



Public Health Integrity Committee
Meeting

May 11, 2023

Meeting Book



Public Health Integrity Committee Membership

Joseph A. Ladapo, MD, PhD
State Surgeon General
Florida Department of Health

Jay Bhattacharya, MD, PhD

Martin Kuldorff, PhD

Tracy Beth Høeg, MD, PhD

Joseph Fraiman, MD

Christine Stabell Benn, MD, PhD

Bret Weinstein, PhD

Steven Templeton, PhD

Meeting noticed on April 21, 2023,

Notice of Meeting/Workshop Hearing
DEPARTMENT OF HEALTH
Division of Public Health Statistics and Performance Management

The Department of Health announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, May 11, 2023, 9:30 a.m. EST, or soon thereafter, until 1:30 or until the conclusion of the meeting, whichever occurs first

PLACE: Conference Call: Microsoft Teams

Join on your computer or mobile app:

www.floridahealth.gov/about/ssg/public-health-integrity-committee/

Or call in (audio only)

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GENERAL SUBJECT MATTER TO BE CONSIDERED: The Public Health Integrity Committee will be reviewing research, data, federal public health policies, and other related findings to discuss recommendations and guidance to the Florida Department of Health, ensuring that future public health policies are tailored toward Florida's communities and the priorities of the state. A copy of the agenda may be obtained by contacting:

<https://www.floridahealth.gov/about/ssg/public-health-integrity-committee/index.html>.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Jon Conley at Jon.Conley@flhealth.gov.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). For more information, you may contact: Health@flhealth.gov.



AGENDA

The meeting starts at 9:00 a.m. EST or soon thereafter. The meeting will end no later than noon EST.

Committee Meeting

- **Opening Remarks**
- **Brief Introductions and Meeting Overview**
- **Review and Approval of March 13, 2023, Meeting Minutes**
- **Review of Guidance from the March 13, 2023, Meeting**
- **Closing Remarks and Next Steps**
- **Adjournment**



PH PUBLIC HEALTH
IC INTEGRITY COMMITTEE

Minutes March 13, 2023 Meeting



Public Health Integrity Committee (PHIC) Meeting Minutes

March 13, 2023, 8:00 a.m. Hilton Tampa Airport, Tampa, Florida

Introductions. State Surgeon General Joseph A. Ladapo opened the meeting, welcomed, and thanked the members. He made introductory remarks regarding the importance of the group's work, the influence of politics on science in the current environment, and a letter he recently received that was sent jointly from the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (USDA). He shared with the group his plans to respond to this letter. He also reflected on the members of the PHIC, their areas of expertise and described them as outstanding academic researchers. Introductions were then made by the committee members.

- Jay Bhattacharya, MD, PhD, Professor of Medicine at Stanford University
- Martin Kuldorff, Ph.D., Epidemiologist and Biostatistician.
- Tracy Beth Høeg, MD, PhD, Epidemiologist
- Joseph Fraiman, MD, Emergency Room Physician
- Christine Stabell Benn, MD, PhD, Expert in Vaccines
- Bret Weinstein, PhD, Expert in Evolutionary Biology
- Steven Templeton, PhD, Expert in Infectious Disease

All members were present, except for Dr. Martin Kuldorff who joined the meeting just after 9:00 a.m.

Dr. Ladapo welcomed Dr. Kuldorff and had him introduce himself to the group.

Meeting Aim. To bring together a committee of renowned researchers who will use their expertise to evaluate and assess federal decisions, recommendations, and guidance on public health and health care in Florida.

Dr. Ladapo reviewed the three topics for the meeting: initial recommendations using science-backed knowledge around masking mandates and recommendations in school-aged children, especially after extended school holidays, the impacts of bivalent boosters around various populations and the need for and recommendations for further effective COVID-19 treatment research.

Regarding guidance, Dr. Ladapo expressed that people don't have context and training with study designs and CDC provides unreliable information. He expressed the desire for guidance documents and referenced the Norfolk Report. The guidance from this group will relate to specific issues from a scientific credentialed body that people can look at and make decisions.

Topic 1: Masking in schools-aged children particularly following extend school holidays. With regarding to COVID-19 response, the members discussed different aspects of masks and the lack of evidence to support the use of masks, no randomized clinical trials (RCT) early in the pandemic, the need to separate the policies and the data generated by the same policymakers. They referred to different COVID-19 research studies, in particular the randomized trials that have not shown convincing effects of masks, and that even with a lack of evidence to support masks, the federal government and certain school districts continue to recommend masking.

The members also discussed mask issues specific to children, such as developmental impacts on young children. Members discussed research and the lack of recommendations in the European countries regarding masks for children and that other countries have moved on from masks. They emphasized a higher standard of evidence where children are concerned.

Members discussed how they perceived the public's consideration of masks and an effort to reconcile the reality of masks to the data. Specifically, the general perception that masks are helpful, e.g., as used in hospital settings. Therefore, it makes sense that people would want to believe that masks would be helpful in a pandemic and might still be helpful today to some degree. The point is that masks might be seen by the public as a minor intervention. If masks worked, they should be recommended for adults but not children. However, the research does not currently support that masks work in the context of COVID-19—at best they might be delaying a disease a person will get anyway or reduce the severity of disease. And in this context, masks should not be recommended for anyone, but especially not for children due to the developmental impacts.

Members expressed concern that masks shifted the public's attention from more important high-quality interventions to a relatively low-quality intervention. The result of the mask issues contributed to the loss of public confidence in health policy and other leaders and organizations during pandemic.

The members expressed that the burden is on the policymakers to show the benefits outweigh the risks. They discussed the general use of burden of proof historically and expressed that burden of proof has been turned on its head. Rather than gathering evidence and building a case to meet the burden of proof for an intervention, policymakers implement the intervention and then put the burden on others who wish to dispute that the evidence exists to support the intervention. They also considered the question of masks from an ethical perspective and whether it is ethical to impose mask wearing unless there's a profound compelling reason. Of course, societies do infringe on people's rights in complex systems, but it was stated that we should intervene where we will be effective.

Members discussed that lack of solid randomized clinical trials (RCT) regarding masks, the few observational studies regarding schools and masks that were deeply flawed, and whether it might be possible to conduct RCTs. They discussed that it is probably too late to do a RCT regarding many aspects of the pandemic such as masks. That children are resistant to masks and they or their parents might not give consent to such a study.

Members also discussed recommendations versus the value of mandates, what is gained and what is lost in the resistance that is created when there's a mandate. With masks, members did not want parents opting for masks for children—they perceived a danger here.

The committee members emphasized:

- There is a current crisis in terms of providing evidence for the public health policies.
 - The CDC makes policies and evaluates them.
 - The burden of proof of benefit lies with the CDC.
 - Any public health policy, when implemented, should be accompanied with cluster-randomized trials or a phased-in introductions to build a strong evidence base, particularly when the policy is based on weak evidence. The alternative is that we will continue to have no idea what is effective.

- CDC publishes its own evaluations of its policies in its own journal MMRW. Independent researchers with evidence that questions or contradict the evidence provided in MMRW get their papers rejected by MMRW.
 - Some other journals act in similar ways: flawed studies are published in favor of CDC policy, justified critique is being rejected.
 - There is no recognition that introducing a policy with interventions with low quality can divert public attention and can reduce confidence for the interventions that are more important.
 - There is no recognition that interventions can be harmful.
 - Mandates should not be used to substitute the need for policy makers to provide good data to support their policies.
 - The added value of mandates over recommendations is dubious: People who do not agree with the mandated interventions will do their best not to comply, and the loss of confidence in policy makers is marked.
- Regarding masks: The normal scientific order is turned around. There is no justification for mandating masks, and yet they are still mandated in many places.
 - The few randomized trials in adults suggest no or minimal effect of masks.
 - There is no evidence to support masks in children. The best studies that were natural experiments in Europe and US showed no effect. Studies reporting effects of masks in children were very biased. However, journals have rejected valid critique of the latter studies.
 - It is a major ethical issue to force a public health intervention that people are very uncomfortable with unless there are profound compelling reason.
 - It is very clear that it is harmful for children not to be able to see faces.
 - The precautionary principle should guide us when we intervene in complex systems.
 - With no evidence of benefit and very clear harms we recommend against masking children.

Topic 2: Impacts of bivalent boosters around various populations.

Members discuss the weaknesses in the observational data, biases in the studies that include multiple confounding factors. First, the committee members discussed who should receive boosters, in terms of populations by age. US recommendations to start as young as six months old. They discussed research findings in the differential impact of the virus between the youngest and the oldest, the group by far with the highest risk.

Members also discussed the fundamental changes in the disease over time. This discussion included reporting of the cases and hospitalizations from the virus, i.e., that the data were more reliable in the beginning of the pandemic but that later persons could be hospitalized for primary conditions such kidney disease and have an incidental COVID-19 infection, and this would be reported as a COVID-19-related hospitalization.

Regarding the research, the members emphasized that there are no good studies to show the benefit of bivalent boosters. The discussion then moved to the harm associated with the boosters, e.g., myocarditis and other unintended outcomes. The members discussed recommendations for older populations but expressed concern about bivalent boosters for younger age groups.



Members raised concern about the vaccines from the beginning, that they were not adequately tested during their development. They discussed the lack of RCT along with various topics related to the science of the mRNA vaccines, e.g., spike proteins, immuno-response, as well as unexpected adverse events. Even with a small risk of adverse reactions, they should not be recommended for younger/healthier populations.

The members discussed the lack of testing of the vaccines, the emergency use authorizations early in the pandemic, whether the vaccines should have been authorized at all, the differences today as it is now 2023 and no longer 2021, data problems and risks. Observational evidence suggests that people getting the vaccines today are from higher socio-economic groups, they have better access to health care—this has created what is called a healthy vaccine bias. In sum, with the initial vaccine, there appeared to be good efficacy in older populations, but it is now clear that the vaccines, like other drugs, can create serious or even deadly adverse reactions. Members also spoke to the lack of transparency as vaccines were being developed, regarding vaccine benefits and harm.

Further discussion included questions about what can be done to hold the CDC more accountable and options for Florida to have some type of rapid response, RCT protocol in place for the next pandemic.

Following a brief break that ended at 10:30 a.m., the facilitator recapped the bivalent booster discussion. Lt. Governor Núñez assumed chair of the meeting as Dr. Ladapo had to depart early. Committee members reintroduced themselves. Lt. Governor Núñez mentioned the Florida study that was conducted using death records and looked at adverse events after mRNA vaccines. Lt. Governor Núñez also mentioned that this analysis found that there is an 84 percent increase in the relative incidence of cardiac-related death among males 18–39 years old within 28 days following mRNA vaccination.

The discussion continued regarding research studies of adverse events after mRNA vaccines in Florida and Israel, evidence of blood clots and coagulation events, a finding of a rate of adverse events as great as 1 in 500. Florida's study was described as a self-controlled case study and members discussed possible confounding factors and that we need more studies of the benefits vs. harm of the vaccine. The key is efficacy, if it's low, why take the risk of adverse events. If you are young, members would recommend against the vaccine but if you are older, it might provide some benefit. The asymmetry of risk was mentioned for older persons, you might be less likely to live long enough to experience the long-term risks and have fewer years to lose due to the older age.

Members transitioned to the final topic of the meeting.

Topic 3: COVID-19 – New and effective treatment research needed.

Members discussed competing bias against new studies and encouraged new studies. There was a lengthy discussion of Florida's role and the potential for RCTs, the role of Florida's universities, the current troubling environment and bias that is influencing studies and finding the ultimate truth. In addition, the members had a lengthy discussion about Remdesivir, Ivermectin, and Hydroxychloroquine, research or the lack of research and differences in dosage in different studies and the roles of the pharmaceutical companies. Florida might be able to conduct a rapid RCT, particular of treatments in which there are no commercial interests and insulate it from the impacts of the current environment, e.g., polluted data, influence of big corporations.



Dr. Ladapo rejoined the meeting via phone and introduced the discussion of Paxlovid and Fluvoxamine. This discussion also included discussing symptoms due biological reactions caused by the specific mRNA vaccine and its development including the issues with the cytotoxic spike proteins and reactogenicity.

The discussion also includes the lack of good data available and waning immunity from the vaccines. Committee members want to speak out against radical interventions in complex systems and identify the unintended harms and create a strong bias in favor of things we have evidence to support. Additionally, the members spoke of identifying opportunities to push back against the CDC to foster debate, re-evaluate when mandates are needed, and are here to provide an alternative voice to the CDC.

In the final minutes of the meeting, Lt. Governor Núñez asked the members for a final rapid-fire response regarding their thoughts and recommendations.

Dr. Fraiman – Supports a role that Florida could take part in with regards to future RCTs on vaccines.

Dr. Templeton – Supports better data and unbiased studies and putting the burden of proof back where it belongs.

Dr. Weinstein – Suggests a strong reemphasis around complex systems and unintended harms, and having a strong bias against radical interventions but a strong bias in favor of things

we have track record for compared to mandating interventions without evidence to support them.

Dr. Bhattacharya - Supports a role that Florida can play in holding CDC to accountable, use basic principles of evidence-based interventions and implement rapid studies that public health agencies need to play a role in.

Dr. Kuldorff – Supports responsibility of National Institutes of Health (NIH) and Food and Drug Administration to conduct the proper studies and there has been a failure of that. There is a large dilemma that health departments have with the limited data and evidence there is to guide, such as with the sub optimal evidence to use masks. It is the federal responsibility to do the trials not the Department of Health.

Dr. Høeg – Supports an organization that can push back on the CDC recommendations and their evidence and what they are publishing. There has not been any way to do this previously. No culture of debate in U.S. That will be our most important role, providing alternative guidance and voice for public health. We can talk about ways to get funding and get private funding to do this important research. Network of funders who can help when NIH won't fund. Studies to counter what is coming from Pharma, these are some of the ways Florida can help.

Dr. Stabell Benn – Suggests that COVID-19 mask mandates are not good for children. Does not recommend a bivalent booster for healthy people under 65 who have had COVID-19. Supports RCTs in Florida that may help rest of the world. Dr. Stabell Benn also supports that a framework for assessing new treatments will help in future and recommends a “learning health system” that is all the time testing and retesting policies and new possibilities.

Closing. The Lt. Governor commended the members for their bravery in coming forward to discuss these issues and thanked them for participating.

Meeting adjourned 12:04 p.m.



**PH
IC** PUBLIC HEALTH
INTEGRITY COMMITTEE

Guidance and Recommendations

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

[Insert Date]

Dear Colleague.

During the COVID-19 Pandemic, Floridians received mixed messages from the federal government regarding the use of masks to prevent the spread of coronavirus.ⁱ Further, due to the paucity of randomized clinical trials early in the pandemic, much of the information provided by federal officials about masks lacked a meaningful scientific basis.ⁱⁱ Many scientists agree that the over-emphasis on masks during the pandemic needlessly shifted the public's attention away from other important questions,ⁱⁱⁱ such as the effects of school closures and business restrictions on families, or treatment strategies for high-risk populations.

I am writing you today, to provide clear, scientifically-informed guidance regarding mask mandates and recommendations in school-aged children.

- In preventing the spread of SARS-CoV-2 and similar viruses, masks represent a relatively low-value intervention.^{iv}
- Research early in the pandemic found an enormous gap between the risk of death from the virus for older adults when compared to children.^v Early studies also showed that children were relatively poor spreaders of the disease.^{vi}
- Mask wearing may cause physiological harm, including breathing difficulties, headaches, dermatitis and other downstream effects, e.g., increased anxiety, reduced exercise, communication difficulty, learning disruptions, etc.^{vii,viii}
- In addition to physiological harm, research suggests that children learn speech patterns and basic emotions by interacting with others and this is especially important for children with special needs.^{ix,x}

In light of these key factors and based on the Public Health Integrity Committee convened at the Governor's request, the Florida Department of Health (Department) recommends against mask mandates and against recommendations promoting masks for children. Further, the Department urges school boards and other state agencies to avoid mask mandates for children due to the inherent developmental risks they pose, along with the discomfort that many children experience when wearing them.

Sincerely,

Joseph A. Ladapo, MD, PhD
State Surgeon General

ⁱ Nagler, Rebekah, et al. [Public perceptions of conflicting information surrounding COVID-19: Results from a nationally representative survey of U.S. Adults](#). PLoS ONE 15(1): e0240776 doi.org/10.1371/journal.pone.0240776

ⁱⁱ Florida Public Health Integrity Committee. Meeting Minutes, March 15, 2023 public meeting.

ⁱⁱⁱ Florida Public Health Integrity Committee. Meeting Minutes, March 15, 2023 public meeting.

^{iv} Dooley, Jefferson T., et al. [Physical interventions to interrupt or reduce the spread of respiratory viruses](#). Cochrane Library, p. 30 regarding medical/surgical masks compared to no masks and the spread of influenza-type illness.

Florida Department of Health**Office of the State Surgeon General**

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- ^v Kulldorff, Martin. [COVID-19 Counter Measures Should be Age Specific](#).
- ^{vi} Lee, Benjamin and Raszka, William. COVID-19 Transmission and Children: The Child Is Not to Blame. *Pediatrics* (2020) 146(2):e2020004879 <https://doi.org/10.1542/peds.2020-004879>
- ^{vii} Rosner, E. [Adverse Effects of Prolonged Mask Use among Healthcare Professionals during COVID-19](#). *Infect Dis Epidemiol* 6:130. DOI: 10.23937/2474-3658/1510130
- ^{viii} Driver S, Reynolds M, Brown K, et al [Effects of wearing a cloth face mask on performance, physiological and perceptual responses during a graded treadmill running exercise test](#) *British Journal of Sports Medicine* 2022;56:107-113.
- ^{ix} Lipps, E. Caldwell-Kurtzman, J. Motlagh Zadeh, L. Blankenship, C. M. Moore, D. R. & Hunter, L. L. (2021). [Impact of Face Masks on Audiovisual Word Recognition in Young Children with Hearing Loss During the Covid-19 Pandemic](#). *Journal of Early Hearing Detection and Intervention*, 6(2), 70-78. DOI: <https://doi.org/10.26077/4fda-c155>
- ^x Charney, Sara et al. [Potential Impact of the COVID-19 Pandemic on Communication and Language Skills in Children](#). *Otolaryngology– Head and Neck Surgery* 2021, Vol. 165(1) 1–2 DOI: 10.1177/0194599820978247

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Bureau of Preparedness & Response



Pandemic Influenza Incident Response Playbook

April 2023

~~April 2019~~



Pandemic Influenza Incident Response Playbook

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I. Hazard Overview

An influenza pandemic occurs when a new and highly contagious strain of the influenza virus emerges, affecting populations around the world. Due to the novelty of the influenza virus, the human population has little to no immunity against it and the virus will be able to spread quickly from person-to-person worldwide. Unlike the seasonal flu, a pandemic influenza virus will affect even those who are healthy with more severe symptoms and a higher death rate.

A. Additional Public Health Considerations Generated by Pandemic Influenza:

- Mass casualties
- Supply disruption

B. Florida Preparedness

A pandemic typically begins when an animal influenza virus infects humans. When this type of influenza virus emerges, it will be monitored for further advancement and human-to-human transmission. The Florida Department of Health will maintain awareness of these novel viruses and will begin preparing for a potential pandemic. ~~If a pandemic occurs, the federal government will work to identify the cause and create a vaccine.~~ DOH will establish an Incident Management Team (IMT) to mitigate the effects of the pandemic as efficiently as possible. The IMT will develop a strategy for vaccine and antiviral distribution of product that has been appropriately tested, and supported through relevant and reliable data which includes benefit versus risk analysis. The strategy will include a rapid data collection plan to execute memoranda of understanding with stakeholders, strategic partners, and Florida Providers for data sharing, and a rapid response plan to conduct randomized clinical trials, as needed, for high quality data on vaccine effectiveness. The IMT will activate the existing plans for medical surge, patient movement, and other necessary resources for pandemic response.

II. Incident Objectives

A. Preparedness Period

Pandemic occurring, without disease present in the United States

1. Prepare a hard copy map of disease incidence and progression (Situation Unit).
2. Develop weekly analysis of influenza like illness in Florida (Epidemiology).
3. Evaluate laboratory surge capabilities for testing increased amounts of specimens (Laboratories).
4. Provide guidance to County Health Departments (CHDs) on potential specimen collection and reporting (Laboratories, Epidemiology).
5. Determine DOH investigative capabilities (Operations, Planning).
 - a. Assess CHD investigative capabilities within 24 hours in focal areas.
6. Assess statewide investigative capabilities (Operations, Planning).

B. Initial Planning Period

Disease present in Florida and spreading at higher rates than usual

1. Establish daily communications with state and local partners (Planning).
2. Facilitate Children's Medical Services meeting (Operations).

3. Implement the communications strategy.
 - a. Begin larger-scale media monitoring for information, reporting, rumors, etc. (PIO).
 - b. Initiate call center operations and monitor call volume to collect demographics and call data for daily reporting to the Planning Section Chief via the Operations Section Chief (Operations, Logistics, PIO).
 - c. Coordinate health care provider script with call center (PIO).
 - d. Support influenza grant-funded projects related to the communications plan (Operations).
 - e. Update and disseminate antiviral and personal protection equipment (PPE) process flow, policy documents, and related materials (Planning, Operations, SMEs).
 - f. Finalize and distribute influenza response guidance to CHDs to support school-based response (Operations, Department of Education, PIO).
4. Develop and implement policy, guidance, and procedures to support disease reduction and treatment of the infected.
 - a. Complete analysis and provide documentation on new federal guidance documents within 24 hours of receipt (Medical Advisory Group).
 - b. Ensure completion of State Surgeon General's Speaking Points (Public Information Officer (PIO)).
 - c. Implement Public Antiviral Stockpile Program Concept of Operations (Operations).
 - d. Conduct analysis of the Center for Disease Control and Prevention (CDC) Day Care Guidance and mitigation strategy (Medical Advisory Group).
 - e. Develop PPE guidance for first responders (Medical Advisory Group).
 - f. Identify impact on colleges and universities and develop mitigation planning as need (Planning, Operations).
 - g. Facilitate Children's Medical Services meetings (Operations, Planning).
 - h. Reinforce public messaging that the vaccine program will be a voluntary process (PIO).
5. Distribute pharmaceuticals, medical supplies, and equipment to support local influenza response operations (Logistics).
 - a. Complete health care and emergency services worker PPE supply guidance (Medical Advisory Group).
 - b. Reinforce Develop an informational toolkit that includes information, guidance, and relevant infographics against the use masks for K-12 schools to be distributed through the Department of Education and mask guidance message through local superintendents, emergency management, and CHDs (PIO, Planning, Operations).
 - c. Review and finalize the Public Antiviral Stockpile Program Concept of Operations and flowchart (Planning, Operations).
 - d. Implement integrated resource tracking and reporting system (Resource Unit).
 - e. Identify key resource needs for future operations (Logistics, Planning, Operations, Resource Unit).
6. Develop system for identifying antiviral and/or PPE shortages in retail system (Logistics, Planning, Operations).

7. Complete planning and other activities to support a potential statewide mass vaccination program.
 - a. Inform and engage Florida providers about a potential statewide mass vaccination program. (Operations).
 - b. Develop 30-60-90 day roll out plans for periods when demand exceeds vaccine availability (Planning, Operations, SMEs).
 - c. Develop contingency planning for vaccine and related supply transportation and storage (Logistics, Planning, Operations, SMEs).
 - d. Develop fact sheet for using volunteers (Planning, Operations, SMEs).
 - e. Finalize and distribute Florida data reporting requirements for vaccinations (Planning, SMEs).
8. Estimate burn rate for first round distribution of vaccine (Logistics, Planning, Operations).
9. Complete Frequently Asked Questions (FAQ) documents (PIO).
10. Acquire daily update of disease patterns in the state that provides an analysis by age (Epidemiology).
 - a. Prepare daily report with number of new cases and total cases.
 - b. Prepare weekly attack rate table.
11. Provide information for medical providers seeking treatment and management guidance and algorithms (Medical Advisory Group).
12. Support stabilization of health care system through coordination of regulatory issues, as requested by local emergency operations centers (Planning, Logistics, AHCA, SMEs).
13. Deploy health and medical personnel, supplies, equipment, and pharmaceutical resources as requested (Logistics).
14. Develop situational awareness of population and health care partner status (Situation Unit).
15. Implement and support isolation and quarantine as necessary (Operations, Planning, SMEs).
16. Assist with the identification and disposal options for bio-hazardous waste (Environmental Health).
17. Complete and post Invitation to Bid document for statewide vaccination staffing (Finance).
18. Expand spending authority to utilize influenza grant funding (Finance).
19. Develop a budget and determine funding sources (Agency Representative, Emergency Coordination Officer (ECO), Finance).
20. Establish a People's First charge object code to track hours spent working on incident activities (Finance).

C. Secondary Planning Period

Disease present and infections increase dramatically

1. Assess need for an Emergency Declaration in coordination with the Division of Disease Control (ECO).
2. Implement policy, guidance, and procedures to support influenza reduction and treatment of the infected (Medical Advisory Group).
 - a. Ensure completion of State Surgeon General's Speaking Points each week (PIO).

- b. Respond to rumors and other key issues in support of county communications (PIO).
3. Provide Crisis Standards of Care guidance to medical providers (Medical Advisory Group, Planning, Operations, SMEs).
4. Maintain Information Management Outreach (PIO).
 - a. Maintain large-scale media monitoring for information, reporting, rumors, etc.
5. Maintain pharmaceutical, PPE, medical supply, and equipment support system for county operations (Logistics).
 - a. Develop an informational toolkit that includes information, guidance, and relevant infographics against the use of masks for K-12 schools to be distributed through the Department of Education and mask guidance message through local superintendents, emergency management, and CHDs (PIO, Planning, Operations).
 - b. Establish mechanism with commercial pharmacies to support antiviral delivery (Public Health Pharmacy, Legal, Operations).
 - c. Reinforce Health Care PPE issuance from a state cache is to support local shortages and not intended to supplant commercial purchases locally (Logistics, Operations).
6. Complete planning and other activities to support a statewide vaccination program.
 - a. Identify resource needs to support school-based, closed Points of Dispensing (PODs), and other public health-based vaccination strategies (Logistics, Planning, Operations).
 - b. Execute memoranda of understanding with stakeholders, strategic partners, and Florida providers for data sharing to ensure the department has valid, reliable data.
 - c. Implement mass vaccination program with Florida providers (Operations).
 - d. Continue 30-60-90 day roll out planning for periods when demand exceeds vaccine availability (Planning, Operations, SMEs).
 - e. Implement as needed, contingency plans for vaccine and related supply transportation and storage (Logistics, Planning, Operations).
 - f. Estimate burn rate for first round distribution (Logistics, Planning, Operations).
 - g. Implement a rapid response plan to conduct random clinical trials to test the effectiveness of existing and newly developed vaccines, as needed.
7. Compile key county issues and identify innovative practices from weekly CHD report and other sources (Planning).
8. Identify and communicate policy, guidance, and procedures to support disease reduction and treatment of the infected (Medical Advisory Group, PIO).
 - a. Finalize and post antiviral, hospitalization/death reporting, childcare centers, and higher education facilities fact sheets (Planning, Operations, PIO).

- b. Develop process to support health care providers seeking subject matter expertise for patients with complex influenza infections (Operations, Disease Control Branch).
 - c. Ensure completion of State Surgeon General's (SSG) Speaking Points each week (PIO).
9. Formalize concept of operations for Dose Administered Reporting, Campaign Priority Groups, and Public Health-sponsored clinics (Operations, Planning).
 10. Continue analysis and provide documentation on new federal guidance documents within 24 hours of receipt (Medical Advisory Group).
 11. Activate FEMORS as necessary (ECO, Operations).

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D. Deceleration Planning Period

Vaccines Available for Use

1. Maintain Information Management System (PIO).
 - a. Update pending fact sheets for the antiviral program, flu primer, and Q&A for providers and work with partner agencies to distribute to the public through multiple channels (Planning, SMEs).
 - b. Complete responses for Florida Hospital Association questions (Planning, SMEs).
 - c. Update and post FAQs to website (PIO).
2. Maintain pharmaceutical, PPE, medical supply, and equipment support system for county operations (Logistics).
 - a. Support CHD-based COOP planning (COOP Branch, Planning).
3. Implement statewide vaccination program (Operations, Logistics, Planning).
 - a. Develop implementation plan for enhanced epidemiological surveillance of vaccine penetration by target group (Epidemiology).
 - b. Implement Mass Vaccination Branch structure, staffing, standard operating guidelines (Operations).
 - c. Provide DOH vaccine supply list (Logistics, Public Health Pharmacy).
 - d. Identify resource needs to support Points of Dispensing and other public health-based vaccination strategies (Logistics, Planning, Operations).
 - e. Maintain 30-60-90 day roll out plans for periods when demand exceeds vaccine availability and disease behavior (Planning, Operations, SMEs).
 - f. Conduct Disease Control Branch operations following established process and procedures (Operations).
 - g. Continue Florida provider mass vaccination program as needed (Operations).
 - h. Estimate burn rate for first round distribution (Logistics, Planning, Operations).
4. Continue to monitor the status of licensed health care facilities within the area of operations (Situation Unit, SMEs, AHCA).
5. Review impact of disease on health care and critical infrastructure (Medical Advisory Group).
6. Analyze emergency department utilization and causative factors (Epidemiology).
7. Conduct behavioral health analysis of impacted communities (Behavioral Health (DCF))

III. Essential Elements of Information

A. Pre-Pandemic Phase

1. Investigation Interval

- a) Public Health Systems:
 - Obtain confirmed number of cases by country from World Health Organization (WHO).
 - Monitor epidemiological trends in morbidity and mortality.

2. Recognition Interval

- a) Emergency Management:
 - Obtain pre-pandemic census of available law enforcement, fire, and EMS assets by county.
 - Status of public education materials.
 - Prior to pandemic, a census of EMS personnel (EMT or Paramedic) should be reported along with the number of EMS ambulances and the type of ambulance (ALS, BLS, Type I, II, or III as per FEMA classification)
- b) Public Health Systems:
 - Obtain WHO surveillance data.
 - Obtain demographic data trends in morbidity, mortality, viral etiology, and antiviral resistance.
 - Obtain pre-pandemic status of CHD staff.
- c) Health Care Systems:
 - Monitor status of Florida laboratory diagnostics.
 - Obtain pre-pandemic hospital bed baseline reports.

B. Pandemic Phase

1. Initiation Interval

- a) Emergency Management:
 - Monitor reports of businesses and government facilities closing and cancellation of public events.
 - Obtain census of available law enforcement, fire, and EMS assets by county.
 - Obtain census of EMS responders measured against a percentage of ambulances by county and type unit.
 - Monitor distribution status of public education materials.
 - Monitor status of rumors and intelligence from social media.
- b) Public Health Systems:
 - Monitor for responder health and safety issues.
 - Monitor surveillance reporting at Florida international ports of entry.
 - Monitor geographic and demographic data trends in morbidity, mortality, virus etiology, and antiviral resistance.
 - Obtain syndromic surveillance reports.
 - Identify security and distribution issues with pharmaceutical caches, Local Distribution Site (LDS), POD locations, and transportation.
 - Monitor POD throughput numbers and populations in surrounding area, not just county residents, for the possibility of a re-allocation of medical countermeasures.
 - Monitor status of DOH laboratories' stockpile(s) of testing reagents and supplies.
 - Monitor for burden on DOH laboratories' testing facilities and staff.
 - Monitor the status of county public health communication channels and technologies, including TV, radio, print, social media platforms, TTY, TRS, and alternative formats and services for persons who are

deaf, hard of hearing, speech-impaired, or have limited English proficiency and require translation to other languages.

- Monitor for the need to resupply PPE for responders.
 - Monitor the availability of medical countermeasures (MCM).
 - Be aware of black market for counterfeit or ineffective substitute drugs.
 - Monitor the availability of state assistance to provide patient transport/ ground transport capability support, including at-risk population.
 - Obtain the projected requirement for ground movement of patients, including at-risk population.
 - Monitor the status of CHD staff.
 - Monitor the need and potential locations for Alternate Care Site support.
- c) Health Care Systems:
- Monitor for the need to resupply hospital PPE inventory, if there is supply chain interruption.
 - Obtain hospital bed baseline reports.
- d) School Systems:
- Obtain opening and closing dates for Florida schools, colleges, and universities (from calendars).
 - Obtain opening and closing dates for Alabama and Georgia schools, colleges, and universities that border Florida.
 - Monitor the availability and locations of school nurses and on campus health care centers.
 - Obtain census of K-12 and college/ university teaching staff.
 - Obtain census of school district boards and college/ university boards of trustees.
 - Obtain census of school nursing staff and on campus health care centers.

2. Acceleration Interval

- a) Emergency Management:
- Monitor for reports of businesses and government facilities closing and cancellation of public events.
 - Monitor the distribution status of public education materials.
 - Obtain census of law enforcement, fire, and EMS assets by county.
 - Monitor for status of rumors and intelligence from social media.
 - Monitor for community containment success indications such as social distancing acceptance, and facility and event closures.
 - Monitor for increases in lawlessness such as riots, looting, and petty crime.
 - Obtain other ESF status reports such as absenteeism rates and impact on operations and services at state agency and county levels.
 - Monitor the status of water and power utilities in the area of operations.

- Monitor the status of supermarkets and other food distribution centers within the area of operations.
- Monitor the status of gas stations within the area of operations.
- Monitor the status of rumors and intelligence from social media.
- Obtain the status and provisions of emergency declarations.
- Monitor for activation of state agency Continuity of Operations Plan (COOP).

b) Public Health Systems:

- Monitor responders for health and safety issues.
- Monitor the current and future needs of PPE replenishment.
- Obtain geographic and demographic data trends in morbidity, mortality, virus etiology and antiviral resistance statewide/ by county, and ZIP Code of presumed Florida cases.
- Obtain reports of Florida geographic cases by ZIP Code.
- Monitor surveillance reporting at Florida international ports of entry.
- Develop ESF-8 status reports of DOH Central Office, EMS, CHD, hospital, and other health and medical facilities absenteeism rates, and impact on operations and services.
- Monitor for the burden on DOH laboratory testing facilities and staff.
- Obtain report of laboratory analysis and confirmation of clinical specimens.
- Monitor the status of DOH laboratory stockpile(s) of testing reagents and supplies.
- Obtain report of Florida influenza cases reported by sentinel sites (hospitals, urgent care specimen, private doctors' specimen).
- Obtain copy of syndromic surveillance reports.
- Obtain number of confirmed cases reported and locations.
- Obtain number and locations of isolated and quarantined cases.
- Monitor for requests for Strategic National Stockpile (SNS) antiviral allocation to Florida.
- Monitor the status of Florida antiviral stockpile including SNS distribution received and pending.
- Monitor for shortages in pharmaceuticals and resupply expectations.
- Obtain POD locations and activity.
Monitor the impact of increased fatalities on medical examiners and mortuary systems.
- Monitor for behavior health issues related to outbreak.
- Provide information on coping/ stress reduction/ psychological first aid.
- Monitor the status of CHD staff.
- Monitor for the burden on CHD facilities and staff during the response and need for augmentation.
- Strategy for behavioral health surveillance during and after the operation.

c) Health Care Systems:

- Obtain reports of hospital emergency department visits for influenza like illness.

- Obtain reports of hospital flu mortality trend assessments by age grouping, immuno-suppressed, chronic disease, and secondary pneumonia by type.
 - Obtain hospital expected discharge rates per day.
 - Obtain number of hospital admissions for confirmed and suspected influenza cases.
- d) School Systems:
- Obtain reports of spontaneous school closings by district or college/ university location and rationale for closing (student absenteeism, faculty absenteeism, or both).
 - Monitor for cancellation of school intramural events.
 - Monitor the impacts of school closings on students such as meals and increases of parental absenteeism from their workplace.
 - Obtain reports of community containment success indications such as social distancing acceptance and facility and event closures.
 - Monitor for reports of local power and other services outages because of high worker absenteeism.
 - Monitor for issues related to the use of schools/ campuses for public distribution of antivirals and vaccines.
 - Obtain census of K-12 and college /university teaching staff.
 - Obtain census of school district boards and college/ university boards of trustees.
 - Obtain census of school nursing staff and on campus health care centers.

3. Deceleration Interval

- a) Emergency Management:
- Obtain expected date and time of closed facilities to re-open.
 - Monitor status of rumors and intelligence from social media.
- b) Public Health Systems:
- Obtain number of U.S. presumed cases and deaths from CDC surveillance.
 - Obtain geographic and demographic data trends in morbidity, mortality statewide/ by county, and ZIP Code of presumed Florida cases.
 - Obtain the CDC schedule for vaccine deployment.
 - Obtain POD locations and activities.
 - Obtain the expected POD census per day.
 - Monitor for vaccine transport/ POD security issues.
 - **Monitor vaccine safety using Vaccine Adverse Event Reporting Systems (VAERS) and other data systems.**
- c) Health Care Systems:
- Obtain hospital census reports by percentage of flu patients and demographics.
 - Obtain hospital expected discharge rates per day.
 - Obtain hospital flu mortality trend assessments by age grouping, immuno-suppressed, chronic disease, and secondary pneumonia by type.

- d) School Systems:
- Obtain reports of spontaneous school closings by district or college/ university location.
 - Obtain the rationale for closing (student absenteeism, faculty absenteeism, or both).
 - Monitor for cancellation of school intramural events.
 - Monitor for the impacts of school closings, such as students missing meals and increases of parental absenteeism from their workplace.
 - Obtain reports of community containment success indications such as social distancing acceptance, and facility and event closures.
 - Monitor for reports of student and faculty influenza-related behavioral health issues.
 - Obtain projected date of closed schools to re-open.
 - Obtain census of K-12 and college/ university teaching staff.
 - Obtain census of school district boards and college/ university boards of trustees.
 - Obtain census of school nursing staff and on campus health care centers.

C. Transition Phase

1. Preparation Interval

- a) Emergency Management:
- Obtain After Action Report and lessons learned documentation input from all ESFs.
 - Monitor the status of rumors and intelligence from social media.
- b) Public Health Systems:
- Obtain number of U.S. presumed cases and deaths from CDC surveillance.
 - Obtain geographic and demographic data trends in morbidity, mortality statewide/ by county, and ZIP Code of presumed Florida cases.
 - Obtain trends in adverse reaction reports of continued vaccinations.
 - Determination potential for second wave.
- c) Health Care Systems:
- Obtain hospital census reports by percentage of flu patients and demographics.
 - Obtain hospital expected discharge rates per day.
 - Obtain hospital flu mortality trend assessments by age grouping, immuno-suppressed, chronic disease, and secondary pneumonia by type.
- d) School Systems:
- Monitor for reports of student and faculty influenza-related behavioral health issues.
 - Obtain reports of the acceptance of vaccine by the student and young adult population versus availability.
 - Obtain census of K-12 and college /university teaching staff.
 - Obtain census of school district boards and college/ university boards of trustees.

- Obtain census of school nursing staff and on campus health care centers.

IV. Advanced Planning Considerations

A. Medical Needs:

- Consider the need to declare a public health emergency.
- Develop a containment strategy that may include isolation, quarantine, vaccination, and treatment.
- Monitor emergency department utilization for emergence of additional cases.
- Evaluate the pediatric population closely as most countermeasures require pediatric-specific instructions and dosing, including liquid suspensions that take time to prepare.
- There may be chronic physical and behavioral health effects lasting weeks or months that will require public health surveillance.
 - In some areas, large numbers of transient populations, such as tourists and migrant farm workers, will require post-incident assistance.

B. Medical Supplies and Support:

- Monitor the distribution supply lines for all medical supplies, including durable medical equipment and PPE.
 - Supply lines may be impacted, and inventories may be depleted as a result, as much of this equipment comes from outside of the state.
- Expect inadequate medical supplies.
 - The need for vaccines is likely to be larger than the supply.
 - The need for antiviral medications is likely to be larger than the supply early in the pandemic.
 - A pandemic can create a shortage of hospital beds, ventilators, and other supplies.
 - Alternative sites, such as schools, may serve as medical facilities.
- If the state is procuring supplies (particularly N-95 masks), hospitals may not wish to change brands, as this requires fit testing of the staff to the new mask.
 - National hospital organizations may differ from CDC guidance on specific issues, such as the type of mask that can be used.
- Anticipate higher level of security needs for PODs and Reception Centers.

C. Pandemic Characteristics:

- Expect the health care system to be overloaded.
- Most people have little or no immunity to a pandemic virus. Therefore, infection and illness rates will soar.
 - A substantial percentage of the world's population will require some form of medical care.
- Past pandemics spread globally in two or three waves.

- Expect a disrupted economy and society.
 - Travel bans, event cancellations, and school and business closings could have a major impact on communities and residents.
 - Caring for sick family members and fear of exposure could result in significant employee absenteeism.

D. Responder and Health Care Worker Support:

- Monitor emergency departments in the affected area. Ambulances may quickly begin to divert patients to other hospitals and create the need to activate the Florida Ambulance Deployment Standard Operating Procedure.
- Assess the ability of the local health and medical system to manage concurrent incidents in the community.

V. Supporting Plans and Procedures

- a. State of Florida Comprehensive Emergency Management Plan
- b. CEMP Appendix VIII – Emergency Support Function 8 – Public Health and Medical
- c. Public Health and Medical Emergency Operations Plan
- d. DOH Crisis and Emergency Risk Communications Annex to the Emergency Operations Plan
- e. DOH Isolation and Quarantine Annex to the Emergency Operations Plan
- f. DOH Mass Prophylaxis and Treatment Annex to the Emergency Operations Plan
- g. DOH Pandemic Influenza Appendix to the Emergency Operations Plan
- h. State ESF8 Standard Operating Procedure
- i. Florida Field Operations Guide
- j. Florida Strategic National Stockpile Standard Operating Procedure
- k. Pandemic Influenza Benchguide: Legal Issues Concerning Quarantine and Isolation
- l. Pandemic Influenza: Triage and Scarce Resource Allocation Guidelines
- m. State of Florida Comprehensive Laboratory Response Plan for Chemical, Biological and Radiological Incidents
- n. Forward Logistics Support Standard Operating Guideline
- o. Triage Report: A Brief Assessment of Florida's Pre-hospital Triage Strategy
- p. Alternate Care Site Playbook
- q. Alternate Care Site Standard Operating Procedure
- r. Florida State Medical Response System Operating Guideline
- s. Patient Movement Support Standard Operating Guidelines
- t. Fatality Management Response Plan
- u. Mission Ready Package Workbook
- v. Non-Medical Interventions Guide
- w. Responder Management Standard Operating Guidelines
- x. Management of State Property, DOH IOP 250-11

VI. Pre-Scripted Messages

A. Diseases and Outbreaks

1. Avian Influenza

- a) Information:
 - Acronyms
 - Find Your Local County Health Department
 - Glossary
 - Resources
- b) FAQs and Fact Sheets:
 - Avian Flu Fact Sheet
 - Info-Influenza Pandemics, CDC
 - FAQs Disease Control, Avian Flu (English, Spanish, Creole)
 - FAQs, Avian Flu (English, Spanish, Creole)
 - Key Facts About Avian Flu (CDC) (English, Spanish, Creole)
- c) PIO Resources:
 - Model News Releases (English, Spanish, Creole)
 - Precautions Urged
 - Increased Surveillance
 - Official Statement
 - Situation is Steady Update
 - Confirmed Case
- d) Other Materials:
 - Talking Points, Avian Flu #1
 - Talking Points, Avian Flu #2
 - PSA Guidance
 - SSG's Power and Authority
- e) Message Maps:
 - Pandemic Flu
 - Quarantine Messages

2. H1N1 Pandemic Influenza

- a) Information:
 - Florida H1N1 Media Campaign Success Stories
 - Department of Education Commissioner Memo to School Districts regarding FL Website
 - H1N1 Communication Message Maps
 - CDC Influenza Vaccine Update from the Clinician Outreach and Communication Activity Conference Call (1.97MB)
 - Presentation: For Discussions with your General Community Partners (including notes; 1.23MB)
 - Presentation: For Discussions with your Health Care Providers
 - Kissimmee Mass Vaccination Workshop
- b) FAQs and Fact Sheets:
 - H1N1 FAQs
- c) Brochures, Posters and Marketing Materials:
 - CDC Video: "The Flu Ends with U" PSA (English, Spanish)

- Health Education - Handwashing Instructions
 - Handwashing Clings (English and Spanish)
 - Handwashing Poster
 - Handwashing Sign
 - Handwashing Magnet
 - Health Education - "Take 3" Poster
 - Take 3 Steps to Fight Flu (English, Spanish)
 - Health Education - Handwashing for K-3rd Grade
 - Brochure for parents
 - Poster
 - Post Test
 - Flyer
 - Health Education - CDC Ads for Mass Transit
 - BusAd: Flu Vaccine (English, Spanish)
 - BusAd: Flu Pregnancy (English, Spanish)
 - Additional Posters
 - Cover Your Cough (English, Spanish)
 - Kids Wash Your Hands (English, Spanish)
 - Vampire Cough (English, Spanish)
- d) Graphics and Widgets:
- Centers for Disease Control's Social Media
 - Flu.gov's Social Media
- e) Additional myflusafety.com: <http://myflusafety.com/>

3. H3N2v Influenza

- a) Information:
- Find Your Local County Health Department
 - CDC H3N2v Webpage
 - DOH General Flu Prevention
 - www.flu.gov
- b) FAQs and Fact Sheets:
- FAQs (English, Spanish, Creole)
 - CDC Basics on H3N2v
 - CDC Take Action to Prevent the Spread of Flu Between People and Pigs at Fairs
- c) PIO Toolbox:
- Model News Releases
 - NR Confirmed Case of H3N2v (English, Spanish, Creole)
- d) Other Materials:
- H3N2v Advisory Template (English, Spanish, Creole)
 - H3NV Talking Points

4. The Seasonal Flu

- a) Information:
- Acronyms and Glossary
 - Department of Health Immunization Flyers

- Find Your Local County Health Department
 - Flu Prevention
 - Vaccines.gov Influenza
 - CDC Multimedia Resources
 - Video: Fighting the Flu (:60)
 - Video: Don't Get, Don't Spread: Seasonal Flu (1:22)
 - Video: Warning Signs - Seasonal Flu (1:14)
 - Video: Take 3 - Seasonal Flu (2:20)
 - Video: Protect Yourself, Protect Your Baby (3:13)
 - Video: Antiviral Drugs (1:17)
 - Video: Personal Stories - Why Flu Vaccination Matters (3:26)
- b) FAQs and Fact Sheets:
- Live Intranasal Influenza Vaccine 2012-13 (English, Spanish, Creole, French, Portuguese)
 - Inactivated Influenza Vaccine 2013-14 (English, Spanish, Creole)
 - Clarifying Information on Seizures
 - Seasonal Flu Fact Sheet
 - Flu Shot Every Year Brochure
 - Seasonal Flu FAQs (English, Spanish, Creole)
- c) PIO Toolbox:
- Model News Releases
 - Active Flu in the Community
 - Awareness for Seasonal Flu
 - Increased Flu Activity
 - Precautions for Flu
- d) Other Materials:
- Influenza Talking Points (8/2014)
 - PSA Guidance
 - Model Media Advisory
 - Message Maps
 - Seasonal Flu
 - Call In Sick
 - No School for You
 - Keep Sick at Home
 - Wash Your Hands Steps Decal English Version
 - Wash Your Hands Steps Decal Spanish Version
 - CDC Print Materials for Businesses and Employers
 - Get a Flu Shot Button
 - Wash Your Hands Sticker
 - Sneeze like a Vampire
 - Prevent the Flu, Vaccine
 - It's in your Hands
 - Fight the Flu
 - Sick Babies should be at Home

VII. Other Resources

1. Disaster Behavioral Health

- a) Fact Sheets and Brochures (English, Spanish, Creole):
 - Age Appropriate Reactions & Specific Interventions
 - Common Reactions to Stress
 - Coping with Death
 - Process of Grieving
 - Psychological First Aid for Responders Brochure
- b) Other Materials:
 - Disaster Response Template Toolkit
 - Disaster Behavioral Health Resources - Administration for Children and Families

2. Strategic National Stockpile

- a) Information:
 - Acronyms and Glossary
 - Find Your Local County Health Department
- b) Resources (English, Spanish, Creole):
 - FAQs and Fact Sheets
 - Points of Dispensing (English, Spanish, Creole)
 - Strategic National Stockpile (English, Spanish, Creole)
 - Strategic National Stockpile At A Glance
 - Closed Points of Dispensing Option
 - Federal Medical Station
 - Medkit Evaluation Study Summary
- c) PIO Toolbox:
 - Model News Releases
 - SNS Requested (English, Spanish, Creole)
 - Point of Dispensing Open-Communicable Disease (English, Spanish, Creole)
 - Point of Dispensing Open-Non-Communicable Disease (English, Spanish, Creole)
 - Point of Dispensing Closed
- d) Other Materials:
 - Talking Points #1 Florida Ready to Receive
 - Talking Point #2 Florida Experienced
 - Talking Point #3 Quality of Medications
 - Talking Points #4 Points of Dispensing Serve All Residents
 - PSA Guidance (English, Spanish, Creole)



Steps to Establish a Rapid Research Network Framework during a Public Health Emergency

The network will:

- Generate goodwill among collaborative partners and establish meaningful and continuous relationships.
- Facilitate data sharing agreements and ease of sharing among and across network partners.
- Define any critical research needs and priority areas and topics before, during and after a public health emergency and implement plans for future studies.
- Embed research network into incident command structure.
- Identify funding and funding challenges.
- Establish the infrastructure needed to support research efforts during emergencies.
- Develop evidence-based research protocols for rapid deployment.
- Invest in the design of data sharing platforms and new technologies for rapid data and information sharing and increased interoperability among network partners.
- Identify strategies to sustain funding and resources to rapidly scale up or down during an emergency response and in recovery.
- Ensure coordination of research efforts across network partners to ensure coordinated research studies.
- Disseminate findings and engage and communicate with affected communities research outcomes.

Figure 1: Rapid public health emergency research framework

