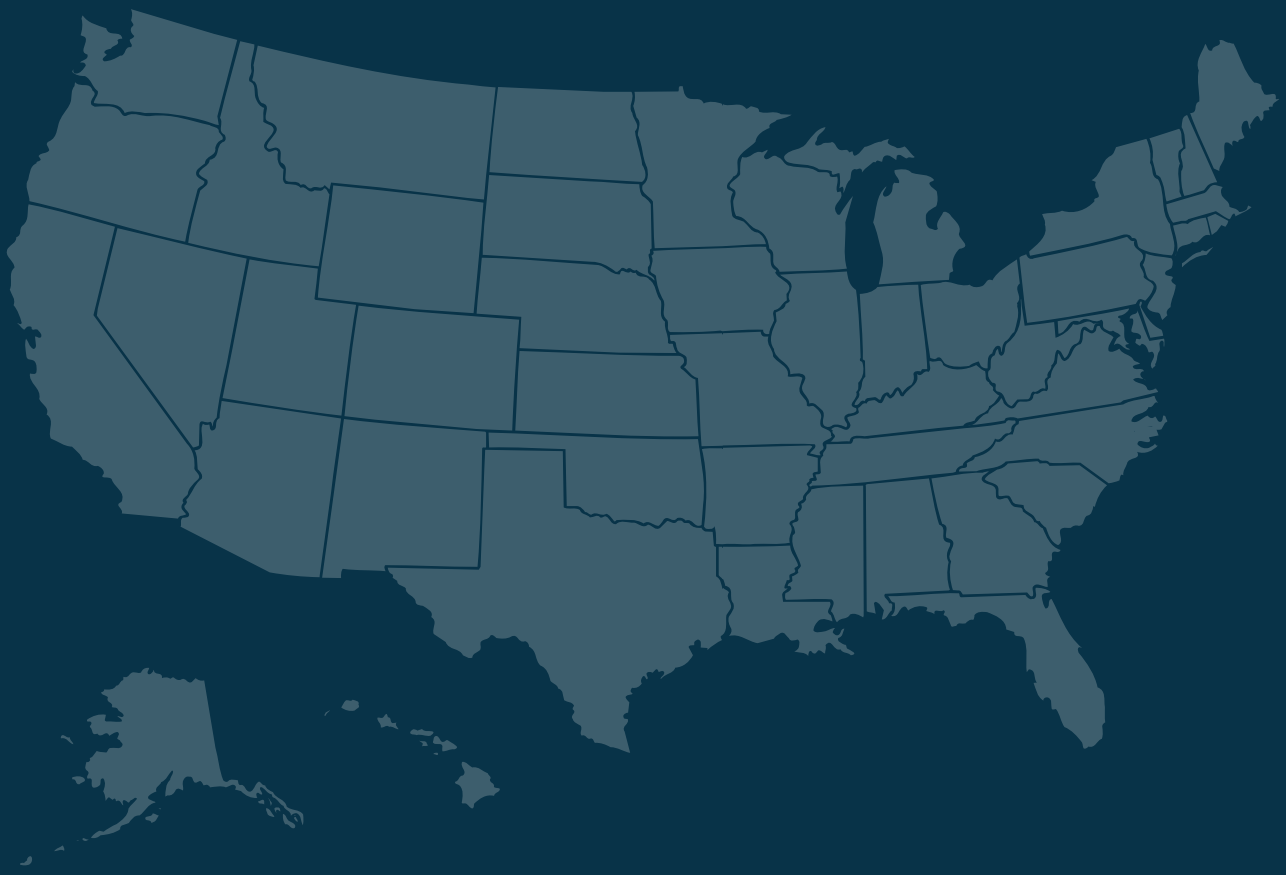
Public Health Preparedness:

2012 State-By-State Report on Laboratory, Emergency Operations Coordination, and Emergency Public Information and Warning Capabilities



A Snapshot on CDC-Funded Preparedness and Response Activities in 50 States, 4 Localities, and 8 Territories, Commonwealths, and Freely Associated States

2012 State-By-State Report on Laboratory, Emergency Operations Coordination, and Emergency Public Information and Warning Capabilities

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About this Report

This update marks the Centers for Disease Control and Prevention's (CDC) fifth preparedness report demonstrating how federal investments enhance the nation's ability to respond to public health threats and emergencies.

In 2011, CDC identified 15 public health preparedness capabilities as the basis for state and local preparedness. The 50 states, 4 localities, and 8 territories, commonwealths, and freely associated states ("insular areas") funded by CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement use their funding to achieve the capabilities. This 2012 state-by-state report presents available data that display trends and document progress related to 3 of the 15 preparedness capabilities: public health laboratory testing, emergency operations coordination, and emergency public information and warning. These data points do not represent all preparedness activities occurring in states, localities, and insular areas, but provide available data for the three capabilities. As other data become available, they will be included in future reports.

This report is organized as follows:

The **Background** provides an overview of state, local, and federal government roles in public health preparedness.

Key Findings and Looking Forward provide a summary of progress reported and a brief overview of current challenges and plans to improve the effectiveness of preparedness and response activities.

The **Laboratory Testing Capability** section presents an overview of progress and national-level data for this capability.

The **Emergency Operations Coordination (EOC) and Emergency Public Information and Warning (EPIW) Capabilities** section presents an overview of progress and national-level data for these capabilities.

The **Fact Sheets** present data on activities occurring from 2009-2011 in the 50 states, 4 localities (Chicago, Los Angeles County, the District of Columbia, and New York City) and 8 insular areas (American Samoa, Guam, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, Puerto Rico, Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau).

- The first fact sheet addresses laboratory testing capabilities critical for identifying and confirming threats. New 2011 Laboratory Response Network (LRN) and PulseNet performance measure data are presented alongside previously reported 2009 and 2010 data.
- The second fact sheet addresses the emergency operations coordination (EOC) capability and the emergency public information and warning (EPIW) capability activities. The EOC and EPIW fact sheet presents new performance measure data from 2009, 2010, and 2011. Because the insular area laboratories are not currently part of the LRN or PulseNet, insular areas have one fact sheet only, depicting EOC and EPIW capabilities data.

The **Appendix** provides explanations of the fact sheet data points and their significance.

Background

Public health threats are everywhere, and disasters affect millions of people each year. These threats can include natural disasters, chemical or radiological releases, explosions, and biological disease outbreaks. The ability of the public health system, community, and individuals to protect, prevent, respond to, and recover from public health emergencies is paramount to the welfare of the public. Public health professionals work around the clock to safeguard communities from these threats and to ensure that the scale, timing, or unpredictability of a threat or incident does not overwhelm routine capabilities.

Ensuring the Public Health System is Ready

Preparing for a response requires a coordinated effort between all levels of government, the private sector, non-governmental organizations, and individuals.

State and Local Public Health Are the Cornerstones of Preparedness. State, local, and insular area health departments are the first responders in any public health incident, and are the first to detect threats and address the community's needs. As the lead in preparedness and response, state and local governments coordinate resources and capabilities throughout the state and obtain additional support from other states and the federal government. During a response, public health departments provide essential information to the healthcare system to allow facilities to effectively implement their response plans and coordinate management of their patients. Public health departments provide critical guidance to health care practitioners, government officials, and the public during an emergency regarding the sources, spread, and impact of outbreaks, illnesses, and other health threats.

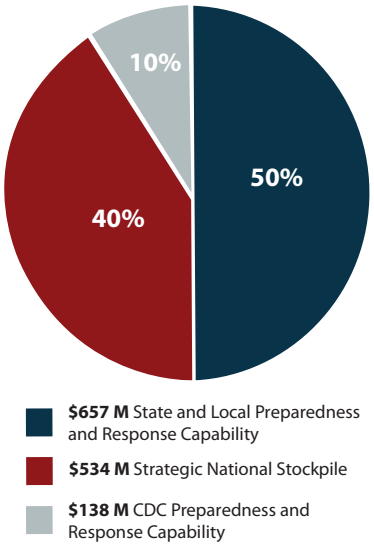
State and local public health departments continue to improve their response to threats by developing, exercising, and improving emergency response plans and responding to real incidents. Strengthening response capabilities and capacities entails improving situational awareness through monitoring and communicating emerging health information.

Federal Role in the Nation's Preparedness. When states are prepared to respond, communities are better protected and more resilient in the face of threats. Multiple components of the U.S. Department of Health and Human Services (HHS) provide guidance, support, coordination, and resources to states and localities to strengthen their public health preparedness and response activities.

National public health preparedness is a shared responsibility. HHS public health preparedness and response activities are coordinated by the Assistant Secretary for Preparedness and Response (ASPR), the principal advisor to the HHS Secretary on all matters related to public health emergencies. ASPR leads the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. ASPR also provides federal support, including medical professionals through ASPR's National Disaster Medical System, to augment state and local capabilities during an emergency or disaster.

The Centers for Disease Control and Prevention's (CDC) Office of Public Health Preparedness and Response provides strategic direction, support, and coordination for public health response activities across CDC as well as with local, state, tribal, national, territorial, and international public health partners. CDC's Emergency Operation Center serves as a command center to coordinate CDC expertise for efficient information exchange with state partners and to deploy CDC staff and equipment to the emergency site. CDC's Strategic National Stockpile is also ready to deliver critical medicines and medical supplies to states when local supplies run out or are unavailable commercially.

Through strategic investments in public health preparedness, CDC works to improve the ability of federal, state, and local public health authorities to prepare and respond to all types of public health threats. In fiscal year 2012, Congress appropriated approximately $1.3 billion to CDC's Office of Public Health Preparedness and Response.[1] The Strategic National Stockpile received a total of $534 million[2] for the procurement, storage, and maintenance of medical countermeasure assets; CDC Preparedness and Response Capability received a total of $138 million; and State and Local Preparedness and Response Capability received $657 million.[3] This latter category is utilized for the Public Health Emergency Preparedness cooperative agreement that provides funding and technical assistance to the 50 states, 4 localities, and 8 territories, commonwealths, and freely associated states ("awardees"). For more details on PHEP funding, see page 10.



15 Public Health Preparedness Capabilities

CDC continues to work to better define what it means to be prepared for all threats. CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness. CDC has prioritized these into two tiers, with an emphasis on those that provide a strong basic foundation for public health preparedness (Tier 1).

Biosurveillance
- Public Health Laboratory Testing (Tier 1)
- Public Health Surveillance and Epidemiological Investigation (Tier 1)

Community Resilience
- Community Preparedness (Tier 1)
- Community Recovery (Tier 2)

Countermeasures and Mitigation
- Medical Countermeasure Dispensing (Tier 1)
- Medical Materiel Management and Distribution (Tier 1)
- Non-pharmaceutical Interventions (Tier 2)
- Responder Safety and Health (Tier 1)

Incident Management
- Emergency Operations Coordination (Tier 1)

Information Management
- Emergency Public Information and Warning (Tier 1)
- Information Sharing (Tier 1)

Surge Management
- Fatality Management (Tier 2)
- Mass Care (Tier 2)
- Medical Surge (Tier 2)
- Volunteer Management (Tier 2)

Source : Public Health Preparedness Capabilities: National Standards for State and Local Planning. Available at www.cdc.gov/phpr/capabilities

[1] Consolidated Appropriations Act of 2012
[2] $30M pandemic flu transfer from PL111-32
[3] Enacted totals, CDC, FMO

Being prepared requires that states, localities, and insular areas improve their capabilities in core public health functions. In 2011, CDC identified 15 public health preparedness capabilities as a basis for state, local, and insular area public health preparedness. These public health preparedness capabilities are consistent with and aligned to the national capabilities highlighted in the newly created National Preparedness Goal.[4] These capabilities create national standards for public health preparedness planning and help determine the progress of the nation toward greater health security.[5] The capabilities also offer emergency preparedness planners a threshold for identifying gaps in preparedness, specifying priorities, and developing plans to build and sustain capabilities. CDC provides technical assistance and monitors performance in preparedness and response activities to ensure continuing improvement.

Key Findings and Looking Forward

To successfully navigate the future public health landscape, strong state and local public health systems are essential for responding to routine, large-scale, and unexpected public health incidents. Building a strong foundation for public health preparedness requires routine monitoring and evaluation to assess gaps in current capabilities.

A summary of progress in laboratory, emergency operations coordination (EOC), and emergency public information and warning (EPIW) capabilities follows. These data points do not represent all preparedness activities occurring in states, localities, and insular areas, but provide available data for these three capabilities. As other data become available, they will be included in future reports.

Laboratories: Identifying and Confirming Health Threats

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards which include chemical, radiological, and biological agents in clinical specimens, food, or other substances. CDC provides funding through the Public Health Emergency Preparedness (PHEP) cooperative agreement to the 50 states and four localities to establish and maintain Laboratory Response Network (LRN) public health laboratories.

Accomplishments for laboratories from 2009-2011 include the following:

- **LRN laboratories demonstrated continued ability to detect biological agents.** CDC conducts proficiency testing to evaluate the ability of LRN reference and national biological laboratories to receive, test, and report one or more suspected biological agents to CDC. If a laboratory is unable to successfully test for an agent and report results within a specified period of time, it will not pass the proficiency test.
    - From 2009 to 2011, LRN biological reference and national laboratories successfully maintained a high proficiency test pass-rate (over 90%) for identifying biological agents in unknown samples.
- **LRN chemical laboratories maintained their abilities to rapidly detect and quantify chemical agents.** CDC conducts annual proficiency testing for the more advanced LRN chemical laboratories

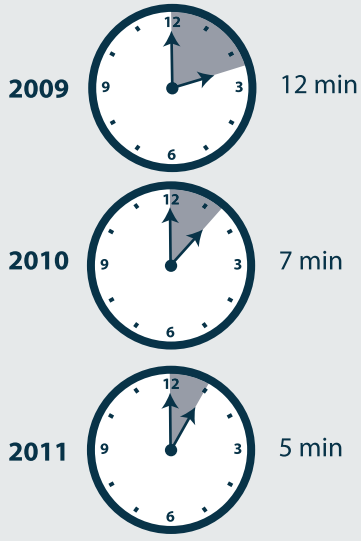
[4] http://www.fema.gov/pdf/prepared/npg.pdf

[5] In January 2012, the ASPR Hospital Preparedness Program released "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness" describing eight healthcare-specific capabilities. These capabilities, in conjunction with the 15 capabilities for public health, further advance the continued alignment of the CDC PHEP cooperative agreement and the ASPR Hospital Preparedness Program, connecting public health and medical preparedness.

(Level 1 and Level 2) to determine their abilities to use core and additional methods to rapidly detect and measure chemical agents that can cause severe health effects. Laboratory methods are a series of steps or processes that allow for the detection of chemical agents. The number of core methods increased from six in 2009 to nine in 2011. In 2011, there were also four additional methods in which Level 1 laboratories should have demonstrated proficiency and up to three additional methods in which Level 2 laboratories could have chosen to become proficient.

- The average total number of methods successfully demonstrated by Level 1 and Level 2 laboratories increased from 6.7 methods in 2009 to 8.9 methods in 2010.
- From 2010 to 2011, the number of methods remained essentially unchanged, with a slight rise from 8.9 to 9.0 average total number of methods.

- **LRN's most advanced chemical laboratories (Level 1) were able to reduce the amount of time needed to process large volumes of samples during a CDC exercise.** The LRN surge capacity exercise demonstrates the ability of each of the ten Level 1 laboratories to test and report on 500 samples (a total of 5000 samples) on a 24/7 basis. This exercise demonstrates the ability of our nation to respond to a large-scale chemical incident like the Tokyo sarin subway attack of 1995. Quick laboratory response time is essential as laboratories provide data for medical management and for emergency response decisions. The response time for the exercise is determined from the time the 500 samples are received to the time the last test result is reported to CDC. Between 2009 and 2010, the average time for Level 1 laboratories to process and report each sample during the LRN surge capacity exercise decreased from 12 minutes to 7 minutes. From 2010 to 2011, Level 1 laboratories reduced this time to an average of 5 minutes per sample. CDC plans to work with laboratories to reduce these average times further.



Average time to process samples during LRN chemical exercise decreased from 12 minutes to 5 minutes per sample from 2009 to 2011

Emergency Operations Coordination (EOC): Directing and Supporting Response to Emergencies

The EOC capability is defined as the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System (NIMS). The EOC capability allows public health agencies to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing and evolving health needs arising from emergencies.

Accomplishments from 2009-2011 include the following:

- **Most states, localities, and insular areas demonstrated the ability to notify and immediately assemble public health staff to ensure a quick response.** Part of an effective response to an incident is the ability to assemble key decision-makers who are responsible for leading and managing a response. In 2010, staff assembly times became a Department of Health and Human Services (HHS) Priority Goal for states only, aiming for a performance target of 60 minutes or less.
  - In 2011, 47 out of 50 states (94%) met the target, assembling staff in 60 minutes or less. The HHS Priority Goal performance target of 60 minutes or less does not apply to localities and insular areas. However, the median staff assembly time was at or below 60 minutes for localities and insular areas in 2009, 2010, and 2011.

Emergency Public Information and Warning (EPIW): Alerting the Public about Emergencies

The EPIW capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Accomplishments from 2009-2011 include the following:

- **Most awardees developed a first risk communication message for the public during an exercise or a real incident.** It is critical that a public health agency be able to disseminate an initial risk communication message in a timely manner during an emergency to ensure that the public is made aware of the incident and necessary actions that they need to take. This measure addresses the first risk communication message because research has shown that it is critical to set the stage for all subsequent messages on a topic.
    - In 2011, 61 out of 62 awardees (98%) developed a first risk communication message for the public during an exercise or a real incident.

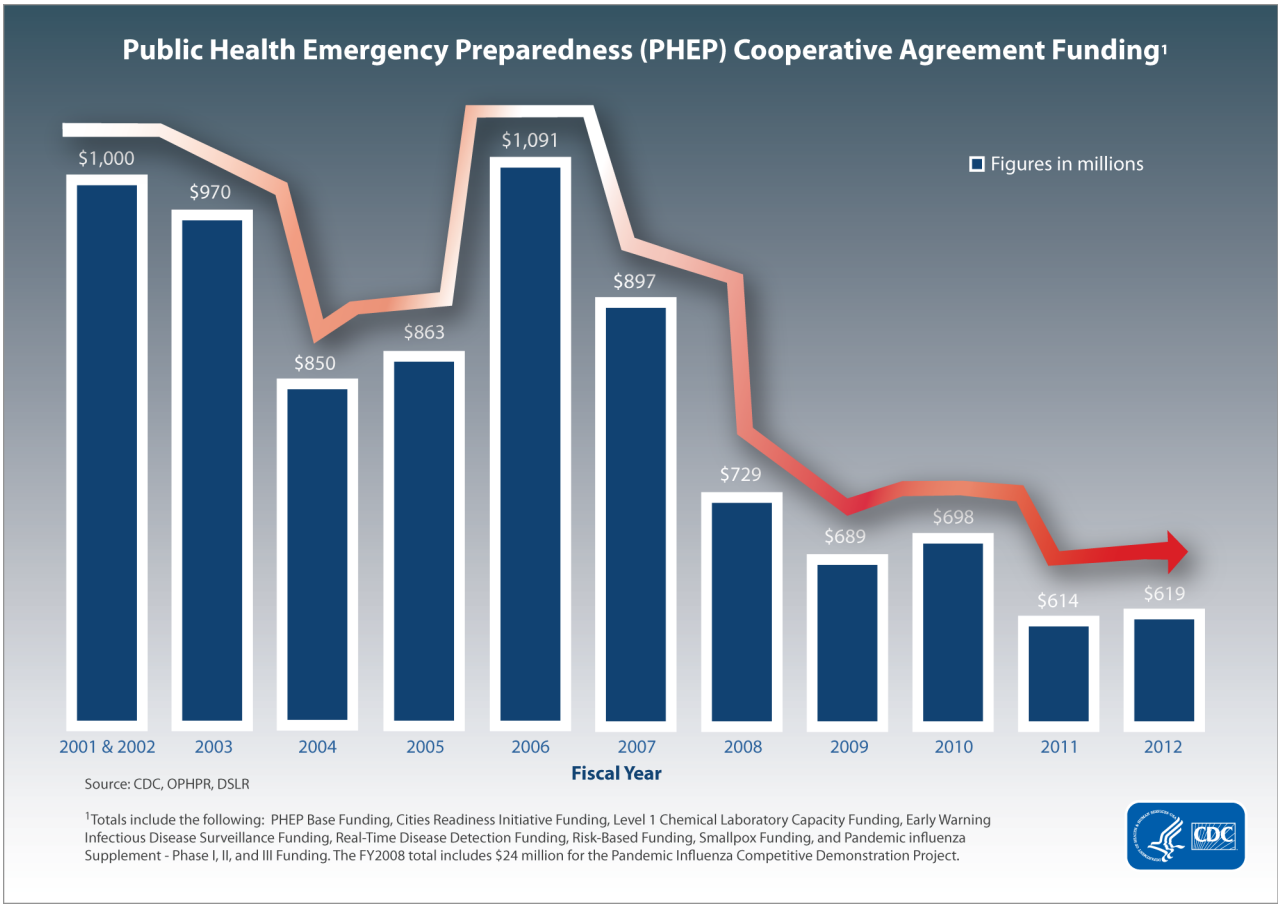
98%

Developed a Risk Communication Message

Looking Forward

In uncertain times, safeguarding America's health and security is more important than ever. Whether the threat is a disease outbreak, environmental hazard, natural disaster or deliberate attack, CDC works 24 hours a day, 7 days a week to keep Americans safe - in the United States and around the world.

The road to ensuring national security is not without challenges, particularly in a changing threat environment. Fiscal challenges pose difficulties for health departments across the country. Funding decreases have led to reductions in the public health workforce and have the potential to decrease the ability for effective responses by the public health system. Reductions are forcing health departments to cut back on critical staff and services, potentially affecting the quality of response that can be provided in the face of evolving health threats. CDC remains committed to maximizing the impact of every dollar entrusted to the agency.



Aligned with the National Health Security Strategy (NHSS), a comprehensive strategy focusing specifically on protecting people's health in the case of an emergency, the National Strategic Plan for Public Health Preparedness and Response defines the overarching mission and 10-year vision for the nation's ability to prevent, prepare for, respond to, and recover from a major public health incident. The plan accounts for the current economic environment and includes an objective designed to enhance our ability to leverage resources, reduce duplicative expenditures, improve the economic justification for investments in preparedness, and promote the ease of resource utilization.

This plan is designed to identify critical needs and provide quantitative measures about the public health preparedness and response capabilities supported by federal funds. As funding is steadily decreasing, evaluations can be used to show the progress of preparedness as well as areas for targeted technical assistance.

The Strategic Plan has already identified gaps in preparedness that need attention. Targeted areas for improvement include preparedness and response for anthrax threats, radiological and nuclear events, biosurveillance, biosafety and security, identification and outreach to vulnerable populations, and integration of healthcare, the public health system, emergency medical services, and the private sector. Existing resources must be better leveraged; new ideas, strategies, and novel thinking must be generated to tackle preparedness in a more effective way. Prioritizing and coordinating investments, partnerships, and steadfast determination will help to align innovative solutions with identified gaps.

A primary example of innovation has been the recent alignment of PHEP and the Hospital Preparedness Program (HPP) cooperative agreements. The HPP, managed out of the HHS Office of the Assistant Secretary for Preparedness and Response, provides leadership and funding to improve medical surge capacity and enhance the community healthcare system for public health emergencies.[6] Joint

[6] From Hospitals to Healthcare Coalitions: Transforming Health Preparedness and Response in Our Communities. Report on the Hospital Preparedness Program; U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (2011). Available at http://www.phe.gov/Preparedness/planning/hpp/Documents/hpp-healthcare-coalitions.pdf

technical assistance for PHEP and HPP began in fiscal year 2012. The benefits of alignment for the 62 awardees include: more coordinated and integrated public health and healthcare system planning and response; improved ability to leverage funding for applicable activities and infrastructure; and reduced awardee burden regarding duplicative and sometimes conflicting activities and redundant reporting. The alignment is intended to increase program impact and advance preparedness; promote innovation; and demonstrate a clear return on investment and communicate preparedness accomplishments to help ensure sustainability of the PHEP and HPP cooperative agreements.

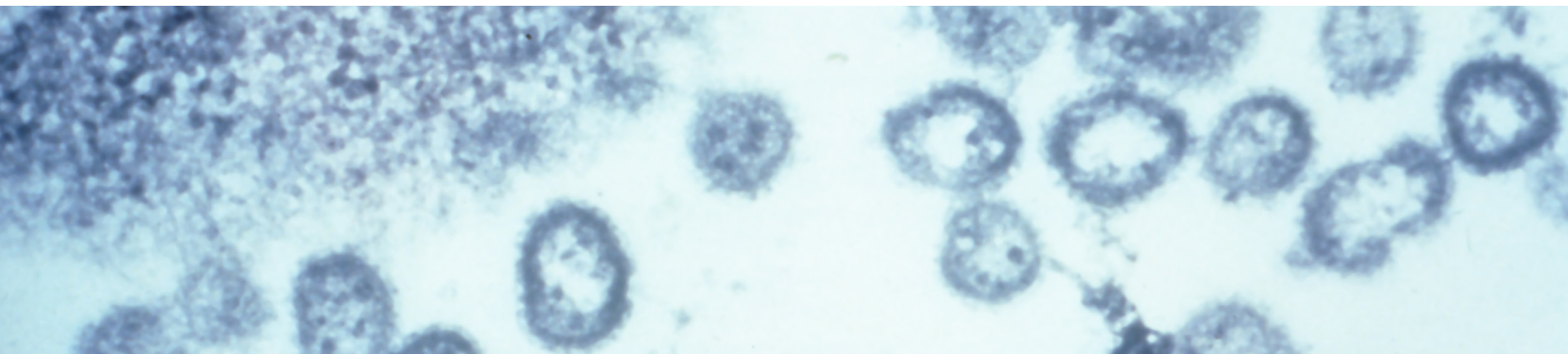
One of the nation's key preparedness challenges has been determining appropriate national, state, and local public health preparedness priorities. To assist state and local public health departments in their strategic planning, CDC developed 15 capabilities to serve as national public health preparedness standards. Each of the public health preparedness capabilities identifies clear functions, tasks, and resources that are relevant to both routine public health activities and essential public health services. While demonstrations of capabilities can be achieved through different means (e.g., exercises, planned events, and real incidents), jurisdictions are encouraged to use routine public health activities to demonstrate and evaluate their public health preparedness capabilities.

In this report, available data related to 3 of the 15 capabilities are presented: public health laboratory testing, emergency operations coordination (EOC), and emergency public information and warning (EPIW) capability activities. Additional performance measures for the 15 capabilities will be developed, analyzed, and reported out to provide technical assistance to PHEP awardees.

The transition of the PHEP cooperative agreement to a capabilities-based program was an important step. There remains a need to further enhance how we measure these capabilities. To achieve that goal, CDC funded the Association of State and Territorial Health Officials (ASTHO) under a cooperative agreement to work with CDC and our stakeholder partners from the preparedness community to develop the National Health Security Preparedness Index. When completed and instituted, this tool will measure health preparedness and allow it to be tracked over time. The index will enable state and national leaders to make more informed decisions regarding the best use of resources to improve preparedness. It will also provide information to improve our nation's preparedness by identifying strengths, novel approaches, and opportunities for multi-agency collaboration. Initially, the focus of the National Health Security Preparedness Index will be to measure public health preparedness, with intent and vision to measure other components of health security in coming years.

Guiding principles for the design of the Index include: synthesizing current guidance, policies, and directives toward a common measurement; using established metrics and creating new ones only when gaps exist; including viewpoints and feedback from the broader preparedness community; striving toward creating consensus across all relevant stakeholders; and proactively managing how the indicators should be interpreted and applied. The goal of the index is to allow public health leaders and policymakers to identify trends in the preparedness of the public health system.

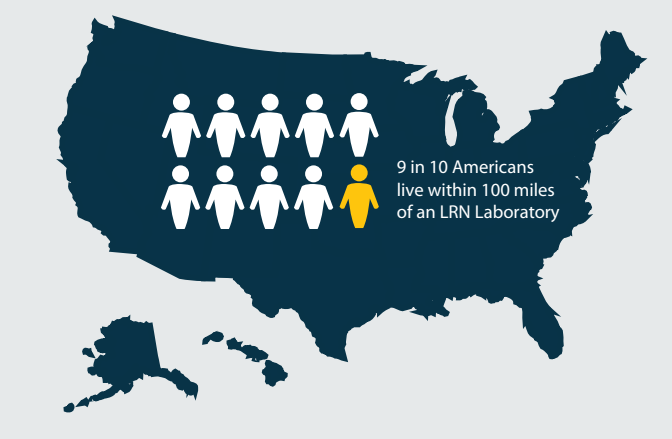
There have been, and always will be, challenges on the course to public health security. Accurate measurement is the key to fully understanding those challenges so that effective strategies can improve on the progress made over the last decade.



Laboratory Testing Capability: Identifying and Understanding Emerging Public Health Threats

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities.

CDC manages the Laboratory Response Network (LRN), a group of local, state, federal, and international laboratories with unique testing capabilities for confirming high priority biological and chemical agents. Located strategically across the United States and abroad, LRN laboratories play a critical role in their state or locality's overall emergency response plan to detect, characterize, and communicate confirmed threat agents. LRN laboratories can perform standardized tests yielding reliable results within hours. Approximately 90% of the U.S. population live within 100 miles of an LRN laboratory, decreasing the time needed to begin to respond to an emergency.



CDC provides funding through the Public Health Emergency Preparedness (PHEP) cooperative agreement to 62 awardees: 50 states, 4 localities, and 8 territories, commonwealths, and freely associated states ("insular areas"). For states and localities, PHEP funding is used to establish and maintain LRN biological and chemical capabilities and capacity building at public health laboratories. (See page 15 for more on insular areas' capabilities.) In addition to the laboratories that receive PHEP funding, other biological laboratories that participate in the LRN include state and locally funded public health laboratories as well as federal, military, international, agricultural, veterinary, food, and environmental testing laboratories.

In addition to the work of the LRN laboratories, PHEP-funded states and localities should demonstrate the ability to 1) identify specific strains of *Escherichia coli* (*E. coli*) and *Listeria monocytogenes* (*L. monocytogenes*) and 2) report results to the CDC PulseNet database within a target timeframe of four working days from receipt of the samples. PulseNet is a national network of public health and food regulatory agency laboratories coordinated by CDC. Biological laboratories in the PulseNet network use CDC's pulsed-field gel electrophoresis (PFGE) protocols to rapidly identify specific strains of *E. coli* and *L. monocytogenes* in order to detect and identify foodborne outbreaks.

The subsequent section highlights laboratory activities from 2009-2011. See the Appendix for a detailed description of the data points featured in the tables.

Nationwide Testing for Responding to Biological Threats

The Laboratory Response Network (LRN) was established in 1999 to create national laboratory capacity for testing biological threat agents and dangerous toxins. Specific examples of biological threats

include the agents that cause anthrax, smallpox, plague, and botulism. LRN biological laboratories are designated as national, reference, or sentinel laboratories.

- *National laboratories*, including those at CDC, have the most advanced capabilities. These laboratories are responsible for specialized strain characterizations and bioforensics.

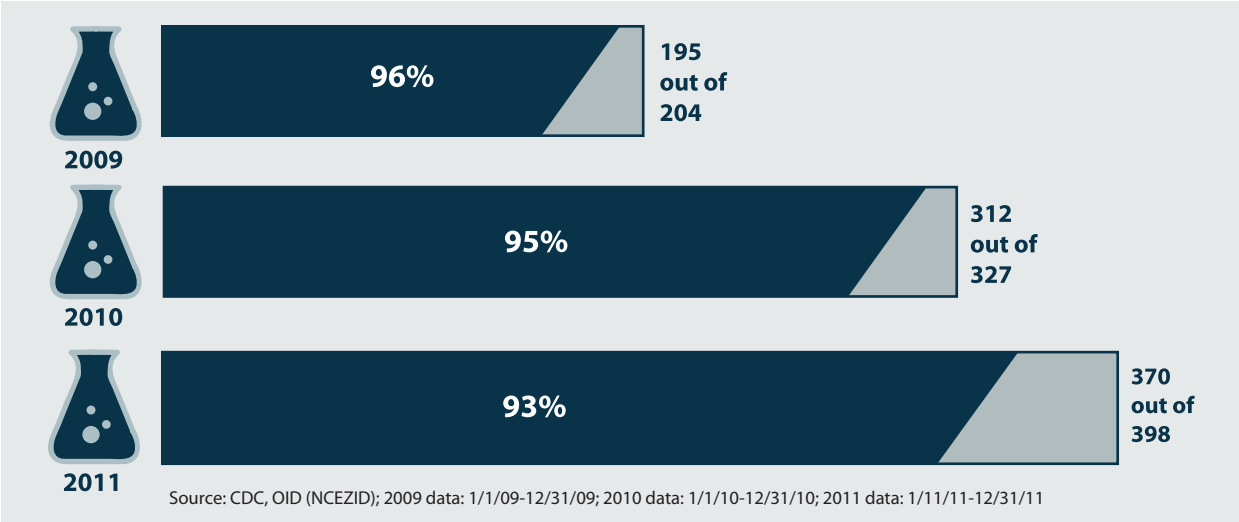
- *Reference laboratories*, primarily local, county, and state public health laboratories, perform tests to detect and confirm the presence of a threat agent.

- *Sentinel laboratories* are commercial, private, and hospital-based laboratories that test clinical specimens in order to either rule out suspicion of a biological threat agent or ship to reference or national laboratories for further testing.

In 2011, a total of 141 LRN laboratories in the United States could test for biological agents: 138 reference laboratories and 3 national laboratories. These reference laboratories maintain relationships with numerous sentinel laboratories in their jurisdictions that refer suspicious specimens to them for more advanced testing.

LRN laboratories demonstrated continued ability to detect biological agents. CDC conducts proficiency testing to evaluate the ability of LRN reference and national biological laboratories to receive, test, and report one or more suspected biological agents to CDC. If a laboratory is unable to successfully test for an agent and report results within a specified period of time, it will not pass the proficiency test. From 2009 to 2011, LRN reference and national laboratories successfully maintained a high proficiency test pass-rate to identify biological agents in unknown samples (Table 1). Results include proficiency tests participated in by PHEP-funded laboratories, other state and locally funded public health laboratories, as well as federal, military, international, agricultural, veterinary, food, and environmental testing laboratories that are a part of the LRN.

Table 1: Number of Proficiency Tests Passed by LRN Reference and/or National Laboratories, 2009-2011



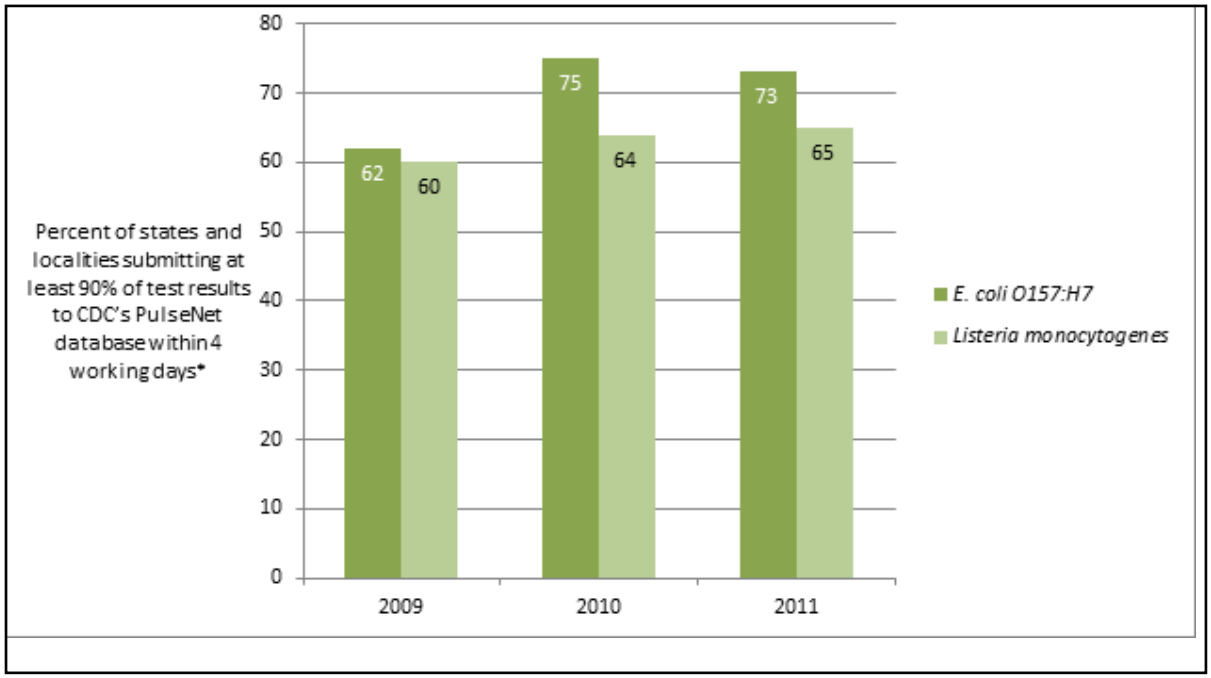
Source: CDC, OID (NCEZID); 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/11/11-12/31/11

States and localities have essentially maintained their abilities to rapidly identify *E. coli* and *L. monocytogenes*. States and localities must be able to detect and determine the extent and scope of potential outbreaks to minimize their impacts. In 2011, public health officials in Missouri worked with CDC to investigate an outbreak of human infections of Shiga toxin-producing *E. coli* O157. As of

November 16, 2011, the health department reported 33 laboratory-confirmed cases of *E. coli* infections. People in 10 states became ill from the likely source identified through the investigation, romaine lettuce. While no deaths were reported, *E. coli* presented a significant health burden for the 45 ill individuals who provided information on their illness. Thirty (67%) were hospitalized and 2 developed hemolytic uremic syndrome, a potentially life-threatening complication.

From 2009 to 2010, there was an increase in the number of states and localities that submitted at least 90% of *E. coli* test results to CDC's PulseNet database within four working days. This capability decreased slightly across the states and localities between 2010 and 2011 (Figure 1). From 2009 to 2011, there was an increase in the number of states and localities that submitted at least 90% of *L. monocytogenes* test results to CDC's PulseNet database within four working days. For states that were unable to report in the target timeframe for *E. coli* in 2011, the most commonly cited reason was workforce shortfalls. Similarly, five states and localities reported in 2011 that their *L. monocytogenes* data submission was affected by staff shortages; technical issues also impacted their results. For more on workforce issues, see the box on page 17.

Figure 1: Rapid Identification of Disease-Causing Bacteria by PulseNet Laboratories, 2009-2011



Source: CDC, OPHPR (DSLR); 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

*Data for the 50 states, District of Columbia, New York City, and Los Angeles County

Nationwide Testing for Responding to Chemical Threats

The LRN started testing clinical specimens to measure human exposure to toxic chemicals in 2003. The following describes the LRN chemical laboratories Level 1, 2, or 3 designations:

- Level 1 laboratories have the most advanced capabilities. These are surge-capacity laboratories that can test for an expanded number of agents, including nerve agents, mustard agents, and toxic industrial chemicals. They also maintain the capabilities of Level 2 laboratories.

- Level 2 laboratories test for a limited number of toxic chemical agents. They also maintain the capabilities of Level 3 laboratories.
- Level 3 laboratories work with hospitals and other first responders to maintain competency in clinical specimen collection, storage, and shipment.

In 2011, a total of 56 LRN laboratories in the United States could handle and/or test for chemical agents; 10 of these were Level 1 laboratories, 37 were Level 2 laboratories, and 9 were Level 3 laboratories.

Isolated, but Not Forgotten: PHEP-funded Insular Areas

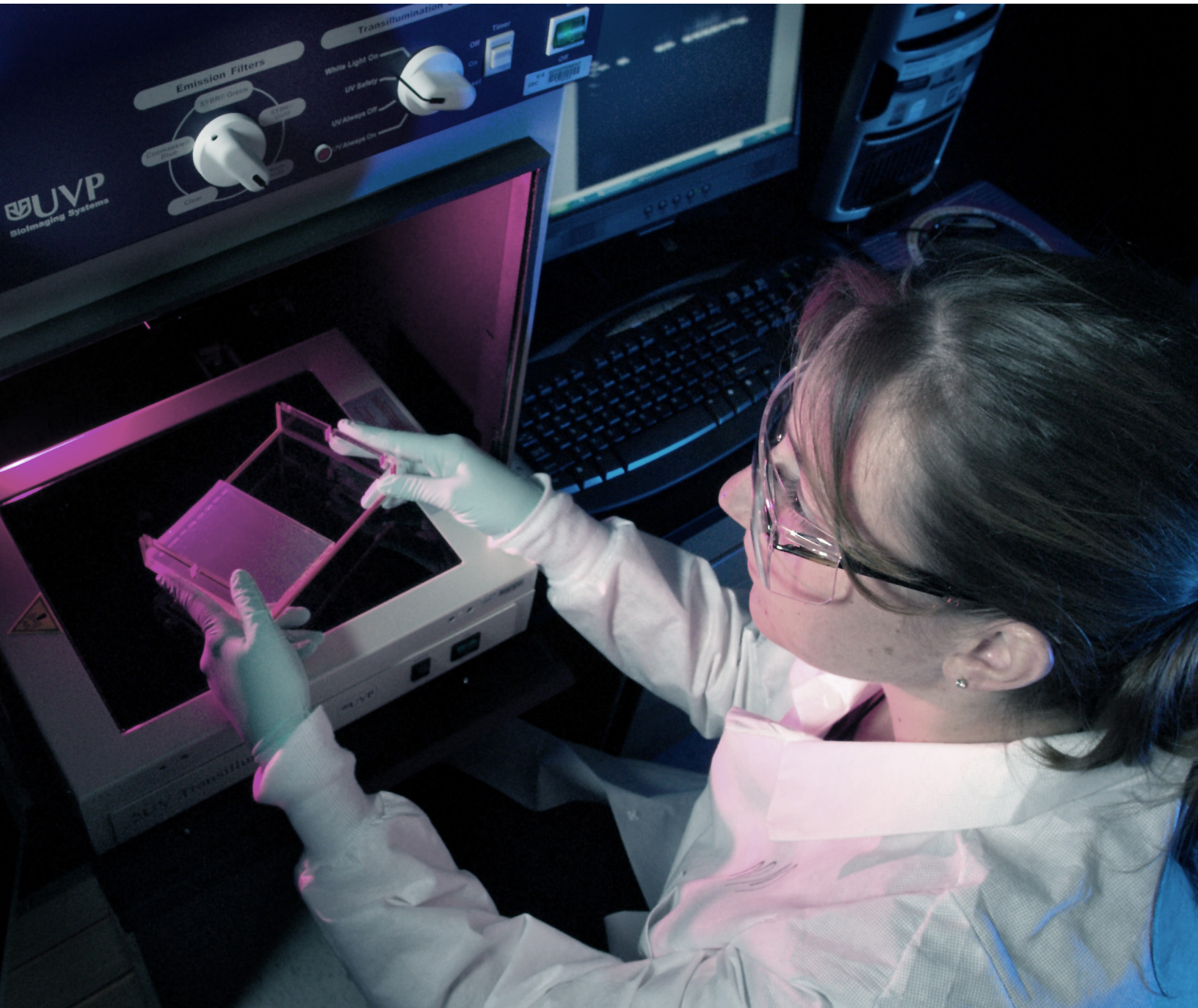
The eight PHEP-funded U.S. territories, commonwealths, and freely associated states, or "insular areas," and their health departments face unique hurdles due to geographic isolation, socioeconomic conditions, and other challenges. With a lack of resources and infrastructure, laboratory capabilities in insular areas are extremely limited or nonexistent.

Most of the insular area laboratories send specimens for confirmatory testing to reference laboratories in the United States and Australia, a practice that is expensive and time-consuming over long distances; it can take from a week to over a month to receive these lab results. As of June 2012, no insular area laboratories were active members of the LRN, though one is on the cusp of upgrading their network status. Previously, Puerto Rico's participation in the network was limited to LRN training and meetings, but they will achieve a major milestone in 2012 when they begin testing for chemical agents with a Level 2 LRN laboratory.

The outlook for insular area laboratories is mixed. The costs for such facilitates are essentially fixed, presenting a fiscal challenge as PHEP funding continues to decline. However, insular area health departments are continuing to prioritize funding to address preparedness activities in their jurisdictions.

CDC conducts annual proficiency testing for Level 1 and Level 2 chemical laboratories to determine their abilities to use core and additional methods to rapidly detect and measure chemical agents that can cause severe health effects. Laboratory methods are a series of steps or processes that allow for the detection of chemical agents. These methods can help determine the scope of a real incident, identify those requiring long-term treatment, assist with non-emergency medical guidance, and help law enforcement officials determine the origin of the chemical agent. The core methods are significant as they use technical fundamentals that provide the foundation of chemical analysis capabilities. The number of core methods has increased from six in 2009 to nine in 2011.

The majority of LRN laboratories undergo proficiency testing in additional methods as well. These methods build upon the foundation established by the core methods, providing modifications to core techniques that allow for laboratories to test for additional agents and thereby expand testing capabilities. Proficiency in additional methods is required for Level 1 laboratories and optional for Level 2 laboratories. In 2011, there were four additional methods in which Level 1 laboratories should have demonstrated proficiency and up to three additional methods in which Level 2 laboratories could have chosen to become proficient.



Workforce Challenges Continue to Plague States

Since 2008, the National Association of County and City Health Officials (NACCHO) has conducted a series of studies annually to track the effect of fiscal challenges on the local public health infrastructure. The 2011 report finds that local health departments (LHDs) were reduced by over 3,000 staff positions in the first half of 2011.

Laboratories have been no less affected than other areas critical to public health preparedness. In the Association of Public Health Laboratories' 2011 survey of public health laboratories, the top three factors impacting respondents' ability to carry out preparedness activities were lack of funding (40%), hiring freezes (35%), and non-competitive salaries (33%) – echoing similar findings in 2010. The forecast for budget cuts remains bleak, likely threatening the public health system's ability to respond to threats.

Sources: National Association of County and City Health Officials' Local Health Departments Job Losses and Program Cuts: Findings from July 2011 Survey; 2011 Association of Public Health Laboratories All-Hazards Laboratory Preparedness Survey Data.

Level 1 and 2 laboratories maintained their abilities to rapidly detect and quantify chemical agents. The average total number of methods (including both core and additional methods) successfully demonstrated by Level 1 and Level 2 laboratories increased from 6.7 methods in 2009 to 8.9 methods in 2010 (Table 2). From 2010 to 2011, the number of methods remained essentially unchanged, with a slight rise from 8.9 to 9.0 average total number of methods.

In 2011, 24 of the 47 Level 1 and Level 2 LRN chemical laboratories were able to demonstrate proficiency in the 9 core methods. In addition, 24 of the 47 laboratories demonstrated proficiency in at least one additional method to rapidly detect chemical agents.

Table 2: Evaluating LRN-Chemical Capabilities through Proficiency Testing, 2009-2011

Average number of methods successfully demonstrated by Level 1 and Level 2 laboratories to rapidly detect chemical agents

Source: CDC, ONDIEH (NCEH) ; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/11/11-12/31/11

Level 1 and Level 2 laboratories quickly processed large volumes of samples during a CDC exercise. The LRN surge capacity exercise demonstrates the ability of each of the ten Level 1 laboratories to test and report on 500 samples (a total of 5000 samples) on a 24/7 basis. This exercise demonstrates the ability of our nation to respond to a large-scale chemical incident like the Tokyo sarin subway attack of 1995. The response time for the exercise is determined from the time the 500 samples are received to the time the last test result is reported to CDC. Between 2009 and 2010, the average time to process and report each sample by Level 1 laboratories during the LRN surge capacity exercise decreased from 12 minutes to 7 minutes. From 2010 to 2011, Level 1 laboratories reduced this time further to an average of 5 minutes per sample.

A selection of Level 2 laboratories participated in the exercise for the first time in 2011. The ten Level 2 laboratories each tested and reported on 200 samples (a total of 2000 samples). The Level 2 laboratories took an average of 11 minutes per sample. The differences in the speed of processing between Level 1 and Level 2 laboratories are complex. They include variations in the type and quantity of equipment, differing testing processes, and the number of staff at each facility.

National Snapshot of Laboratory Activities

A summary table of national-level data on laboratory activities in 2009–2011 appears below (Table 3). Note that these items represent available data for preparedness activities and do not fully represent all state and locality laboratory efforts. For individual state and locality information in the area of laboratory activities, see individual fact sheets starting on page 25. See the Appendix for an explanation of data points.

Table 3: National Snapshot of Laboratory Activities, 2009-2011

Laboratories: Biological Capabilities

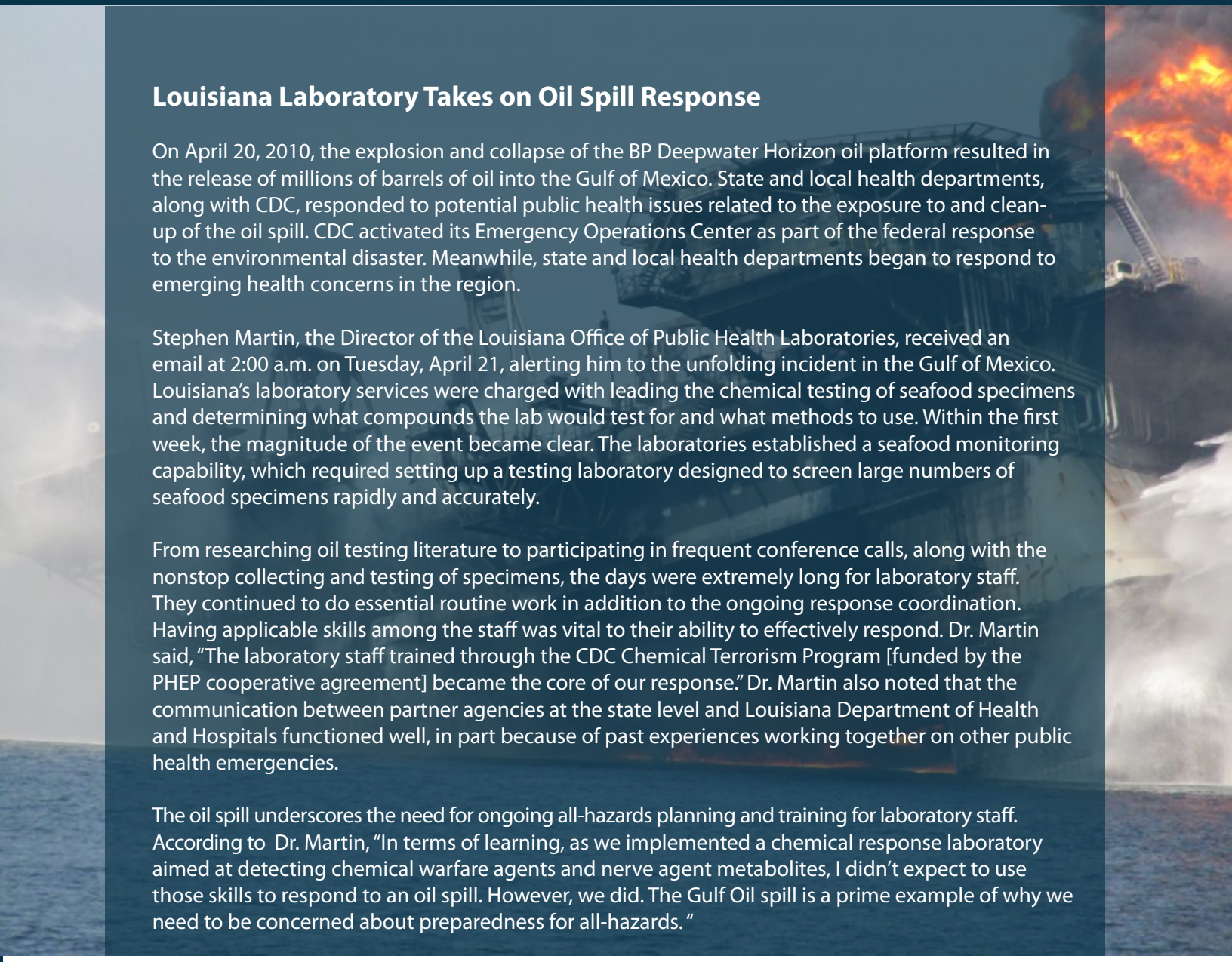
	2009	2010	2011
Laboratory Response Network (LRN) reference and national laboratories that could test for biological agents Source: CDC, OID (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/11	**135** total LRN reference and national laboratories **132** LRN reference laboratories **3** LRN national laboratories	**142** total LRN reference and national laboratories **139** LRN reference laboratories **3** LRN national laboratories	**141** total LRN reference and national laboratories **138** LRN reference laboratories **3** LRN national laboratories
Proficiency tests passed by LRN reference and/or national laboratories Source: CDC, OID (NCEZID); 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11	**195 out of 204** tests (96%)	**312 out of 327** tests (95%)	**370 out of 398** tests (93%)
LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill Source: CDC, OID, (NCEZID); 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11	JULY **54 out of 54** laboratories participated (100%) **51 out of 54** laboratories passed (94%)	APR **44 out of 54** laboratories participated (81%) **39 out of 44** laboratories passed (89%)	JUN **54 out of 54** laboratories participated (100%) **52 out of 54** laboratories passed (96%)	JUN **53 out of 54** laboratories participated (98%) **53 out of 53** laboratories passed (100%)	AUG **53 out of 54** laboratories participated (98%) **53 out of 53** laboratories passed (100%)
Number of states and localities submitting at least 90% of test results to CDC's PulseNet database within 4 working days Source: CDC, OPHPR (DSLR); 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11 Data for the 50 states, District of Columbia, New York City, and Los Angeles County	*E. coli* O157:H7	**33 out of 53** states and localities (62%)	*E. coli* O157:H7	**39 out of 52** states and localities (75%)	*E. coli* O157:H7	**37 out of 51** states and localities (73%)
	Listeria monocyto genes	**18 out of 30** states and localities (60%)	*Listeria monocyto genes*	**21 out of 33** states and localities (64%)	*Listeria monocyto genes*	**22 out of 34** states and localities (65%)

Laboratories: Chemical Capabilities

	2009	2010	2011
LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents Source: CDC, ONDIEH (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data 12/31/11	**56 LRN-C laboratories:** • **10 out of 56** were Level 1 laboratories • **37 out of 56** were Level 2 laboratories • **9 out of 56** were Level 3 laboratories	**57 LRN-C laboratories:** • **10 out of 57** were Level 1 laboratories • **36 out of 57** were Level 2 laboratories • **11 out of 57** were Level 3 laboratories	**56 LRN-C laboratories:** • **10 out of 56** were Level 1 laboratories • **37 out of 56** were Level 2 laboratories • **9 out of 56** were Level 3 laboratories
Methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents during proficiency testing Source: CDC, ONDIEH (NCEH); 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data 1/1/11-12/31/11	**Average number of methods:** **6.7** total methods **5.3** core methods **1.4** additional methods **34 out of 47** Level 1 and/or Level 2 laboratories successfully demonstrated all six core methods (72%) **26 out of 47** Level 1 and/or Level 2 laboratories successfully demonstrated at least one additional method (55%)	**Average number of methods:** **8.9** total methods **7.1** core methods **1.7** additional methods **28 out of 46** Level 1 and/or Level 2 laboratories successfully demonstrated all eight core methods (61%) **27 out of 46** Level 1 and/or Level 2 laboratories successfully demonstrated at least one additional method (59%)	**Average number of methods:** **9.0** total methods **7.7** core methods **1.3** additional methods **24 out of 47** Level 1 and/or Level 2 laboratories successfully demonstrated all nine core methods (51%) **24 out of 47** Level 1 and/or Level 2 laboratories successfully demonstrated at least one additional method (51%)
LRN-C laboratories ability to collect, package, and ship samples properly during LRN exercise Source: CDC, ONDIEH (NCEH); 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11	**53 out of 56** laboratories participated (95%) **49 out of 53** laboratories passed (92%)	**56 out of 57** laboratories participated (98%) **56 out of 56** laboratories passed (100%)	**54 out of 56** laboratories participated (96%) **53 out of 54** laboratories passed (98%)

	AUGUST	OCTOBER	SEPTEMBER	JULY
Average number of chemical agents detected by Level 1 and/or Level 2 laboratories during the LRN Emergency Response Pop Proficiency Test (PopPT) exercise Note: Not all Level 1 and Level 2 laboratories were eligible to participate in this exercise Source: CDC, ONDIEH (NCEH); 2009 data: 8/24/09 and 10/05/09; 2010 data: 9/13/10; 2011 data: 7/18/11	**13 out of 14** Note: A total of 14 agents per laboratory could have been detected by the 47 laboratories participating in this exercise.	**1 out of 1** Note: A total of 1 agent per laboratory could have been detected by the 32 laboratories participating in this exercise.	**15 out of 17** Note: A total of 17 agents per laboratory could have been detected by the 43 laboratories participating in this exercise.	**1 out of 1** Note: A total of 1 agent per laboratory could have been detected by the 39 laboratories participating in this exercise.

	2009	2010	2011	
Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise Source: CDC, ONDIEH (NCEH); 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11-4/8/11	**Level 1**	**Level 1**	**Level 1**	**Level 2**
	12 minutes	**7 minutes**	**5 minutes**	**11 minutes**



Louisiana Laboratory Takes on Oil Spill Response

On April 20, 2010, the explosion and collapse of the BP Deepwater Horizon oil platform resulted in the release of millions of barrels of oil into the Gulf of Mexico. State and local health departments, along with CDC, responded to potential public health issues related to the exposure to and clean-up of the oil spill. CDC activated its Emergency Operations Center as part of the federal response to the environmental disaster. Meanwhile, state and local health departments began to respond to emerging health concerns in the region.

Stephen Martin, the Director of the Louisiana Office of Public Health Laboratories, received an email at 2:00 a.m. on Tuesday, April 21, alerting him to the unfolding incident in the Gulf of Mexico. Louisiana's laboratory services were charged with leading the chemical testing of seafood specimens and determining what compounds the lab would test for and what methods to use. Within the first week, the magnitude of the event became clear. The laboratories established a seafood monitoring capability, which required setting up a testing laboratory designed to screen large numbers of seafood specimens rapidly and accurately.

From researching oil testing literature to participating in frequent conference calls, along with the nonstop collecting and testing of specimens, the days were extremely long for laboratory staff. They continued to do essential routine work in addition to the ongoing response coordination. Having applicable skills among the staff was vital to their ability to effectively respond. Dr. Martin said, "The laboratory staff trained through the CDC Chemical Terrorism Program [funded by the PHEP cooperative agreement] became the core of our response." Dr. Martin also noted that the communication between partner agencies at the state level and Louisiana Department of Health and Hospitals functioned well, in part because of past experiences working together on other public health emergencies.

The oil spill underscores the need for ongoing all-hazards planning and training for laboratory staff. According to Dr. Martin, "In terms of learning, as we implemented a chemical response laboratory aimed at detecting chemical warfare agents and nerve agent metabolites, I didn't expect to use those skills to respond to an oil spill. However, we did. The Gulf Oil spill is a prime example of why we need to be concerned about preparedness for all-hazards. "

Emergency Operations Coordination (EOC) and Emergency Public Information and Warning (EPIW) Capabilities: Recognizing and Responding to Public Health Threats

The EOC capability, one of the 15 public health preparedness capabilities, is essential to direct and coordinate the implementation of other public health preparedness capabilities during a public health emergency. The EOC capability allows public health agencies to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing and evolving health needs

arising from emergencies. The EOC capability is defined as the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System (NIMS).

The EPIW capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. This capability represents a critical leverage point in shaping the perceptions, decisions, and actions of the public, a key partner in preventing, preparing for, responding to, and recovering from public health emergencies. Public involvement and cooperation are required to facilitate critical response activities such as evacuation, sheltering in place, social distancing, and queuing at points of dispensing. EPIW can be effective in influencing how the public responds to these activities.

The following section highlights the data on EOC and EPIW capabilities from the 50 states, 4 localities, and 8 territories, commonwealths, and freely associated states ("insular areas") funded by the Public Health Emergency Preparedness (PHEP) cooperative agreement. See the Appendix for a more detailed description of the data points featured in the following tables.

Emergency Operations Coordination (EOC) Capability Activities

Most states, localities, and insular areas demonstrated the ability to notify and immediately assemble public health staff to ensure a quick response. The ability to assemble key decision-makers to lead and manage a response is a key component to an effective response. In 2010, staff assembly times became a U.S. Department of Health and Human Services (HHS) priority goal, aiming for a performance target of 60 minutes or less. In that year, states were able to assemble staff in a median time of 31 minutes. In 2011, the median time was 30 minutes, with 47 out of 50 states (94%) meeting the target (Table 1). The median time for state public health departments to assemble their staff has decreased over the past three years.

Table 1: Median Staff Assembly Times for States, 2009-2011

Median Staff Assembly Times for States, 2009-2011		
2009	**2010 (Target of 60 minutes for states only)**	**2011 (Target of 60 minutes for states only)**
57 minutes*	31 minutes**	30 minutes**

Source: CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

*Data includes all states.
**Data includes all states with reportable times.

The HHS priority goal performance target of 60 minutes or less does not apply to localities and insular areas. However, the median staff assembly time was at or below 60 minutes for localities and insular areas in 2009, 2010, and 2011 (Table 2).

Table 2: Median Staff Assembly Times for Localities and Insular Areas, 2009-2011

Median Staff Assembly Times for Localities and Insular Areas, 2009-2011		
2009	**2010**	**2011**
60 minutes*	45 minutes **	55 minutes*

Source: CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
*Data includes all localities and insular areas.
**Data includes all localities and insular areas with reportable times.

Preparedness in Action: Anthrax in Minnesota

In August 2011, a person traveling through Minnesota was diagnosed with inhalational anthrax he contracted sometime during a multi-week trip that also included North Dakota, South Dakota, Montana and Wyoming. Immediately after being hospitalized for pneumonia, doctors were alarmed by the patient's chest x-ray. The lab test showed an unusual *Bacillus* strain, and the doctor sent a sample to the Minnesota Department of Health, which confirmed the presence of *B. anthracis*. Following the diagnosis, Minnesota public health officials issued a request to the Centers for Disease Control and Prevention (CDC) for life-saving medicines housed in the Strategic National Stockpile that could be used to treat this case of anthrax, which was caused by naturally occurring anthrax in the environment. In response, CDC deployed five vials of anthrax immune globulin to the hospital to treat the patient and two vials of anthrax vaccine adsorbed – one to Minnesota and one to the patient's home state – to protect his wife who also may have been exposed during their travels. The patient fully recovered.

Sources: CIDRAP News, 8/30/11 Early diagnosis, treatment helped Florida man beat anthrax and CDC/PHPR/SNS

Most states, localities, and insular areas are engaged in formalized planning to guide their decision process during a response. For this performance measure, planning is assessed by determining if awardees developed an approved incident action plan (IAP). An IAP describes the strategy and objectives for the incident's operational period and is approved by the incident commander. It is a living document to brief and be disseminated to public health response staff. This is an important step in the overall incident response strategy because it provides a mechanism to communicate pertinent information about past, present, and future steps to current staff. In 2011, 57 out of 62 (92%) states, localities, and insular areas had a written approved IAP produced before the start of the second operational period. Over half of IAPs were developed in response to an executed or planned exercise. Natural disasters accounted for the remaining IAPs. Examples of natural disaster incidents for which awardees developed an IAP included tornadoes, blizzards, tsunamis, and earthquakes. Partnerships were heavily leveraged during these exercises or real incidents. Forty-four of 57 awardees (77%) partnered with other public or private agencies.

Table 3: Approved Incident Action Plan (IAP) for States, Localities, and Insular Areas, 2009-2011

Number of States, Localities, and Insular Areas that developed an approved Incident Action Plan (IAP), 2009-2011		
2009	**2010**	**2011**
54 out of 62 (87%)	55 out of 62 (89%)	57 out of 62 (92%)

Source: CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

States, localities, and insular areas are evaluating their actions during exercises and real incidents, and preparing plans for making improvements. For this performance measure, evaluation is assessed by determining if an after-action report and improvement plan (AAR/IP) were developed by the state, locality, or insular area. The development of an AAR/IP is an important part of the EOC capability to assess response competencies. For the past two years, all 62 PHEP-funded states, localities, and insular areas drafted an AAR/IP.

Table 4: After-Action Report (AAR) and Improvement Plan (IP) for States, Localities, and Insular Areas, 2009-2011

Number of States, Localities, and Insular Areas that drafted an AAR and IP, 2009-2011		
2009	**2010**	**2011**
61 of 62 (98%)	62 of 62 (100%)	62 of 62 (100%)

Source: CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Emergency Public Information and Warning Capability

Most awardees developed a first risk communication message for the public. This performance measure examines the ability to develop, coordinate, and disseminate the first risk communication message to provide timely information to the public about a public health emergency. It is critical that a public health agency be able to disseminate a first risk communication message in a timely manner during an emergency to ensure that the public is made aware of the incident and necessary actions that they need to take. Research has shown that the first message is critical to set the stage for all subsequent messages on a topic.

In 2011, 61 out of 62 awardees (98%) developed a first risk communication message for the public during an exercise or a real incident. For this measure, awardees most commonly cited biological outbreaks and natural disasters as the incidents for which they developed a first risk communication message.

Table 5: Development of a First Risk Communication Message for States, Localities, and Insular Areas, 2009-2011

Number of States, Localities, and Insular Areas that developed a first risk communication message, 2009-2011		
2009	**2010**	**2011**
60 of 62 (97%)	61 of 62 (98%)	61 ot 62 (98%)

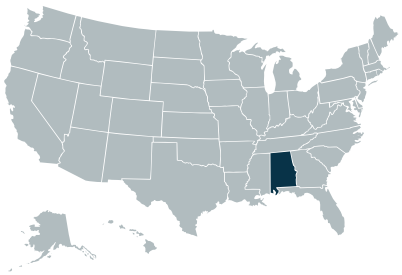
Source: CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

FACT SHEETS

- Fact sheets for the 50 States and 4 Localities begin on page 26.
- Fact sheets for the 8 Territories, Commonwealths, and Freely Associated States begin on page 134.

Alabama

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	25 100% (target: 90%)	22 95% (target: 90%)	17 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	8 38% (target: 90%)	2 100% (target: 90%)

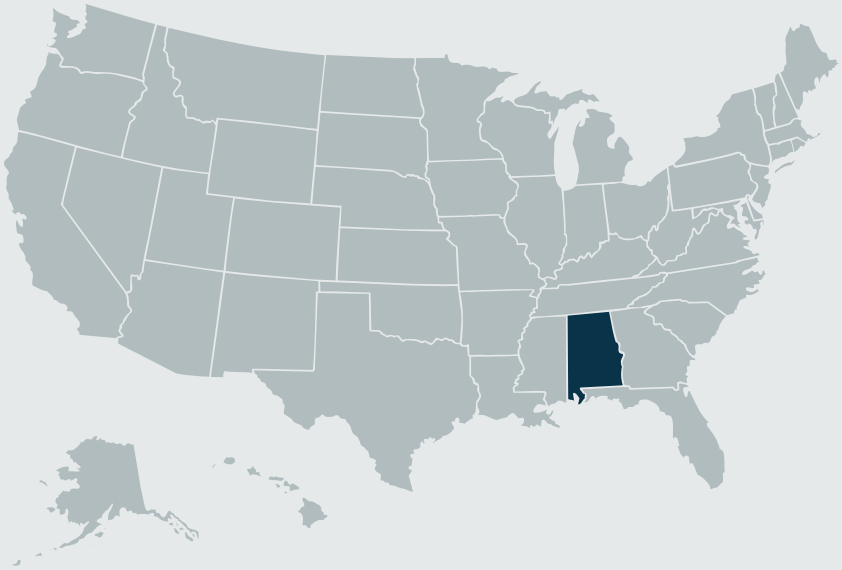
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	11 total methods 8 core 3 additional	10 total methods 8 core 2 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 0 out of 1 agent	Sep: 16 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Alabama

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	94 minutes	74 minutes	18 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

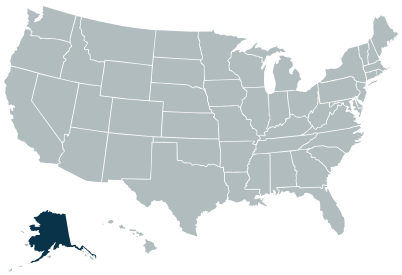


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Alaska

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	6 out of 6 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	2 100% (target: 90%)	— N/A	1 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	15 53% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	3 total methods 3 core 0 additional	6 total methods 6 core 0 additional	8 total methods 8 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Did not pass	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 0 out of 14 agents* Oct: not eligible	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

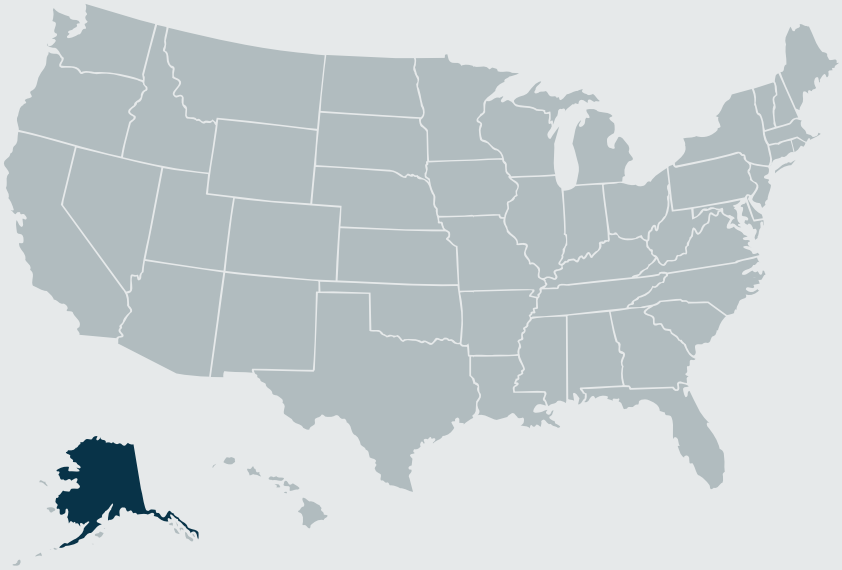
*Lab did not participate.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Alaska

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	105 minutes	45 minutes	58 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	N/A
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

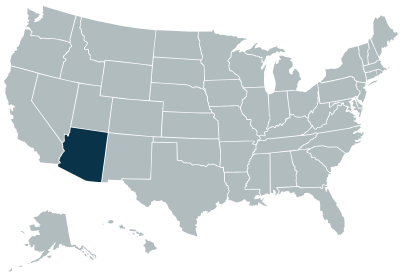


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Arizona

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	4 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	25 84% (target: 90%)	25 80% (target: 90%)	54 37% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	6 100% (target: 90%)	10 70% (target: 90%)	4 25% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	11 total methods 8 core 3 additional	11 total methods 9 core 2 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 16 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	10 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
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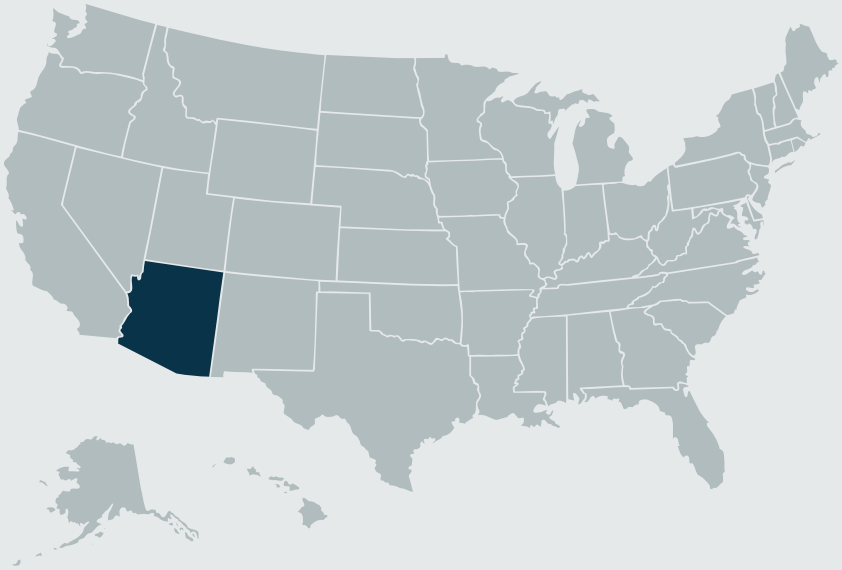
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Arizona

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	12 minutes	31 minutes	43 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	N/A	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

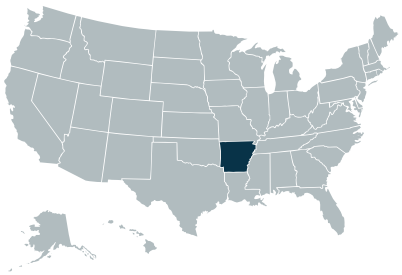


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Arkansas

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	1 out of 1 test	4 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	17 100% (target: 90%)	22 100% (target: 90%)	15 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	3 100% (target: 90%)	3 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	8 total methods 7 core 1 additional	8 total methods 7 core 1 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Did not participate*
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 14 out of 17 agents	Jul: not eligible
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

*Arkansas participated in SCPAS on 11/9/10, during the Budget Period 10 Extension, and therefore did not have to participate in calendar year 2011. See results in 2010 column.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
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[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
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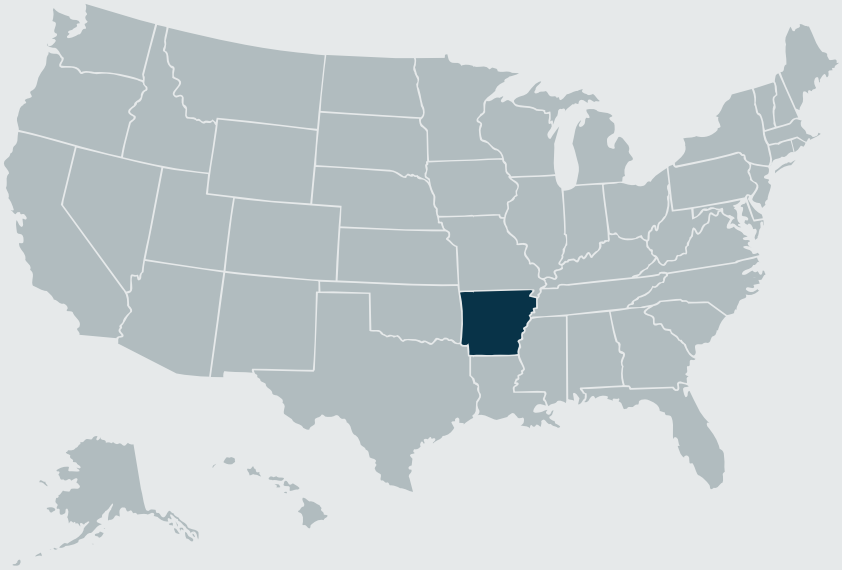
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Arkansas

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	36 minutes	55 minutes	48 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	N/A	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

California

Data does not include Los Angeles County (LAC); see separate fact sheet for LAC specific data.

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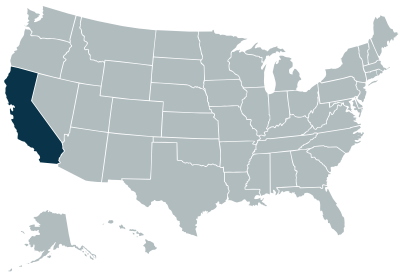

Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	16 reference labs	19 reference labs	19 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	22 out of 22 tests	35 out of 38 tests	47 out of 51 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not pass Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	210 25% (target: 90%)	234 91% (target: 90%)	127 59% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	24 25% (target: 90%)	16 88% (target: 90%)	26 88% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	10 total methods 6 core 4 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Did not pass
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Sep: 13 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	14 minutes	6 minutes	10 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
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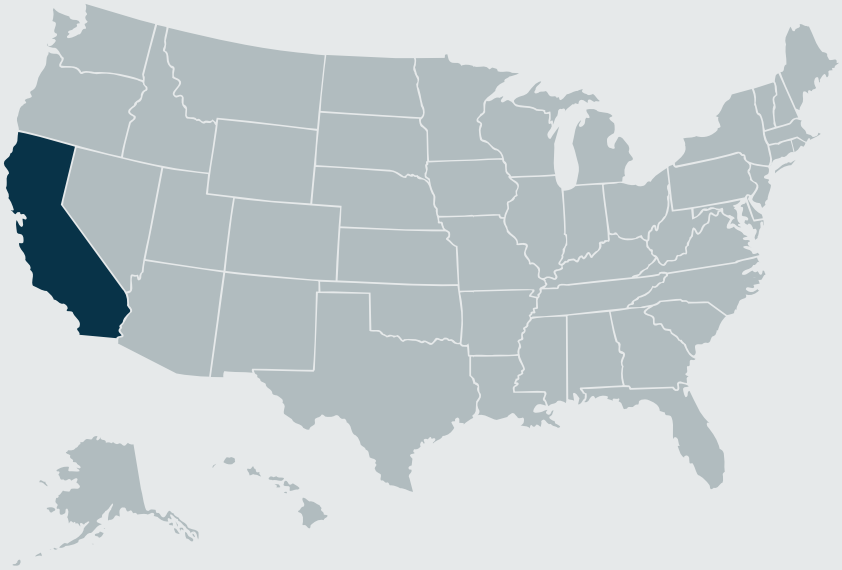
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

California

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	25 minutes	20 minutes	6 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

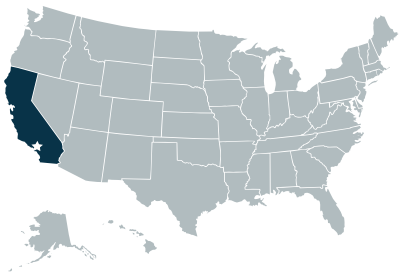
[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Los Angeles County

See separate fact sheet for California state data.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which locality performed tests • Test results submitted to PulseNet database within 4 working days	31 68% (target: 90%)	15 73% (target: 90%)	34 79% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which locality performed tests • Test results submitted to PulseNet database within 4 working days	24 75% (target: 90%)	19 53% (target: 90%)	26 77% (target: 90%)

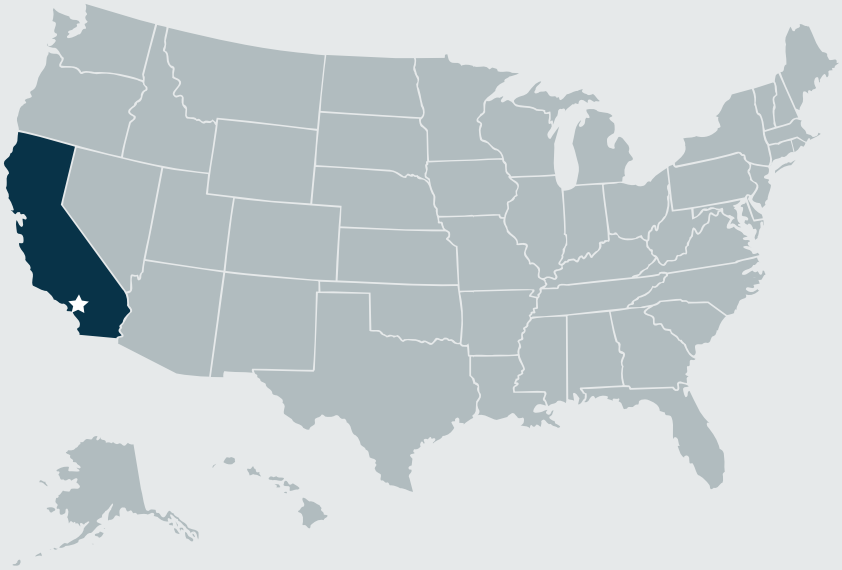
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	4 total methods 4 core 0 additional	7 total methods 7 core 0 additional	9 total methods 9 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: not eligible	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Los Angeles County

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	150 minutes	15 minutes	49 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the locality's best demonstration for each data point. Localities may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

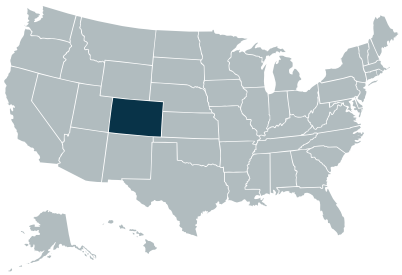


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Colorado

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	6 reference labs	6 reference labs	6 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	4 out of 5 tests	9 out of 9 tests	5 out of 7 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not pass Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	147 86% (target: 90%)	57 100% (target: 90%)	40 95% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	11 82% (target: 90%)	10 100% (target: 90%)	7 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	3 total methods 3 core 0 additional	8 total methods 8 core 0 additional	8 total methods 8 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 10 out of 14 agents Oct: not eligible	Sep: 14 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
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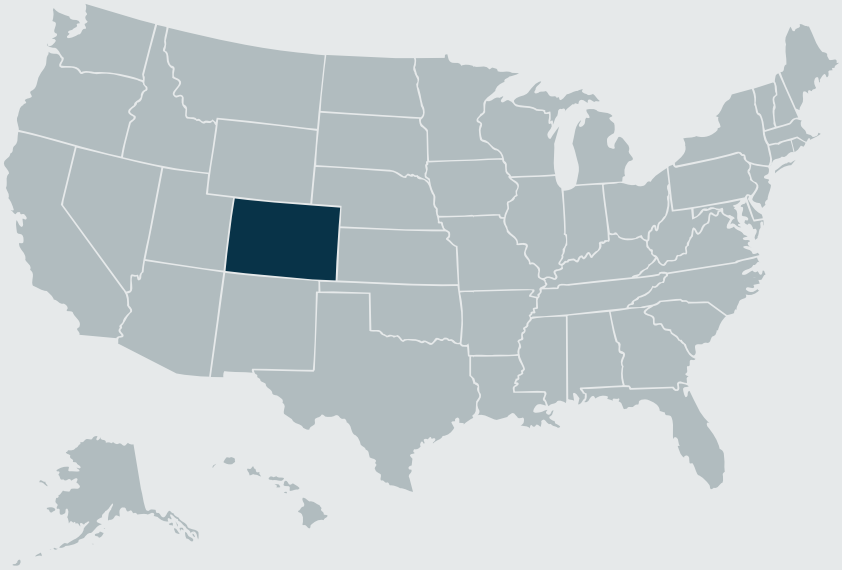
Colorado

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	8 minutes	15 minutes	10 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

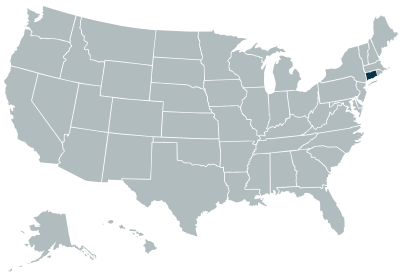


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Connecticut

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	2 out of 2 tests	3 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	37 92% (target: 90%)	32 100% (target: 90%)	27 96% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	21 86% (target: 90%)	37 97% (target: 90%)	17 94% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	7 total methods 7 core 0 additional	8 total methods 8 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 13 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	17 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
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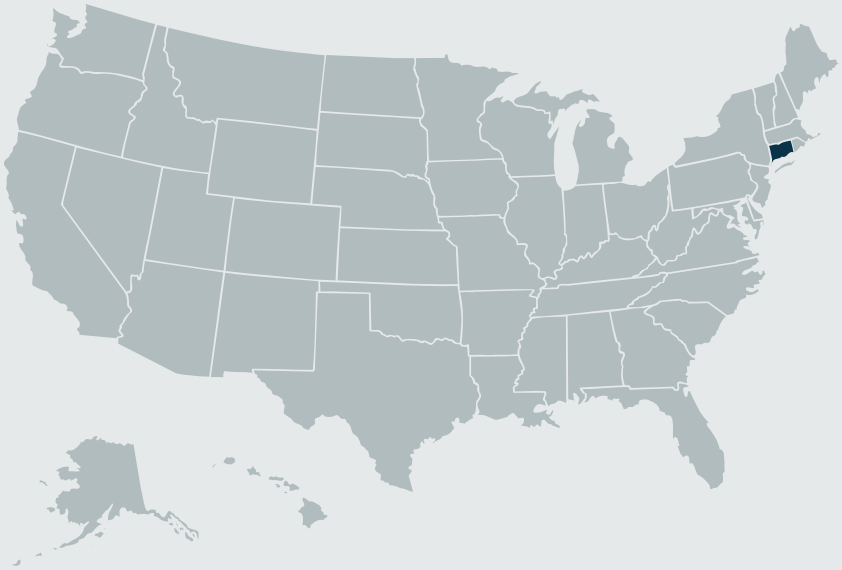
Connecticut

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	35 minutes	15 minutes	70 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

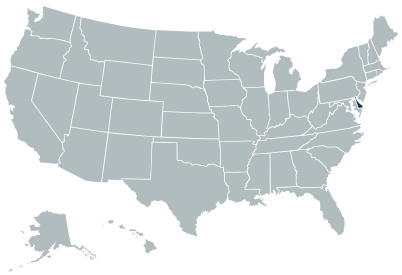


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Delaware

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	4 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	4 100% (target: 90%)	6 100% (target: 90%)	3 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	5 total methods 5 core 0 additional	7 total methods 7 core 0 additional	9 total methods 9 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: not eligible	Sep: 14 out of 17 agents	Jul: did not participate*
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

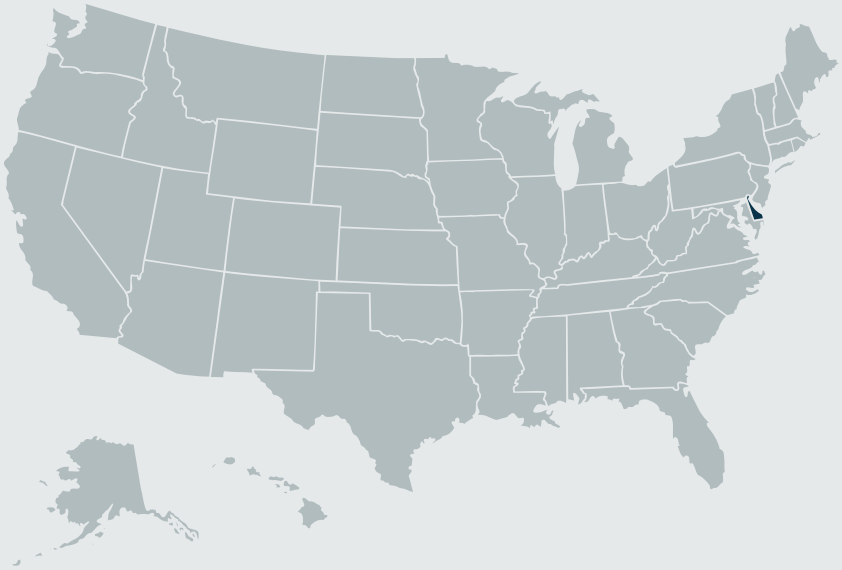
*Instrument not operational on date of exercise.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Delaware

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	139 minutes	38 minutes	44 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



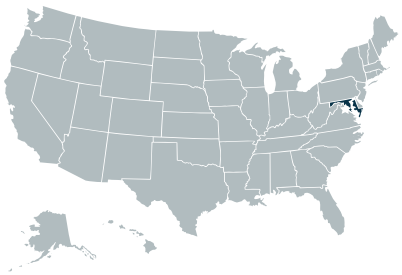
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

District of Columbia

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	1 out of 1 test	1 out of 1 test
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not participate Jun: did not pass	Jun: did not participate Aug: did not participate
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which locality performed tests • Test results submitted to PulseNet database within 4 working days	5 80% (target: 90%)	4 100% (target: 90%)	— N/A
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which locality performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	2 100% (target: 90%)

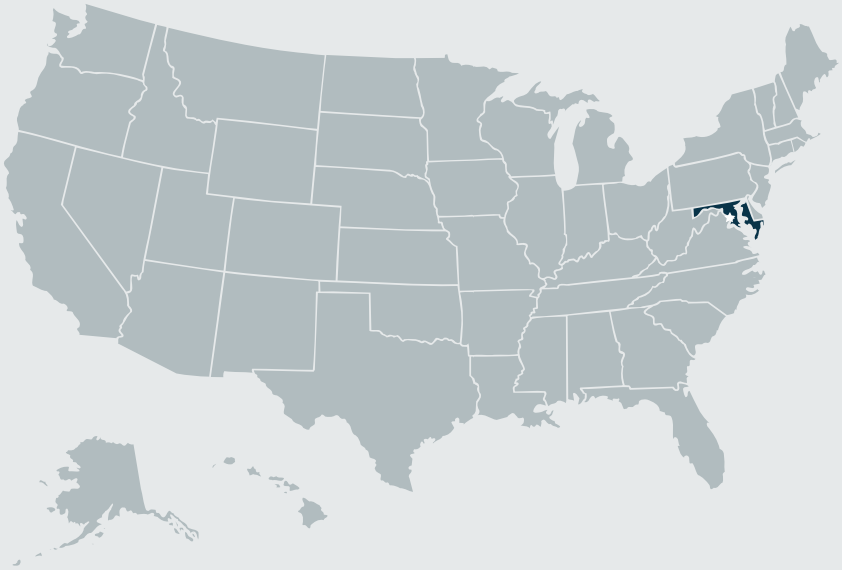
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	N/A	1 total method 1 core 0 additional	1 total method 1 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Did not participate	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 5 out of 14 agents Oct: not eligible	Sep: 13 out of 17 agents	Jul: not eligible
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

District of Columbia

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	30 minutes	48 minutes	30 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the locality's best demonstration for each data point. Localities may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

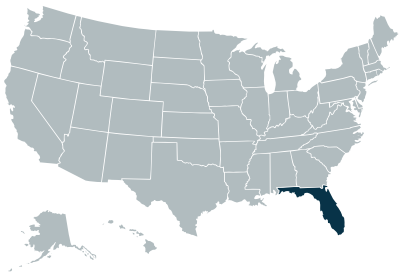


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Florida

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	5 reference labs	5 reference labs	5 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	12 out of 12 tests	15 out of 16 tests	15 out of 17 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	25 68% (target: 90%)	7 71% (target: 90%)	24 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab One Level 3 lab	One Level 1 lab Two Level 3 labs	One Level 1 lab One Level 3 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	10 total methods 6 core 4 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Level 1 lab: passed; Level 3 lab: did not participate	Level 1 lab: did not participate; Level 3 labs: both passed	Level 1 lab: did not participate; Level 3 lab: passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 15 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	15 minutes	5 minutes	10 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
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[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
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[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Florida

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	36 minutes	No reportable time	53 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

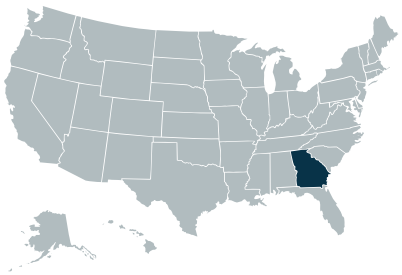
The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Georgia

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	6 reference labs 1 national lab	6 reference labs 1 national lab	6 reference labs 1 national lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 4 tests	6 out of 7 tests	8 out of 10 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not participate Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	25 48% (target: 90%)	12 92% (target: 90%)	32 88% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	31 52% (target: 90%)	27 85% (target: 90%)	17 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	9 total methods 8 core 1 additional	9 total methods 9 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 14 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	17 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
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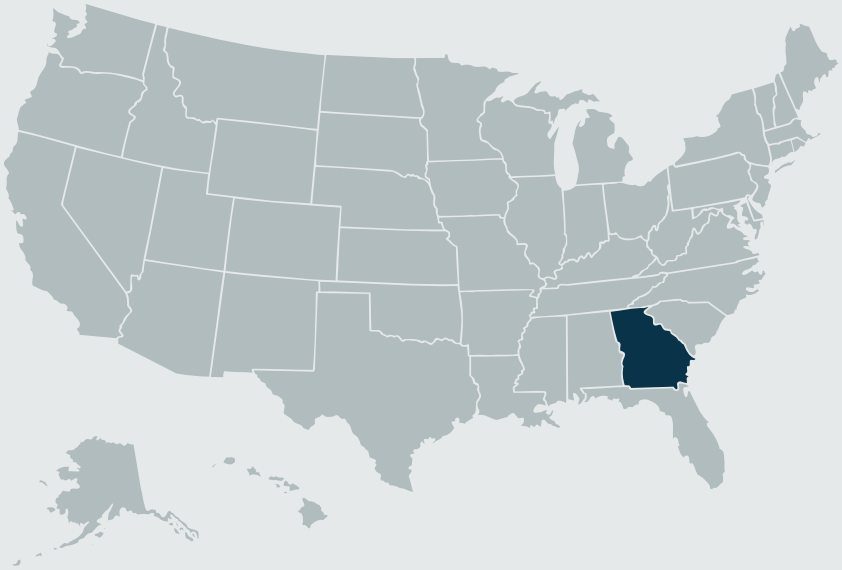
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Georgia

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	No reportable time	23 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	No	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

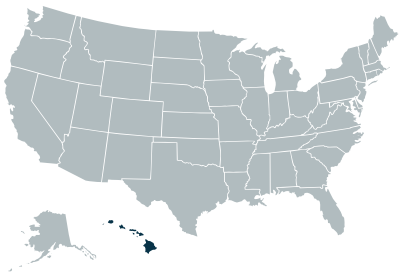


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	No	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Hawaii

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	4 out of 4 tests	5 out of 5 tests	6 out of 6 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	6 83% (target: 90%)	28 96% (target: 90%)	16 88% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	3 100% (target: 90%)	3 100% (target: 90%)	11 91% (target: 90%)

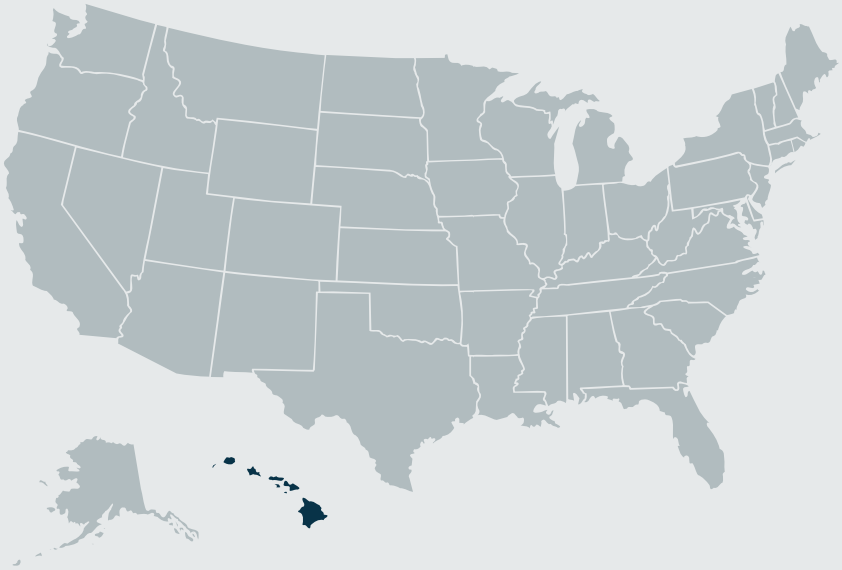
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	7 total methods 7 core 0 additional	8 total methods 8 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 12 out of 14 agents Oct: not eligible	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	14 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Hawaii

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	72 minutes	53 minutes	221 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

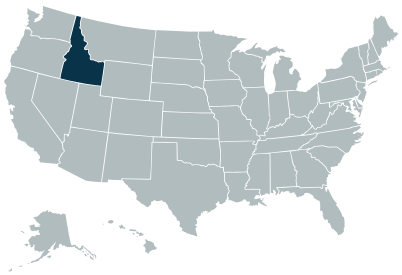


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Idaho

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	3 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	48 85% (target: 90%)	24 79% (target: 90%)	38 89% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

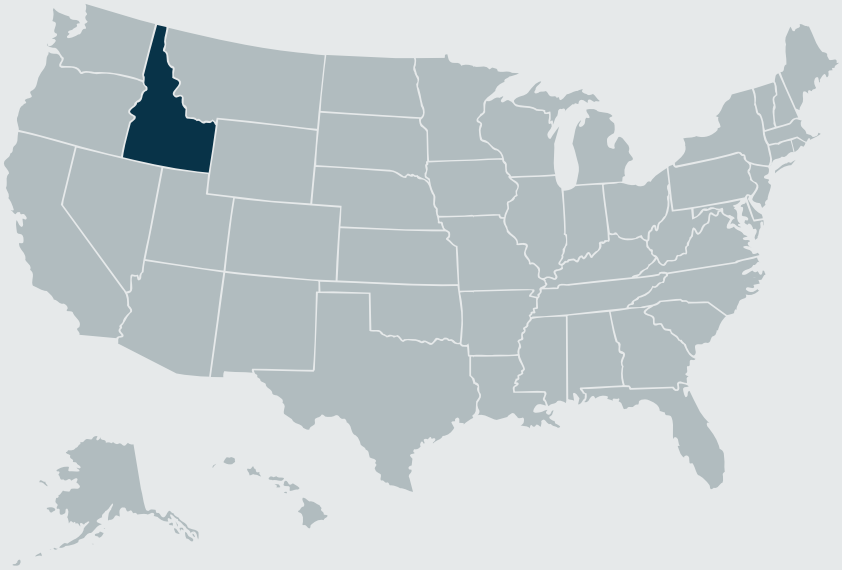
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	10 total methods 8 core 2 additional	10 total methods 9 core 1 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 15 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Idaho

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	11 minutes	15 minutes	5 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

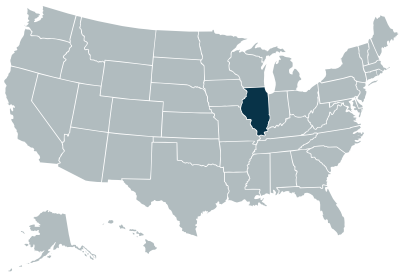


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Illinois

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	3 reference labs	4 reference labs	4 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	5 out of 5 tests	7 out of 7 tests	10 out of 12 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: both passed	Apr: 1 did not participate, 1 passed Jun: both passed	Jun: both passed Aug: both passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	141 93% (target: 90%)	76 96% (target: 90%)	123 98% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	35 80% (target: 90%)	25 84% (target: 90%)	32 88% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab Two Level 3 labs	Three Level 3 labs*	Three Level 3 labs
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	N/A	N/A
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Level 2 lab: did not pass; Level 3 labs: 1 passed, 1 did not participate	Level 3 labs: all passed	Level 3 labs: all passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: not eligible	N/A	N/A
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	N/A

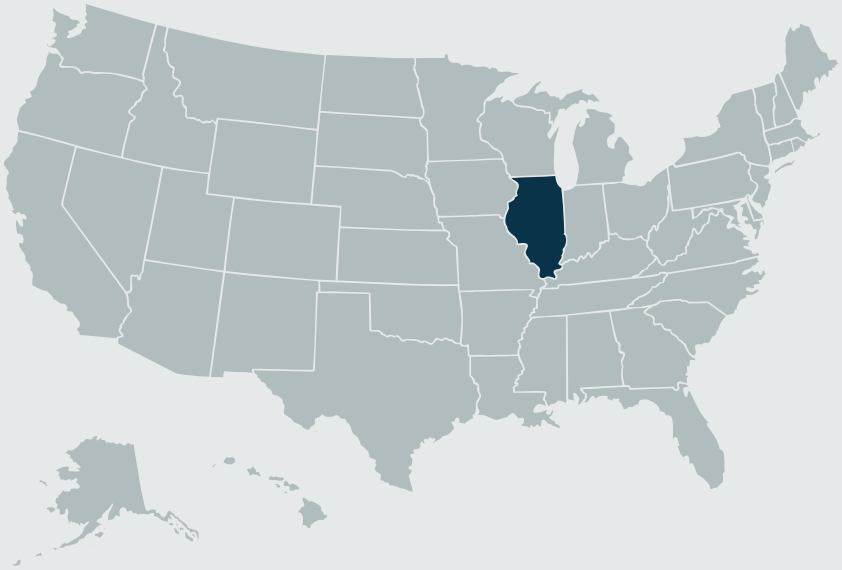
*Illinois downgraded its Level 2 lab to a Level 3 lab on 9/9/10 due to funding issues.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Illinois

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	177 minutes	53 minutes	25 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



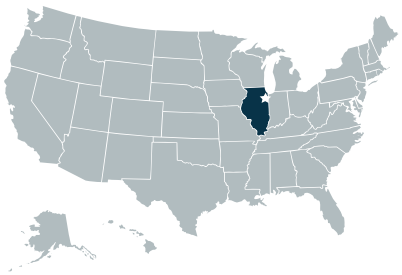
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Chicago

See separate fact sheet for Illinois state data.

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.		
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	—	—	—
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	—	—	—
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	—	—	—
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	—	—	—

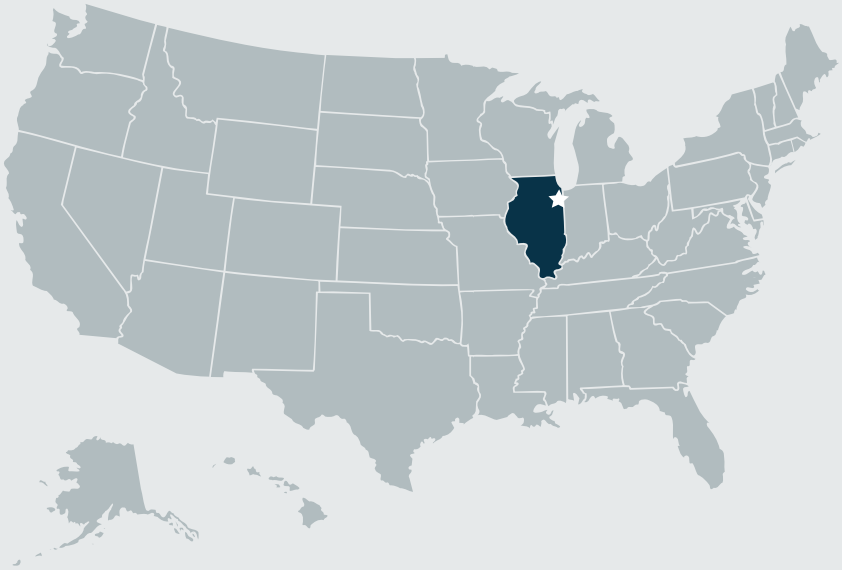
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.		
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	—	—	—
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	—	—	—
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	—	—	—
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	—	—	—

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Chicago

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	120 minutes	60 minutes	61 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the locality's best demonstration for each data point. Localities may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

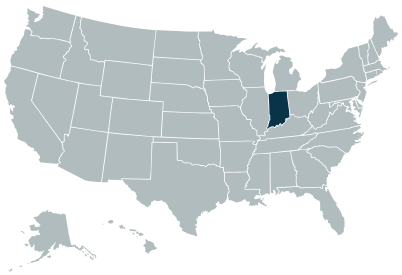


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Indiana

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	81 93% (target: 90%)	44 100% (target: 90%)	54 98% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	7 86% (target: 90%)	12 100% (target: 90%)	9 89% (target: 90%)

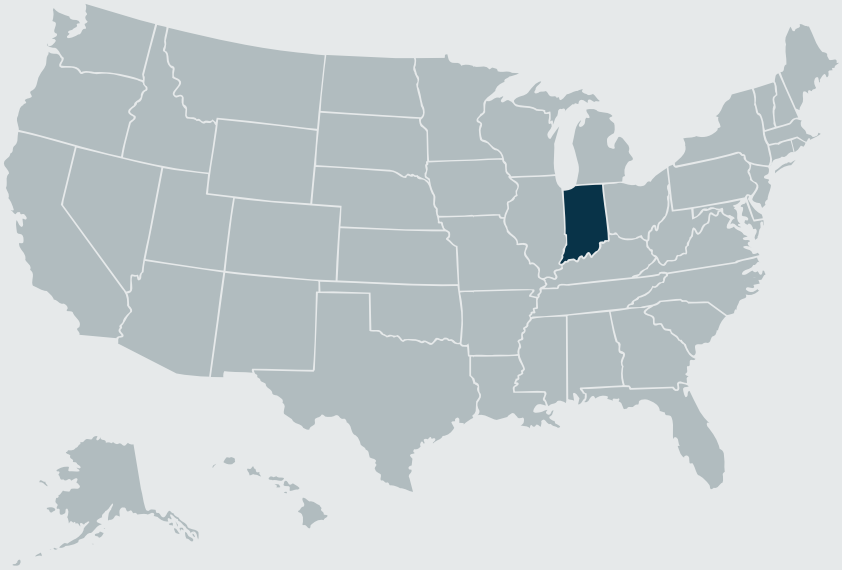
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	10 total methods 8 core 2 additional	10 total methods 9 core 1 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Indiana

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	90 minutes	16 minutes	23 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

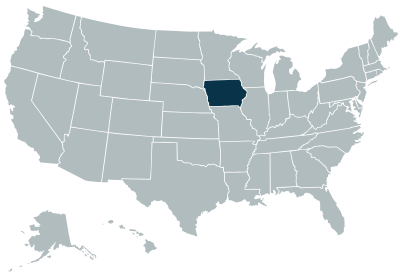


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Iowa

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	3 reference labs	3 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	4 out of 4 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	86 28% (target: 90%)	77 77% (target: 90%)	95 60% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab*	One Level 2 lab*	One Level 2 lab*
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	10 total methods 8 core 2 additional	10 total methods 9 core 1 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 15 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

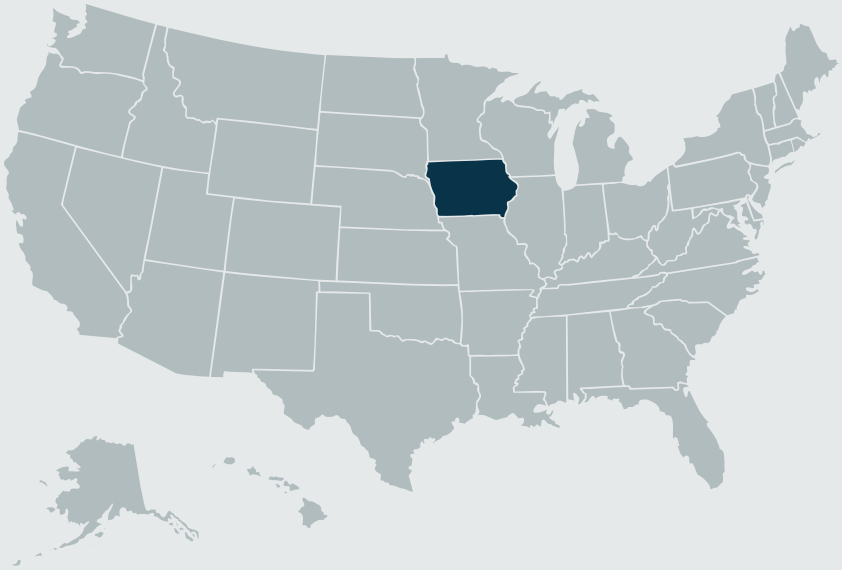
*Iowa has two labs with different capabilities that together represent the state's full capabilities.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Iowa

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	5 minutes	21 minutes	55 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

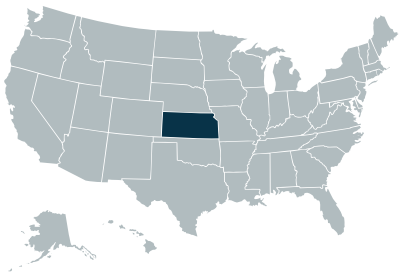


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Kansas

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	1 out of 2 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	27 67% (target: 90%)	8 38% (target: 90%)	20 95% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	7 total methods 7 core 0 additional	7 total methods 7 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Did not pass	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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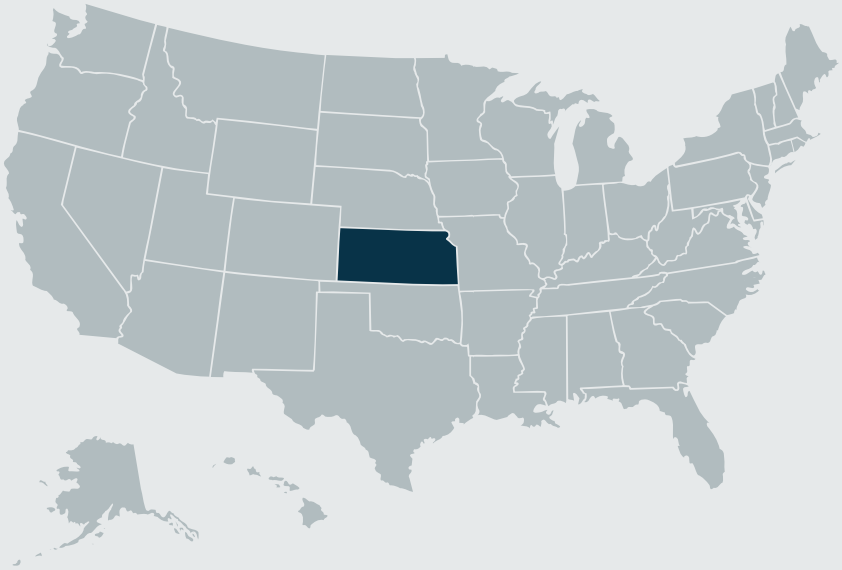
Kansas

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	76 minutes	34 minutes	56 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

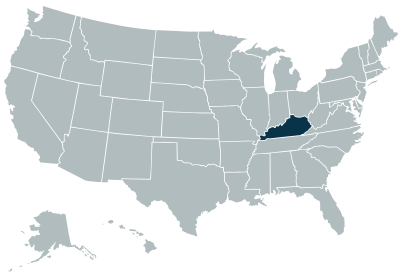


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Kentucky

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	3 out of 4 tests	6 out of 6 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not participate Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	64 94% (target: 90%)	40 100% (target: 90%)	38 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	2 100% (target: 90%)	3 100% (target: 90%)	4 100% (target: 90%)

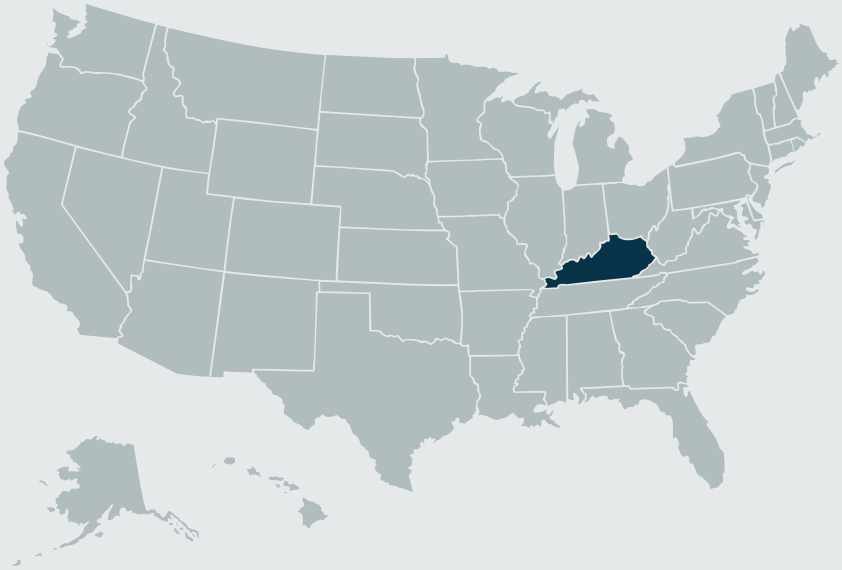
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 3 lab	One Level 3 lab	One Level 3 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	N/A	N/A	N/A
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	N/A	N/A	N/A
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Kentucky

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	66 minutes	43 minutes	14 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

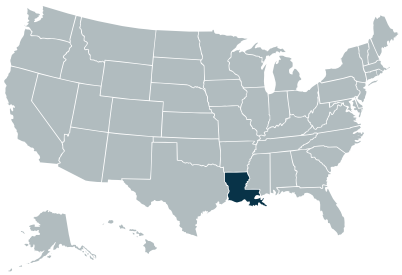


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Louisiana

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	3 out of 3 tests	3 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not participate Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	7 100% (target: 90%)	3 100% (target: 90%)	5 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	Working towards PulseNet certification	10 100% (target: 90%)	4 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	4 total methods 4 core 0 additional	7 total methods 7 core 0 additional	7 total methods 7 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 12 out of 14 agents Oct: not eligible	Sep: 16 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Did not volunteer*

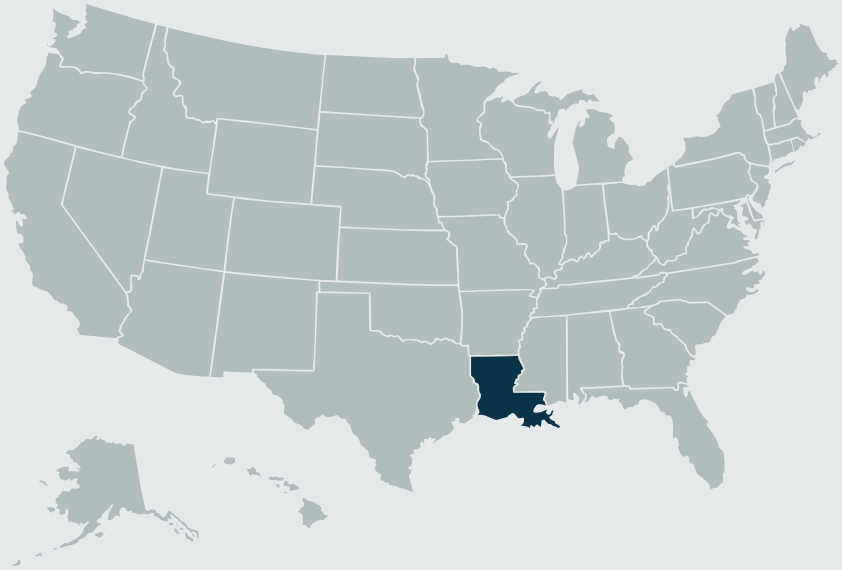
*Engaged in continued environmental monitoring in response to Deepwater Horizon oil spill.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Louisiana

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	5 minutes	49 minutes	25 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

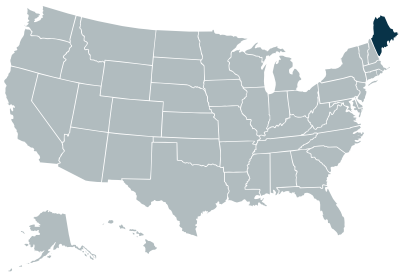


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Maine

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	3 out of 3 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not participate Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	15 60% (target: 90%)	15 100% (target: 90%)	11 82% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 5 core 1 additional	8 total methods 7 core 1 additional	9 total methods 8 core 1 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 14 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
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[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
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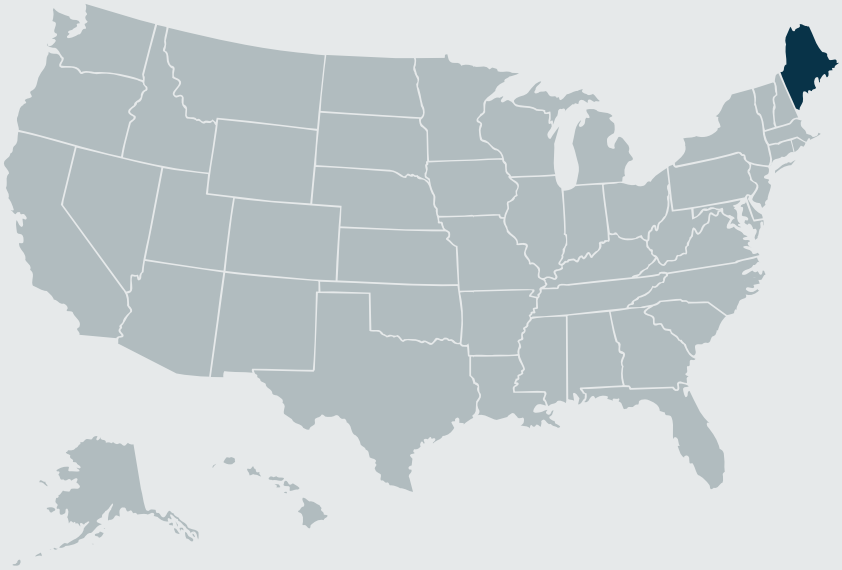
Maine

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	120 minutes	No reportable time	26 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	N/A	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Maryland

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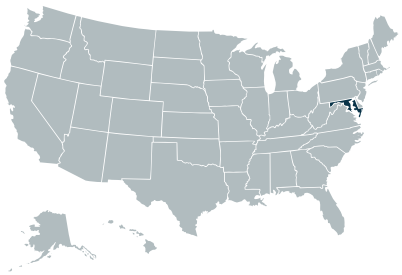

Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	3 reference labs 2 national labs	5 reference labs 2 national labs	4 reference labs 2 national labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	6 out of 6 tests	14 out of 14 tests	14 out of 15 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	26 100% (target: 90%)	20 100% (target: 90%)	23 91% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	12 100% (target: 90%)	16 94% (target: 90%)	13 92% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	7 total methods 6 core 1 additional	8 total methods 8 core 0 additional	9 total methods 9 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 11 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

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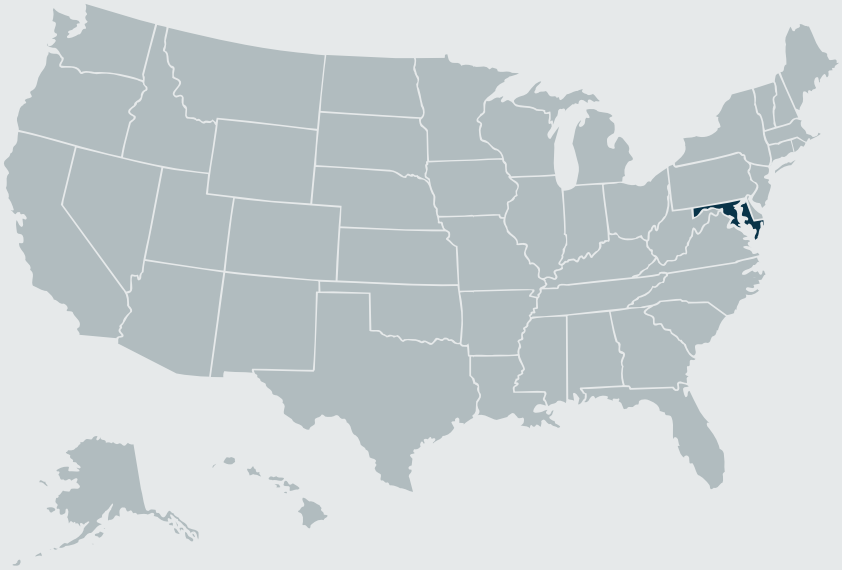
Maryland

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	30 minutes	16 minutes	18 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

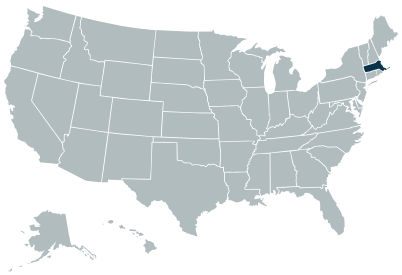


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Massachusetts

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	4 out of 4 tests	6 out of 6 tests	8 out of 8 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	71 92% (target: 90%)	73 96% (target: 90%)	42 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	31 65% (target: 90%)	35 77% (target: 90%)	20 85% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	9 total methods 6 core 3 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 14 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	15 minutes*	10 minutes	4 minutes

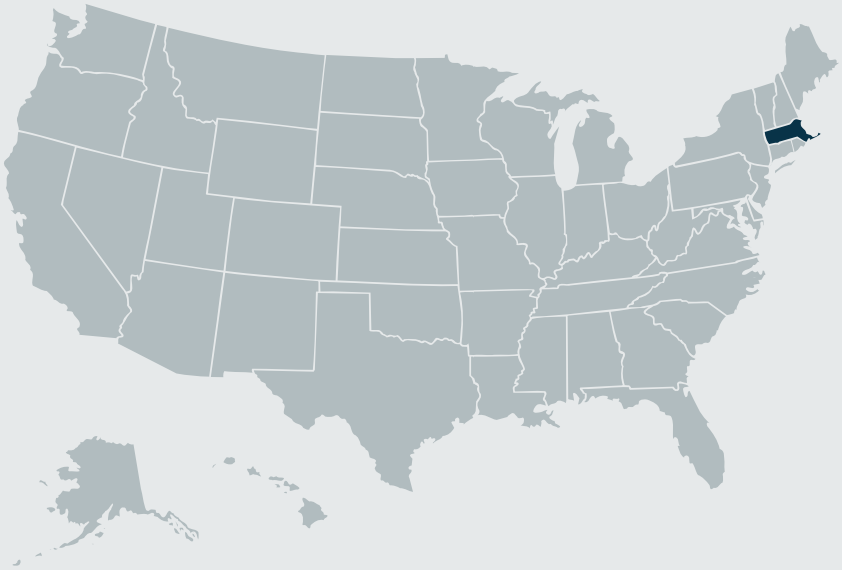
*Massachusetts experienced issues with CDC's reporting system, which impacted this result.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Massachusetts

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	10 minutes	9 minutes	22 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

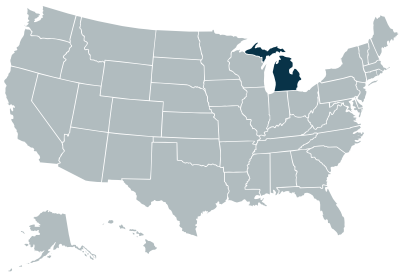


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Michigan

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	9 reference labs	9 reference labs	7 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	5 out of 5 tests	8 out of 9 tests	7 out of 9 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	114 100% (target: 90%)	41 100% (target: 90%)	36 97% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	22 100% (target: 90%)	36 100% (target: 90%)	55 96% (target: 90%)

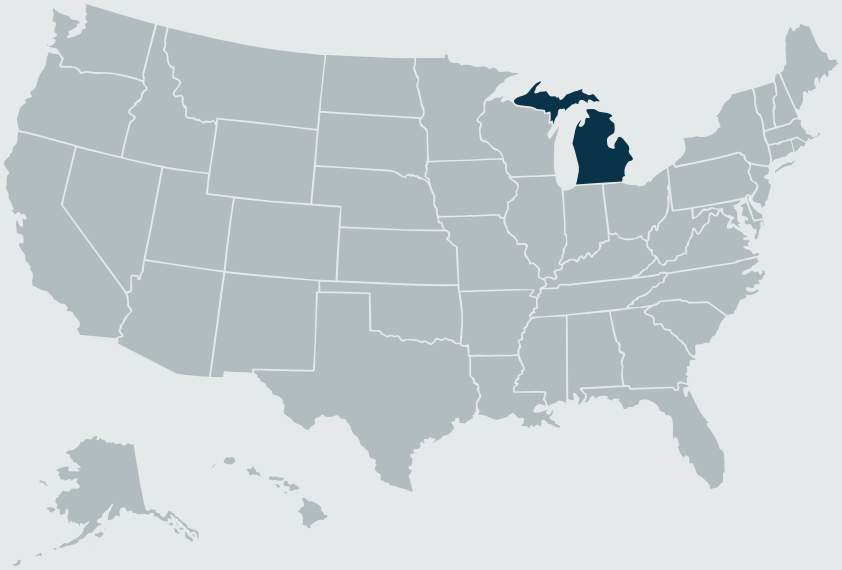
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	10 total methods 6 core 4 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	9 minutes	7 minutes	2 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Michigan

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	90 minutes	50 minutes	41 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

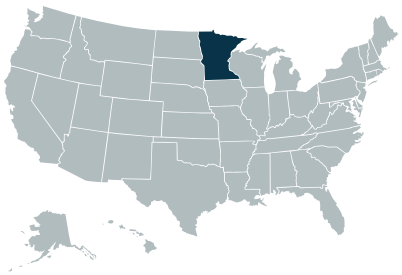


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Minnesota

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	135 100% (target: 90%)	218 100% (target: 90%)	191 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	41 100% (target: 90%)	113 100% (target: 90%)	32 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	9 total methods 6 core 3 additional	12 total methods 8 core 4 additional	12 total methods 9 core 3 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 16 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	9 minutes	9 minutes	2 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
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[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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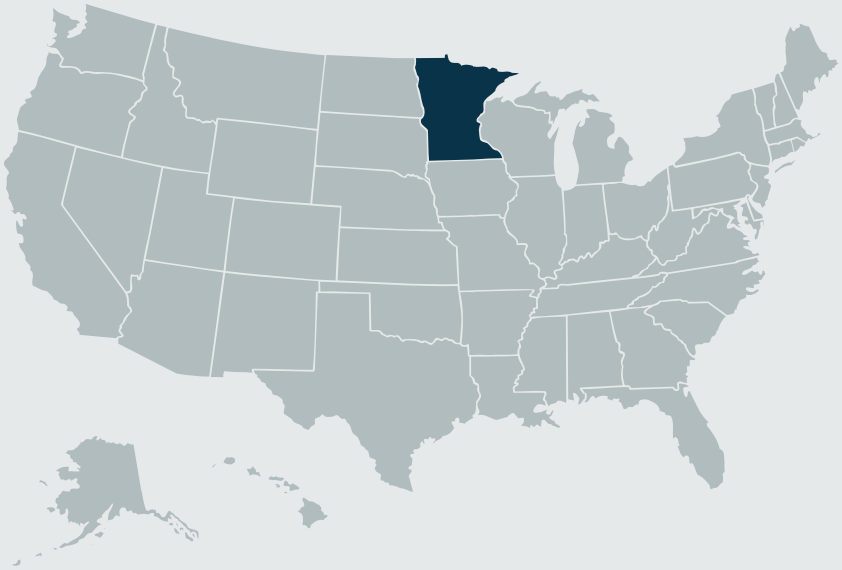
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Minnesota

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	9 minutes	51 minutes	45 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

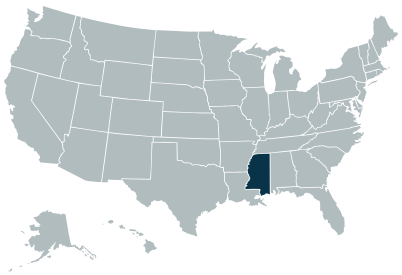


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Mississippi

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	6 100% (target: 90%)	10 100% (target: 90%)	16 94% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	10 total methods 8 core 2 additional	10 total methods 9 core 1 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 11 out of 14 agents Oct: 1 out of 1 agent	Sep: 16 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
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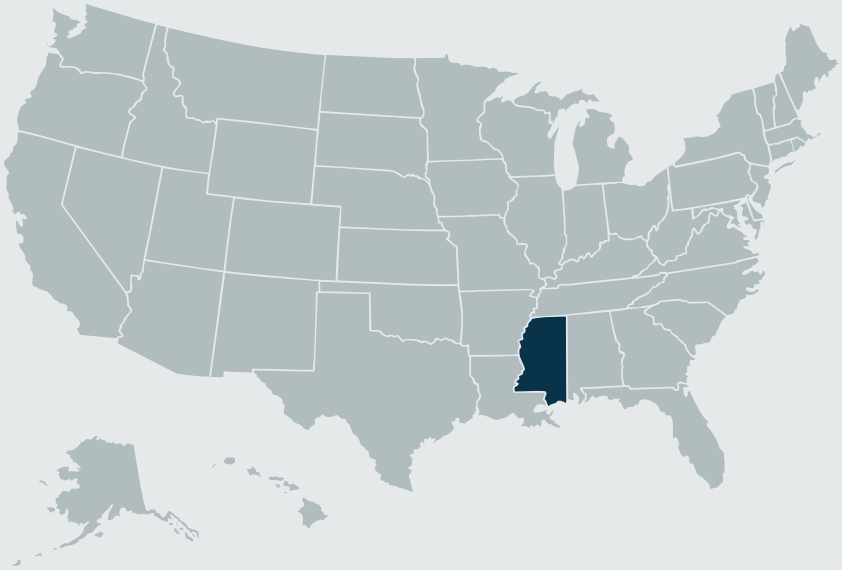
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Mississippi

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	42 minutes	7 minutes	11 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

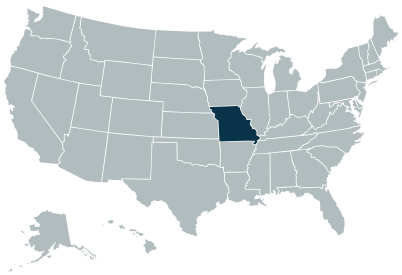


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Missouri

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	2 out of 2 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not participate Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	58 93% (target: 90%)	89 96% (target: 90%)	99 99% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

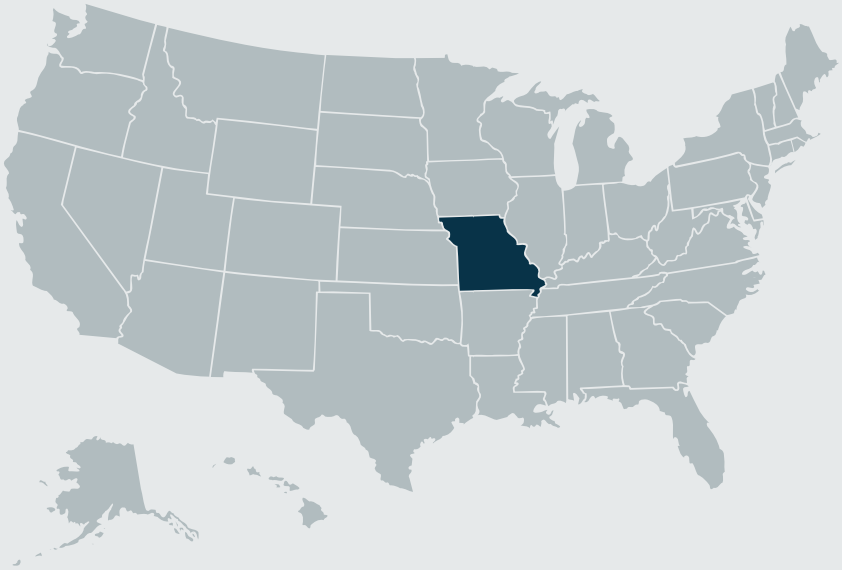
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	11 total methods 8 core 3 additional	11 total methods 9 core 2 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	6 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Missouri

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	1140 minutes	8 minutes	39 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	N/A	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

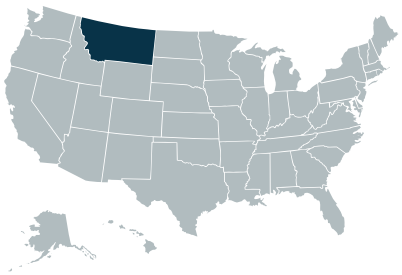


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Montana

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	4 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	19 68% (target: 90%)	26 42% (target: 90%)	6 33% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

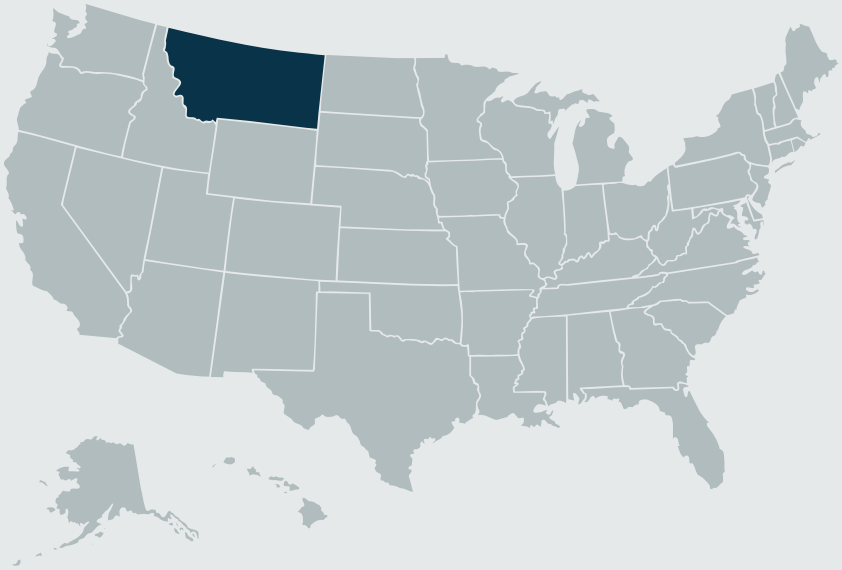
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	7 total methods 7 core 0 additional	6 total methods 6 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 16 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Montana

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	7 minutes	35 minutes	16 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	No
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

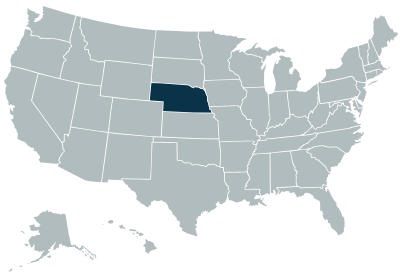


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Nebraska

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	2 out of 3 tests	3 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	44 70% (target: 90%)	29 48% (target: 90%)	48 90% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	8 total methods 8 core 0 additional	8 total methods 8 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Sep: 14 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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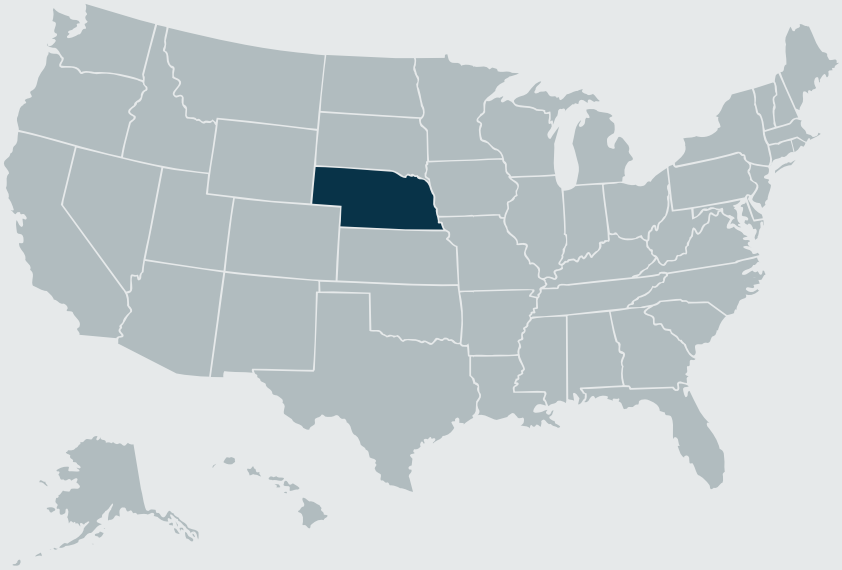
Nebraska

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	No reportable time	45 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Nevada

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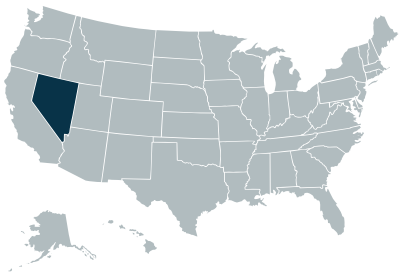


Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	5 out of 5 tests	7 out of 8 tests	9 out of 9 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	11 100% (target: 90%)	9 100% (target: 90%)	— N/A
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	2 100% (target: 90%)	2 100% (target: 90%)	— N/A

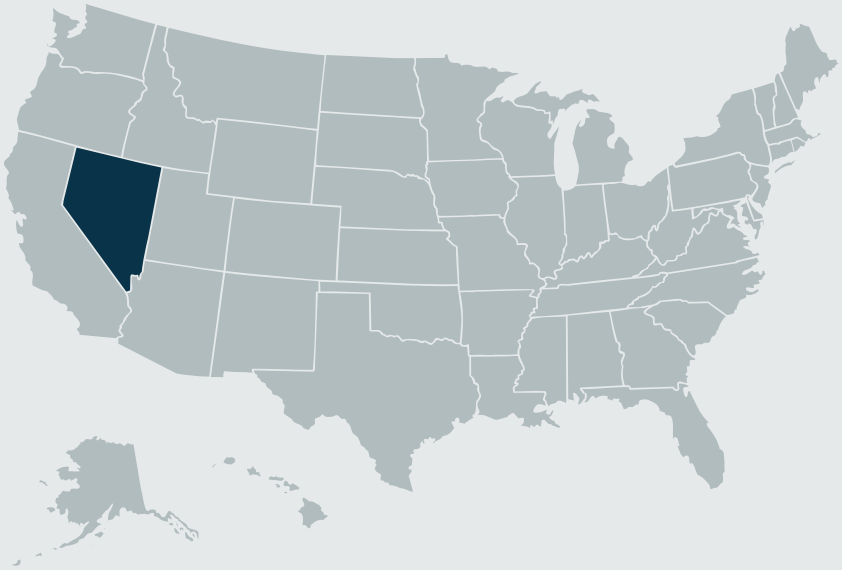
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	7 total methods 6 core 1 additional	10 total methods 8 core 2 additional	11 total methods 9 core 2 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 11 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	15 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Nevada

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	33 minutes	14 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	N/A	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



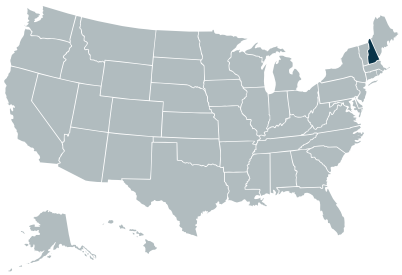
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

New Hampshire

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	20 90% (target: 90%)	22 100% (target: 90%)	6 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	10 90% (target: 90%)	4 100% (target: 90%)	3 100% (target: 90%)

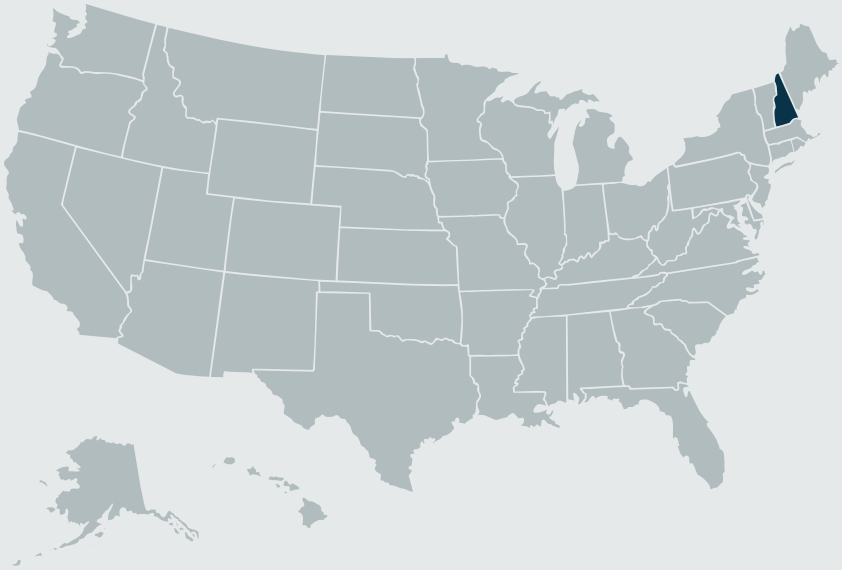
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	7 total methods 7 core 0 additional	7 total methods 7 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: not eligible	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

New Hampshire

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	53 minutes	46 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	N/A	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

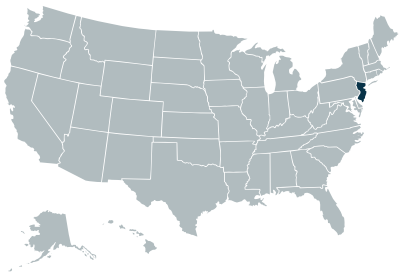


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

New Jersey

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	3 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	36 100% (target: 90%)	40 100% (target: 90%)	37 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	5 100% (target: 90%)	18 100% (target: 90%)

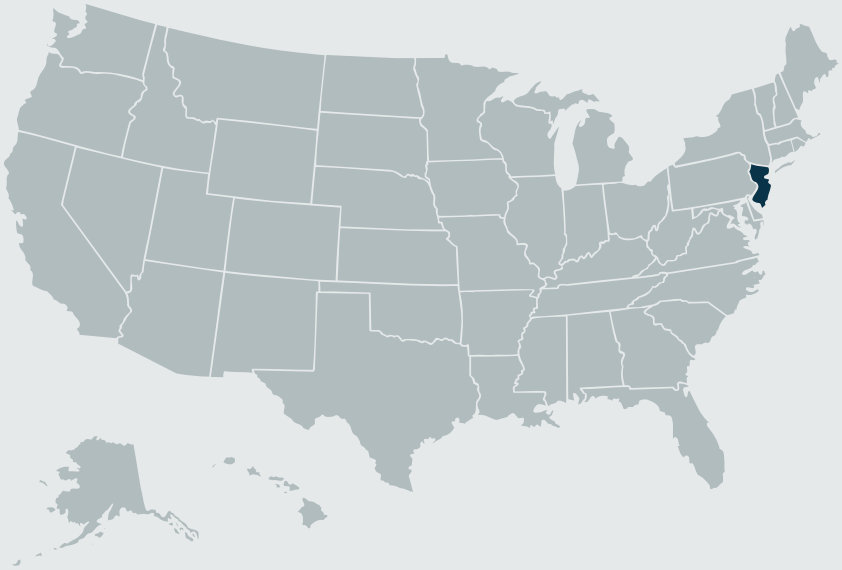
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	9 total methods 8 core 1 additional	6 total methods 6 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

New Jersey

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	20 minutes	58 minutes	32 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



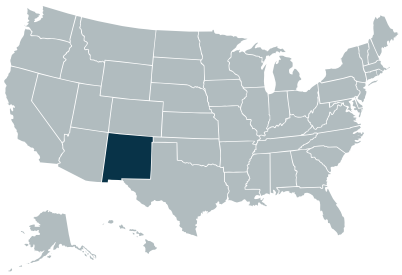
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

New Mexico

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	1 out of 2 tests	3 out of 3 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	10 90% (target: 90%)	5 100% (target: 90%)	9 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	10 total methods 6 core 4 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Sep: did not participate*	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	9 minutes	5 minutes	5 minutes

*Lab was moving.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
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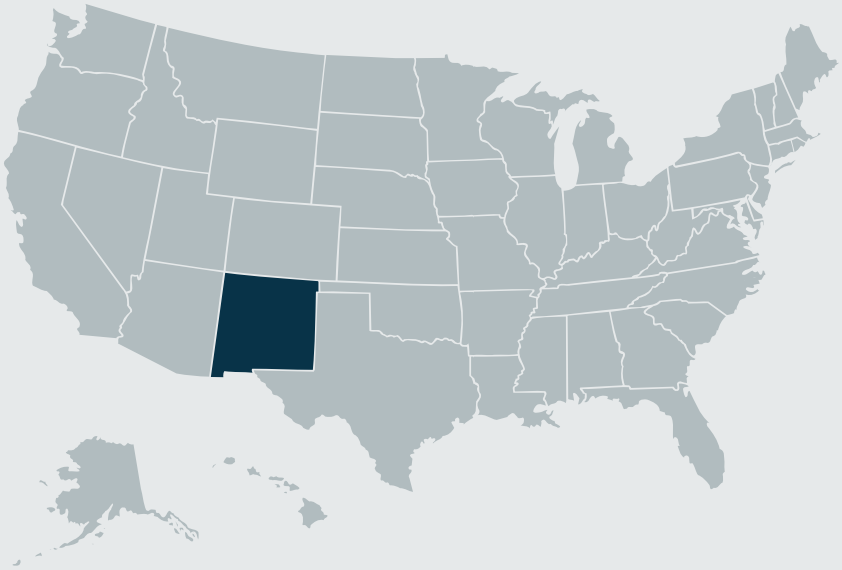
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

New Mexico

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	6 minutes	12 minutes	32 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

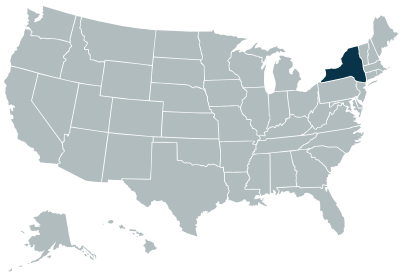
[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

New York

Data does not include New York City (NYC); see separate fact sheet for NYC specific data.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	4 reference labs	4 reference labs	4 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	5 out of 6 tests	7 out of 7 tests	12 out of 12 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	99 81% (target: 90%)	100 97% (target: 90%)	91 96% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	51 94% (target: 90%)	59 97% (target: 90%)	41 100% (target: 90%)

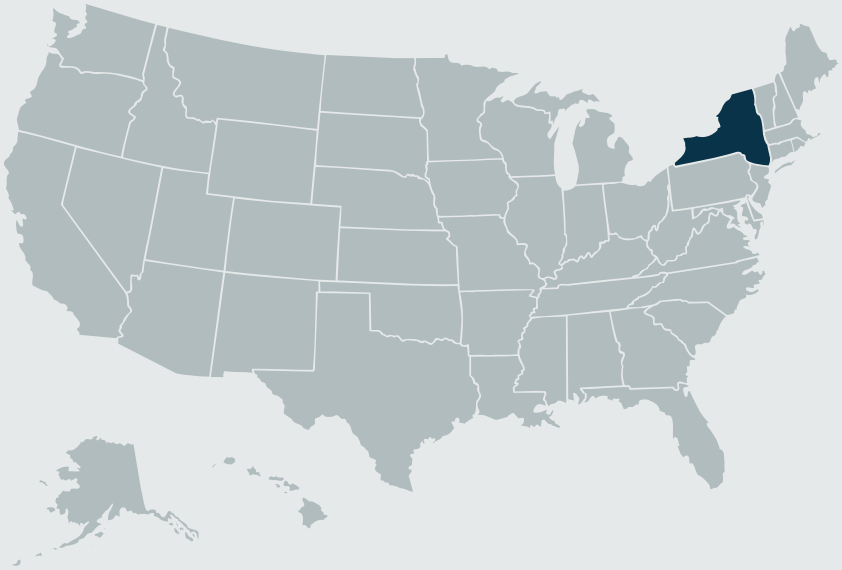
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	10 total methods 6 core 4 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	9 minutes	6 minutes	5 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

New York

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	89 minutes	24 minutes	72 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

New York City

See separate fact sheet for New York state data.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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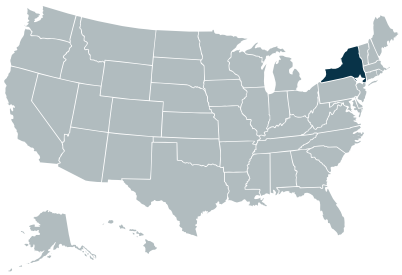

Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	4 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which locality performed tests • Test results submitted to PulseNet database within 4 working days	36 92% (target: 90%)	23 96% (target: 90%)	23 78% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which locality performed tests • Test results submitted to PulseNet database within 4 working days	36 81% (target: 90%)	53 77% (target: 90%)	26 69% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 3 lab	One Level 3 lab	One Level 3 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	N/A	N/A	N/A
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	N/A	N/A	N/A
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
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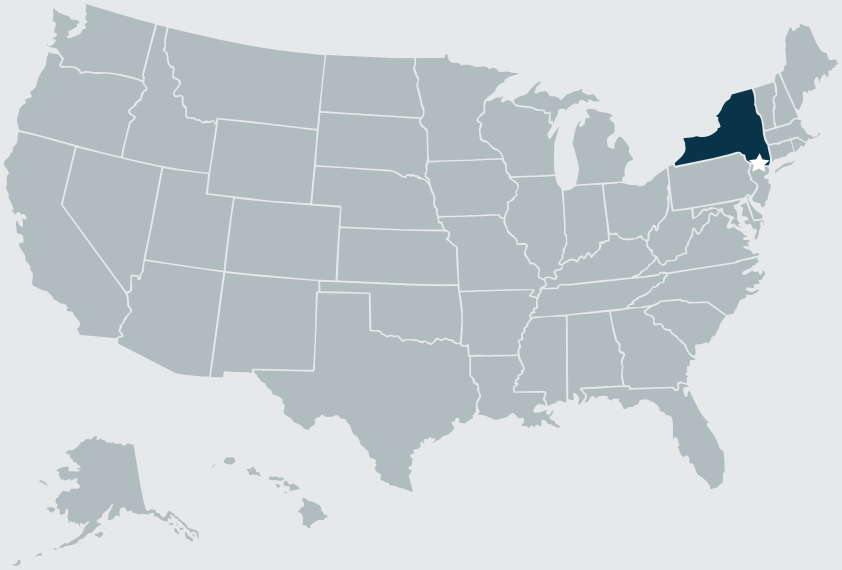
New York City

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	89 minutes	22 minutes	45 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the locality's best demonstration for each data point. Localities may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

North Carolina

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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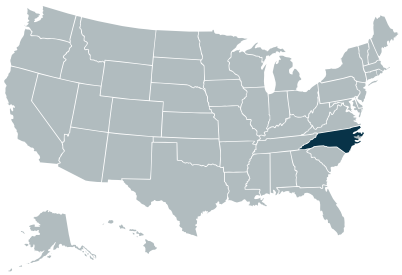

Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	4 reference labs	5 reference labs	5 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	4 out of 4 tests	12 out of 12 tests	12 out of 13 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	44 91% (target: 90%)	34 97% (target: 90%)	34 97% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	13 77% (target: 90%)	21 62% (target: 90%)	8 50% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	10 total methods 8 core 2 additional	10 total methods 9 core 1 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	4 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
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[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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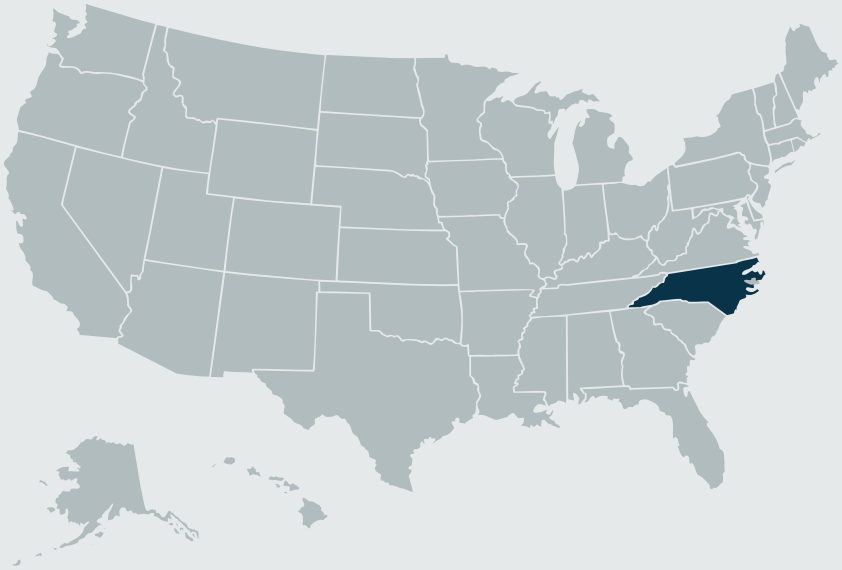
North Carolina

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	88 minutes	125 minutes	44 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

North Dakota

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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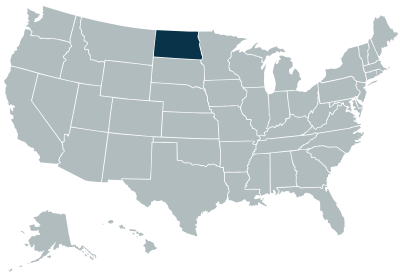


Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	6 83% (target: 90%)	5 100% (target: 90%)	8 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab*	One Level 2 lab*	One Level 2 lab*
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	3 total methods* 3 core 0 additional	3 total methods* 3 core 0 additional	3 total methods* 3 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: not eligible	Sep: 15 out of 17 agents	Jul: not eligible
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

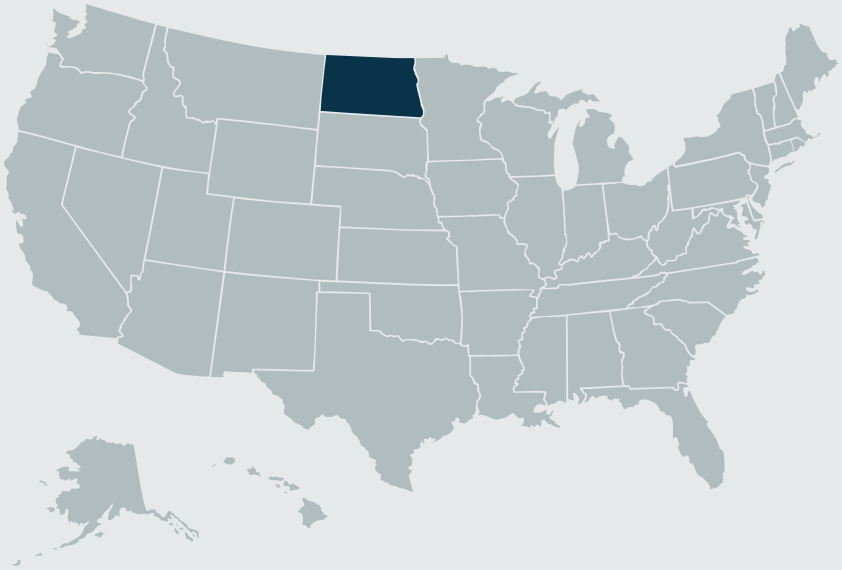
*State reported three core methods meet its preparedness needs.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

North Dakota

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	53 minutes	15 minutes	15 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

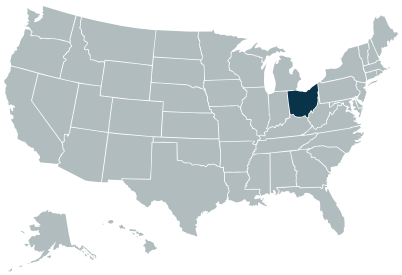


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Ohio

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	3 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	3 out of 3 tests	6 out of 6 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: did not pass	Apr: did not participate Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	127 91% (target: 90%)	85 99% (target: 90%)	79 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	29 97% (target: 90%)	34 100% (target: 90%)	53 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 3 lab	One Level 3 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	N/A	N/A	1 total method 1 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	N/A	N/A	Jul: not eligible
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Not eligible

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
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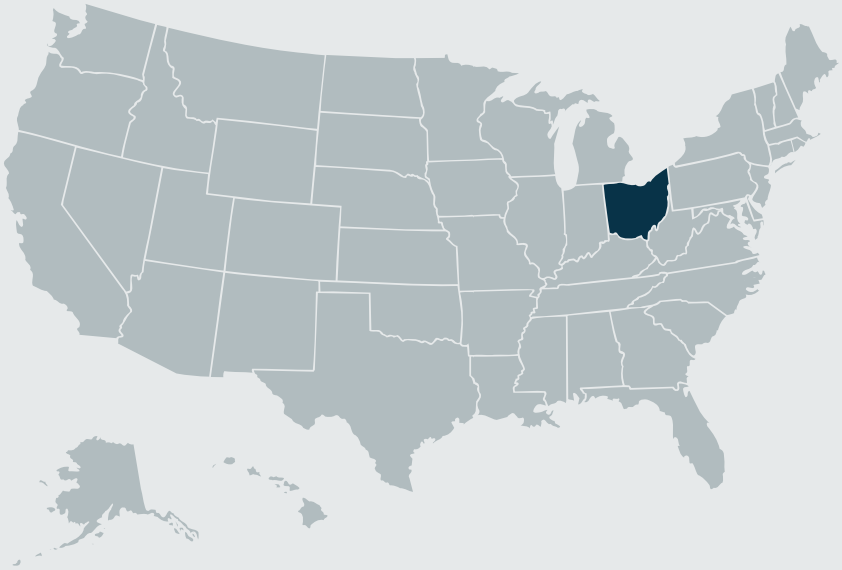
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Ohio

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	120 minutes	29 minutes	56 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



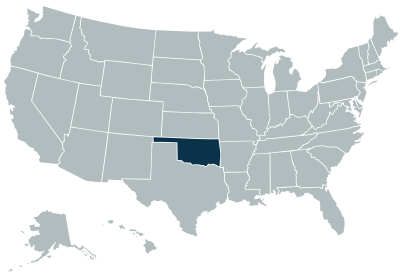
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Oklahoma

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 2 tests	3 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	25 96% (target: 90%)	31 100% (target: 90%)	43 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	8 100% (target: 90%)	5 100% (target: 90%)	7 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 3 lab	One Level 3 lab	One Level 3 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	N/A	N/A	N/A
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	N/A	N/A	N/A
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
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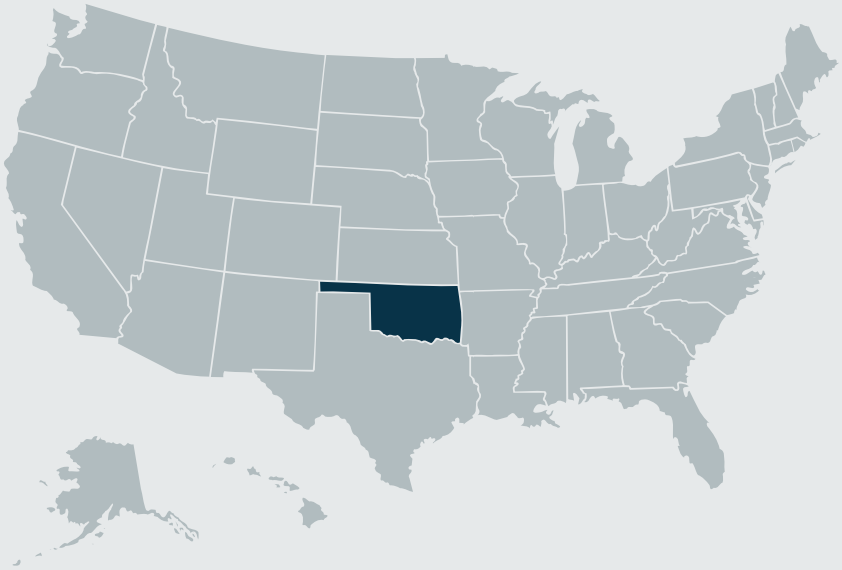
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Oklahoma

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	97 minutes	32 minutes	16 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

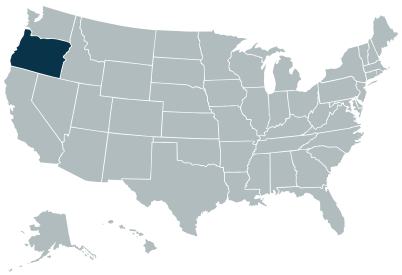


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Oregon

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	45 96% (target: 90%)	81 95% (target: 90%)	69 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 3 lab	One Level 3 lab	One Level 3 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	N/A	N/A	N/A
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	N/A	N/A	N/A
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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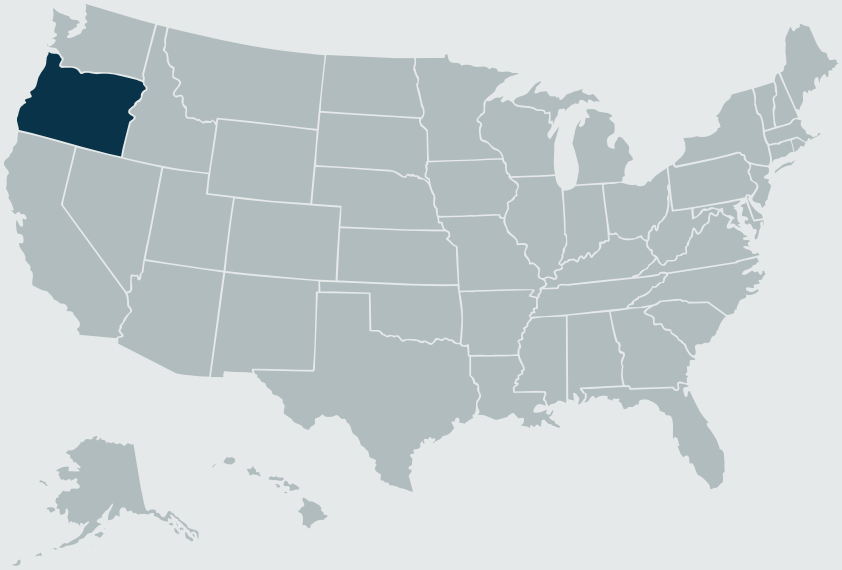
Oregon

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	No reportable time	49 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Pennsylvania

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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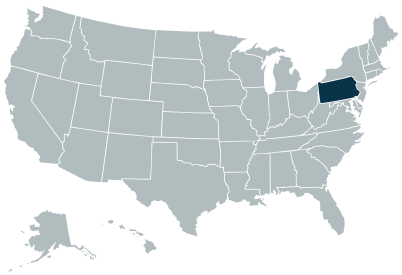


Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not pass Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	59 95% (target: 90%)	54 93% (target: 90%)	59 93% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	10 100% (target: 90%)	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	8 total methods 6 core 2 additional	11 total methods 8 core 3 additional	11 total methods 9 core 2 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 12 out of 14 agents Oct: 1 out of 1 agent	Sep: did not participate*	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

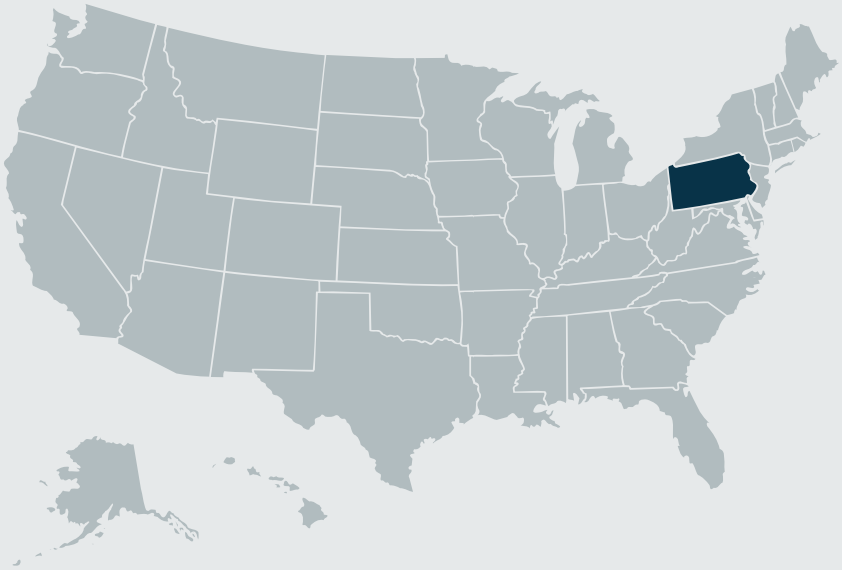
*Instrument not operational on date of exercise.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Pennsylvania

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	120 minutes	56 minutes	36 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

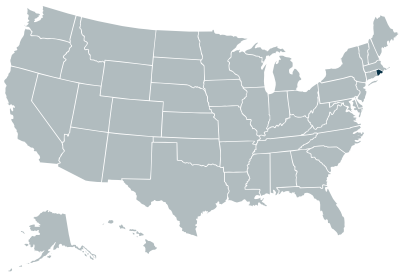


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Rhode Island

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	3 67% (target: 90%)	3 67% (target: 90%)	1 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

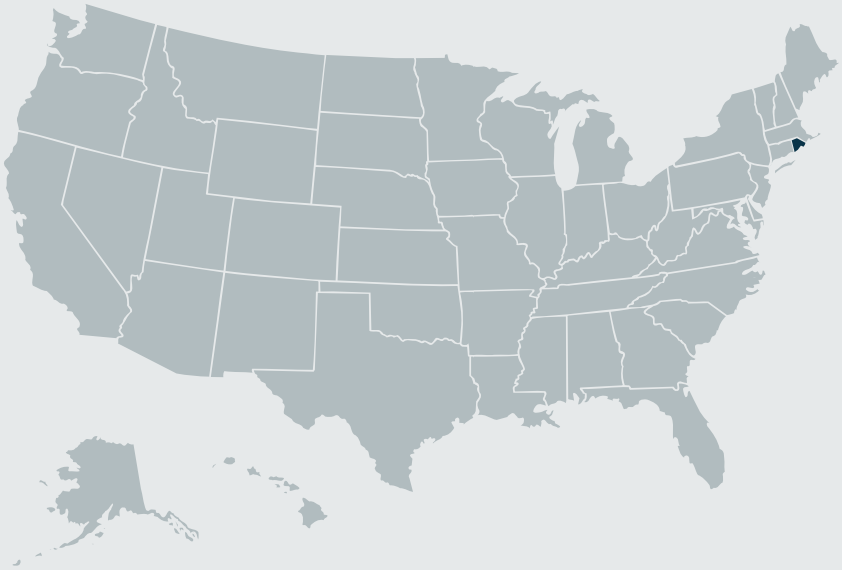
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	2 total methods 2 core 0 additional	3 total methods 3 core 0 additional	7 total methods 7 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 11 out of 14 agents Oct: not eligible	Sep: 16 out of 17 agents	Jul: 0 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Rhode Island

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	15 minutes	7 minutes	10 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



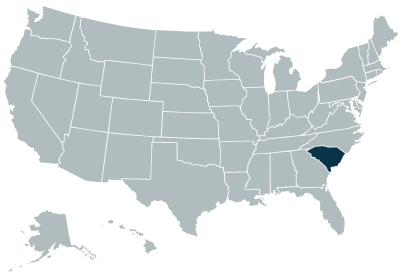
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

South Carolina

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	19 95% (target: 90%)	6 100% (target: 90%)	16 56% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	13 100% (target: 90%)	6 100% (target: 90%)	6 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	10 total methods 6 core 4 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Did not pass	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	12 minutes	10 minutes	9 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
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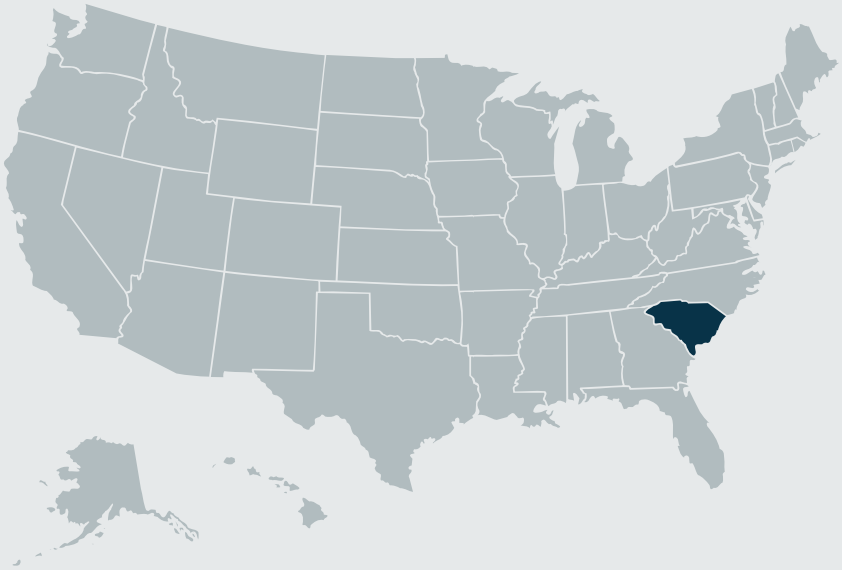
South Carolina

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	50 minutes	49 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

South Dakota

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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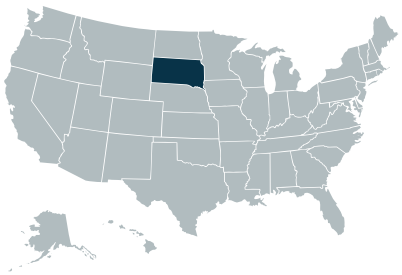

Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	3 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: did not pass	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	47 38% (target: 90%)	48 29% (target: 90%)	36 61% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	4 total methods 4 core 0 additional	6 total methods 6 core 0 additional	8 total methods 8 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 10 out of 14 agents Oct: not eligible	Sep: 12 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
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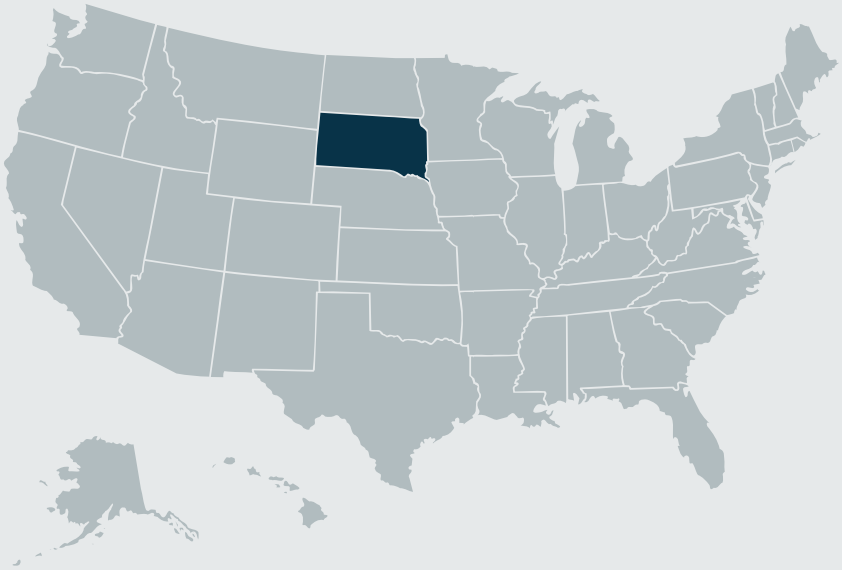
South Dakota

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	30 minutes	30 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

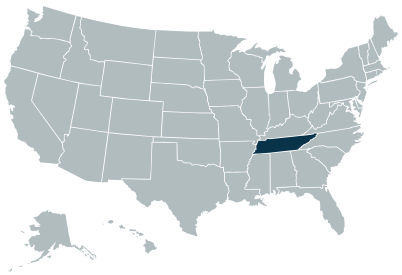


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Tennessee

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	4 reference labs	4 reference labs	4 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	5 out of 6 tests	8 out of 8 tests	10 out of 10 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not participate Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	43 100% (target: 90%)	45 98% (target: 90%)	57 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	10 100% (target: 90%)	16 94% (target: 90%)	7 86% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	3 total methods 3 core 0 additional	4 total methods 4 core 0 additional	4 total methods 4 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 6 out of 14 agents Oct: not eligible	Sep: did not participate*	Jul: not eligible
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	10 minutes

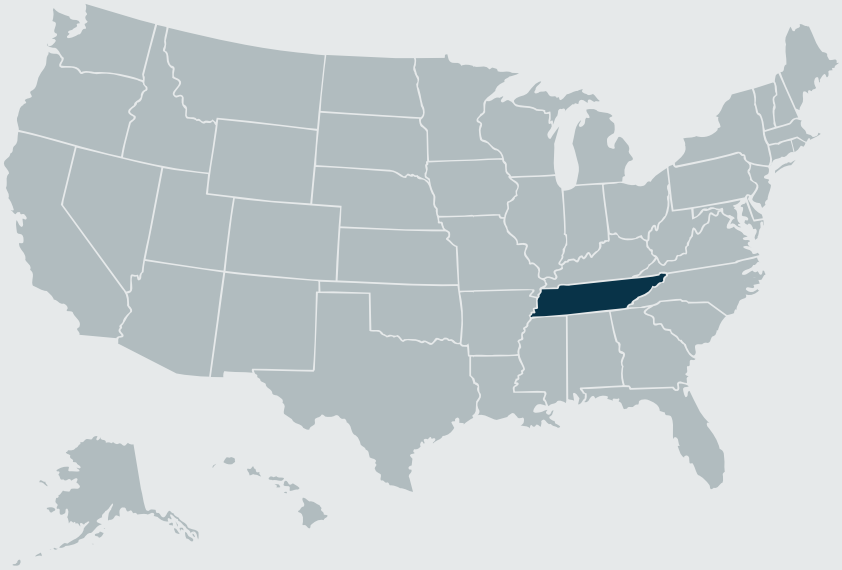
*Instrument not operational on date of exercise.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Tennessee

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	11 minutes	59 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

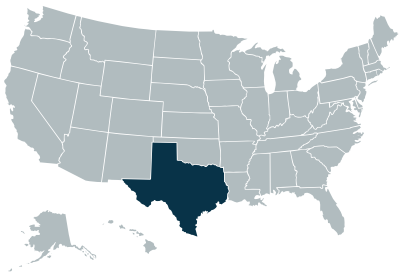


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Texas

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	14 reference labs	13 reference labs	14 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	14 out of 15 tests	26 out of 29 tests	31 out of 33 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not pass Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	177 68% (target: 90%)	71 86% (target: 90%)	90 86% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	22 68% (target: 90%)	43 67% (target: 90%)	36 47% (target: 90%)

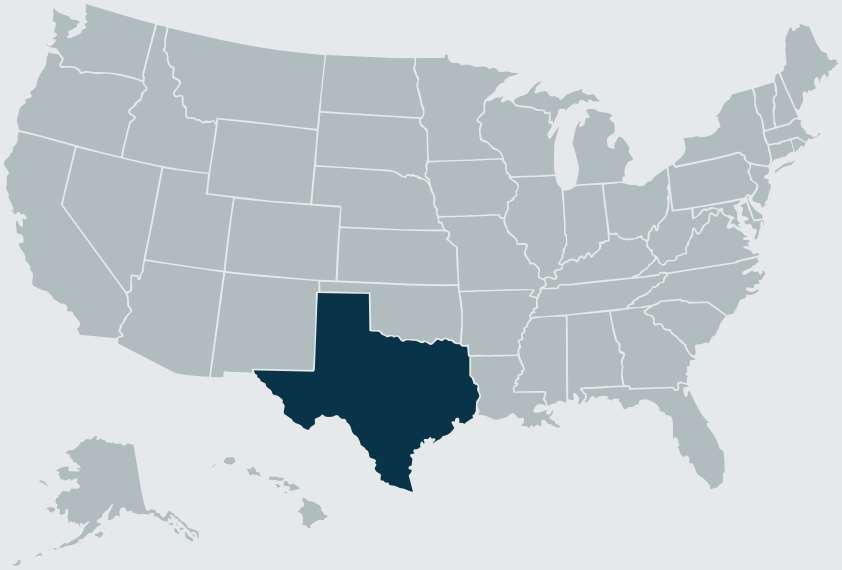
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	9 total methods 8 core 1 additional	11 total methods 9 core 2 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 12 out of 14 agents Oct: 1 out of 1 agent	Sep: 15 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Texas

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	60 minutes	8 minutes	59 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

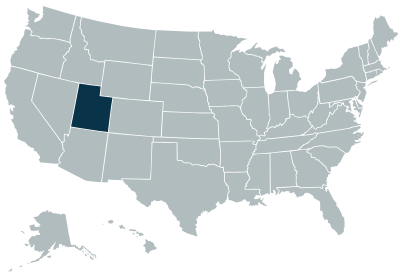


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Utah

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	4 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	25 84% (target: 90%)	29 83% (target: 90%)	38 87% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	3 100% (target: 90%)	3 33% (target: 90%)	7 86% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	4 total methods 4 core 0 additional	6 total methods 6 core 0 additional	6 total methods 6 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: not eligible	Sep: 15 out of 17 agents	Jul: did not participate*
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

*Attended CDC training on date of exercise.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
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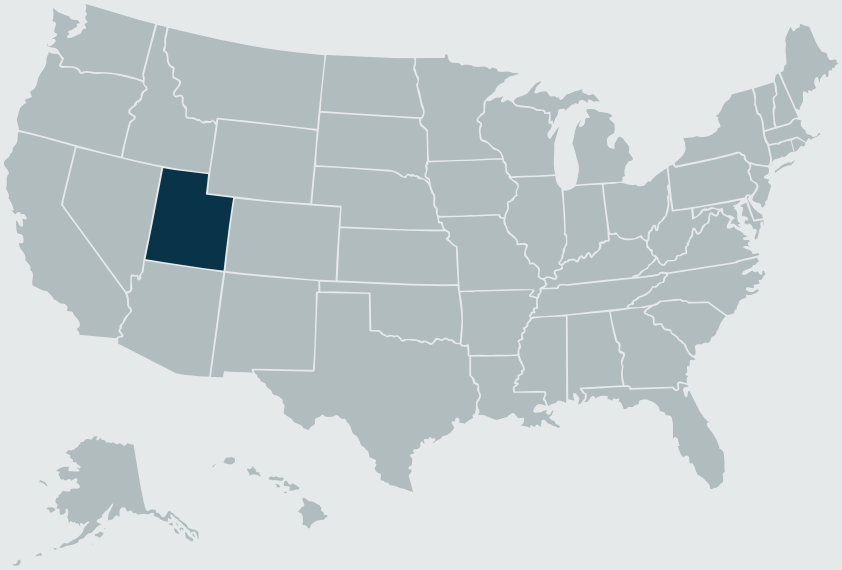
Utah

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	3 minutes	4 minutes	10 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

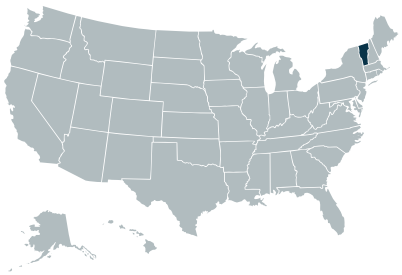


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Vermont

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	1 out of 1 test	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	31 100% (target: 90%)	14 100% (target: 90%)	16 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	1 100% (target: 90%)	2 100% (target: 90%)	2 100% (target: 90%)

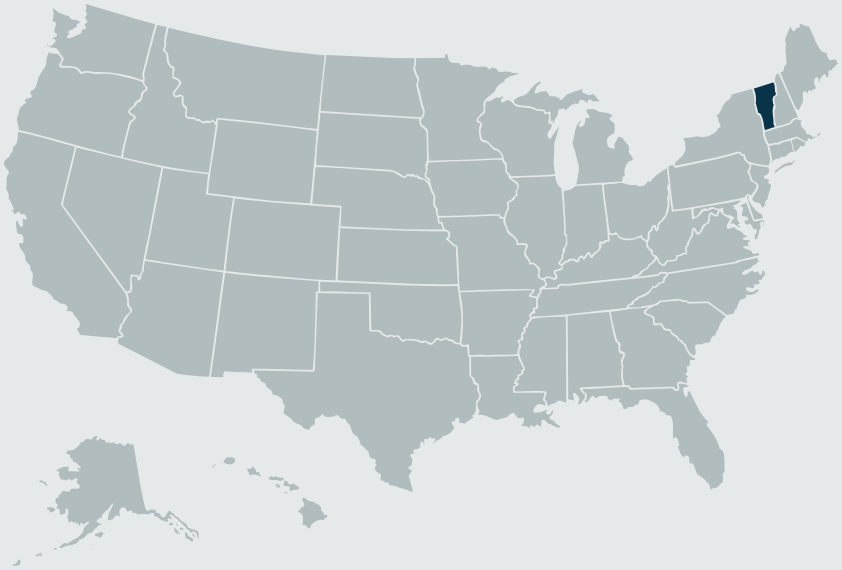
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	7 total methods 6 core 1 additional	9 total methods 8 core 1 additional	10 total methods 8 core 2 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 14 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	9 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Vermont

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	20 minutes	10 minutes	30 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

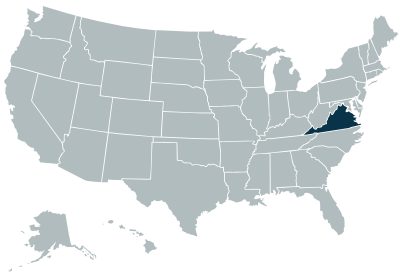


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Virginia

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	3 out of 3 tests	4 out of 4 tests	5 out of 5 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	97 98% (target: 90%)	44 82% (target: 90%)	48 94% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	14 93% (target: 90%)	19 74% (target: 90%)	13 92% (target: 90%)

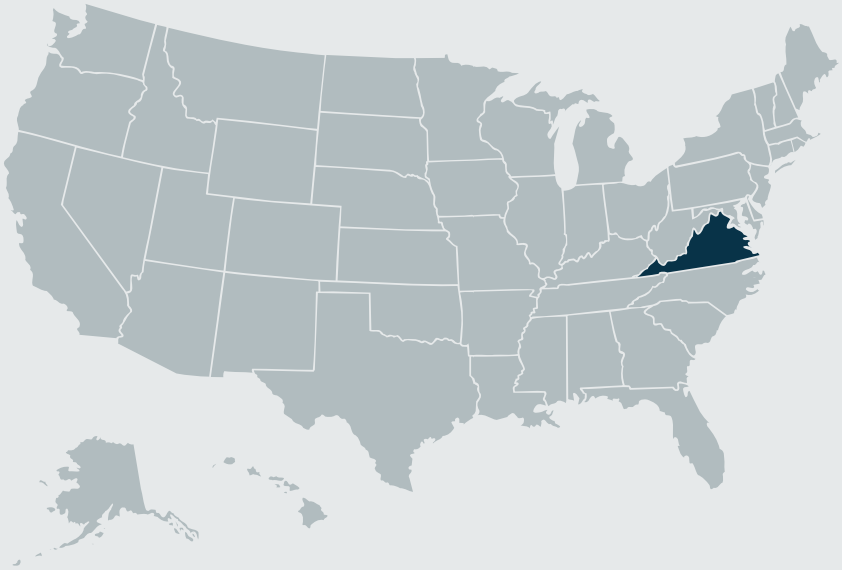
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	10 total methods 6 core 4 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	12 minutes	5 minutes	2 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Virginia

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	54 minutes	68 minutes	26 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

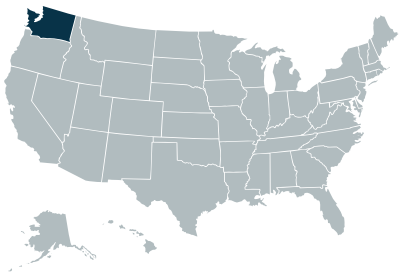


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Washington

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	5 reference labs	5 reference labs	6 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 3 tests	8 out of 8 tests	9 out of 9 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not pass Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	201 100% (target: 90%)	149 97% (target: 90%)	89 97% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	52 96% (target: 90%)	65 98% (target: 90%)	18 94% (target: 90%)

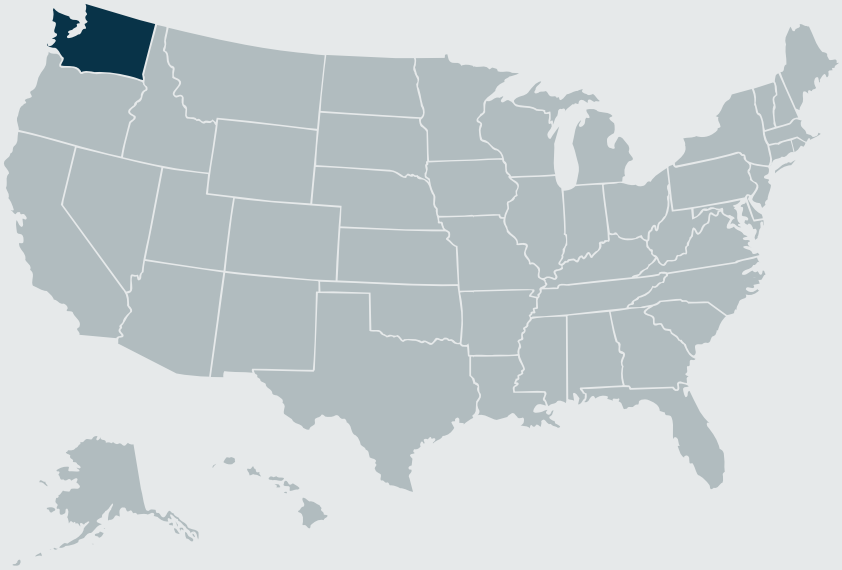
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	6 total methods 6 core 0 additional	8 total methods 8 core 0 additional	8 total methods 8 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	8 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Washington

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	30 minutes	59 minutes	8 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	N/A	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



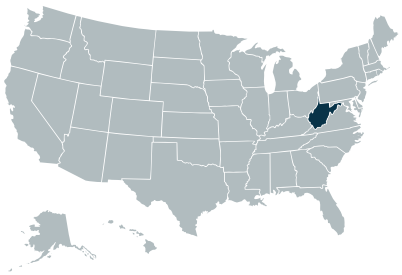
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

West Virginia

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	1 reference lab	1 reference lab
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	2 out of 3 tests	4 out of 4 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: passed Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	4 100% (target: 90%)	6 100% (target: 90%)	6 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 2 lab	One Level 2 lab	One Level 2 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	4 total methods 4 core 0 additional	6 total methods 5 core 1 additional	5 total methods 5 core 0 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: not eligible	Sep: 16 out of 17 agents	Jul: not eligible
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	Volunteered, but not selected

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
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West Virginia

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	7 minutes	2 minutes	5 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	N/A
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

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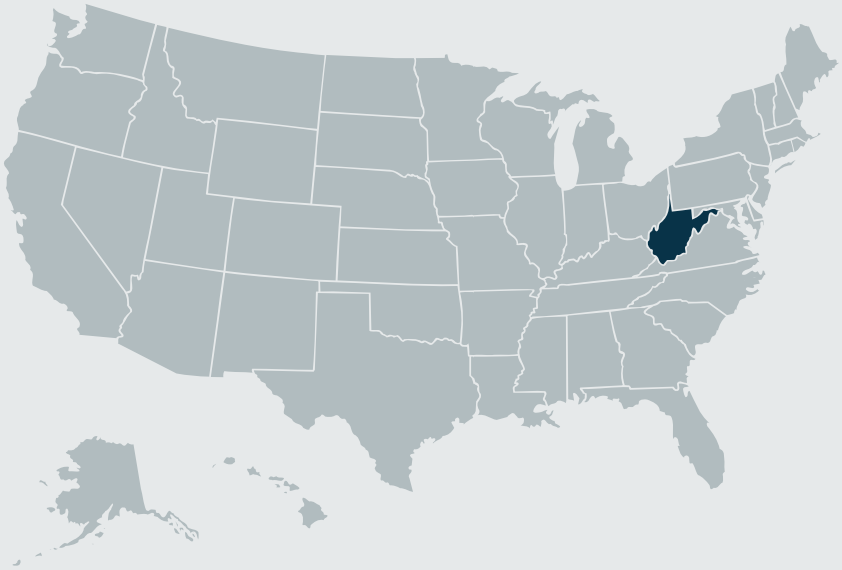


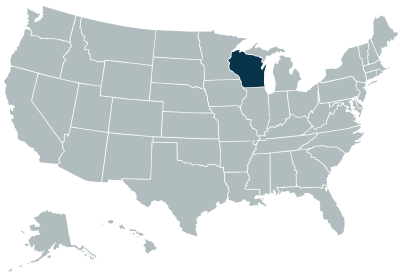
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Wisconsin

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	2 reference labs	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	4 out of 4 tests	7 out of 7 tests	8 out of 9 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: did not pass	Apr: passed Jun: did not pass	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	135 93% (target: 90%)	73 100% (target: 90%)	136 93% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	16 81% (target: 90%)	16 100% (target: 90%)	31 100% (target: 90%)

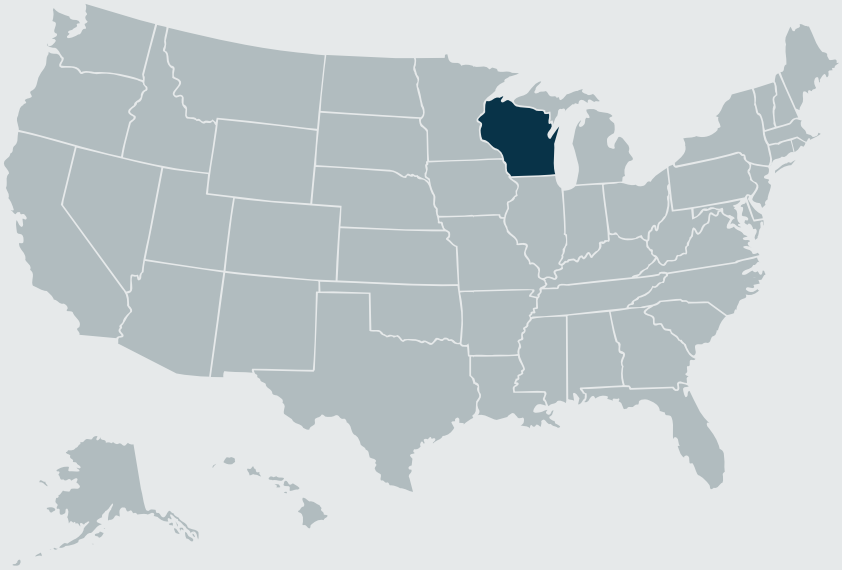
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 1 lab	One Level 1 lab	One Level 1 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	10 total methods 6 core 4 additional	13 total methods 8 core 5 additional	13 total methods 9 core 4 additional
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Sep: 17 out of 17 agents	Jul: 1 out of 1 agent
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	13 minutes	5 minutes	4 minutes

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Wisconsin

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	42 minutes	59 minutes	8 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

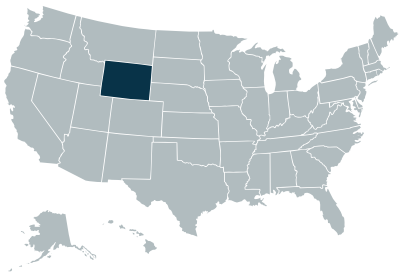


Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Wyoming

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities. The Laboratory Response Network managed by CDC is a group of local, state, federal, and international laboratories that uses unique testing capabilities to confirm high priority biological and chemical agents. The PulseNet laboratory network coordinated by CDC performs testing to identify common disease-causing bacteria in food. Data related to these laboratory resources are below; see appendix for a more detailed description of the data points.



Laboratories: Biological Capabilities		2009	2010	2011
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	1 reference lab	2 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	1 out of 1 test	3 out of 3 tests	4 out of 4 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill[3] Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.	Jul: passed	Apr: did not participate Jun: passed	Jun: passed Aug: passed
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli* O157:H7 using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	10 100% (target: 90%)	7 100% (target: 90%)	5 100% (target: 90%)
	Rapidly identied *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	— N/A	— N/A	— N/A

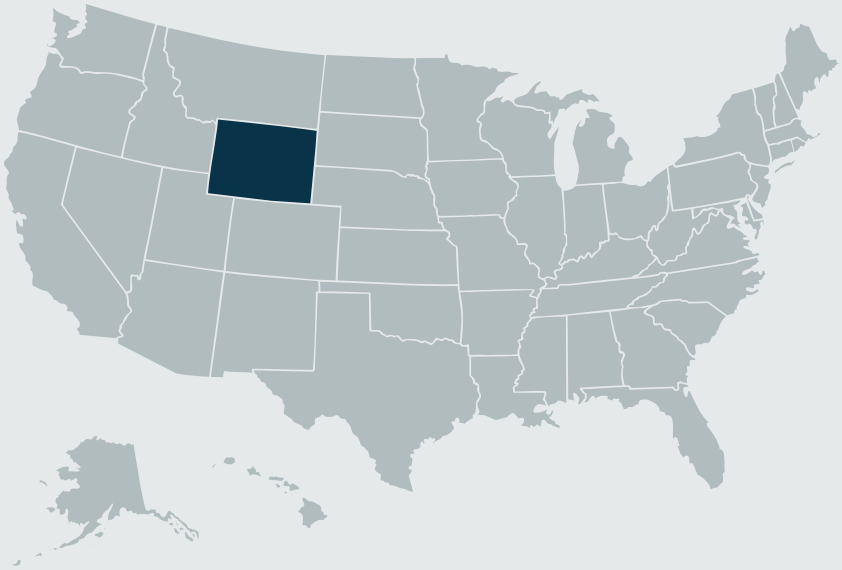
Laboratories: Chemical Capabilities		2009	2010	2011
Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three LRN-C levels, with Level 1 having the most capabilities. See appendix.	One Level 3 lab	One Level 3 lab	One Level 3 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[6] • Core methods successfully demonstrated (there were 6 core methods in 2009, 8 in 2010, and 9 in 2011) • Additional methods successfully demonstrated (there were up to 6 additional methods available in 2009, up to 5 in 2010, and up to 4 in 2011)	N/A	N/A	N/A
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	Passed	Passed	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[8]	N/A	N/A	N/A
	Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise[9] Note: In 2009 and 2010, only Level 1 labs participated. In 2011, the exercise was expanded to include a selection of Level 2 labs.	N/A	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2009 data: 12/31/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[2] CDC, OID, NCEZID; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[3] CDC, OID, NCEZID; 2009 data: 7/09; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11
[5] CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2009 data: 9/14/09; 2010 data: 12/31/10; 2011 data: 12/31/2011
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10; 2011 data: 7/18/11
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10; 2011 data: 4/4/11- 4/8/11

Wyoming

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: In 2009, the data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal for states; quickest times are reported.	52 minutes	31 minutes	20 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.



Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

American Samoa

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	60 minutes	300 minutes	60 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	N/A
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	No	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the insular area's best demonstration for each data point. Insular areas may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Fed States of Micronesia

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	5 minutes	1230 minutes	420 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	No	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the insular area's best demonstration for each data point. Insular areas may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Guam

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	15 minutes	30 minutes	15 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the insular area's best demonstration for each data point. Insular areas may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Northern Mariana Islands

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	60 minutes	N/A	60 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	N/A	N/A	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the insular area's best demonstration for each data point. Insular areas may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	No	No	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Puerto Rico

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	75 minutes	30 minutes	75 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the insular area's best demonstration for each data point. Insular areas may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Republic of the Marshall Islands

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	60 minutes	120 minutes	120 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	No	No	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the insular area's best demonstration for each data point. Insular areas may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

Republic of Palau

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	15 minutes	45 minutes	7 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	Yes	Yes	N/A
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the insular area's best demonstration for each data point. Insular areas may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	No

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

U.S. Virgin Islands

Emergency Operations Coordination Capability		2009	2010	2011
Activating the emergency operations center	Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty[1] Note: The data may not be based on the quickest time, but instead may reflect a complex or comprehensive incident.	60 minutes	30 minutes	30 minutes
Ensuring overall response strategy for incident management	Approved Incident Action Plan (IAP) produced before the start of the second operational period[1]	N/A	N/A	Yes
Assessing response capabilities	Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident[1]	Yes	Yes	Yes

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the insular area's best demonstration for each data point. Insular areas may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.

Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

[1] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2009 data: 8/10/08-8/9/09, 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11

APPENDIX

Appendix: Explanation of Fact Sheet Data Points

The data points that appear in the individual fact sheets and summary tables are bulleted below, followed by an explanation of their significance.

Laboratories: Biological Capabilities

The laboratory testing capability is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data messaging, official reporting of results, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities.

Participation in Laboratory Response Network (LRN) for biological agents

- *LRN reference and/or national laboratories that could test for biological agents*

  CDC manages the LRN, a group of local, state, federal, and international laboratories. CDC provides funding through the Public Health Emergency Preparedness (PHEP) cooperative agreement to the 50 states and four localities to establish and maintain LRN biological public health laboratories. (The laboratory located in Chicago is operated by the state of Illinois.) In addition to the laboratories that receive PHEP funding, other laboratories that participate in the LRN include state and locally funded public health laboratories as well as federal, military, international, agricultural, veterinary, food, and environmental testing laboratories. LRN provides a critical laboratory infrastructure to detect, characterize, and communicate about confirmed threat agents, decreasing the time needed to begin the response to an intentional act or naturally occurring outbreak.

  LRN biological laboratories are designated as national, reference, or sentinel laboratories. National laboratories, including those at CDC, have the most advanced capabilities. These laboratories are responsible for specialized strain characterizations and bioforensics. Reference laboratories, primarily local, county, and state public health laboratories, perform tests to detect and confirm the presence of a threat agent. Sentinel laboratories are commercial, private, and hospital-based laboratories that test clinical specimens in order to either rule out suspicion of a biological threat agent or ship to reference or national laboratories for further testing.

  The fact sheets present CDC estimates for the total number of LRN reference and national laboratories that have selected to test for one or more biological threat agents supported by the LRN program office at CDC. For some states and localities, the total number of reference laboratories consists exclusively of public health laboratories, as this is the only type of laboratory that is a part of the LRN for these states. In contrast, other states and localities have both public health and other types of laboratories (federal, military, agricultural, veterinary, food, and environmental testing laboratories) that are a part of the LRN. For these states and localities, both public health and other laboratories are included in the total.

Evaluating LRN laboratory capabilities through proficiency testing

- *Proficiency tests passed by LRN reference and/or national laboratories*

  CDC proficiency tests are composed of a number of unknown samples that are tested in order to evaluate the abilities of LRN reference and/or national biological laboratories to receive, test, and

report on one or more suspected biological agents. If a laboratory is unable to successfully test for an agent within a specified period of time and submit results, then the laboratory will not pass the proficiency test. If a laboratory fails a proficiency test, it is required to go through remediation proficiency testing to ensure that any problems are corrected.

If a laboratory does not pass remediation testing, then it can no longer perform testing in the LRN for that specific agent. The fact sheets present the total number of proficiency tests passed by reference and/or national laboratories during each year. In states and localities with public health and other types of LRN laboratories (federal, military, agricultural, veterinary, food, and environmental testing laboratories) participating in proficiency testing, all proficiency test results are presented. The results include first-round proficiency tests only; follow-up remediation tests are not included in the totals.

Assessing LRN laboratory competency and reporting through exercises

- *LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours of obtaining a significant laboratory result during LRN notification drill. (Note: One LRN laboratory in DC and in each state is eligible to participate in this drill, with the exception of CA, IL, and NY, where two can participate.)*

LRN notification drills ensure that biological laboratories can contact the CDC Emergency Operations Center to report results to the Emergency Operations Center watch staff and duty officers within 2 hours of obtaining a result. These drills are associated with participation in a specific proficiency test; laboratories that cannot participate in the test are excluded from this drill. Reasons for not participating in the proficiency test include the following: laboratory does not test for agent, facility renovations or permit issues prevent laboratory from accepting samples, and laboratory has equipment issues.

Rapid identification of disease-causing bacteria by PulseNet laboratories

- *Rapidly identified E. coli O157:H7 using advanced DNA tests (PFGE)*
  -Samples for which state/locality performed tests
  -Test results submitted to PulseNet database within 4 working days (target: 90%)

- *Rapidly identified L. monocytogenes using advanced DNA tests (PFGE)*
  - Samples for which state/locality performed tests
  - Test results submitted to PulseNet database within 4 working days (target: 90%)

States and select localities must be able to detect and determine the extent and scope of potential outbreaks and to minimize their impacts. The intent of this performance measure is to determine if a laboratory can rapidly receive, identify, and report disease-causing bacteria within 4 working days of receiving the samples. Laboratories in the PulseNet network use CDC's pulsed-field gel electrophoresis (PFGE) protocols to rapidly identify specific strains of *Escherichia coli O157:H7* and *Listeria monocytogenes*. The 4 working-day timeframe of the performance measure allows states, the District of Columbia (D.C.), New York City, and Los Angeles County to demonstrate their ability to analyze samples and submit results to the PulseNet database. This database is used by the PulseNet network (consisting of local, state and federal public health and food regulatory agency laboratories), which is coordinated by CDC.

If a state or locality did not receive samples or did not perform subtyping, dashes appear in the fact sheets for the number of "samples for which state/locality performed tests." Subsequently, "N/A" is listed for "Test results submitted to PulsetNet database within 4 working days." The laboratory located in Chicago is operated by the state of Illinois. Therefore, no data for these measures are presented in the Chicago fact sheet.

Laboratories: Chemical Capabilities

Participation in Laboratory Response Network for chemical agents (LRN-C)

- *LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents*

  CDC manages the LRN, a group of local, state, federal, and international laboratories. CDC provides funding through the Public Health Emergency Preparedness (PHEP) cooperative agreement to the 50 states and four localities to establish and maintain LRN chemical public health laboratories. The LRN provides a critical laboratory infrastructure to detect, characterize, and communicate about confirmed threat agents, decreasing the time needed to begin the response to an intentional act or accidental exposure. There are three LRN-C levels.

  - Level 1 laboratories are national surge capacity laboratories that maintain the capabilities of Level 2 and Level 3 laboratories, can test for an expanded number of agents using highly automated analysis methods, maintain an adequate supply of materials to analyze 1,000 patient samples for each method, and can operate 24/7 for an extended period of time.
  - Level 2 laboratories maintain the capabilities of Level 3 laboratories, can test for a limited panel of toxic chemical agents, and stock materials and supplies for the analysis of at least 500 patient samples for each qualified analysis method.
  - Level 3 laboratories work with hospitals, poison control centers, and first responders within their jurisdictions to maintain competency in clinical specimen collection, storage, and shipment.

Evaluating LRN-C laboratory capabilities through proficiency testing

- *Total number of methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents*

  LRN methods can help determine how widespread an incident was, identify who does/does not need long-term treatment, assist with non-emergency medical guidance, and help law enforcement officials determine the origin of the agent. Level 1 and Level 2 laboratories undergo proficiency testing to demonstrate that they can rapidly detect and accurately measure chemical agents that can cause severe health effects and report patient results consistent with CLIA quality assurance requirements.

- *Core methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents*

  In 2011, CDC identified nine core methods for detecting and measuring chemical agents, and conducted testing to determine a laboratory's proficiency in these methods (there were six core methods in 2009 and eight core methods in 2010). The core methods are significant as they use technical fundamentals that provide the foundation of chemical analysis capabilities. This report presents final proficiency testing results as the number of these core methods successfully demonstrated by the laboratories in each state or locality. However, it should be noted that the states and localities with Level 1 and Level 2 laboratories that are not proficient in all core methods may have completed extensive work in the two steps that precede proficiency testing: training and validation in the core methods.

- *Additional methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents*

  In addition to proficiency in core methods, certain LRN laboratories demonstrate proficiency in

additional methods. These methods build upon the foundation established by the core methods, providing modifications to core techniques which allow for laboratories to test for additional agents and thereby expand their testing capabilities. Level 1 laboratories are required to gain proficiency in these additional methods; Level 2 labs may choose to pursue additional methods but availability may be limited based on network need and individual laboratory capability.

In 2009, there were six additional methods in which Level 1 laboratories should have demonstrated proficiency and up to five additional methods in which Level 2 laboratories could have chosen to become proficient. In 2010, there were five additional methods for Level 1 laboratories and up to four additional methods for Level 2 laboratories. In 2011, there were four additional methods for Level 1 laboratories, and up to three additional methods for Level 2 laboratories. (There was a reduction in the number of additional methods from 2009 to 2011, as some additional methods became core methods.)

A successful demonstration in the testing indicates ongoing proficiency. The figures presented in the fact sheets represent the number of additional methods for which laboratories in the state or locality demonstrated proficiency. Laboratories may have trained in additional methods, and/or undergone validation for additional methods, which are steps that precede proficiency testing.

Assessing LRN-C laboratory capabilities through exercises

- *LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise*

  This exercise evaluates the ability of a laboratory to collect relevant samples for clinical chemical analysis and ship those samples in compliance with International Air Transport Association regulations. At least one laboratory located in each PHEP-funded state or locality should participate and pass. For states or localities with multiple laboratories, all results are reported.

- *Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise*

  This exercise tests a laboratory's emergency response capabilities focusing on a laboratory's ability to detect, identify, and quantify unknown agents. This exercise also tests the laboratory's emergency contact process and its ability to report results. Laboratories participating in the PopPT exercise are called the day before the exercise, are sent a minimum of 10 unknown samples, and must test these samples within a certain number of hours (depending on the methods needed).

  To participate in a PopPT exercise, the laboratory must have attained a "Qualified" status for the method. To attain "Qualified" status, a laboratory must have completed training, the validation exercise, and passed at least one scheduled PT exercise. Level 2 laboratories that have not attained "Qualified" status are listed in the fact sheet as "not eligible." Level 2 laboratories that were eligible to take part in the exercise, but were unable to participate and had a reason for not participating approved by CDC are listed as "did not participate." Level 3 laboratories are listed in the fact sheets as "N/A."

- *Average number of minutes to process and report on each sample by Level 1 or Level 2 laboratories during the LRN Surge Capacity Exercise*

  This exercise demonstrates the ability of Level 1 and selected Level 2 laboratories to process samples

on a 24/7 basis as would be required by a large scale chemical incident. The response time was determined from the time the samples were received at each laboratory until the time the last test result was reported to CDC. Each Level 1 laboratory tested and reported on 500 samples (a total of 5000 samples) in 2009, 2010, and 2011.

Ten Level 2 laboratories were selected to participate in 2011; each of these laboratories tested and reported on 200 samples (a total of 2000 samples). Qualified level 2 laboratories that volunteered but were not selected for participation are listed in the fact sheets as "Volunteered, but not selected." If a qualified level 2 laboratory did not volunteer to participate in the exercise, it is listed in the fact sheets as "Did not volunteer." Level 2 laboratories that had not attained "qualified" status are listed in the fact sheets as "Not eligible." Level 3 laboratories are listed in the fact sheets as "N/A."

Emergency Operations Coordination Capability

The emergency operations coordination (EOC) capability is essential to direct and coordinate the implementation of other public health preparedness capabilities during a public health emergency. The EOC capability allows public health agencies to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing and evolving health needs arising from emergencies. The EOC capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System (NIMS).

Activating the emergency operations center

- *Time for pre-identified staff covering activated public health agency incident management roles to report for immediate duty*

The intent of this performance measure is to demonstrate the ability to notify and immediately assemble public health staff with incident management lead roles to ensure a timely response to an incident. Specifically, this measure captures an agency's ability to assemble key decision-makers that are responsible for leading and managing a response. This measure was slightly modified to specify "lead" incident management roles in 2010 and 2011. The response time was determined from the time that a designated official began notifying staff to report for immediate duty to the time that the last staff person notified to cover an activated incident management lead role reported for immediate duty. This exercise must have occurred during a drill, functional exercise, full-scale exercise, or a real incident. In addition, the staff assembly must have been unannounced and immediate.

For states, localities, and insular areas, the 2009 data may not be based on the quickest time, but instead may reflect a more complex or comprehensive incident. In 2010 and 2011, the ability to assemble staff in a timely manner was a Department of Health and Human Services Priority Goal and a performance target of 60 minutes or less was established for states only; states' quickest times are reported for both of these years. "No reportable time" is listed in the fact sheets for states that did not provide verifiable documentation that supported meeting the intent of the performance measure. For the localities and insular areas, the Priority Goal target of 60 minutes or less does not apply. Therefore, their data for 2009, 2010, and 2011 may not reflect the quickest

time, but instead may reflect a more complex or comprehensive incident.

Ensuring overall response strategy for incident management

- *Approved Incident Action Plan (IAP) produced before the start of the second operational period*

  The intent of this performance measure is to demonstrate the ability to engage in sound, timely planning to guide the incident management decision process during a response. A critical component of the planning is the ability to produce an approved IAP for each operational period. This is a binary measure where time is judged relative to the beginning of the second operational period. The demonstration must have occurred during a drill, functional exercise, full-scale exercise, or a real incident. The drill, exercise, or real incident must have continued over two or more operational periods. "N/A" is listed in the fact sheets for awardees that did not have any operations-based exercises or real incidents extending past the first operational period or a written IAP was not produced.

Assessing response capabilities

- *Drafted an After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident*

  The intent of this performance measure is to demonstrate the ability to analyze real or simulated response actions, describe needed improvements, and prepare a plan for making improvements within an acceptable timeframe. The AAR and IP must have been drafted as a result of a tabletop exercise, drill, functional exercise, full-scale exercise, or real incident.

Emergency Public Information and Warning Capability

The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. EPIW represents a critical leverage point in shaping the perceptions, decisions, and actions of the public, who are a key partner in preventing, preparing for, responding to, and recovering from public health emergencies. Public involvement and cooperation are required to facilitate critical response activities such as evacuation, sheltering in place, social distancing, and queuing at points of dispensing. EPIW can be effective in influencing how the public responds to these activities.

Communicating with the public during an emergency

- *Developed a first risk communication message for the public during an exercise or a real incident*

  This performance measure demonstrates the ability to develop, coordinate, and disseminate the first risk communication message to provide timely information to the public about a public health emergency. This measure addresses the first risk communication message because research has shown that the first message is critical as it sets the stage for all subsequent messages on a topic. The demonstration must have occurred during a drill, functional exercise, full-scale exercise, or real incident.

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For more information on CDC's preparedness and emergency response activities, visit the website of the Office of Public Health Preparedness and Response at **www.cdc.gov/phpr**