure. Deploy teams as required to meet needs (i.e. Temporary Power, Water, Commodities Distribution, Infrastructure Assessment and Response, etc.)	USACE: Provide power generation, water, technical assistance, commodities distribution, communications support, etc.
ESF#4	• Monitor and Coordinate with Region(s)		• 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	• DHS serves as the primary national-level hub for domestic situational awareness, common operating picture, information fusion, information sharing, communications and strategic-level operations coordination • Monitor and Coordinate with Region(s) and partners • DoL collaborates with HHS to help coordinate public health and medical guidance for response personnel/workers as it relates to	• DHS maintains situational awareness and review existing plans (air, land, maritime) to delay entry of EVD to the U.S. • Prepare a training program specifically addressing EVD to prepare designated individuals for duties DoS: • Carry out diplomatic activities and international U.S. Government messaging related to disease	FEMA: • Collect, analyze, and disseminate non-health related capability and requirements/shortfall information from States • Pre-identify personnel to staff FEMA IMAT-A teams • Orient team members on emerging EVD threat • When directed by the appropriate Regional Administrator, conduct pre-event Federal Resource Coordination activities with the	• 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 USCG: • Deploy available medical personnel to support highest priority declared critical Federal health care infrastructure areas DOL: • Coordinate safety and health	• DHS assess supply chain vulnerabilities; estimate reqs and assess capacity of vendors and manufacturers to produce and distribute critical medical materiel for continued demand

U.S. Government Ebola Virus Disease Plan Synchronization Matrix

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	EVD planning and development of a plan, including working with cooperating agencies to provide information for all at-risk/high-risk populations.	outbreaks • Revise policies and plans for the potential donation of vaccine, diagnostic tests, and medical equipment and supplies to international partners, in coordination with HHS and NSS	designated State(s)	assets of cooperating agencies and the private sector to provide technical assistance and conduct worker exposure assessment and responder and worker risk management within the Incident Command System (may include 24/7 site safety monitoring; worker exposure monitoring; health monitoring; sampling and analysis; development and oversight of the site-specific safety and health plan; personal protective equipment selection, distribution, training, and respirator fit-testing)	
ESF#6	• Monitor and Coordinate with Region(s)		• Provide non-congregate sheltering/lodging for travelers at airport entry screening, if needed • Provide high priority and life sustaining resources to assist in shelter operations in the form of materials, feeding/hydration, toddler/infant supplies and assist in reunification with communications and coordination with NGOs. • Develop plans to transition from Congregate sheltering to other forms of housing in response to specific disaster incidents	• Deploy staff and resources in support of Regional/State activities if requested by HHS	
ESF#7	• Monitor and Coordinate with Region(s)	• Coordinate with HHS to determine Personal Protective	• Coordinate for PPE disposal requirements	• Provide Operational Staging Area support including retail fuel	• GSA provide resource support for ESF #8 requirements as requested to meet needs of the affected population

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		Equipment (PPE) requirements		distribution and all non-medical logistics and base operating support for deployed medical personnel and support personnel to include food, shelter, fuel, and ground transportation • Support IOF (State EOC) and JFO if activated • Implement logistics actions to support requirements throughout affected area(s) • 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 • Coordinate with Comptrollers for funding requirements • GSA determines which federally owned and leased buildings under GSA's jurisdiction, custody, or control, are safe to remain open and which should be closed and kept off limits to entrants • GSA identifies alternate shipping means if truckers are unavailable	• Begin to develop retrograde operations plan • Continue to balance LMD/Recovery Support Strategy (RSS) resources with logistics requirements from the field

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ESF#8	HHS: • Provides public health and medical expertise and guidance for EVD planning • Conduct surveillance for EVD threats • Develop and stockpiles antiviral drugs, vaccines and other countermeasures • Develop protocols for the appropriate use of MCM	HHS: • Enhance surveillance for human cases • Conduct laboratory confirmation of cases and begin other lab studies (monitor virus for transmission characteristics and resistance, develop diagnostics, identify effective antiviral drugs, begin development of vaccine) • Develop risk communication messages and share information stakeholders • Model and forecast impact of EVD for the interagency community • Develop/update guidance for control measures (i.e., antiviral treatment and prophylaxis; personal protective equipment (PPE) use; community mitigation measures; and antiviral and vaccine prioritization, allocation, distribution, usage, and safety monitoring, etc.) • Disseminate risk communication messages • Provide public health and medical guidance that informs the risk communications campaign and public messaging regarding EVD • Provide guidance and assistance to SLTT on implementing control	HHS: • Activate PHS CC • Implement recommended control measures • Disseminate updated risk communications messages • Provide guidance to health care providers on strategies/ protocols for surge capacity, crisis standards of care, allocation of scarce resources DOD provide liaison(s) to HHS EMG VA (Veterans Administration) and ARC (American Red Cross) provide liaison representatives to HHS	HHS continue actions from prior phases and: • Implement recommended control measures and begin to assess effectiveness • Deploy ESF-8 federal personnel and materiel as needed to supplement response, if resources available • Monitor for health care system stress and surge capability and potential need for Federal assistance • Complete vaccine development and begin production • Implement national vaccine campaign • Monitor vaccination coverage levels, antiviral use, and adverse events • Coordinate strategy for distribution of vaccine in U.S. • Monitor health sector resources for early warning of shortages VA: • Designate and deploy available medical, surgical, mental health, and other health service support resources • Provide liaisons as ESF #8 assets to Federal and State emergency coordination entities • Furnish available VA hospital	HHS continue actions from prior phases and: • Monitor supply chain to produce critical medical material • 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 • Rotate and resupply ESF #8 personnel and teams • Renew PHE declaration • Re-stock vaccine in preparation for subsequent waves VA: • Provide mortuary assistance in the interment of human remains ARC : Provide for disaster related health and behavior health needs through direct services or referrals DOD: • Provide available logistical support (e.g., transportation, security) to public health/medical response operations • Provide epidemiological and occupational health support, telemedicine, and other specialized medical support • Provide fatality management assistance, preparation of remains and temporary interment facilities • Provide available medical supplies and materiel for hospitals, or medical care locations operated for exposed populations, incident victims, or ill patients

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		measures • Provide personnel augmentation support to CDC quarantine stations, as needed DOD: • Enhance surveillance efforts and detection of EVD • Augment public health and medical surveillance, laboratory diagnostics and confirmatory testing		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 DOD: • Deploy available personnel to provide technical assistance and/or medical support • Support border interventions, and public health screening at ports of entry • Provide available logistical support (e.g., transportation, security) to public health/medical response operations • Provide epidemiological and occ. health support, telemedicine, and other specialized medical support • Provide available medical supplies and materiel for hospitals, or medical care locations operated for exposed populations, incident victims, or ill patients • Provide temporary medical facilities to decompress hospital emergency department surge	

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ESF#9	• Monitor and Coordinate with Region(s)	• Pre-Identify team: No resource response anticipated		• Deploy teams as needed	
ESF#10	• Monitor and coordinate with EPA Regions and Federal, State, Tribal and local partners	• Review applicable plans • Consider elevated operational status of HQ EOC	• Maintain situation awareness and coordination with affected Regions • Coordinate protective measures with affected Region(s) in the U.S. • Support Mission Assignments and support of other ESFs • Support the NRCC and RRCCs as requested • Consider requests for assistance from State, Tribal, local governments • Initiate appropriate portions of COOP (Continuity of Operations) plans/policies such as social distancing including reduced staffing of HQ and Regional EOCs • Implement the Risk Communications Plan • Maintain Mission Essential Functions		
ESF#11		• USDA (U.S. Department of Agriculture) coordinate with federal departments to prevent importation of infected birds and animals into U.S.	• Provide personnel to NRCC and/or RRCC (if activated) to perform duties of ESF #11, Agriculture and Natural Resources, in support of pre or post declaration support • Provide personnel to ensure control against the spread of animal disease agents in support of disaster operations • Provide technical expertise in support of animal and agricultural emergency management • Contribute to public health messages regarding food safety		
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	• Monitors affected Regions and, maintain situational awareness to enhance coordination with Federal Stakeholders, energy owners and operators, energy associations, Electricity Sector Coordinating Council (ESCC), Oil Natural Gas Sector Coordinating Council (ONGSCC), and Electricity Sector Information Sharing and Analysis Center (ES-ISAC's). • Provide technical expertise to affected area's energy owners and operators, State Energy Offices, and other stakeholders as requested.	• 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 • Continue to monitor for potential impacts to the energy infrastructure as well as supply chain affects resulting from employees' inability to perform job duties. • Provide technical expertise to energy owners and operators, State Energy Offices, and other stakeholders as requested.	•

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			• Reach out to balancing authorities, Federal Energy Regulatory Commission (FERC), and North American Electric Reliability Council (NERC) to maintain grid reliability subject matter experts and control room integrity.	• Collect, evaluate, and share information on energy system impacts. • Identify supporting resources needed to stabilize and reestablish energy systems. • Coordinate with energy sector stakeholders to identify and address interdependent and cascading impacts to other regions or the Nation.	
ESF#13			• Monitor and coordinate with affected region. Activate ESF #13 National Coordination Center (NCC), deploy personnel to NRCC, RRCC and State EOC NRCC as necessary. • Provide credible threat information regarding SNS transportation and vaccine distribution	• Deploy Field Support Team (FST) and establish a Field Coordination Center (FCC) as necessary. • Coordinate with U.S. Marshal Service (USMS) concerning their secure movement of SNS for the CDC. • Deploy Quick Response Team (QRT) to provide public safety and security to Federal, State, and local entities per approved Mission Assignments (MAs)	•
ESF#15		• Develop and support EVD risk communication procedures for communicating with all internal and external stakeholders	• Support the messaging, communications efforts, and guidance as identified by the DHS Office of Public Affairs (OPA), HHS, and USDA • Advise on the full integration of disability related issues across all FEMA and Federal partners • Disseminate information internally and externally to		

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			FEMA employees and contractors, and their families related to EVD using existing communications tools • Support the messaging, communications efforts, and guidance as identified by the DHS Office of Public Affairs (OPA), HHS and USDA		

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APPENDIX B: LEGAL AUTHORITIES

Authorities

Aviation and Transportation Security Act *(ATSA).* ATSA provides the Transportation Security Administration (TSA) with authority "in all modes of transportation" (49 U.S.C. § 114(d)). Under ATSA, TSA has comprehensive authority over transportation security and matters related to transportation security (49 U.S.C. § 114(f)(4) and (15)). ATSA provides TSA with additional powers related to transportation security during a national emergency (49 U.S.C. § 114(g)).

Border Authorities Relating to Travelers: Immigration and Nationality Act (INA) § 212(a)(1)(i); (8 U.S.C. § 1182(a)(1)(i)); 42 C.F.R. § 34.2)2; 42 U.S.C. § 264(b), and Executive Order of April 1, 2005, amending *Executive Order 13295* (April 4, 2003); Inadmissibility of aliens based upon health-related grounds. Any alien who is "determined (in accordance with the regulations prescribed by the Secretary of HHS) to have a communicable disease of public health significance" is deemed ineligible to be admitted to the United States or to receive a visa.

Comprehensive Environmental Response, Compensation, and Liability Act (**CERCLA**) as amended by the Superfund Amendments and Reauthorization Act of 1986. Establishes the National Contingency Plan which provides the guidelines and procedures needed to respond to releases and threatened releases of hazardous substances, pollutants, or contaminants.

The Economy Act 31 U.S.C. §§ 1535 and 1536. Authorizes Federal agencies to provide goods or services on a reimbursable basis to other Federal agencies when more specific statutory authority does not exist.

Federal Food, Drug, and Cosmetic Act of 1938, Pub. L. No. 75-717 (1938), as amended (see 21 United States Code U.S.C. §§ 301-399, to include 21 U.S.C. § 355(i) (investigational new drugs); § 360j(g) (investigational device exemptions); and § 360bbb-3 (emergency use authorization): governs the legal distribution and use of drugs, devices (including in vitro diagnostics) and biological products (including vaccines). The Act permits the U.S. Food and Drug Administration (FDA) to authorize use of unapproved drugs, devices, and biologics, or to authorize unapproved uses of approved products, under certain emergency circumstances, or pursuant to requirements for investigational products.

Federal Water Pollution Control Act of 1972, Pub. L. No. 92-500 (1972) (**Clean Water Act**) (as amended) (*see* 33 U.S.C. §§ 1251-1387). Employs a variety of regulatory and non-regulatory tools to control direct pollutant discharges into waterways, including those from storm water and indirect discharges into publicly-owned treatment works. This Act finances municipal wastewater treatment facilities.

National Emergencies Act of 1976, Pub. L. No. 94-112 (1976) (*see* 50 U.S.C. §§ 1601-1651*).* Establishes procedures for Presidential declaration and termination of national emergencies. The Act requires the President to identify the specific provisions of law under which he will act in dealing with a declared national emergency and contains sunset provisions requiring the

President to renew a declaration of national emergency to prevent its automatic expiration. The Presidential declaration of a national emergency under the Act is a prerequisite to exercising any special or extraordinary powers authorized by the statute for use in the event of a national emergency/

Occupational Safety and Health Act of 1970, Pub. L. No. 91-596 (1970) (*see* 29 U.S.C. §§ 651-678); Executive Order No. 12,196, 45 Federal Regulation 12769 (Feb. 26, 1980); and 29 C.F.R. Parts 1900 through 1960. Provides specific responsibilities to employers and employees for protecting workers in a hazardous environment.

Pandemic and All-Hazards Preparedness Act, Pub. L. No. 109-417 (2006). Amends the Public Health Service Act to specify that HHS leads all Federal public health and medical response to public health emergencies and incidents covered by the National Response Framework (NRF) and ensures integration of Federal preparedness and response.

Pandemic and All-Hazards Preparedness Reauthorization Act, (**PAHPRA**). Pub. L. No.113-5 (2013). PAHPRA reauthorized provisions of the Pandemic and All-Hazards Preparedness Act and enacted new national health security authorities. These include authorizing funding for public health and medical preparedness programs, such as the Hospital Preparedness Program 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, authorizing funding through 2018 for buying medical countermeasures under the Project BioShield Act, and increasing the flexibility of BioShield to support advanced research and development of potential medical countermeasures. PAHPRA also enhances the authority of the U.S. Food and Drug Administration to support rapid responses to public health emergencies.

Public Readiness and Emergency Preparedness (PREP) Act, **(42 U.S. Code § 319F-3, 319F-4**). The PREP Act authorizes the Secretary to issue a declaration to provide immunity from liability for any loss caused, arising out of, relating to, or resulting from administration or use of a covered countermeasure to a disease, threat and condition she determines constitutes a present or credible risk of a future public health emergency. The declaration may be issued in advance of, or at the time of, such an emergency. Liability immunity may be extended to the entire range of entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of the countermeasures. The only statutory exception to this immunity is for willful misconduct, which is defined at a high threshold in the Act, beyond gross negligence. The PREP Act also authorizes a compensation fund for serious physical injuries or deaths directly caused by administration or use of a countermeasure covered by the declaration.

Public Health Service Act (42 U.S. Code § 264) section 361. The Secretary of HHS is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states. The authority for carrying out these functions on a daily basis has been delegated to CDC. Per 42 Code of Federal Regulations (CFR) parts 70 and 71, CDC is authorized to detain, medically examine, and release persons arriving into the United States and traveling between states that are suspected of carrying these communicable diseases. As part of its federal authority, CDC routinely monitors persons

arriving at U.S. land border crossings and passengers and crew arriving at U.S. ports of entry for signs or symptoms of communicable diseases.

Public Health Service Act, Pub. L. No. 78-410 (1944) (as amended). Provides authority to the Secretary of HHS for public health and medical response to emergencies, including declaring a public health emergency, deployment of healthcare personnel, stockpiling and distribution of medical countermeasures, quarantine and Federal-State cooperation.

Resource Conservation and Recovery Act, Pub. L. No. 94-580 (1976) (as amended) (*see* 42 U.S.C. §§ 6901-6992). Gives EPA the authority to establish regulations that control hazardous waste from the "cradle-to-grave". RCRA authorizes EPA to protect human health and the environment from the potential hazards of waste disposal, to conserve energy and natural resources, to reduce the amount of waste generated, and to ensure that wastes are managed in an environmentally sound manner. RCRA regulates the management of solid waste (e.g., garbage), hazardous waste, and underground storage tanks holding petroleum products or certain chemicals. This includes the generation, transportation, treatment, storage and disposal of hazardous waste. RCRA also sets forth a framework for the management of non-hazardous solid wastes.

Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288 (1974) (as amended). Establishes the programs for the Federal Government to provide disaster and emergency assistance to States, local and tribal governments, individuals and qualified non-profit organizations. The provisions of the Stafford Act cover all emergencies and major disasters including natural disasters and terrorist events.

Safe Drinking Water Act, Pub. L. No. 93-523 (1974) (as amended). Authorizes the EPA to set national health-based standards for drinking water to protect against both naturally-occurring and man-made contaminants that may be found in drinking water.

APPENDIX C: LIST OF ABBREVIATIONS

List of Abbreviations

ARC	American Red Cross
ASPR	Assistant Secretary for Preparedness and Response
ATSA	Aviation and Transportation Security Act
BARDA	Biomedical Advanced Research and Development Authority
BIA	Biological Incident Annex
CDC	Centers for Disease Control and Prevention
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CERT	CDC Ebola Response Team
CFR	Code of Federal Regulations
CI	Critical Infrastructure
COOP	Continuity of Operations
D/A	Departs and Agencies
DC	Deputies Committee
DHS	Department of Homeland Security
DLG	Disaster Leadership Group (HHS/ASPR)
DOD	Department of Defense
DOH	Department of Health
DOL	Department of Labor
DOS	Department of State
DOT	Department of Transportation
DPA	Defense Production Act
DSCA	Defense Support of Civil Authorities
DTRA	Defense Threat Reduction Agency
EOC	Emergency Operations Center
EMG	Emergency Management Group
EPA	Environmental Protection Agency
ESCC	Electricity Sector Coordinating Council
ESF	Emergency Support Function
ES-ISAC	Electricity Sector Information Sharing and Analysis Center

EVD	Ebola Virus Disease
FCC	Field Coordination Center
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FERC	Federal Energy Regulatory Commission
FHCO	Federal Health Coordinating Officer
FIOP	Federal Interagency Operations Plan
GIS	Geographic Information System
GSA	U.S. General Services Administration
HAN	Health Alert Network
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
HQ	Headquarters
IAA	Inter-Agency Agreement
IMAT	Incident Management Assistance Teams
IMS	Incident Management Structure
INA	Immigration and Nationality Act
IRCT	Incident Response Coordination Team
JIC	Joint Information Center
LFA	Lead Federal Agency
LNO	Liaison Officer
LOE	Lines of Effort
MA	Mission Assignment
MCM	Medical Countermeasures
MERS	Mobile Emergency Response Support
NCC	National Coordination Center
NERC	North American Electric Reliability Council
NGO	Non-Governmental Organization
NHTSA	National Highway Traffic Administration
NICCL	National Incident Communications Conference Line
NIH	National Institutes of Health
NOC	National Operations Center

NRCC	National Response Coordination Center
NRF	National Response Framework
NSC	National Security Council
NSS	National Security Staff
ONGSCC	Oil Natural Gas Sector Coordinating Council
OPA	Office of Public Affairs
PC	Principals Committee
PFO	Principal Federal Official
PHE	Public Health Emergency
PHEIC	Public Health Emergency of International Concern
PHS	Public Health Service
POE	Port of Entry
PPE	Personal Protective Equipment
PREP	Public Readiness and Emergency Preparedness
PUB L	Public Law
PUI	Person Under Investigation
QRT	Quick Response Team
RA	Regional Administrator
REC	Regional Emergency Coordinator
RCRA	Resource Conservation and Recovery Act
RIST	Regional Incident Support Team
RRCC	Regional Response Coordination Center
RSF	Recovery Support Functions
SLTT	State, Local, Tribal, and Territorial
SNS	Strategic National Stockpile
SOC	Secretary's Operations Center (HHS)
UCG	Unified Coordination Group
UNICEF	United Children's Fund
US	United States
USAID	United States Agency for International Development
USACE	United States Army Corps of Engineers
USC	United States Code

USCG	United States Coast Guard
USG	United States Government
USDA	United States Department of Agriculture
USMS	United States Marshal Service
VA	Department of Veterans Administration
WFP	World Food Program
WHO	World Health Organization