



Pandemic Crisis Action Plan

Version 2.1
January 2018



FEMA

UNCLASSIFIED // FOR OFFICIAL USE ONLY

WARNING: This document is FOR OFFICIAL USE ONLY. It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with the United States Department of Homeland Security policy relating to FOR OFFICIAL USE ONLY information and is not to be released to the public or other personnel who do not have a valid “need-to-know” without prior approval of an authorized United States Department of Homeland Security official. For more information contact the FEMA Response Planning & Exercise Division at fema-response-ped@fema.dhs.gov.

Summary of Changes

Version	Date	Summary of Changes	Point of Contact
2.1	January 2018	Removed pre-decisional markings. Document approved by ESFLG January 16, 2018.	FEMA Planning & Exercise Division

Table of Contents

Situation	3
Purpose.....	3
Background.....	3
Threat	3
Assumptions.....	3
Critical Considerations.....	4
Authorities.....	4
Definitions.....	5
Mission.....	5
Senior Leader Intent.....	5
Scope.....	5
Roles and Responsibilities	5
Execution	5
Concept of Operations	6
Interagency Coordination.....	6
Phase Indicators and Triggers.....	7
Key Federal Decisions	7
Federal Tasks to Ensure Continuity.....	8
Interagency Support	9
Sustainment.....	9
Administration	9
Resources	9
Funding.....	9
Communications, Coordination, and Oversight.....	10
Communications	10
Coordination	10
Oversight.....	10
Annex A: Legal Authorities.....	11
Annex B: Federal Roles and Responsibilities.....	12
Department of Agriculture (USDA)	12
Department of Commerce (DOC).....	13

Department of Defense (DOD)..... 13

Department of Education (ED)..... 14

National Guard Bureau (NGB)..... 14

General Services Administration (GSA) 14

Department of Health and Human Services (HHS)..... 15

 HHS – Assistant Secretary for Preparedness and Response (ASPR) 15

 Centers for Disease Control and Prevention (CDC)..... 15

Department of Homeland Security (DHS) – Chief Medical Officer 16

DHS – Federal Emergency Management Agency (FEMA) 16

DHS – Federal Protective Service (FPS)..... 17

DHS – National Operations Center (NOC) 17

U.S. Department of the Interior (DOI)..... 17

Department of Justice (DOJ) 17

Department of Labor (DOL)..... 18

DOL – Occupational Safety and Health Administration (OSHA)..... 18

Corporation for National and Community Service (CNCS)..... 18

American Red Cross (ARC) 18

Small Business Administration (SBA) 19

Department of State (DOS)..... 19

Department of Transportation (DOT)..... 19

Department of the Treasury (TREAS)..... 19

Department of Veterans Affairs (VA) 19

All ESF #8 Partners 20

Annex C. Synchronization Matrix 21

Annex Y: Acronyms 29

Situation

Purpose

This plan outlines coordinated federal response activities for a pandemic in the United States, adapted to specific emerging threats posed by novel or re-emerging virus pathogens with the potential or demonstrated ability to cause pandemics. A federal response to a threat or emergency will be implemented according to standing policies and procedures. This plan clarifies the anticipated roles and responsibilities of the Department of Health and Human Services (HHS), the Federal Emergency Management Agency (FEMA), federal interagency partners, and other supporting agencies to establish lines of authority and eliminate overlap and duplication of effort. Activities listed under different phases are proposed in this plan but subject to verification by the responsible organizations based on the particular emerging threat.

Background

The Biological Incident Annex (BIA) to the Response Federal Interagency Operations Plan, approved in January 2017, provides strategic guidance for the coordination of the interagency during response to a biologic incident. The Pandemic Crisis Action Plan (PanCAP) operationalizes the BIA with a focus on potential viral pandemic pathogens.

Threat

Over the past two decades, numerous viral pathogens have demonstrated the real or potential ability to cause pandemics. These have included emerging (SARS, MERS, Zika, H7N9) and re-emerging (Ebola) viral threats, each with unique characteristics such as types of illnesses or lethality associated with infection. They have not only challenged public health infrastructure but have also challenged interagency coordination mechanisms of the U.S. Government (USG).

Emerging viral pathogens are particularly problematic because humans have little immunity to these novel viruses, making a global outbreak or pandemic more likely when they demonstrate the ability of sustained human-to-human transmission. A severe pandemic, such as the influenza pandemic that began in 1918, could have significant implications for the global economy, national security, and the basic functioning of society and its critical infrastructure.

Assumptions

In the absence of facts, planning assumptions represent information deemed true. They are necessary to facilitate planning development efforts. Assumptions set a baseline for planning purposes and do not take the place of specific activities or decision points that will occur during a pandemic incident. The following planning assumptions assisted in the development of an operational environment for this plan.

1. Emerging infectious diseases, with pandemic potential, affecting humans will emerge with little or no warning.
2. Universal susceptibility and exposure will significantly degrade the timelines and efficiency of response efforts.
3. A pandemic will last 18 months or longer, with multiple waves of illness.

4. There will be a delay between the time of the initial emerging infectious disease outbreak and characterization of the outbreak.
5. The direction, spread, and severity of a pandemic will be difficult to characterize in the early stages of an outbreak.
6. Not all pathogens are amenable to vaccine development. The timeframe for vaccine development, testing, distribution, and use will take up to 6 months or more.
7. Absent a Stafford Act Declaration, funding for the federal response will be borne by individual federal departments and agencies and/or through the Economy Act of 1932, as amended.
8. During the outbreak, the President will issue one or more declarations under the Stafford Act for incidents unrelated to the pandemic, requiring the interagency to maintain operational capabilities (e.g., mass care, logistics) in an area experiencing a pandemic.

Critical Considerations

Critical considerations are key elements of information that planners must take into account when developing a plan. The following should be addressed when planning for a pandemic incident.

1. A pandemic will require short-notice federal asset coordination and response timelines and a national response that is scalable to the severity of the event and the needs of the affected jurisdictions (e.g., state, local, tribal, and territorial [SLTT] government).
2. Critical resources will need to be prioritized and redirected to meet evolving demands and to maximize mission effectiveness.
3. A pandemic will require social distancing and telework to continue government operations, lengthening execution times for some tasks. Workplace controls will be implemented to the extent practical during a pandemic.
4. Department and agency continuity of operations (COOP) plans include succession planning and procedures for performing essential functions. COOP planning and capabilities also provide strategies for management and prioritization of function performance during a pandemic.

Authorities

Primary authorities are listed here. For a full list of authorities, see Annex A: Authorities.

1. Public Health Service Act of 1944, Pub L. No. 78-410 (as amended at 42 U.S.C. §§ 201 et seq.).
2. Economy Act of 1932, 31 U.S.C. §1535 (2006).
3. Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288 (as amended primarily at 42 U.S.C. §§ 5121-5207).
4. Presidential Policy Directive 44, National Preparedness, Enhancing Domestic Incident Response, THE WHITE HOUSE, (Nov. 7, 2016).

Definitions

For additional definitions, reference the BIA.

Investigation – Centers for Disease Control and Prevention (CDC) interval reflecting investigation of cases of novel virus infection in humans.

Recognition – CDC interval reflecting recognition of increased potential for ongoing transmission of a novel virus.

Initiation – CDC interval reflecting the initiation of a pandemic wave.

Isolation – The restriction of movement of persons having or suspected of having a communicable disease in order to minimize contact with susceptible persons.

Mission

HHS, as the lead federal agency (LFA) for federal public health and medical response, in coordination with the interagency, will take all necessary action to leverage available USG public health and medical resources to prepare for, respond to, and recover from a pandemic. Federal departments and agencies will coordinate activities to limit the spread of disease; mitigate the impact of illness, suffering, and death; and sustain critical infrastructure and key resources in the United States.

Senior Leader Intent

The National Security Council (NSC) requested the Emergency Support Function Leadership Group update the PanCAP due to the ongoing threat posed by H7N9 avian influenza, which is in the midst of its fifth epidemic season in China. The federal interagency is prepared to conduct a coordinated federal response to this potential pandemic threat.

Scope

Though generic to many potential pathogens, this plan is most appropriate for use during a federal response to novel or re-emerging virus pathogens with the potential or demonstrated ability to cause pandemics.

Roles and Responsibilities

HHS is the LFA for federal public health and medical response, which includes pandemics. FEMA coordinates federal support for consequence management. The federal interagency supports HHS, as requested, to assist SLTT partners with related preparedness and response activities. For a description of interagency roles and responsibilities, see Annex B: Federal Roles and Responsibilities.

Execution

This plan outlines key federal decisions, federal actions, and potential interagency coordination structure during a pandemic. Further detail regarding department and agency responsibilities, activities, integration, synchronization, and phasing is outlined in the annexes to this plan.

Concept of Operations

This concept of operations aligns interagency triggers to CDC intervals for each phase and groups key federal actions according to response phase. Reference Annex B: Federal Tasks and Annex C: Synchronization Matrix for further detail regarding department and agency activities and integration, synchronization, and phasing. Activities listed are subject to verification at the time of execution by the responsible organization.

Interagency Coordination

As the LFA for the federal public health and medical response, HHS makes the initial determination that interagency coordination beyond day-to-day processes is required.¹ The interagency coordination structure, including participants, organization, and location (e.g. virtual or assembled) will be identified by HHS. If the pandemic threat evolves internationally, this organizational construct will integrate foreign and domestic USG preparedness and response operations. As the threat evolves, the coordination construct, location, and participants may similarly evolve to address interagency coordination challenges. The BIA outlines this decision process and the parameters considered in formalizing interagency coordination. An example coordination structure that might be used during a pandemic is below in Figure 1.

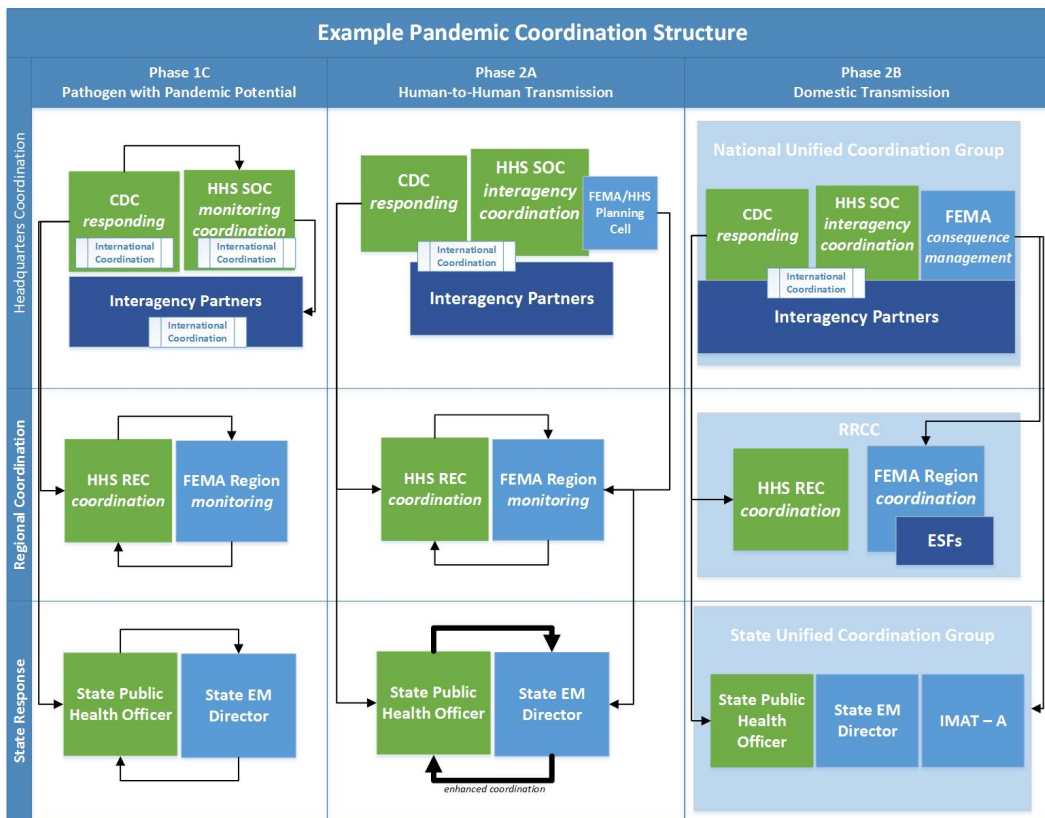


Figure 1. Example Coordination Structure by Phase

¹ It is recognized that at this point, individual D/A's may already be responding or otherwise addressing the viral impacts under their own authorities.

If the impacts of a pandemic become widespread and require a coordinated federal response to deliver consequence management capabilities beyond those related to public health and medical assistance, FEMA will assume its role as lead coordinator for federal disaster response while HHS continues to lead the response to the pandemic.

Phase Indicators and Triggers

This plan aligns the federal operational response phases² outlined in the Response Federal Interagency Operational Plan (FIOP) and BIA with the CDC intervals³ outlined in the Pandemic Intervals Framework (PIF), identifies triggers that move action between the phases, and organizes interagency response activities to these phases. For the full matrix of interagency actions during a pandemic, reference Annex C. Synchronization Matrix.

Phase	1A	1B	1C	2A	2B	2C
Operational Phase	Normal Operations	Increased Likelihood or Elevated Threat	Near Certainty or Credible Threat	Activation, Situational Assessment, and Movement	Employment of Resources and Stabilization	Intermediate Operations
CDC Interval		Investigation	Recognition	Initiation	Acceleration	
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in U.S. Healthcare system burden exceeds State resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in United States indicating established transmission, with long-term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination

Figure 2: Phase Indicators and Triggers

Key Federal Decisions

During a pandemic, decisions at the federal level may but are not required to include:

- HHS Secretary declares a Public Health Emergency.
- The President of the United States (POTUS) declares a National Emergency.

² The Response FIOP describes the response to an incident across three operational phases (two for response, one for recovery). The two response phases are divided into three sub-phases. For more information about the federal operational response phases, reference the Response FIOP.

³ The PIF describes the progression of an influenza pandemic using six intervals. This framework is used to guide influenza pandemic planning and provides recommendations for risk assessment, decision-making, and action in the United States. These intervals provide a common method to describe pandemic activity which can inform public health actions. The duration of each pandemic interval might vary depending on the characteristics of the virus and the public health response. For further, reference the PIF.

- POTUS makes Stafford Act Declaration.
- HHS funds and oversees vaccine manufacture.
- HHS initiates Pandemic Vaccine Program and issues distribution and prioritization guidance.
- HHS determines a need for supplemental funding.
- HHS provides funding to states.
- HHS/Department of Homeland Security (DHS) issues border measures and travel health notices and warnings.
- HHS, in coordination with education departments and state health authorities, issues recommendations for non-pharmaceutical interventions such as school dismissals and cancellations of mass gatherings.
- HHS distributes Strategic National Stockpile (e.g., antiviral drugs, ventilators, etc.).
- Depending on the resource in question, HHS/interagency/NSC prioritize distribution of essential resources.
- NSC considers international donation/sharing of vaccine and other medical countermeasures request(s).
- HHS/DHS/Department of Defense leverages Defense Production Act authorities.

Federal Tasks to Ensure Continuity

In accordance with Federal Continuity Directive 1, federal departments and agencies address the pandemic threat as part of preparedness and continuity planning. For a comprehensive list of federal tasks by department or agency, reference Annex B. Federal Tasks. For a list of high-level interagency coordination activities by phase, reference Annex C. Synchronization Matrix.

- Review existing standard operating procedures that establish the activities executed to support HHS and/or relate to a pandemic, including workforce and personal protective equipment policies and procedures.
- Determine which employees are required to have remote access capabilities, and ensure these employees have been issued the necessary equipment and maintain their accounts for remote access.
- Develop plans to ensure continued contractor support during a pandemic, with emphasis on those who perform or support medium exposure risk operations and/or mission-critical services within the parameters of the terms and conditions of already existing contracts.
- Identify appropriate backup essential personnel, including those in different geographic locations, by position and ensure that all personnel needed to perform those essential functions receive COOP and any agency-specific pandemic training. Consider on-the-job training requirements to allow non-mission critical personnel to perform mission-critical functions in extreme circumstances. Incorporate transportation requirements of dispersed personnel supporting headquarters crisis operations into COOP planning.

- Plan for the sustained operations of essential functions based on Business Process Analysis factors for maximum downtime.
- Identify appropriate social distancing protective measures by personnel category or function, including assignment to alternate facilities or telework locations, in accordance with direction provided by public health and medical officials and the Office of Personnel Management (OPM), in coordination with HHS, FEMA, and other departments and agencies.
- Adjust execution of essential functions during the period of pandemic upon receipt of guidance from the OPM or HHS.
- Address the distribution of personnel to alternate sites to enact social distancing protective measures, in accordance with plan developed in Phase 2C.
- Collect and report data on employee absences and deaths in compliance with relevant privacy law, as requested.

Interagency Support

HHS may request interagency assistance from other departments and agencies, including but not limited to, support for additional capability, operational coordination, planning, situational assessment, logistics and supply chain management, and operational communications core capabilities.

Sustainment

Administration

HHS is the LFA responsible for managing all federal public health and medical response to emergencies, which includes a pandemic. In the event of a Stafford Act declaration, FEMA is responsible for coordinating federal support for consequence management. The federal interagency supports HHS, as requested, to assist SLTT partners with related preparedness and response activities.

Resources

Resources will be prioritized for life safety, life sustainment, and workforce protection. Departments and agencies will be responsible to provide for the logistical requirements of their personnel and missions.

Funding

Departments and agencies fund initial response activities out of their respective budgets. HHS will request supplemental funding based on mission requirements and may use the Economy Act to reimburse activities required of other departments and agencies that support HHS during a pandemic response. In the event of a Stafford Act declaration, response activities covered by the declaration will be reimbursed through established mechanisms.⁴

⁴ During the September 2013 Senior Level Exercise, the Office of Management and Budget and FEMA agreed that there is the potential for a nationwide Emergency Declaration under the Stafford Act support to state response

Communications, Coordination, and Oversight

Communications

HHS leads and coordinates all federal communication, messaging, and release of public health and medical information both across the USG and internationally with the World Health Organization and affected countries. The HHS Secretary's Operation Center is the primary national-level hub for situational awareness and information sharing related to public health and medical response. The DHS National Operations Center is the primary national-level hub for domestic situational awareness, a common operating picture, information fusion, and information sharing pertaining to domestic incident management.

Coordination

HHS is the LFA responsible for managing all federal public health and medical response to emergencies, which includes pandemics. The federal interagency supports HHS, as requested, to assist SLTT partners with related preparedness and response activities. If the President invokes the Stafford Act, FEMA will coordinate federal support for consequence management through the National Response Coordination Center and Regional Response Coordination Center(s), as appropriate. In the absence of a Stafford Act Declaration, HHS will request related support from individual departments and agencies.

Oversight

HHS is the LFA for coordinating all federal public health and medical response to public health emergencies, which includes pandemics. As the impacts of a pandemic become more widespread and require a coordinated federal response to deliver capabilities beyond those related to public health and medical assistance, FEMA will coordinate federal support for consequence management.

efforts (Category B only). Additional Emergency or Major Disaster Declaration requests from individual states will be addressed using the standard request methodology.

Annex A: Legal Authorities

1. Economy Act of 1932, 31 U.S.C. §1535 (2006)
2. Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288 (as amended primarily at 42 U.S.C. §§ 5121-5207)
3. Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006, Pub. L. No. 109-295
4. Federal Food, Drug, and Cosmetic Act, Pub. L. No. 75-717 (as amended at 21 U.S.C. §§ 301-399f)
5. Homeland Security Act of 2002, Pub. L. No. 107-296 (codified as amended at 6 U.S.C. §§ 101-1405)
6. Implementing Recommendations of the 9/11 Commission Act of 2007, Pub. L. No. 110-53
7. Immigration and Nationality Act of 1952, Pub. L. No. 82-414 (as amended 8 U.S.C. §§ 1101-1537)
8. National Emergencies Act of 1976, Pub. L. No. 94-412 (as amended at 50 U.S.C. §§ 1601-1641)
9. Occupational Safety and Health Act of 1970, Pub. L. No. 91-569 (as amended at 29 U.S.C. §§ 651-78)
10. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417 (as amended 42 U.S.C. §§ 300hh.-300hh-31.)
11. Ports and Waterways Safety Act of 1972
12. Executive Order No. 12196 (implemented as amended 29 C.F.R. Part 1960)
13. Executive Order No. 13295 (as amended by Exec. Order 13375)
14. Emergency Management and Assistance, 44 C.F.R Part 1-362 (2012)
15. Homeland Security Presidential Directive 5, Domestic Incident Management, (February 2005)
16. Homeland Security Presidential Directive 10, Biodefense for the 21st Century, (April 2004)
17. Homeland Security Presidential Directive 20, National Continuity Policy
18. National Security Presidential Directive 51, Homeland Security Presidential Directive 21, Public Health and Medical Preparedness, (May 2007)
19. Presidential Policy Directive 8, National Preparedness, (March 2011)
20. Presidential Policy Directive 44, National Preparedness, (November 2016)
21. Project BioShield Act of 2004, Pub. L. No. 108-276 (as amended at 42 U.S.C. § 247d)
22. Public Health Service Act of 1944, Pub L. No. 78-410 (as amended at 42 U.S.C. §§ 201)
23. Defense Production Act of 1950, Pub. L. No. 81-774 (as amended 50 U.S.C. §§ 2061 et seq.)
24. Federal Supply Usage Act of 2010 (May 2010)

Annex B: Federal Roles and Responsibilities

The Department of Health and Human Services (HHS) is the Lead Federal Agency (LFA) for federal public health and medical response, which includes pandemic. The federal interagency supports HHS, as requested, to assist state, local, tribal, and territorial (SLTT) partners with related preparedness and response activities as outlined below.

Department of Agriculture (USDA)

USDA conducts surveillance for disease in livestock and poultry, as well as for viruses with pandemic potential. USDA will determine which animal products or live animals have the potential to introduce or spread a pandemic virus and which animals must be quarantined and inspected prior to entry into the United States.⁵ USDA will also determine which live animals must undergo USDA-supervised quarantine and health examination prior to final entry into the United States. USDA ensures the safety of the Nation's supply of meat, poultry, and processed egg products through inspection. USDA, in coordination with Department of the Interior (DOI), monitors wild bird and animal populations throughout the United States for indications of viral activity. The Centers for Disease Control (CDC) coordinates with USDA, as required, to assist in identifying, sequencing, and confirming laboratory findings and containment efforts as required. Additionally, USDA will—

- Provide personnel to the Regional Response Coordination Center (RRCC) and/or National Response Coordination Center (NRCC) to perform duties of Emergency Support Function (ESF) #11– Agriculture and Natural Resources, in support of pre- or post-declaration support.
- Provide U.S. Forest Service personnel to the NRCC and/or RRCC to coordinate support agency duties identified in the ESF Annexes of the National Response Framework (NRF).
- Provide personnel for area joint information centers.
- Provide personnel to ensure control against the spread of animal disease agents in support of disaster operations.
- Provide personnel and technical expertise to planning and preparation efforts for event-specific food safety inspections of the Food Safety and Inspection Service (FSIS) regulated product, if necessary.
- Provide goods and services for the states to meet regulatory requirements if resources and USDA FSIS personnel are available.
- Provide U.S. Forest Service personnel to the Mobilization Center for disaster operations
- Collaborate with HHS and DOI to deliver an effective, multisector "One Health" response that includes coordinated human, animal, plant, and environmental health messaging.

⁵ Information regarding foreign animal disease/veterinary response is available at: https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/emergency-management/ct_fadprep.

- Provide technical expertise in support of animal and agricultural emergency management.
- Provide support to the states regarding waivers to the school lunch and other nutrition assistance programs.
- Provide personnel to ensure control against the spread of animal disease agents in support of disaster operations.
- Coordinate with federal departments to prevent the importation of infected birds and animals into the United States.

Department of Commerce (DOC)

In coordination with the Department of Homeland Security (DHS), DOC works with private sector, research, academic, and government organizations to promote sustaining infrastructure and mitigating impact to the economy and functioning of society, including using its authority under the Defense Production Act to ensure the timely availability of industrial products, vaccines, antiviral drugs, materials, and services to meet homeland security requirements. DOC coordinates as needed with HHS/CDC to expedite export licenses of strains, test kits/equipment, and technology to specified destinations in order to allow rapid identification of strains, and provide on ground support to contain/mitigate a pandemic. The CDC works with DOC and its governmental, nongovernmental, business, and alliance partners to ensure pandemic response includes all critical entities to minimize the economic impact of the pandemic.

Department of Defense (DOD)

DOD conducts medical surveillance and detection domestically and abroad, for the primary purpose of force health protection and support to National Defense Missions, in coordination with HHS and the CDC. DOD will provide support in response to a pandemic when requested by HHS or another federal department or agency, when approved by the Secretary of Defense or as directed by the President. This assistance may include support to reduce the spread of a pandemic disease as well as mitigate pandemic consequences to the public. DOD operations are conducted under the control of the geographic and functional commanders in accordance with the NRF domestically and Department of State–led processes and procedures internationally. The CDC works with DOD to plan and coordinate epidemiological surveillance, laboratory surge, and support for Strategic National Stockpile (SNS) transportation and security when required to minimize travel disruptions and consequent impact on economic activity. Examples of other potential DOD support activities include:

- Enhance global surveillance efforts and detection of human infections with new and unknown subtypes.
- Augment public health and medical surveillance, laboratory diagnostics and confirmatory testing.
- Deploy available personnel, including public health and medical personnel, to maintain operation of the highest priority critical health care infrastructure and key resources (e.g. hospitals) and points of distribution.
- Provide available deployable medical facilities and personnel to temporarily augment hospital emergency department and medical treatment capacity in overwhelmed critical areas.

- Provide logistics (e.g., transportation) and distribution of SNS assets.
- Provide available fatality management assistance capabilities including victim identification, remains transport, and mortuary affairs processing.
- Provide available medical and other health screening capability at priority ports of entry.
- Provide public health and medical surveillance, laboratory diagnostics, and confirmatory testing (e.g., Armed Forces Health Surveillance Branch, Defense Laboratory Network) in coordination with HHS and CDC's Laboratory Response Network.
- Provide modeling assistance.
- Provide a liaison representative to the HHS Secretary's Operation Center (SOC) as needed.
- Provide support as described in the NRF.

Department of Education (ED)

ED coordinates with HHS/DHS and public and private education entities to collect and disseminate model pandemic plans for adoption at the state levels, as well as information on exercises and training, and monitors and shares information on pandemic impacts. The CDC will coordinate with ED to ensure public information response actions include information to schools about disseminating health information; planning for staff and student absences, school closures or early dismissals; and maintaining a learning environment.

National Guard Bureau (NGB)

State-controlled National Guard military operations are conducted under the control of the Governors. The Chief, National Guard Bureau, is responsible for communications between the states and the Secretary of Defense for matters involving National Guard forces.

- Provide liaisons to HHS (and FEMA, if activated)
- Provide support per the NRF.

General Services Administration (GSA)

GSA provides logistical and leasing for space support as requested. Additionally, GSA allows eligible ordering entities to access all Federal Supply Schedules for the purchase of supplies and services, when expending federal grants funds in response to Public Health Emergencies.

Information at this link: <https://www.gsa.gov/acquisition/purchasing-programs/gsa-schedules/state-and-local-government-customers/public-health-emergencies-program>

- Provide personnel to RRCC and/or NRCC to perform duties of ESF #7 – Logistics in support of pre- or post-declaration support.
- Provide resource support for ESF #8 requirements as requested to meet the needs of the affected population.
- Determine accessibility status for GSA owned/leased buildings.

Department of Health and Human Services (HHS)

HHS is the U.S. Government's (USG) principal agency for protecting the health of all Americans and provides essential human services, especially for those who are least able to help themselves. During a pandemic, the HHS intent is to stop pathogen transmission within U.S. borders; ensure the affected population is receiving treatment, appropriate medical countermeasures, or other interventions to protect or restore health; and provide federal assistance to SLTT and private sector entities to enable and restore activity to meet the demand of the population.

In addition to federal statutes, a number of National Strategies and Presidential Directives establish HHS as the lead federal department responsible for the protection of the health of the civilian population against both intentional and accidental or naturally occurring threats. It is also responsible for coordinating with other federal agencies and impacted SLTT, private sector, and nongovernmental partners, as appropriate, in responding to a biological incident. The Secretary of HHS leads all federal public health and medical response to public health and medical emergencies covered by the NRF. HHS may request related to support from other departments and agencies, including additional capability, operational coordination, planning, situational assessment, logistics and supply chain management, and operational communications core capabilities.

HHS – Assistant Secretary for Preparedness and Response (ASPR)

ASPR leads the nation and its communities in preparing for, responding to, and recovering from the adverse health effects of public health emergencies and disasters. Key activities during a pandemic include:

- Leads the Public Health Emergency Medical Countermeasures Enterprise, which represents the CDC, National Institutes of Health, Food and Drug Administration, and interagency partnership with the Veterans Affairs (VA), DOD, DHS, and USDA.
- In collaboration with the CDC and in coordination with the Secretary of Homeland Security, exercises the responsibilities and authorities of the HHS Secretary with respect to the SNS.
- Provides federal support, including medical professionals through ASPR's National Disaster Medical System, to augment state and local capabilities during an emergency or disaster.
- Implement and operationalize pertinent authorities directed by the Public Health Services Act.
- Lead ESF #8 and Emergency Management Group.
- Manage the International Health Regulations (IHR) National Focal Point, consisting of the ASPR, the IHR program, and the HHS Secretary's Operations Center, which serves as the official pathway for notifications to the World Health Organization of incidents that may have potential international impact.

Centers for Disease Control and Prevention (CDC)

The CDC is an operational component of HHS that is responsible for the nation's health protection. The CDC's administration, scientists, and staff track diseases, research outbreaks, and respond to emergencies to protect the nation from health, safety, and security threats, both

foreign and in the United States. The following critical functions may be executed by the CDC to effectively prepare for, respond to, and recover from a pandemic:

- Conduct epidemiologic and surveillance activities to define cases and identify the populations at risk.
- Provide laboratory support for the identification, confirmation, characterization, and drug susceptibility of the pathogen.
- Provide guidance on identification, diagnosis, and clinical management of human cases.
- Distribute non-pharmaceutical interventions (NPIs) as required/directed.
- Provide guidance on use of NPIs that may be utilized for prophylaxis and treatment.
- Develop effective infection control practice recommendations for healthcare settings.
- Prevent the entry of communicable disease into the United States through isolation measures that may be used at U.S. ports of entry.
- Provide guidance on non-pharmaceutical mitigation strategies to assist with the containment and control of infectious agents.
- Conduct assessments and identify mitigation solutions for worker safety and health issues related to exposure to the biological agent and other hazards workers face during response and recovery options.
- Provide technical assistance to SLTT, federal, and international partners to support public health activities.
- Disseminate key public health and risk mitigation messages to the public to provide timely, accurate, clear, consistent, credible, and easily accessible information relevant to the information needs of all stakeholders.
- Provide guidance on threats to human health from exposed animals, their clinical management, and appropriate control measures in animal populations.
- Provide rapid and sustained public health assessment, leadership, expertise, and support by deploying personnel both to the impacted area and to the CDC Emergency Operations Center (and other emergency operation centers) for technical and administrative mission and drug administration.
- Provide technical assistance to USDA as they assess if programmatic changes to school lunch and other programs are warranted to reduce secondary effects of pandemic mitigation measures.
- Coordinate with the Occupational Safety and Health Administration regarding guidance for use of personal protective equipment (PPE) in healthcare settings.

Department of Homeland Security (DHS) – Chief Medical Officer

The Chief Medical Officer serves as the Department’s primary point of contact with HHS and other federal departments or agencies on medical and public health issues.

DHS – Federal Emergency Management Agency (FEMA)

FEMA is an operational component of DHS that coordinates ESFs, Recovery Support Functions (RSFs), and funding support to impacted areas during Stafford Act disasters. FEMA’s Administrator is the principal advisor to the President, the Secretary of Homeland Security, and the Homeland Security Council regarding emergency management. The FEMA Administrator’s duties include advising the President in carrying out the Stafford Act; operating the NRCC;

supporting all ESFs and RSF's; and preparing for, protecting against, responding to, and recovering from an all-hazards incident. A Federal Coordinating Officer, appointed by the President in a Stafford Act declaration, coordinates federal activities in support of the states and tribal and territorial governments. Reporting to the Secretary of Homeland Security, the FEMA Administrator is also responsible for managing the core DHS grant programs that support homeland security activities. FEMA develops, with the Office of Personnel Management and federal departments and agencies, DHS Surge Capacity Force personnel requirements.

During a pandemic, FEMA—

- Supports HHS requests for interagency planning and coordination through ESF #5 and under PPD-44.
- Reports the status of National Essential Functions to the White House in accordance with PPD-40.
- If the President invokes the Stafford Act, FEMA will coordinate federal support for consequence management through the National Response Coordination Center.

DHS – Federal Protective Service (FPS)

- Provide personnel to RRCC and/or NRCC to perform duties of ESF #13 – Public Safety and Security in support of pre- or post-declaration support.

DHS – National Operations Center (NOC)

- Serve as the primary national-level hub for domestic situational awareness, common operating picture, information fusion, information sharing, communications and strategic-level operations coordination.
- Maintain situational awareness and the common operating picture via the Homeland Security Information Network.

U.S. Department of the Interior (DOI)

DOI, in coordination with the U.S. Forest Service, monitors wild bird and animal populations throughout the United States for indications of viral activity disease and offers advanced capabilities to detect, identify and characterize newly emerging pathogens of wildlife. It provides permits and inspects wildlife and wildlife products being imported into and exported out of the United States. DOI enforces and publicizes wildlife border controls and, if appropriate, utilizes them, permitting authorities to restrict the import or export of wild birds. In addition, DOI manages federal lands in which humans and animals engage in a wide variety of activities and interact. DOI also provides personnel to manage zoonotic disease risk from wildlife on DOI lands. DOI collaborates with HHS and USDA to deliver effective "One Health" response that integrates human, animal, plant and environmental health messaging.

Department of Justice (DOJ)

- Provide security for the SNS, secure movement of inbound medical equipment, supplies, blood, and tissues.
- In conjunction with SLTT partners, provide security for vaccine production facilities.

- Provide credible threat information regarding SNS transportation and vaccine distribution.

Department of Labor (DOL)

DOL fosters, promotes, and develops the welfare of the wage earners, job seekers, and retirees of the United States; improves working conditions; advances opportunities for profitable employment; and assures work-related benefits and rights.

DOL – Occupational Safety and Health Administration (OSHA)

OSHA assures safe and healthful working conditions by setting and enforcing standards and by providing training, outreach, education, and assistance. Before and during pandemics, OSHA provides compliance assistance and guidance for workers and employers, including information about control measures to prevent pandemic diseases in the workplace. OSHA also can provide specialized expertise to other federal agencies and state, local, territorial, tribal, and insular governments, including state-run occupational safety and health programs (state plans), as requested.

OSHA leads implementation of the NRF Worker Safety and Health Support Annex preparedness and response actions to protect response workers. OSHA can provide specialized expertise to protect response and recovery workers, including through the following: Risk assessment and management; identification, assessment, and control of health and safety hazards; development and oversight of health and safety plans; worker exposure monitoring, sampling, and analysis; PPE selection, including respirator fit-testing, and decontamination; and incident-specific worker safety and health training.

Corporation for National and Community Service (CNCS)

- Provide personnel to RRCC and/or NRCC in support of various emergency support functions (e.g., Mass Care, Emergency Assistance, Housing, and Human Services, etc.).

American Red Cross (ARC)

- Support mass care requests.
- Coordinate with HHS and/or local public health authorities for the medical screening of sheltered populations and the provision of limited, outpatient medical support to sheltered populations.
- Provide for disaster-related health and behavior health needs through direct services and/or referrals, based on volunteer staff availability.
- Provide a liaison to HHS.
- Provide close coordination with other nongovernmental organization volunteers who may not be aware of the technicalities of the pandemic.

Small Business Administration (SBA)

- Execute pandemic elements of continuity plan and consider any actions that may be required to effect long-term recovery from a pandemic.

Department of State (DOS)

- Carry out diplomatic activities and international U.S. government messaging related to disease outbreaks—whether domestic, regional, or global—in coordination with other U.S. agencies and international partners, as appropriate.
- Draft and revise policies and plans for the potential donation of anti-viral, vaccine, diagnostic tests, and medical equipment and supplies to international partners, in coordination with HHS and National Security Council.

Department of Transportation (DOT)

DOT coordinates transportation sector efforts and works to ensure that appropriate, coordinated actions are taken by the sector to limit the spread and impact of a pandemic while preserving the movement of essential goods and services.

- Provide DOT personnel to NRCC/RRCC to perform duties of ESF #1 – Transportation.
- At the request of ESF #8, provide technical support to assist in arranging logistical movement support (e.g., supplies, equipment, blood supply).
- Assist FEMA/HHS to identify alternative, accessible transportation solutions for those who require assistance to access medical care and/or those who have disabilities and other access and functional needs.
- Facilitate movement of ESF #8 federal teams and resources as directed by FEMA Headquarters or the Region.

Department of the Treasury (TREAS)

TREAS monitors and evaluates the economic impacts of a pandemic, helps formulate the economic policy response and advises on the likely economic impacts of containment/mitigation efforts. The Secretary of the Treasury is also responsible for preparing policy responses to pandemic-related international economic developments; for example, leading the Federal Government’s engagement with the multilateral development banks (MDB) and international financial institutions (IFI), including encouraging the MDB and IFI efforts to assist countries to address the impact of an pandemic. The CDC will work with TREAS to facilitate medical countermeasure production and procurement.

Department of Veterans Affairs (VA)

- Provide PPE fit-testing, medical screening, and training for ESF #8 and other federal response personnel.
- Provide VA staff as ESF #8 liaisons to FEMA Incident Management Assistance A Teams deploying to the state emergency operations center.
- Provide VA planners currently trained to support ESF #8 teams.

- Provide vaccination services to VA staff and VA beneficiaries in order to minimize stress on local communities.
- Furnish available VA hospital care and medical services to individuals responding to a major disaster or emergency, including active duty members of the armed forces as well as National Guard and military Reserve members activated by state or federal authority for disaster response support.
- Provide ventilators, medical equipment and supplies, pharmaceuticals, and acquisition and logistical support through VA National Acquisition Center.
- Provide mortuary assistance in the interment of human remains.
- Designate and deploy available medical, surgical, mental health, and other health service support assets.
- Provide one representative to the NRCC during the operational period on a 24/7 basis.

All ESF #8 Partners

- All ESF #8 partners maintain situational awareness.
- Review on-call rosters and be able to mobilize and support Emergency Management Group operations up to Level 1.
- Review continuity of operations plans and continuity of government procedures to ensure plans are current and executable.
- All ESF #8 partner leads confirm receipt of this order to the SOC (202-619-7800).

Annex C. Synchronization Matrix

Interagency Pandemic Crisis Action Plan (PanCAP) Synchronization Matrix

**All activities are on order and at the direction of the Secretary of HHS. Staff Estimates are based on worst case forecast. Please refer to the Biologic Incident Annex for specifics on coordinating mechanisms. Finally, though this matrix covers domestic operations, links with international response will be required in anticipation of disease entry into US.*

Phase	Phase 1			Phase 2		
	1A – Normal Operations	1B – Increased Likelihood or Elevated Threat	1C – Near Certainty or Credible Threat	2A – Activation, Situational Assessment, and Movement	2B – Employment of Resources and Stabilization	2C – Intermediate Operations
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in US Healthcare system burden that exceed state resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in US indicating established transmission, with long term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination
FEMA HQ Coord.	Monitor and coordinate with Region(s) and federal partners	<ul style="list-style-type: none"> Monitor and coordinate with Region(s) and federal partners Brief FEMA leadership on disease parameters as known Consider initial coordinating call between FEMA, HHS/ASPR, HHS/CDC leadership (recurring as necessary) Consider ESFLG initial and periodic situational awareness brief Consider initial and periodic FEMA Regional Administrator’s call to provide situational awareness brief <p>Consider Activation of Interagency Planning Cell</p> <ul style="list-style-type: none"> FEMA Future Planning HHS (ASPR, CDC) DHS Office of Health Affairs 	<ul style="list-style-type: none"> Monitor and coordinate with Region(s) and federal partners Brief FEMA leadership on disease parameters as known Review FEMA Continuity of Operations Plan (COOP) Consider FEMA Enhanced Watch (Logistics, Future Planning, Mass Care, Recovery, Situational Awareness) HHS may request NRCC Level III activation (IAA) Situational Awareness Section (most positions including GIS) Planning Section (most positions) Resource Support Section (log, comptroller, transportation, MCC), Liaisons, Support Staff (NRCC Support, IT, WebEOC) 	<ul style="list-style-type: none"> Pre-identify personnel to staff FEMA IMAT-A teams Orient team members on emerging pandemic threat Review FEMA Continuity of Operations Plan (COOP) Consider FEMA Enhanced Watch (Logistics, Future Planning, Mass Care, Recovery, Situational Awareness) HHS may request NRCC Level III activation (IAA) Situational Awareness Section (most positions including GIS) Planning Section (most positions) Resource Support Section (log, comptroller, transportation, MCC), Liaisons, Support Staff (NRCC Support, IT, WebEOC) 	<ul style="list-style-type: none"> HHS may request NRCC Level I or II activation (IAA) to support state requests for assistance and Fed to Fed deployments and missions Re-evaluate and adjust deployed staffing to optimize support to states and tribes Implement protective measures for FEMA workforce (in the field or regular duty stations), as needed Evaluate and implement actions that facilitate continuity of FEMA response to other disaster and emergency declarations Make determinations, as needed, to enable use of Defense Production Act (DPA) authorities 	<p>HHS may request NRCC Level I activation (IAA or SA) as lead for interagency coordination consequence management and infrastructure impacts beyond public health and medical requirements</p>
FEMA Regional Coord.	Monitor and coordinate with state(s), Tribe(s), and partners	<ul style="list-style-type: none"> Monitor and coordinate with state(s), tribe(s) and partners Consider briefing to state(s), tribe(s) and partners (HHS may assist) 	<ul style="list-style-type: none"> Pre-identify regional personnel to staff FEMA IMAT-A teams Orient regional team members on emerging pandemic threat Consider Enhanced Watch or L3 determined by severity of events and activation level of state EOCs Consider activation of FEMA RRCC to level 3 in impacted regions in support of HHS RECs Deploy regional team members on request of HHS and/or state 	<ul style="list-style-type: none"> Pre-identify regional personnel to staff FEMA IMAT-A teams Orient regional team members on emerging pandemic threat Consider Enhanced Watch or L3 determined by severity of events and activation level of state EOCs Consider activation of FEMA RRCC to level 3 in impacted regions in support of HHS RECs Deploy regional team members on request of HHS and/or state 	<ul style="list-style-type: none"> Consider elevation of the Activation Level of Region/s RRCC to Level 2 Deploy team members on request of HHS and/or state 	<p>Consider elevation of the Activation Level of Region/s RRCC to Level 1</p>

Interagency Pandemic Crisis Action Plan (PanCAP) Synchronization Matrix

**All activities are on order and at the direction of the Secretary of HHS. Staff Estimates are based on worst case forecast. Please refer to the Biologic Incident Annex for specifics on coordinating mechanisms. Finally, though this matrix covers domestic operations, links with international response will be required in anticipation of disease entry into US.*

Phase	Phase 1			Phase 2		
	1A – Normal Operations	1B – Increased Likelihood or Elevated Threat	1C – Near Certainty or Credible Threat	2A – Activation, Situational Assessment, and Movement	2B – Employment of Resources and Stabilization	2C – Intermediate Operations
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in United States Healthcare system burden that exceed state resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in US indicating established transmission, with long-term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination
HHS HQ Coord.	<ul style="list-style-type: none"> LFA for health issues Coordinate inter-agency public health and medical preparedness for pandemic-related activities Lead and coordinate federal communication and release of public health and medical information Maintain awareness of emerging infectious diseases Provide regulatory guidance to sponsors and review submissions (antivirals, vaccines, diagnostics) Develop and stockpile antiviral drugs, vaccines, and other medical countermeasures (MCM) 	<ul style="list-style-type: none"> Consider convening Disaster Leaders Group (DLG) Initiate HHS Senior Leaders Coordination and situational awareness meetings to approve strategy for the response RECs maintain situational awareness and facilitate bidirectional information flow between regional partners (federal and SLTT) and HHS components 	<ul style="list-style-type: none"> HHS DLG approve strategy for the initial response RECs engage with state health departments Consider initial coordinating call between FEMA, HHS/ASPR, HHS/CDC leadership (recurring as needed) Execute International Health Regulation (IHR) notification protocol Promote and facilitate interagency coordination of CDC recommendations and protocols for the appropriate implementation and use of countermeasures including non-Pharmaceutical Interventions (NPIs) Begin GIS mapping Disseminate, promote and facilitate interagency coordination of HHS approved risk communication messages Consider development of strain specific medical countermeasures as needed based on assessment tools 	<ul style="list-style-type: none"> HHS DLG evaluates need for enhanced inter-agency coordination and work with partners to establish initial construct (BIA) – e.g. coordination calls versus formal UCG HHS DLG ensures appropriate coordination between domestic preparation/response coordination mechanisms and international response operations HHS DLG establishes need for senior leader brief (SLB) and frequency RECs engage SLTT health officials Alert staff regarding potential deployments (e.g., IRCT for regional coordination) Activate NDMS and PHCC personnel as required Acquire funding to meet projected mission requirements (consider request for supplemental) Utilize IAA with other federal D/As to execute requests for fed-to-fed support Provide emergency medical services (EMS), hospitals, healthcare coalitions, other medical treatment facilities, home care, primary care, guidance in establishing or updating their action plans to maintain and incorporate appropriate care protocols 	<ul style="list-style-type: none"> Appoint ASPR as Lead Federal Official (LFO) Seek Presidential emergency declaration, if appropriate Reevaluate interagency coordination mechanism and restructure (may establish UCG through the National Security Council (NSC) to ensure interagency operational coordination) Reevaluate location of interagency coordination mechanism and relocate as needed (e.g. CDC EOC → SOC // SOC → NRC) RECs assess state need for assistance Coordinate federal-HHS direct assistance Track state and tribal public health responses (e.g., implementation of NPI's) Provide EMS, hospitals, and healthcare coalitions assistance in identifying needed resources for capability and capacity building 	<ul style="list-style-type: none"> Reevaluate interagency coordination mechanism and restructure as necessary Reevaluate location of interagency coordination mechanism and relocate as needed (e.g. CDC EOC → SOC // SOC → NRC) Reevaluate funding mechanisms (supplemental vs SA) RECs provide coordination and information to regional emergency management partners Renew PHE declaration Rotate and resupply HHS personnel/teams Facilitate coordination and information sharing regarding behavioral health services and the access and functional needs of at-risk individuals being provided and identify gaps or shortfalls Assess supply chain vulnerabilities to produce critical medical material Process Medicare/Medicaid related waivers Implement national vaccine campaign in preparation for subsequent waves Monitor and disseminate effective clinical strategies and the outcomes of severe disease outcomes Consider updated health care system surge guidance and continue monitoring stress

Interagency Pandemic Crisis Action Plan (PanCAP) Synchronization Matrix

**All activities are on order and at the direction of the Secretary of HHS. Staff Estimates are based on worst case forecast. Please refer to the Biologic Incident Annex for specifics on coordinating mechanisms. Finally, though this matrix covers domestic operations, links with international response will be required in anticipation of disease entry into US.*

Phase	Phase 1			Phase 2		
	1A – Normal Operations	1B – Increased Likelihood or Elevated Threat	1C – Near Certainty or Credible Threat	2A – Activation, Situational Assessment, and Movement	2B – Employment of Resources and Stabilization	2C – Intermediate Operations
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in US Healthcare system burden that exceed state resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in US indicating established transmission, with long term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination
CDC HQ Coord.	<ul style="list-style-type: none"> Engage with state and tribal public health authorities Conduct baseline monitoring and surveillance activities domestically and internationally, to evaluation of risk to public health Support ongoing development and improvement of relevant MCM including vaccines Maintain a stockpile of critical countermeasures, including vaccine, therapeutic drugs and medical supplies Research, develop, and implement guidance on the use of NPI Review predetermined NPI for applicability 	<p style="text-align: center;">CDC Investigation Interval</p> <ul style="list-style-type: none"> Enhance surveillance for human cases and assess the potential for the strain to cause significant disease in humans Provide laboratory confirmation of human infections Assess the need for initiation of vaccine candidate development, manufacture, and/or stockpiling Review and update all guidance documents as needed Promote community mitigation preparedness activities Provide technical assistance to partners for reviewing and updating pandemic plans Develop or update risk communication messages and share information with stakeholders With World Health Organization (WHO), convene international experts to implement risk assessments as appropriate (e.g. the Influenza Risk Assessment Tool (IRAT)) and assess the potential for the strain to cause significant disease in humans 	<p style="text-align: center;">CDC Recognition Interval</p> <ul style="list-style-type: none"> Consider CDC Incident Management Structure (IMS) activated in EOC to CDC Level III Conduct enhanced surveillance for infections nationwide Assess performance of commercially available diagnostic kits to detect human infections Develop, qualify, and distribute diagnostic reagents to public health laboratories to diagnose infections Continue disease characterization and according to perceived risk, adjust or develop medical countermeasures and NPI's as needed Provide updated guidance for border health and travelers' activities Review options for provision of mass health care with scarce resources Establish decision framework for initiating national vaccine campaign Develop or update a media relations and outreach plan Identify a source of financial support for states and localities to carry out response Anticipate Strategic National Stockpile (SNS) efficacy and possible deployments to support SLTT and/or federal points of distribution (PODs) 	<p style="text-align: center;">CDC Initiation Interval</p> <ul style="list-style-type: none"> Consider CDC IMS activated in EOC to CDC Level I Integrate with interagency coordinating mechanism as established by ASPR Conduct analyses and field studies- disseminate data regarding transmission, treatment, and prognosis Initiate targeted studies of clinical course and treatment response Implement and monitor existing vaccine distribution as appropriate Initiate action to award funds, as available, for SLTT response Consult with USDA to determine the applicability of possession and transfer regulations for this pathogen In rare instances where border screening may prevent disease entry, coordinate actions/guidance regarding international border controls with DHS Update and provide new risk messaging (including NPIs) and update guidance for detection, diagnosis, and treatment Update Travel Advisories 	<p style="text-align: center;">CDC Acceleration Interval</p> <ul style="list-style-type: none"> CDC IMS continue L1 EOC activation As appropriate, transition surveillance to severe disease and syndromic surveillance Transition virologic testing to a sampling of viruses submitted by states Monitor antiviral use, effectiveness, and adverse events Implement vaccination campaign if stockpiled pandemic or newly developed antigen-specific pandemic vaccine is available Support state and tribal surveillance systems Update and provide new risk messaging Update Travel Advisories 	<p style="text-align: center;">CDC Acceleration Interval</p> <ul style="list-style-type: none"> CDC IMS continued L1 EOC activation Monitor vaccination coverage levels, antiviral use, and adverse events Consider updated recommendations for control measures, surveillance protocols, etc. Disseminate updated risk messaging

Interagency Pandemic Crisis Action Plan (PanCAP) Synchronization Matrix

**All activities are on order and at the direction of the Secretary of HHS. Staff Estimates are based on worst case forecast. Please refer to the Biologic Incident Annex for specifics on coordinating mechanisms. Finally, though this matrix covers domestic operations, links with international response will be required in anticipation of disease entry into US.*

Phase	Phase 1			Phase 2		
	1A – Normal Operations	1B – Increased Likelihood or Elevated Threat	1C – Near Certainty or Credible Threat	2A – Activation, Situational Assessment, and Movement	2B – Employment of Resources and Stabilization	2C – Intermediate Operations
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in US Healthcare system burden that exceed state resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in US indicating established transmission, with long term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination
ESF#1	Monitor and coordinate with partners			<ul style="list-style-type: none"> DOT provide technical assistance for logistics (e.g., supplies, equipment, blood supply) Provide guidance on NPIs states are implementing that impact travel Technical assistance for transportation of HAZMAT cargo related to the pandemic Develop plans to maintain continuity of operations for other Stafford Act declarations 		
ESF#2	Monitor and coordinate with partners			<ul style="list-style-type: none"> Provide tactical communications support through Mobile Emergency Response Support (MERS) Develop strategies to support increased communications with separation of populations Develop plans to maintain continuity of operations for other Stafford Act declarations 		
ESF#3	Monitor and coordinate with partners			<ul style="list-style-type: none"> Monitor for and redress impacts to critical USACE infrastructure resulting from incapacitated employees being unable to perform project site duties As ESF #3 lead, support FEMA concerning impacts to the power grid, water, waste water, and other critical infrastructure Deploy response teams as directed by FEMA mission assignments Develop and maintain continuity of operations plans to maintain USACE mission essential functions and meet national engineering requirements 		
ESF#4	Monitor and coordinate with partners			<ul style="list-style-type: none"> Provide U.S. Forest Service personnel to NRCC/RRCC (if activated) to coordinate primary agency and support agency duties identified in the ESF #4 Annex and other ESF annexes of the NRF Provide personnel, equipment, and supplies, as needed and if available, primarily for communications, aircraft, and base camps for deployed federal public health and medical teams, as identified in the ESF #8 Annex of the NRF Identify, train, and deploy personnel to support IMAT-A teams Develop plans to maintain continuity of operations for other Stafford Act declarations 		
ESF#5	DHS serves as the primary national-level hub for domestic situational awareness, common operating picture, information fusion, information sharing, communications and strategic-level operations coordination			DHS: <ul style="list-style-type: none"> Maintains situational awareness and review existing plans (air, land, maritime) to delay entry of a virus to the US (as appropriate) Monitor CIKR impacts FEMA: <ul style="list-style-type: none"> Support HHS as the LFA to develop overall incident situational awareness, including information collection, information management, modeling and analysis, and development of reports and information analysis (status of operations and impacts) Support HHS as the LFA in the update of federal plans to manage and support incident activities In coordination with HHS, ensure integration of domestic operations with international operations Collect, analyze, and disseminate non-health related capability and requirements/shortfall information from states Facilitate the provision of non-health emergency federal support to states, with or without a Stafford Act declaration Develop plans to maintain continuity of operations for other Stafford Act declarations 		

Interagency Pandemic Crisis Action Plan (PanCAP) Synchronization Matrix

**All activities are on order and at the direction of the Secretary of HHS. Staff Estimates are based on worst case forecast. Please refer to the Biologic Incident Annex for specifics on coordinating mechanisms. Finally, though this matrix covers domestic operations, links with international response will be required in anticipation of disease entry into US.*

Phase	Phase 1			Phase 2		
	1A – Normal Operations	1B – Increased Likelihood or Elevated Threat	1C – Near Certainty or Credible Threat	2A – Activation, Situational Assessment, and Movement	2B – Employment of Resources and Stabilization	2C – Intermediate Operations
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in US. Healthcare system burden that exceed state resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in US indicating established transmission, with long term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination
ESF #6	Monitor and coordinate with partners			<p>For response to the outbreak:</p> <ul style="list-style-type: none"> Deploy staff and resources as requested by HHS Determine congregate and non-congregate needs in support to HHS requirements <p>For delivery of mass care for other incidents in an area experiencing pandemic conditions:</p> <ul style="list-style-type: none"> Review guidance regarding modification to Mass Care/Emergency Assistance (MC/EA) activities during a pandemic Convene the American Red Cross and with National VOAD Mass Care Committee members re: modification to sheltering and other Mass Care activities Transition from congregate sheltering to other housing options Begin planning for Stafford Declaration during a pandemic (e.g., social distancing) Pandemic specific information into the National Shelter System (e.g. supply needs associated with specific shelters) or any other shelter data system Support Regions in communicating modified guidance regarding MC/EA activities to states Ensure FEMA MC/EA staff have appropriate PPE and clearly understand limitations on activities in which they can engage if deployed to the field Coordinate with Logistics regarding availability of additional Mass Care supplies Coordinate with Regions to monitor and support MC/EA related requests from states, and determine need for support with modified MC/EA activities Coordinate with Logistics to fulfill any state requests for additional Mass Care supplies to support modified MC/EA activities Monitor ongoing MC/EA operations if any to determine resupply requirements for MC/EA supplies and equipment Develop plans to maintain continuity of operations for other Stafford Act declarations Assess availability of additional federal staff (e.g. FEMA Corps, DHS, other CNCS staff) to augment shelter operations in affected states Reiterate availability and status of IATAC, PAS contractors, and other deployable MC/EA assets and ability to activate same during a pandemic event with a Stafford Act Declaration Ensure support for shelter data entry in FEMA NSS and/or other shelter data systems to meet reporting requirements on MC/EA activities 		

Interagency Pandemic Crisis Action Plan (PanCAP) Synchronization Matrix

**All activities are on order and at the direction of the Secretary of HHS. Staff Estimates are based on worst case forecast. Please refer to the Biologic Incident Annex for specifics on coordinating mechanisms. Finally, though this matrix covers domestic operations, links with international response will be required in anticipation of disease entry into US.*

Phase	Phase 1			Phase 2		
	<u>1A – Normal Operations</u>	<u>1B – Increased Likelihood or Elevated Threat</u>	<u>1C – Near Certainty or Credible Threat</u>	<u>2A – Activation, Situational Assessment, and Movement</u>	<u>2B – Employment of Resources and Stabilization</u>	<u>2C – Intermediate Operations</u>
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in US Healthcare system burden that exceed state resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in US indicating established transmission, with long term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination
ESF#7	Monitor and coordinate with partners			<ul style="list-style-type: none"> Alert, activate, and initiate deployment of resources to pre-incident locations Coordinate with Safety, Health, and Medical Readiness (SHMR) to determine PPE requirements for deployed staff (and disposal requirements if any) Coordinate with SHMR and OCFO/comptroller for funding Coordinate with ESF #6 for projected Mass Care requirements Support initial operating facility (state EOC) and Joint Field Office if activated Implement logistics actions to support requirements throughout affected area(s) Coordinate with ESF #6 for implementation for logistics support to Mass Care services for the affected population Develop initial plans to maintain continuity of operations for other Stafford Act declarations Initial deployment of initial response resources to sustain a comprehensive logistics support operation of the Whole Community Logistics System Deploy resources from distribution centers or vendors to Incident Support Base and other operating locations GSA determines which federally owned and leased buildings under GSA's jurisdiction, custody, or control, are safe to remain open and which should be closed and kept off limits to entrants Identify alternate shipping means if truckers are unavailable Provide Operational Staging Area support including retail fuel distribution and all non-medical logistics and base operating support for deployed medical personnel and support personnel to include food, shelter, fuel, and ground transportation Provide logistical support for wrap-around services for federal medical stations GSA provides resource support for ESF #8 requirements as requested to meet needs of affected population Monitor burn rate and replenish as necessary Coordinate with ESF #6 for implementation for logistics support to Mass Care services for the affected population Coordinate with Office of Policy and Program Analysis regarding DPA Begin to develop retrograde operations plan Continue to balance Logistics Management Division/Resource Support Section resources with logistics requirements from the field Coordinate with ESF #6 for NGO resource capabilities (especially with American Red Cross) Coordinate with ESF #6 for implementation for logistics support to Mass Care services for the affected population Assess supply chain vulnerabilities; estimate requirements and assess capacity of vendors and manufacturers to produce and distribute critical medical materiel for surge demand 		

Interagency Pandemic Crisis Action Plan (PanCAP) Synchronization Matrix

*All activities are on order and at the direction of the Secretary of HHS. Staff Estimates are based on worst case forecast. Please refer to the Biologic Incident Annex for specifics on coordinating mechanisms. Finally, though this matrix covers domestic operations, links with international response will be required in anticipation of disease entry into US.

Phase	Phase 1			Phase 2		
	1A – Normal Operations	1B – Increased Likelihood or Elevated Threat	1C – Near Certainty or Credible Threat	2A – Activation, Situational Assessment, and Movement	2B – Employment of Resources and Stabilization	2C – Intermediate Operations
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in US. Healthcare system burden that exceed state resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in US indicating established transmission, with long term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination
ESF#8	<p>HHS:</p> <ul style="list-style-type: none"> Provides public health and medical expertise and guidance for pandemic planning Conduct surveillance for emerging virus threats 	<p>HHS:</p> <ul style="list-style-type: none"> Emergency Management Group (EMG) at steady state normal operations (Level III) Develop risk communication messages and share information stakeholders <p>DOD:</p> <ul style="list-style-type: none"> Augment public health and medical surveillance, laboratory diagnostics and confirmatory testing 	<p>HHS:</p> <ul style="list-style-type: none"> EMG normal operations (modified Level II) enhanced watch Model and forecast impact of novel viruses for the interagency community Enhance surveillance for human cases and assess potential for human to human transmission Develop/update guidance for control measures (i.e., antiviral treatment and prophylaxis; personal protective equipment (PPE) use; community mitigation measures; and antiviral and vaccine prioritization, allocation, distribution, usage, and safety monitoring, etc.) Disseminate risk communication messages Provide public health and medical guidance that informs the risk communications campaign and public messaging regarding the pandemic Provide guidance and assistance to SLTT partners on implementing control measures <p>VA:</p> <ul style="list-style-type: none"> Enhance VA facility surveillance 	<p>HHS:</p> <ul style="list-style-type: none"> EMG at level 1 activation for interagency coordination Publish ESF #8 Orders as appropriate Provide ESF #8 LNO to state EOCs/DOH as required Coordinate HHS federal assistance as needed Update recommended infectious disease control measures Disseminate updated risk communications messages Provide guidance to health care providers on strategies/ protocols for surge capacity, crisis standards of care, alternate care facilities, allocation of scarce resources In unlikely circumstance that disease with epidemiological evidence indicates that enhanced U.S. entry procedures (land, air, sea) will impact transmission, guidance and actions will be coordinated and distributed to DHS and the interagency Develop plans to maintain continuity of operations for other Stafford Act declarations Identify and request interagency LNO(s) to support the EMG in the SOC (e.g., FEMA, VA, ARC) 	<p>HHS continue actions from prior phases and:</p> <ul style="list-style-type: none"> Issue ESF #8 Operations Order Deploy resources Implement recommended control measures and begin to assess effectiveness Monitor for health care system stress and surge capability and potential need for federal assistance Develop guidance on vaccine programs, incl. vaccine prioritization Monitor health sector CIKR for early warning shortages <p>VA:</p> <ul style="list-style-type: none"> Designate and deploy available medical, surgical, mental health, and other health service support resources Provide liaisons as ESF #8 assets to federal and state emergency coordination entities <p>DOD:</p> <ul style="list-style-type: none"> Deploy available personnel to provide technical assistance and/or medical support <p>DOL:</p> <ul style="list-style-type: none"> If worker safety and health support is needed beyond what DOL/OSHA provides under its authorities and funding, facilitate DOL coordination of safety and health assets of cooperating agencies and the private sector through an IAA with HHS or a mission assignment to implement the Worker Safety and Health Support Annex (if there is a Stafford Act declaration) 	<p>HHS continue actions from prior phases and:</p> <ul style="list-style-type: none"> Coordinate strategy for distribution of vaccine in US Support POD operations and medical screening Deploy available ESF #8 assets to supplement community-based medical and alternate care facilities Rotate and resupply ESF #8 personnel and teams <p>VA:</p> <ul style="list-style-type: none"> Provide mortuary assistance in the interment of human remains Furnish available VA hospital care and medical services in a major disaster or emergency Provide acquisition and logistic support to public health/medical response operations <p>ARC:</p> <ul style="list-style-type: none"> Provide for disaster related health and behavior health needs through direct services or referrals <p>DOD:</p> <ul style="list-style-type: none"> Provide available logistical support (e.g., transportation, security) to public health/medical response ops Provide available epidemiological and occ. health support, telemedicine, and other specialized medical support Provide available fatality management assistance, preparation of remains and temporary interment facilities Provide available medical supplies and materiel for use at points of distribution, hospitals or clinics, or medical care locations operated for exposed populations, incident victims, or ill patients Provide available temporary medical facilities to decompress hospital emergency department surge

Interagency Pandemic Crisis Action Plan (PanCAP) Synchronization Matrix

**All activities are on order and at the direction of the Secretary of HHS. Staff Estimates are based on worst case forecast. Please refer to the Biologic Incident Annex for specifics on coordinating mechanisms. Finally, though this matrix covers domestic operations, links with international response will be required in anticipation of disease entry into US.*

Phase	Phase 1			Phase 2		
	1A – Normal Operations	1B – Increased Likelihood or Elevated Threat	1C – Near Certainty or Credible Threat	2A – Activation, Situational Assessment, and Movement	2B – Employment of Resources and Stabilization	2C – Intermediate Operations
Trigger	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	<ul style="list-style-type: none"> Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic Determination of a Significant Potential for a Public Health Emergency 	<ul style="list-style-type: none"> Demonstration of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency 	<ul style="list-style-type: none"> Increasing number of cases or increasing rate of infection in US. Healthcare system burden that exceed state resource capabilities State/local request for assistance that requires federal coordination 	<ul style="list-style-type: none"> Increasing rate of infection in US indicating established transmission, with long term service disruption and critical infrastructure impacts Presidential Stafford Act declaration State/local request for assistance that requires federal coordination
ESF#9	Monitor and coordinate with partners			<ul style="list-style-type: none"> Monitor impacts of pandemic on search and rescue force readiness Develop plans to maintain continuity of operations for other Stafford Act declarations 		
ESF#10	Monitor and coordinate with partners			<ul style="list-style-type: none"> Maintain situation awareness and coordination with affected Regions Consider elevated operational status of HQ EOC Coordinate with all Region(s) in the US regarding logistics, planning, potential Mission Assignments in support of other ESFs, and SA Support Mission Assignments and support of other ESFs Support the NRCC and RRCCs as requested Consider requests for assistance from state, tribal, local governments Initiate appropriate portions of COOP plans/policies such as social distancing including reduced staffing of HQ and Regional EOCs Implement the Risk Communications Plan Develop plans to maintain continuity of operations for other Stafford Act declarations 		
ESF#11	Monitor and coordinate with partners	<ul style="list-style-type: none"> Deploy support as available and mission assigned Implement plans to maintain continuity of operations 				
ESF#12	Monitor and coordinate with partners			<ul style="list-style-type: none"> Provide personnel to RRCC and/or NRCC (if activated) to perform duties of ESF #11, Agriculture and Natural Resources Contribute to public health messages regarding food safety Coordinate with ESF #8 if virus has animal host and develop and assist states and Regions implement animal control measures as applicable Provide personnel to ensure control against the spread of animal disease agents in support of disaster operations Provide technical expertise in support of animal and agricultural emergency management Develop plans to maintain continuity of operations for other Stafford Act declarations USDA coordinates with federal departments to prevent importation of infected birds and animals into US DOI USGS identifies and characterizes viruses in wildlife that have pandemic potential and works with USDA's APHIS regarding wildlife zoonotic disease Coordinate with states to support nutrition assistance, including approving requested waivers to nutrition assistance programs 		
ESF#13	Monitor and coordinate with partners			<ul style="list-style-type: none"> Deploy teams as needed Develop plans to maintain continuity of operations for other Stafford Act declarations Provide credible threat information regarding SNS transportation and vaccine distribution Provide security for the transport and distribution of SNS and vaccine Develop plans to maintain continuity of operations for other Stafford Act declarations 		
ESF#15	Monitor and coordinate with partners	<ul style="list-style-type: none"> Disseminate HHS initial risk communication messages to all internal and external stakeholders 				
				<ul style="list-style-type: none"> Conduct national and state communication coordination calls to exchange critical information Disseminate HHS-cleared messaging to provide incident-related information through the media and other sources in accessible formats and multiple languages to individuals, households, businesses, and industries directly or indirectly affected by the incident Support HHS in establishing contact with congressional, SLTT offices representing affected areas to provide information on the incident and organize congressional briefings and congressional visits, as required Promote federal interaction and implement information sharing with local, state, tribal, territorial, and insular area governments Inform local, state, tribal, territorial, and insular area elected and appointed officials on response efforts and recovery programs Coordinate incident information, public affairs activities, and media access to information regarding the latest developments Ensure Unified Coordination Group ESF #15 activities are coordinated with the Offices of Public Affairs within HHS and DHS (e.g., NJIC) 		

Annex Y: Acronyms

ASPR	Assistant Secretary for Preparedness and Response (HHS)
BIA	Biological Incident Annex
CDC	Centers for Disease Control and Prevention (HHS)
CIKR	Critical Infrastructure Key Resources
CNCS	Corporation for National and Community Service
COOP	Continuity of Operations
DHS	Department of Homeland Security
DLG	Disaster Leaders Group
DOC	Department of Commerce
DOD	Department of Defense
DOH	Department of Health (state)
DOI	Department of Interior
DOL	Department of Labor
DOT	Department of Transportation
DPA	Defense Production Act
ED	Department of Education
EMG	Emergency Management Group
EOC	Emergency Operations Center
ESFLG	Emergency Support Function Leaders Group
FEMA	Federal Emergency Management Agency
FIOP	Federal Interagency Operational Plan
FSIS	Food Safety and Inspection
GIS	Geospatial Information Systems
GSA	General Services Administration
HAZMAT	Hazardous Materials
HHS	Department of Health and Human Services
IHR	International Health Regulations
IAA	Interagency Agreement
IATAC	Individual Assistance Technical Assistance Contract
IMS	Information Management Structure
IRAT	Influenza Risk Assessment Tool

LFA	Lead Federal Agency
LFO	Lead Federal Official
LNO	Liaison Officer
MC/EA	Mass Care/Emergency Assistance
MCM	Medical Countermeasures
MDB	Multilateral Development Bank
MERS	Mobile Emergency Response Support
MCC	Movement Coordination Center
NDMS	National Disaster Medical System
NGB	National Guard Bureau
NJIC	National Joint Information Center
NRCC	National Response Coordination Center
NRF	National Response Framework
NPI	Non-pharmaceutical intervention
NSC	National Security Council
NSS	National Shelter System
OPM	Office of Personnel Management
OSHA	Office of Safety and Health Administration
PIF	Pandemic Intervals Framework
POTUS	President of the United States
PPE	Personal Protective Equipment
REC	Regional Emergency Coordinator
RRCC	Regional Response Coordination Center
SHRM	Safety, Health, and Medical Readiness
SLB	Senior Lead Brief
SLTT	State, Local, Tribal, and Territorial
SNS	Strategic National Stockpile
SOC	HHS Secretary's Operation Center
TREAS	Department of Treasury
USG	United States Government
USDA	United States Department of Agriculture
VA	Veterans Affairs