Board of Scientific Counselors (BSC) Meeting
Office of Readiness and Response (ORR)
Thursday, May 23, 2024
Virtual

Contents

BOARD OF SCIENTIFIC COUNSELORS (BSC) MEETING
OFFICE OF READINESS AND RESPONSE (ORR)
THURSDAY, MAY 23, 2024
VIRTUAL

Roll Call, Welcome

Ian Williams, PhD, MS; Deputy Director, ORR; Designated Federal Official, BSC, ORR

The BSC meeting began with roll call by Dr. Williams to ensure quorum was established. Dr. Williams monitored attendance and quorum was maintained throughout the meeting.

Dr. Williams also reviewed the BSC responsibilities, as per its charter, and the conflict-of-interest waivers. Members were requested to identify any conflicts and no conflicts were identified.

Dr. David Lakey facilitated discussions. Voting was required and per the charter, only the Special Government Employee (SGE) Members and Ex Officio Members voted.

BSC Members present:

Dr. Julie Fischer
Dr. Paul Halverson
Dr. David Lakey
Dr. John Martin-Lowe
Dr. Umair Shah
Dr. Kathleen Tierney
Dr. Kristin DeBord
Dr. Hilary Marston
Dr. Benjamin Chan
Dr. Christina Egan
Dr. Laura Magana
Dr. Alexia Harrist

The meeting was called to order at 10:06 AM EST.

Welcome Remarks and ORR Updates

Henry Walke, MD, MPH; Director, ORR

Dr. Walke highlighted recent events. The Centers for Disease Control and Prevention (CDC) revealed its updated cdc.gov website on May 16, 2024, to modernize communication platforms for public health needs. Online content was made more streamlined, facilitating access to vital information for decision-making. The new design included the updated Office of Readiness and Response (ORR) site.

CDC has been involved in the global polio response, collaborating with various U.S. jurisdictions to enhance wastewater testing for poliovirus in areas with low vaccination coverage. Internationally, CDC led efforts to eradicate wild polio transmission in Pakistan and Afghanistan, addressing reinfection from either imported wild or vaccine-derived poliovirus (VDPV).

Efforts continued to address Monkeypox (Mpox). Most cases occurred in unvaccinated individuals or those without the full JYNNEOS vaccine. Cases were closely monitored by CDC and information was disseminated via the web.

CDC continues to monitor Influenza A or H5N1 in the U.S. The virus has caused outbreaks in poultry and U.S. dairy cows. Two human cases were reported in diary workers located in Texas and Michigan. While the current public health risk is low, CDC is supporting the state's efforts to monitor population segments with animal exposures.

We are also monitoring Dengue cases incurred both domestically and internationally. Nearly 4 billion people live in areas at risk for dengue. People can continue to protect themselves by preventing mosquito bites and controlling mosquitoes in and around their homes.

CDC continues to monitor the evolution of measles outbreaks around the country. There have been 132 measles cases reported in 21 jurisdictions around the country thus far. Since most people in the U.S. are vaccinated against measles, the risk for most of the population is low.

ORR has a couple of leadership changes. Dr. Samuel Edwin, who led the Division for Regulatory Science and Compliance (DRSC), accepted a position as a DRSC Senior Scientist. Ms. Christine Kosmos is retiring from her position as Director of the Division of State and Local Readiness (DSLR) effective June 30, 2024.

Suggestions/Comments from the BSC:

- The website's functionality was impressive, and the ORR team should be commended for their work, particularly as it relates to communication.

ORR Division Follow-up Discussion

Division of State and Local Readiness (DSLR)

Christine Kosmos, BSN, MS; Division Director

Ms. Kosmos shared work occurring in DSLR, ORR, and CDC to improve readiness for public health events. New efforts focused on state, tribal, local, and territorial (STLT) response operations and outcomes. The work was informed by data, lessons from COVID-19, discussions with partners, and self-reflection. State and local partners stated repeatedly that the last four-plus years have been spent primarily in public health responses and time needed to be dedicated to defining and thinking about what response operations meant and if it was potentially different from preparedness.

DSLR created the Public Health Response Readiness Framework, which defined public health emergency response and the necessary components for an adequate public health response. It was built on the 15 capabilities from previous years and involved collaboration between CDC, ORR, DSLR/STLT, and non-government partners. The framework outlined ten components.

- Prioritize a risk-based approach to all-hazards planning that addresses evolving threats and supports medical countermeasure logistics
- Enhance partnerships (federal and nongovernmental organizations) to effectively support community preparedness efforts
- Expand local support to improve jurisdictional readiness to effectively manage public health emergencies
- Improve administrative and budget preparedness systems to ensure timely access to resources for supporting jurisdictional responses
- Build workforce capacity to meet jurisdictional surge management needs and support staff recruitment, retention, resilience, and mental health
- Modernize data collection and systems to improve situational awareness and information sharing with healthcare systems and other partners
- Strengthen risk communications activities to improve proficiency in disseminating critical public health information and warnings and address mis/disinformation
- Incorporate health equity practices to enhance preparedness and response support for communities experiencing differences in health status due to structural barriers
- Advance capacity and capability of public health laboratories to characterize emerging public health threats through testing and surveillance
- Prioritize community recovery efforts to support health department reconstitution and incorporate lessons learned from public health emergency responses

Several priorities for 2023-2024 were set to support and improve nationwide response readiness. In addition to implementing the framework, DSLR planned to increase Public Health Emergency Preparedness (PHEP) support to local health departments, including rural and frontier areas, and ensure readiness for large-scale medical countermeasures (MCM)

responses. They will also aim to enhance technical assistance to STLT jurisdictions and increase the placement of CDC field staff.

The Division used strategic planning to guide new state and local guidance. It revolved around the response readiness framework, with ten workgroups created to match its components. Each workgroup developed plans that included state, local, DSLR, ORR, and partners. A new PHEP evaluation and simplified notice of funding opportunity (NOFO) were introduced. The exercise framework was adjusted to emphasize PEHP NOFO strategies and activities, while the new IT system, Ready CAMP, was created for state and local program management using CDC's new system.

DSLR was reorganized to better support its priorities and activities. The Division expanded its approach to technical assistance and renewed its focus on grants management, administrative preparedness excellence, and innovation. It also transitioned most of its evaluation branch to the new Division of Readiness and Response Science (DRRS), where a broader strategy and strategic direction for response readiness can be supported. DSLR also established its new branch to focus on response readiness and support to STLT jurisdictions. Lastly, its field staff expansion continued with the addition of Preparedness Field Assignees (PFA) and Career Epidemiology Field Officers (CEFO). The goal was to place nine additional CEFOs in jurisdictions by the end of 2024.

DSLR solicited the BSC for recommendations on funding jurisdictional responses that need additional resources beyond local and state funding in the absence of an HHS secretarial public health emergency declaration or dedicated congressional funding.

Suggestions/Comments from BSC:

- Collaborating with schools of public health and programs remains a persistent obstacle, yet it is essential for enhancing preparedness and readiness and should be integrated into the strategic preparedness plan.
- Just as securing funding for expanding field staff poses challenges, strengthening funding for laboratories is crucial. Additional resources should be allocated to support laboratory functions beyond routine operations.

Division of Emergency Operations (DEO)

Abbey Wojno, PhD; Special Projects Advisor

The Division of Emergency Operations (DEO) introduced CDCReady Responder to achieve the following objectives:

- Build and expand groups of qualified, response-ready, and available responders.
- Include staff not already connected to the response community.
- Train staff to apply their talents to response work.

- Create opportunities for staff to build new skills and professional connections.

The vision was to establish a diverse workforce of qualified, skilled, and accessible responders to support and maintain public health emergency responses.

In January 2023, CDCReady Responder was introduced with a primary emphasis on enrolling individuals and cultivating groups of similarly skilled professionals. By October 2023, fifteen cadres had been established. Moving into the second year, the program would continue to concentrate on expanding the cadre base for specific roles and enhancing engagement among current participants. Additionally, efforts would be made to streamline operational processes and expand training opportunities. CDCReady Responder boasted 3,340 staff members enrolled or nominated for 4,177 positions spanning 108 roles within 15 cadres.

Individuals within the Agency had the opportunity to nominate themselves or their direct reports for roles within the cadres. The nomination form was accessed on CDCReady and completed in less than three minutes. Various methods were utilized to communicate information about the program and nomination processes, such as CDC Connects, CDC Today Newsletter, roadshows, as well as engagement with chief information officers (CIO), working groups, and employee organizations.

Regarding training, five general responder trainings were made available in late May 2024. Module one provided an overview of the incident management structure (IMS), while module two offered insights into how the IMS functions at CDC. Module three focused on systems and processes, module four covered information and communication, and module five addressed resiliency.

The response functional trainings were developed in collaboration with subject matter experts (SME) across the Agency and DEO staff to identify essential skills needed for specific roles in response work. Approximately 40 to 50 skills-based trainings were recognized as crucial to response processes, with around 29 currently in the design phase. Training examples included JIC Awareness for All, Response Clearance Process, Field Deployment Process, IAPs and SITREPs, CERC for All, and Health Equity for Science and Interventions.

Suggestions/Comments from the BSC:

- Council of State and Territorial Epidemiologists (CSTE) would be interested in partnering to make some of the trainings more usable at the state and local level.
- Training should be shared with external partners, as well as in-person workshops.

Division of Regulatory Science and Compliance (DRSC)

Lori Bane; Deputy Division Director

The Division of Regulatory Science and Compliance (DRSC) manages two regulatory initiatives, in addition to the U.S. National Authority of Containment of Poliovirus (NAC). The Federal Select Agent Program (FSAP), which is overseen by DRSC, the Department of Agriculture (USDA), and the Animal and Plant Inspection Service (APHIS), governs select agents and toxins with the potential to present a significant threat to the public, animal, or plant health. The CDC Import Permit Program (IPP) manages the importation of infectious substances capable of causing disease in humans. The NAC is a dedicated team focused on reducing the risk of poliovirus to U.S. populations through the implementation of the Poliovirus Containment Plan.

On January 30, 2024, Notices of Proposed Rulemaking were issued in the Federal Register. The notices outlined various alterations to the select agents and toxins list, as well as the codification of definitions and policies. Additionally, new regulatory requirements were proposed.

During the process, 60 days were provided for public comments, which concluded on April 1, 2024. A total of 48 comments were submitted and received public comments, with the majority advocating for the removal of *Brucella*s as a select agent. Any revisions to the regulations would not be implemented until the final rule is officially published.

The DRSC issued a request for proposals (RFP) to assess the biosafety and biosecurity implications of genomic RNA derived from positive-sense RNA viruses that have undergone a validated inactivation process. The proposed projects involved conducting lab experiments on regulated RNA viruses using various inactivation techniques, followed by assessing the ability of the extracted RNA to produce a virus. The aim was to ascertain whether RNA from inactivated viruses can be effectively excluded from further testing, a challenge faced by many laboratories. The review of the submitted proposals was in progress.

Ms. Bane concluded her presentation with scientific questions that DRSC would like the BSC's feedback. They were as follows:

1. How can we adapt a list-based regulatory approach to close gaps regulating chimeric or synthetic agents?
2. For every select agent, what populations are most at risk for adverse outcomes in the event of an outbreak?
3. What is the impact of climate change on at-risk populations, including changes in of geographic distribution of select agents?
4. How can reporting of identified select agents and toxins be integrated with existing public health notification systems?

Suggestions/Comments from the BSC:

- When it comes to deciding between a list-based or risk-based approach to synthetic chimera agents, there is a chance to collaborate with the World Health Organization (WHO) on its latest guidance focusing on the risk-based method. This could lead to a global consensus on the definitions of risk-based versus list-based approaches and the development of tools that can be implemented at the facility level.
- Regarding Question 4, some concerns need to be addressed about the terminology used in labs, especially concerning presumptive and confirmed results. FSAP mandates clear identification and confirmation of materials for security reasons. What are the implications of relying solely on DNA-based identification without culturing a live agent?
- The increase in new labs entering diagnostic testing post-COVID is another issue. The assays they create might not meet the same high standards as those from established institutions like the CDC. Clearer definitions of terms like identification, isolation, and detection are essential for accuracy and consistency in lab practices.
- It is essential to involve stakeholders when considering Question 4 and obtaining insights on potential impacts on operational specimens, specimens collected from the field, and the corresponding regulatory requirements. Clear guidance on specimen inactivation, particularly for operational settings, can significantly reduce regulatory hurdles and expedite the diagnostic process, enabling quicker responses in both field and hospital settings.

Division of Readiness and Response Science (DRRS) Updates

Lisa Barrios, ScM, DrPH; Division Director

The Division of Readiness and Response Science (DRRS) introduced a set of key initiatives, including the recent publication of updated guidance for schools concerning respiratory and gastrointestinal infections. This guidance emphasizes prevention measures and offers strategies for addressing heightened illness activity, such as prioritizing handwashing and respiratory etiquette, enhancing ventilation within school facilities, and advocating for vaccinations among students and staff. Additionally, the guidance provided instructions for managing cases of illness among children and staff and emphasized collaboration with health departments, proactive planning for potential outbreaks and epidemics, and practical decision-making in selecting additional preventive measures.

Another initiative addressed was the Data Collation and Integration for Public Health Event Responses (DCIPHER) system and its latest advancements. This year, DCIPHER will merge with the United States Department of Health and Human Services Protect Program, uniting over 4,500 users from over 10 federal agencies and 120 or more state territorial, local, and tribal partners. The joint system receives data from more than 300 sources.

Recent achievements were made using DCIPHER, including its application in the respiratory virus outbreak from late 2023 to early 2024, the Mpox response, and measles. Data retrieval for response efforts was efficient. Future work will focus on integrating the two systems and planning future actions.

One of the mechanisms utilized for innovation funding at CDC is the Strategic Capacity Building and Innovation Program (SCIP). Eight projects were selected for funding this year through the program. Listed below are the centers and proposals that have been approved for funding for FY2024.

- NIOSH - Do emerging air-cleaning technologies and measured ventilation rates reduce exposures to infectious aerosols?
- NCEH - Improving CDC's epidemiologic capacity for response to non-infectious multi-state foodborne outbreaks in disproportionately affected populations.
- NCEH - Development of guidance to address gaps and needs to efficiently meet health equity needs during decontamination/evacuation.
- NCEH - Innovative Training and Exercise Simulation Tool (TEST) Community Reception Center (CRC) Expansion to Enhance Public Health and Hospital Preparedness and Health Equity Considerations.
- NCEH - Pathogen-agnostic signatures in immune cell responses and antigenic peptide identification using advanced mass spectrometry proteomic methods.
- ORR - Validation and implementation of a multi-pathogen targeted sequencing assay for clinical utility at CDC: informing the next generation of diagnostics
- NCEZID - Advancing Point-of-Care Diagnostics for Ebola Virus with Nanoluc Technology: A Comprehensive Solution to Enhance Rapid Detection, Improve Surveillance, and Strengthen Global Preparedness.
- NCEZID - Implementing West Nile virus wastewater surveillance testing.

During the last BSC meeting, the Regional Centers for Public Health Preparedness and Response were discussed. The ten centers worked closely with public health and healthcare partners in their HHS regions to identify their most pressing needs around public health preparedness and response. Contracts were in progress for seven of the regions, where they were in the process of developing five-year regional work plans in collaboration with extensive groups of steering committee or coordinating committee members. Sixteen letters of interest for the 5-year cooperative agreement have already been received, with an anticipation of more to come, potentially reaching 30 to 50 applications. Cooperative agreement recipient selections are projected to be finalized by early September, with awards expected to be announced by the end of September.

Suggestions/Comments from BSC:

- ➢ It is important to continue to explore ways to improve indoor air quality. Continue to have conversations and provide guidance to your stakeholders regarding this area.

Polio Containment Working Group (PCWG) Updates

CDR Bryan Shelby, Ph.D., PCWG Designated Federal Officer, NAC

The Poliovirus Containment Working Group (PCWG) has worked on policies to support the NAC in its efforts to eliminate poliovirus globally. WHO declared poliovirus (PV) 2 was eradicated in 2015 followed by PV3 in 2019. The eradication of PV1 is close, with a containment plan and eradication targets established. The remaining countries with wild-type poliovirus (WPV) were Afghanistan and Pakistan.

The revised strategy strived to achieve certification of WPV1 eradication and validation of the absence of circulating VDPV 2 by the conclusion of 2026. The initial objective was to halt WPV1 transmission in Pakistan and Afghanistan, while the second objective was to prevent all VDPV outbreaks and avert outbreaks in non-endemic nations.

Efforts to eliminate poliovirus included a containment strategy. Laboratories were required to obtain certification from the WHO to store and handle PV in the long term. The process involved obtaining a Certificate of Participation (CP), followed by an Interim Certificate of Containment (ICC) where laboratories started implementing the requirements outlined in the Global Action Plan (GAPIII/GAPIV). The last step was to acquire a Certificate of Containment (CC), indicating full compliance with the Global Action Plan (GAP).

GAPIV was released on July 1, 2022, to reflect updates in eradication and containment statuses, with minor revisions being in progress. Furthermore, suggestions from the WHO's Containment Advisory Group (CAG) were integrated into the latest edition of GAP. The 14 elements for containment in GAPIV are listed below.

1. Biorisk Management System
2. Risk Assessment and Control
3. Worker Health Program
4. Competence and Training

   Good Microbiological Practice

5. and Procedure
6. Clothing and Personal Protective Equipment (PPE)
7. Security
8. Physical Facility Requirements
9. Equipment and Maintenance
10. Poliovirus Inventory and Information
11. Waste Management, Decontamination, Disinfection, and Sterilization
12. Transport Procedures
13. Emergency Response and Contingency Planning
14. Accident/Incident Investigation

Since 2018, the NAC and PCWG have implemented a review process for the development of new poliovirus policies. Policies created by NAC or DRSC undergo review by the PCWG and CDC subject matter experts to gather recommendations. Following recommendations, policies were

updated and presented to the BSC for approval. Before clearance and publication by the CDC, policies were shared with poliovirus-essential facilities (PEF) for feedback. Moving forward, the policy review process will be adjusted to include input from PEFs before submission to the BSC to ensure the BSC receives the most up-to-date versions of policies. Since 2018, the NAC and PCWG have formulated eleven policies and two interim guidance documents outlining containment requirements and guidance for PEFs and U.S. facilities.

Kathleen Tierney, PhD; PCWG Co-Chair and BSC, ORR

Three updated policies were presented to the BSC for the day's meeting. Changes to the policies included the following:

- Updated to include GAPIV requirements and guidance
    - Scope, acronyms, and definitions in a new document
- PEFs with WPV/VDPV type 1 IM must apply for a CP
- PEFs with WPV/VDPV types 2 and 3 IM must apply for ICC
- Emphasis on risk assessments
- New NAC external policy template
- Updated web links
- Reorganized content to better align with GAPIV and facilitate easier navigation

Recommendations from the January 2024 BSC Meeting were also part of the changes: 1) Gryphon study was added to the bibliographic section of the Personal Protective and Risk Mitigation Strategies policies: 2) the term "policy" was integrated into the title of the Risk Mitigation Strategies and adjusted throughout all policies as needed and 3) clarity was provided on the two containment options within the Risk Management Strategies, including the addition of bullet points and language to distinguish between them. Moreover, new communication requirements were introduced for Emergency Response in the Risk Mitigation Strategies.

In the day's meeting, the NAC and PCWG presented the Inventory, Transfer, and Shared Use policies to the BSC for review, feedback, and a vote on recommending advancement in the NAC clearance procedure. The Inventory Policy was updated from GAPIII to GAPIV, with a reduction in record retention from ten years to six. The Inventory Policy also now included a section on storage and emphasized the importance of having a backup emergency power source. The policy applied to all U.S. facilities holding or seeking a certificate of participation or ICC. Emergency response requirements aligned with NAC policies, and the policy also addressed inventory assessments to identify risks.

The BSC reviewed comments before voting, with Dr. Hilary Marston pointing out the absence of contact information in the policy for reporting problems and suggesting its inclusion. Apart from this, she found the policy suitable for advancement. Dr. Umair Shah emphasized the importance of informing the public and incorporating an engagement process in case of any

issues involving various parties, such as jurisdictions, partners, stakeholders, government officials, and the public.

A motion was put forward by Dr. Julie Fischer and seconded by Dr. John Lowe, resulting in the unanimous approval of the policy.

The Transfer Policy was also updated to align with GAPIV standards. Record retention requirements were reduced from ten to six years, with a greater focus on risk assessment. These changes apply to all U.S. facilities handling poliovirus materials, with additional guidelines provided for non-PEFs. All transfers must be authorized by designated officials, and materials must be packaged and shipped following relevant shipping laws.

With no further discussion needed, the motion was made by Dr. Paul Halverson to adopt the Transfer Policy and seconded by Dr. Julie Fischer. The policy was unanimously approved.

The Shared Use Policy, like the other policies, was aligned with the GAPIV requirements. GAPIV permits non-PV work and storage within PV containment areas. This policy was applicable to all facilities seeking or currently holding a certificate of participation or an interim certificate of containment. It stated that non-PV activities must be conducted separately from PV work, and thorough decontamination was necessary before and after PV operations. Additionally, access to the space during PV experiments was restricted to PV personnel only.

Dr. Fischer pointed out that the section concerning effective decontamination was not as thoroughly cross-referenced with the decontamination procedures as other policies. Dr. Shelby clarified that GAPIV does not require a specific procedure, but NAC ensured that the included decontamination procedures aligned with their other policy documents. Dr. Fischer then motioned to advance the Shared Use Policy, which was seconded by Dr. Umair Shah and approved unanimously.

David Lakey MD; PCWG Co-Chair and BSC, ORR

Over the next several months, the PCWG would work on the following policies with the NAC:

- Security
    - Applies to ICC/CC PEFs
    - Physical and information security
    - Personnel Reliability Program
- Inactivation
    - Applies to all U.S. facilities
    - Guidance specific to nucleic acid extractions as some off-the-shelf kits do not completely inactivate PV
    - Verification needed for novel inactivation methods
- Biorisk Management and Risk Assessment
    - Applies to ICC/CC PEFs

    - Biorisk management system
        - Biorisk management committee and personnel
        - Change management
        - Continual improvement
        - Vendor qualifications
        - Data analysis
- Occupational Health
    - Applies to ICC/CC PEFs
    - Health Surveillance Program
    - Vaccination policy
- Emergency Response
    - Applies to ICC/CC PEFs
    - Report incidents, exposures, and infections to NAC within 24 hours
    - Emergency response procedures proportionate to the scale and nature of the emergency
    - Isolation and testing procedures for individuals exposed to or infected with PV

Suggestions/Comments from the BSC:

- Be sure to encompass communication with partners, stakeholders, and the public at large in the upcoming policies.

Current State of ORR Science Agenda

Joanne Andreadis, PhD, ORR Associate Director for Science
The Science Agenda outlines priorities and goals for scientific applied research for readiness and response.

The science agenda aims to establish a robust scientific infrastructure that drives applied research, addresses priority gaps, guides funding, promotes innovation, and fosters collaboration to advance readiness and response. This scientific infrastructure will enable ORR to anticipate and respond to gaps in scientific knowledge as needed. Furthermore, it was designed to prioritize scientific inquiries based on their impact and feasibility, as well as ensure that ORR has the necessary resources for efficient and effective development, design, adaptation, construction, and scaling.

The agenda centered on the incorporation of science within every stage of a public health emergency, starting before an event and moving through different stages of a typical epidemiological curve. Phases included readiness, monitoring, investigation, intervention, and recovery.

Erin Kennedy, PhD, DRRS Associate Director for Science

The various activities exhibited common themes and priorities, including the promotion of health equity, early warning, and detection advancement, enhanced public health surveillance, improved epidemiology and laboratory preparedness, health systems strengthening and integration, evaluation enhancement, and enhancing response operations and management. Staff were reminded to keep these themes in mind while formulating their scientific questions. Currently, ORR Divisions and Offices have collectively put forth 103 science questions. More than half of the questions were in line with the Response Operations and Management as well as Improving Public Health Surveillance themes. Approximately 52% of the questions pertained to the Readiness phase of a response.

CDR Diane (Dee Dee) Downie, PhD, MPH; ORR Deputy Associate Director for Science

ORR proposed the development of the Scientific Agenda Working Group (SAWG). The workgroup would convene to gather information, provide individual input, exchange ideas, and draft findings and outcomes of ORR's Science Agenda including scientific research priorities and gaps that address readiness and response activities. The work products, including a summary report, from the SAWG would assist the BSC, ORR in providing advice and recommendations to help ORR leadership monitor the overall strategic direction and focus of the ORR divisions and offices in the implementation of the ORR Science Agenda.

The SAWG would be charged with providing input and information to the BSC for consideration and deliberation to address and optimize the use of limited resources, provide demonstrable value, and foster innovation to advance CDC readiness and response capabilities and capacities in a manner that will help the agency adapt to a continually changing landscape and meet future public health emergencies. Workgroup activities would encompass the following:

1. Providing suggestions to improve the ORR Science Agenda development process, the ORR required question/data collection, and inclusivity of the process.
2. Reviewing and providing suggestions to develop an updated plan to prioritize a science focus throughout ORR, including workforce, operations, and systems changes that can be operationalized to meet current and future agency needs.
3. Providing input to the BSC, ORR on updating Science Agenda questions, activities, and priorities, and options for consideration for focusing available funding on prioritized objectives.
4. Reviewing and suggesting revisions as needed to funding models to support the implementation of the ORR Science Agenda, as well as coordination and collaboration to increase cross-cutting capabilities for ORR, CDC, and public health partners.
5. Providing input to the BSC, ORR to develop recommendations on enhancing the process for prioritization efforts, gap identification, and strategic planning for CDC and ORR leadership to consider.

The SAWG membership would consist of a maximum of twelve members, including the two BSC, ORR co-chairs. The group should represent various disciplines and stakeholders, such as public health, epidemiology, laboratory science, emergency response, incident management, community resilience, emergency risk communication, non-pharmaceutical and medical countermeasures, state public health departments, and federal scientists from agencies listed in the BSC Charter. The SAWG aims to convene by July 31, 2024, and hold meetings at least every other month, totaling up to fifteen meetings. The group's purpose was to address specific tasks and activities, as well as to create necessary summary reports. Additionally, the SAWG must share meeting outcomes with the BSC, ORR by November 2024.

Suggestions/Comments from the BSC:

- This approach is very consistent with the nearly two years of study that created a focused evidence-based strategy. Be sure to include the evidence-based that is used in making those priority setting decisions.
- Continue to work with local partners and stakeholders in formulating the scientific questions.
- Seek out expertise in areas like the social determinants of health disparities, social vulnerability, inequality, and inequities.

Dr. Paul Halverson moved for the creation of the Scientific Agenda Working Group. It was seconded by Dr. Kathleen Tierney. With no further discussion, the BSC unanimously approved the formation of the Scientific Agenda Working Group.

Public Comment

No public comments were made.

Meeting Recap and Action Items

Ian Williams, PhD, MS; Deputy Director, ORR; Designated Federal Officer, BSC, ORR
David Lakey, MD, Chair, BSC, ORR

Prior to adjourning the meeting, Dr. Williams summarized the discussions and activities that took place. He expressed gratitude to the ORR staff for their efforts in organizing the meeting. Dr. Lakey also extended his appreciation to the ORR staff and CDC for their contributions, as well as to the BSC for their active engagement and valuable feedback.

Meeting Adjourn

With no further business to be covered, the meeting was adjourned.

CERTIFICATION

I hereby certify that to the best of my knowledge the foregoing minutes of May 23, 2024, virtual meeting of the Board of Scientific Counselors, Office of Readiness and Response are accurate and complete.

_____ _____/S/_____

Date David Lakey, MD Chair, BSC, ORR

APPENDIX A: BSC ORR Membership Roster

DESIGNATED FEDERAL OFFICIAL

Ian Williams, PhD, MS
Deputy Director
Office of Readiness and Response (ORR)
Centers for Disease Control and Prevention
Atlanta, Georgia

CHAIR

David Leroy Lakey, MD
Vice Chancellor of Health Affairs and Chief Medical Officer
The University of Texas System
Austin, Texas
Term: 8/01/2023 – 9/30/2024

MEMBERS

Julie Fischer, PhD
Senior Technical Advisor for Global Health
CRDF Global
Arlington, Virginia
Term: 6/10/2022 – 9/30/2025

Paul Halverson, DrPH
Founding Dean, Professor of Policy and Management
Richard M. Fairbanks School of Public Health
Indiana University
Indianapolis, Indiana
Term: 6/8/2022 – 9/30/2025

John Lowe, PhD
Director, Global Center for Health Security
Professor and Interim Chair, Department of Environmental, Agricultural & Occupational Health
Assistant Vice Chancellor for Health Security Training and Education
University of Nebraska Medical Center
Omaha, Nebraska
Term: 7/31/2023 – 9/30/2026

Phyllis Meadows, PhD, MSN, RN
Senior Fellow, Health Programming
The Kresge Foundation
Troy, Michigan
Term: 8/7/2023 – 9/30/2026

Kathleen Tierney, PhD
Professor Emerita, Sociology, University of Colorado Boulder
Fellow, Institute of Behavioral Science
Faculty, Institute of Behavioral Science
University of Colorado Boulder
Boulder, Colorado
Term: 6/13/2022 – 9/30/2025

Shah, Umair, MD, MPH
Secretary of Health
Washington State Department of Health
Olympia, Washington
Term: 8/7/2023 – 9/30/2026

EX OFFICIO MEMBERS

National Institutes of Health (NIH)
Paula Bryant, PhD
Director, Office of Biodefense, Research Resources, and Translational Research
Division of Microbiology and Infectious Diseases
National Institute of Allergy and Infectious Diseases
Rockville, Maryland

Assistant Secretary for Preparedness and Response
Kristin L DeBord, PhD
Director, Strategy Division
Office of the Assistant Secretary for Preparedness and Response (ASPR)
U.S. Department of Health and Human Services
Washington, District of Columbia

Food and Drug Administration
Hilary Marston, MD, MPH
Chief Medical Officer
Office of Clinical Policy and Programs
Silver Spring, Maryland

LIAISON REPRESENTATIVES

Michele Askenazi, MPH, CHES
National Association of County and City Health Officials (NACCHO)
Director of Emergency Preparedness, Response, and Communicable Disease Surveillance
Tri-County Health Department
Greenwood Village, Colorado

Benjamin P. Chan, MD, MPH
Council of State and Territorial Epidemiologist (CSTE)
State Epidemiologist
New Hampshire Department of Health and Human Services
Division of Public Health Services
Concord, New Hampshire

Christina Egan, PhD, CBSP
Association of Public Health Laboratories (APHL)
Chief, Biodefense Laboratory, Wadsworth Center
New York State Department of Health
Albany, New York

Alexia Harrist MD, PhD
Association of State and Territorial Health Officials (ASTHO)
State Epidemiologist and State Health Officer
Wyoming Department of Health
Cheyenne, Wyoming

Laura Magana, PhD
Association of Schools and Programs of Public Health (ASPPH)
President and CEO
Washington, District of Columbia

A.J. Schall, Jr., BS
National Emergency Management Association
Director, Delaware Emergency Management Agency
Department of Safety & Homeland Security
Smyrna, Delaware

APPENDIX B: Acronyms

APHIS	Animal and Plant Health Inspection Service
BSC	Board of Scientific Counselors
CAG	Containment Advisory Group
CC	Certificate of Containment
CDC	Centers for Disease Control and Prevention
CEFO	Career Epidemiology Field Officers
CIO	Chief Information Officer
COVID	Coronavirus Disease
CP	Certificate of Participation
CRC	Community Reception Center
CSTE	Council of State and Territorial Epidemiologists
DCIPHER	Data Collation and Integration for Public Health Event Responses
DEO	Division of Emergency Operations
DRSC	Division of Regulatory Science and Compliance
DRRS	Division of Readiness and Response Science
DSLR	Division of State and Local Readiness
FSAP	Federal Select Agent Program
FY	Fiscal Year
GAPIII	Global Action Plan III, 3rd edition
GAPIV	Global Action Plan IV, 4th edition
HHS	United States Department of Health and Human Services
ICC	Interim Certificate of Containment
IM	Infectious Material
IMS	Incident Management Structure
IPA	Intergovernmental Personnel Act
IPP	Import Permit Program
MCM	Medical Countermeasures
Mpox	Monkeypox
NAC	U.S. National Authority for Containment of Poliovirus
NCEH	National Center for Environmental Health
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NIOSH	Notice of Funding Opportunity
NOFO	Notice of Funding Opportunity
ORR	Office of Readiness and Response
PCWG	Polio Containment Work Group
PEF	Poliovirus-essential Facility
PFA	Preparedness Field Assignees
PHEP	Public Health Emergency Preparedness
PPE	Personal Protective Equipment
PV	Poliovirus
RFP	Request for proposals

RNA	Ribonucleic acid
SAWG	Scientific Agenda Working Group
SCIP	Strategic Capacity Building and Innovation Program
SGE	Special Government Employee
SITREP	Situational Reports
SME	Subject Matter Expert
STLT	State, tribal, local, and territorial
TEST	Training and Exercise Simulation Tool
USDA	U.S. Department of Agriculture
VDPV	Circulating Vaccine-Derived Poliovirus
WHO	World Health Organization
WPV	Wild poliovirus