

MONKEYPOX RESPONSE FUNDING
Public Health Lab (PHL) and Local Health Department (LHD)
Workplan & Progress Report

INSTRUCTIONS

1. **The MPX Workplan is due on or before October 26,2022 by COB**
 - a. The workplan should be emailed to **EmergencyFunding@cdph.ca.gov**
 - b. Enter the name of the LHD on the top of the page on each tab.
 - c. Each LHD only needs to develop a workplan for the areas that were funded. For example, if the LHD was only funded for laboratory work, only the PHL Support tab needs to be completed. If the LHD was funded for both PHL Support and vaccination and treatment support then each tab needs to be completed.

2. **Progress reports are due quarterly.**
 - a. Progress reports are due quarterly following the due dates within your Allocation Letter.
 - b. The progress report is entered on every tab of the spreadsheet beginning on Column E.
 - c. The progress report should be emailed by the due date to **EmergencyFunding@cdph.ca.gov**

3. **Activity Tabs**
 - a. There are 3 main activities - Public Health Lab, Vaccination, and Treatment.
 - b. Please enter the name of the LHD at the top of the page on each tab.
 - c. Enter data into unshaded areas only.
 - d. Please add additional milestones as necessary.

CDPH - MPX Response Funding

Local Health Jurisdiction Name:

Activity 1 - Public Health Laboratory (PHL) Support

Activity 1 Actions and Deliverables: Support efforts to diagnose, manage, and report data regarding persons with MPX through:

- A. Laboratory testing of MPX diagnostic specimens, either directly or through partner labs.

Activity 1 - Milestone 1	Activity 1: PHL Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 1 - Milestone 2	Activity 1: PHL Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 1 - Milestone 3	Activity 1: PHL Support.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Expected Achieve By Date (select from drop down)	

Activity 1 - Milestone 4	Activity 1: PHL Support.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Expected Achieve By Date (select from drop down)	

Activity 1 - Milestone 5	Activity 1: PHL Support.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	

	Expected Achieve By Date <i>(select from drop down)</i>	

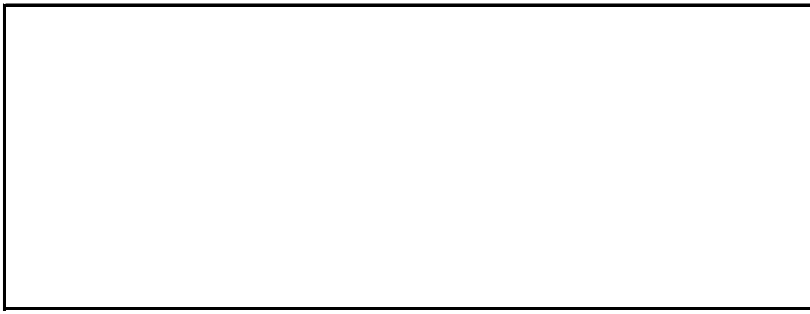
YR1/Q1 Progress Update (7/1/22 - 9/30/22)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

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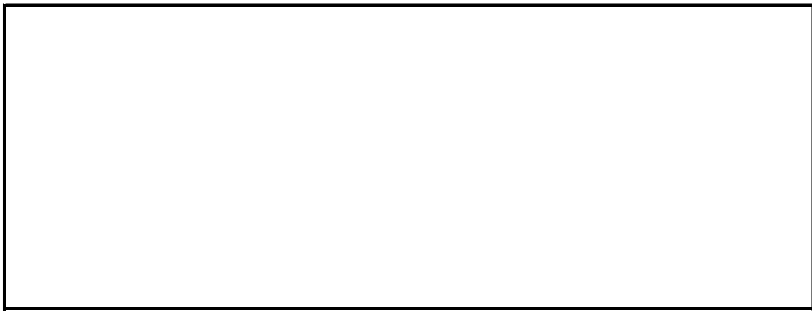
YR1/Q2 Progress Update (10/1/22 - 12/31/22)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q2 Progress Update (10/1/22 - 12/31/22)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q2 Progress Update (10/1/22 - 12/31/22)
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YR1/Q2 Progress Update (10/1/22 - 12/31/22)
Progress Status: (Select from drop down)
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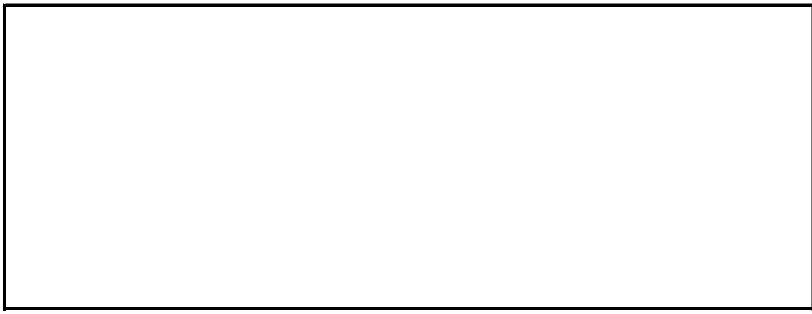
YR1/Q3 Progress Update (1/1/23 - 3/31/23)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q3 Progress Update (1/1/23 - 3/31/23)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q3 Progress Update (1/1/23 - 3/31/23)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q3 Progress Update (1/1/23 - 3/31/23)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q3 Progress Update (1/1/23 - 3/31/23)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.



YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)
Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

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Progress Status: (Select from drop down)
Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)

Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)

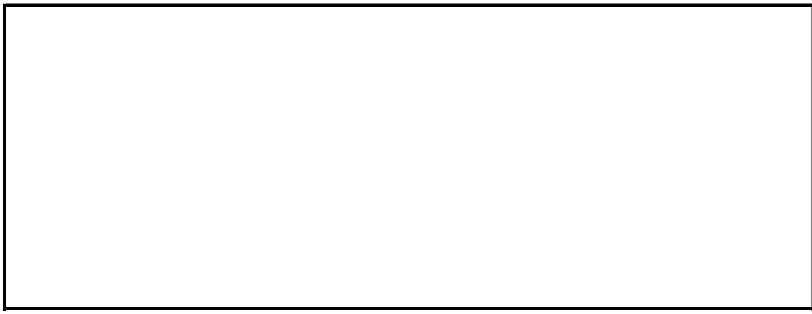
Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)

Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.



CDPH - MPX Response Funding

Local Health Jurisdiction Name:

Activity 2 - Vaccination Support: Local Health Department (LHD)
 vaccination support should include efforts to advance equity and reach groups who are eligible for vaccination but underrepresented among those receiving vaccine.

Activity 2 Actions and Deliverables: Support efforts to diagnose, manage, and report data regarding persons with MPX through:

- A. Providing tecovirimat to MPX patients, as appropriate.
- B. Supporting community provider efforts to make tecovirimat available.
- C. Collecting and reporting surveillance data to CDPH/CAIR.

Activity 2 - Milestone 1	Activity 2: Vaccination Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 2 - Milestone 2	Activity 2: Vaccination Support.
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Milestone 2	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 2 - Milestone 3	Activity 2: Vaccination Support.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 2 - Milestone 4	Activity 2: Vaccination Support.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	

	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 2 - Milestone 5	Activity 2: Vaccination Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleated items or brief sentences)</i>	
	Expected Achieve By Date <i>(select from drop down)</i>	

CDPH - MPX Response Funding

Local Health Jurisdiction Name:

Activity 3 - Treatment Support: Local Health Department (LHD) treatment support should include efforts to advance equity and reach groups who are eligible for treatment but underrepresented among those receiving treatment.

Activity 3 Actions and Deliverables: LHD treatment support should include efforts to advance equity and reach groups who are eligible for treatment but underrepresented among those receiving treatment.

- A. Provide information to the public and/or highest risk populations such as gay, bisexual, trans, and other men who have sex with men regarding prevention of MPX.
- B. Carrying out or supporting community partners to conduct public outreach efforts to share prevention and harm reduction measures and encourage vaccination of eligible persons.
- C. Implement disease control activities including: Supporting isolation of persons with MPX through: Supporting temporary housing, and providing other resources to facilitate isolation; Educating health care providers about MPX; Carrying out case investigation and contact tracing in high priority situations; and Referring exposed persons for PEP.

Activity 3 - Milestone 1	Activity 3: Treatment Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	

	Expected Achieve By Date <i>(select from drop down)</i>	
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Activity 3 - Milestone 2	Activity 3: Treatment Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 3 - Milestone 3	Activity 3: Treatment Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 3 - Milestone 4	Activity 3: Treatment Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	

	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 3 - Milestone 5	Activity 3: Treatment Support.	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleed items or brief sentences)</i>	
	Expected Achieve By Date <i>(select from drop down)</i>	