

USING COVID IMMS FUNDING FOR MPV VACCINE EFFORTS

1. Are LHDs able to use any of the COVID Imms funding to support MPV vaccination? COVID-19 Imms funding may be used for MPV activities. However, the activities must include COVID-19 education and/or outreach. Activities include vaccination efforts, inventory storage and handling management, and transporting of vaccines. For more information about the COVID Imms funding, please contact Kristina Paliwoda at PaliwodaK@michigan.gov.

ELC CONTRACT, TRACING, TESTING, INFECTION PREVENTION GRANT QUESTIONS:

- Monkeypox only activities are not supported by the CI/CT contract.
 - No clinical care is allowable under the CI/CT contract.
 - Expenses, staff, time, coordination for an MPV vaccination clinic, for example, could be allowable if also offering COVID-19 education and/or resources (testing or OTC distribution)
 - No research is allowable under the CI/CT contract.
 - Activities related to other pathogens are allowable if they are in addition to COVID-19 related activities.
 - Consider focus on preparedness and prevention of COVID-19 and other pathogens among vulnerable settings, like long term care facilities. Examples of which could include site visits and reviews of policies, procedures, and practices within the settings.
1. We are trying to gain a better understanding of when and how we are allowed to use this grant with other CD response. As long as staff are conducting some amount of COVID-19 related activities in their work, they can also work on other infectious disease priorities. Consider focus on preparedness and prevention of COVID-19 and other pathogens among vulnerable settings, like long term care facilities. Examples of which could include site visits and reviews of policies, procedures, and practices within the settings.
 2. Are existing staff conducting CD activities allowed to charge to this grant in general if it's related to MP, TB, STI, HIV, or foodborne? OR does it have to be specific to these activities: contact tracing, testing, infection prevention, education to contacts and cross-training for CD investigation? As long as staff are conducting some amount of COVID-19 related activities in their work, they can also work on other infectious disease priorities. A good example is before you call someone with MPV (or TB or a foodborne infection) you look up their COVID vaccine status in MCIR and recommend and educate on what booster they are eligible for. Or helping someone with a communicable disease make an appointment online with a pharmacy for a COVID vaccine. Education on COVID therapeutics or free OTCs through Project ACT are other good examples.
 3. Any single procurement of over \$4,000 should be vetted with MDHHS prior to purchase. COVID-19 activities must remain the primary purpose of this expansion and MPV is in addition to the approved services provided and within scope. Please ensure these activities are conducted concurrently. MPV ONLY activities are not allowable with COVID-19 funding.

4. Here are some examples of our current MP response, are we allowed to expense this to the grant?
- i. Monkeypox vaccine clinic This would not be allowable if the clinic is only supporting MPV vaccine. It is allowable if COVID-19-related education and activities (i.e. testing or OTC distribution) occur concurrently.
 - ii. Monkeypox incident command meetings Allowable only if COVID-19 is addressed in some capacity. This would be better served on the Monkeypox Emerging Threats grant.
 - iii. Monkeypox contact tracing Yes, if doing something COVID related
 - iv. Anytime spent on MP data analysis, research, notifications, alerts, communications, etc. Yes, as long as some time is spent doing something COVID-related. This would be better served on the Monkeypox Emerging Threats grant.
5. “LHDs will support local public health staff impacted by COVID-19 and monkeypox by providing development and training opportunities, including addressing the physical and behavioral health impact of COVID-19 on the public health workforce.”
- i. Do you have some examples? Focus groups, training on stress management, having a facilitator come and do a debrief of how stress is affecting current staff, etc. Any sessions on burnout—recognizing burnout, etc.
6. Are we allowed to charge Ebola payroll expense to ELC Contact Tracing Infection Prevention funds? No.
7. I am trying to get clarity regarding the allowable expenses for the ELC Contract Tracing and Case Investigation Grant. Per our previous conversations I know the grant main purpose is for contract tracing and case investigation, but I need some clarity on if we replace the contact tracer with clerical support and Emergency Preparedness Coordinators will that be an allowable expense? I wouldn't recommend replacing staff, as much as adjusting job duties (if possible). As long as the staff are doing something related to COVID-19, they could work address other disease priorities. This grant still has to be COVID focused but has allowability for MPV work as long as you integrate COVID (i.e. recommend boosters during MPV outreach)

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8. Can you provide us more guidance on what might be allowed to charge to the Contract Tracing grant related to Monkeypox per the Attachment III letter we received (attached and highlighted in yellow). We are holding Monkeypox Vaccine clinics. If we provide information related to COVID to clients coming for their Monkeypox vaccination appointment, can we include the costs related to the MPV vaccine clinic? This would not be allowable if the clinic is only supporting MPV vaccine. It is allowable if COVID-19 related education and activities (i.e. testing or OTC distribution) occur concurrently.

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