

60-Day FRN Public Comments 0920-1417 Extension

Docket: CDC-2026-1123

Public Health Emergency Management Tool

Document: CDC-2026-1123-0005

Comment from Greeman, Garrett

Submitter Information

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General Comment

I disagree with this it is too much government over reach and control.. remember COVID????

CDC Response: Thank you for providing your comment.

Dear Dr. Zirger: In reference to this notice and the ongoing review by CDC, the Office of Management and Budget, and other partners, I offer the following suggestions to strengthen the tool's utility for assessing preparedness and response capabilities for high-consequence outbreaks, including Mpox, Nipah virus, Ebola viruses, influenza, COVID-19, and other emerging respiratory or zoonotic threats. Collectively, these additions would help ensure that the assessment measures not only the existence of a preparedness structure, but also whether the program can adapt to novel pathogens, atypical transmission, zoonotic spillover, vulnerable populations, international movement, laboratory and clinical surges, and complex multisector response requirements. Please note that comments reflect solely my personal views and not those of an agency, organization, or other individual. Thank you for your consideration.

Current Situation and Risk Assessment-The assessment could include prompts addressing factors that may substantially affect outbreak response, including:

- Cross-border travel and population movement;
- Effects on refugees, displaced persons, and other vulnerable populations;
- Recent disasters, conflict, environmental changes, or other conditions affecting transmission;
- Novel, atypical, or unexplained transmission patterns;
- Potential zoonotic spillover pathways;
- Mass gatherings, high-density settings, and other social or behavioral risk factors; and
- Subnational vulnerabilities, including remote, underserved, or conflict-affected areas.

These additions would help assess preparedness for incidents involving unusual transmission or environmental factors.

Legal Authority Additional questions on **legal authority** could include whether the program has authority to:

- Support medical countermeasures and emergency use authorities;
- Implement isolation and quarantine when appropriate;
- Conduct emergency contracting and procurement for laboratory, biosafety, and response needs; and
- Address data sharing, confidentiality, privacy, and other information-management requirements.

These questions would help assess legal capacity to respond to high-consequence outbreaks.

International Health Regulations (IHR) and Public Health Emergencies of International Concern (PHEIC):Additional prompts could cover: whether subject matter experts can interpret IHR Annex 2 for atypical, unusual or novel events; and whether the IHR national focal point has

access to rapid laboratory findings. The form could also assess the ability to coordinate international technical assistance when specialized expertise or response capacity is required.

Concerning **stakeholders and coordination**, the form should ask about coordination with:

- Specialized clinical services (dermatology, infectious disease, sexual health, critical care, pulmonology)
- Civil society, NGOs, and community organizations, including faith-based groups
- Private logistics partners (supply chain, workforce support)
- Wildlife, environmental, and agricultural agencies
- Universities, academic institutions, and education agencies
- Notification and exercise prompts should reflect these expanded partners.

Program Infrastructure and Situational Awareness: The assessment could include prompts addressing:

- Data privacy and confidentiality protections;
- Emergency operations center surge capacity, including workstations, backup power, and communications redundancy;
- Mapping of vulnerable populations and other geographic factors relevant to response;
- Ability to use geographic information systems (GIS), mobile technologies, drones/uncrewed aircraft systems, and other appropriate tools to support real-time surveillance, mapping, field investigations, and situational awareness.
- Tracking of isolation capacity, including beds and negative-pressure rooms;
- Integration of environmental and wildlife information; and
- Tracking of biosafety supplies, personal protective equipment, diagnostics, medical countermeasures, and supply-chain status.

For **workforce capacity**, the form should include prompts on:

- Incident Manager preparedness, including annual training
- Ability to identify, train, and safely integrate volunteers, students, and other nongovernmental staff
- Coordination of international technical assistance
- Onboarding temporary or cross-agency staff (other ministries, local government)

Surveillance and Information Management: The form should include prompts on:

- Event-based surveillance for unusual or atypical symptoms and clusters, including rash, hemorrhage, severe illness, cough, nausea, vomiting, diarrhea, and unexplained deaths;
- Privacy and confidentiality safeguards;
- Linkages, where appropriate, to specialized clinical databases or information systems, including dermatology and critical-care systems;
- Automated alerts for unusual syndromic patterns; and
- Whether the PHEM Program has timely access to surveillance information from educational institutions such as schools and universities; private and nongovernmental health clinics and centers; and environmental, wildlife, animal-health, veterinary, and agricultural agencies.

Laboratory Information Management and Capacity: Additional prompts could assess:

- Laboratory surge capacity, including staff, reagents, and other critical resources;
- Backup or geographically redundant laboratory capacity;
- Verification of appropriate biosafety capabilities;
- Genomic sequencing capability or access to sequencing partners; and
- Specimen triage, prioritization, handling, and transport procedures.

Plans, exercises, and evaluation:

The assessment could determine whether PHEM plans contain hazard-specific annexes for high-consequence pathogens and supporting SOPs addressing areas such as countermeasure distribution, specimen handling and transport, risk communication, and community engagement.

Exercises could specifically test:

- Infection prevention and control for high-consequence pathogens;
- Detection and investigation of atypical clusters and unusual symptom patterns;
- Risk communication involving rapidly spreading or stigmatizing diseases and vulnerable populations;
- Biosafety and specimen-handling procedures;
- Countermeasure distribution;
- Multisector coordination; and
- Integration of external and international partners.

Finally, evaluation prompts should assess whether exercise findings and after-action lessons are incorporated into all-hazards plans and hazard-specific annexes. Evaluation should also identify infection prevention and control gaps, risk-communication challenges, and supply-chain vulnerabilities.

Sincerely,
Mitchell Berger

Note/Disclosure: I am submitting these suggestions solely in my personal/private capacity. The views expressed are mine only and should not be imputed either to other individuals or to any public or private entity.

CDC Response: Thank you very much. We appreciate the thoughtful and detailed comments on specific sections of the PHEM Tool, and they are well noted. We also agree that the topics addressed by the suggested additions are important aspects of public health emergency response activities.

We are defining public health emergency management (PHEM) as "an emergent field of practice that draws on specific sets of knowledge, techniques, and organizing principles found in the fields of emergency management and public health that are necessary for the effective management of complex health events and emergencies

with serious health impacts." This is why the PHEM Tool items focus on foundational components of a PHEM program that are not specific to certain types of public health emergencies or events, and we are not seeking to assess capacities or contextual factors unique to specific types of public health emergencies. We are working to incorporate the suggested additions, as appropriate, into optional modules for partner countries to add if appropriate for their country contexts.

Thank you again for your comments and feedback on this effort.

Document: CDC-2026-1123-0003
Comment from Burtch, Natasha

Submitter Information

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General Comment

I am writing to show my support for the extension that will be 3 years for the CDC's Public Health Emergency Management Capacity Assessment Tool which would be done by the Global Emergency Management Capacity Development team. Doing this assessments yearly to keep tract of Public Health Emergency Operation Centers in other countries would give important information that would allow for any oversights to be more easily spotted and create standards based off of the data found. This is very important for the safety of public health because issues are often unpredictable, so we would need to be prepared. Thank you for echoing the importance of emergency response and allowing the chance for public input to be noted.

CDC Response: Thank you for your comment.

Document: CDC-2026-1123-0002
Comment from Hart, Grace

Submitter Information

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General Comment

I support the extension of the CDC's Public Health Emergency Management Capacity Assessment Tool.

Sincerely,
Miss Grace Hart

CDC Response: Thank you for your comment.