PUBLIC HEALTH PREPAREDNESS:

2011 STATE-BY-STATE UPDATE ON LABORATORY CAPABILITIES AND RESPONSE READINESS PLANNING

AN UPDATE ON CDC-FUNDED PREPAREDNESS AND RESPONSE ACTIVITIES IN 50 STATES AND 4 CITIES

SEPTEMBER 2011

Centers for Disease Control and Prevention
Office of Public Health Preparedness and Response

ACRONYMS

CDC	Centers for Disease Control and Prevention
CRI	Cities Readiness Initiative
DHS	U.S. Department of Homeland Security
EOC	Emergency Operations Center
HAN	Health Alert Network
HHS	U.S. Department of Health and Human Services
HPP	Hospital Preparedness Program cooperative agreement
LRN	Laboratory Response Network
MSA	Metropolitan statistical areas
OMB	Office of Management and Budget
PFGE	Pulsed-field gel electrophoresis
PHEP	Public Health Emergency Preparedness cooperative agreement
PHPR	Office of Public Health Preparedness and Response, CDC
PopPT	LRN Emergency Response Pop Proficiency Test
RSS	Receipt, stage, and store facility
SNS	Strategic National Stockpile
TAR	Technical assistance reviews

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Table of Contents

Background

Public health works behind the scenes and on the front lines every day to save lives and safeguard communities from health threats.

These threats can include the following:

- Naturally occurring disease outbreaks, such as a measles outbreak in a college dormitory, a multistate outbreak due to contaminated food, or a global pandemic caused by a novel virus
- Natural disasters such as hurricanes, wildfires, and ice storms
- Accidents such as chemical spills and explosions
- Intentional incidents such as biological, chemical, or nuclear terrorism

CDC provides funding and technical assistance to state and local health departments to build and strengthen their capabilities needed for rapid response to emerging threats as well as for routine public health activities.

All these threats have potential for harming the public and affecting the economic and social well-being of our communities and nation. Preparing adequately for public health threats requires continual and coordinated efforts that involve every level of government, the private sector, non-governmental organizations, and individuals.

Supporting Preparedness and Response Across the Nation

Because of its unique abilities to detect and respond to infectious, occupational, or environmental threats, the Centers for Disease Control and Prevention (CDC) plays a pivotal role in helping states prevent, detect, respond to, and rapidly recover from all types of public health threats.[1] CDC's work in preparedness builds upon decades of science developed to promote the public's health.

To enhance preparedness and response, CDC supports state and local public health systems so they are better able to fulfill their responsibilities for the public health and welfare of the people in their jurisdiction. State and local governments are closest to those impacted by incidents and have always had the lead in response. During a response, states coordinate resources and capabilities throughout the state and obtain additional resources and capabilities from other states and the federal government.

Preparing states for threats. All detection and response to public health threats begins at the local level, and communities must have strong and flexible capabilities that can be tapped for quick response to whatever threats emerge. CDC provides funding and technical assistance to state and local health departments to build and strengthen their capabilities needed for rapid response to emerging threats as well as for routine public health activities. This support is provided through CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement.

Earlier this year, CDC established national standards[2] for public health preparedness to help state and local public health departments identify gaps, determine specific jurisdictional priorities, and develop plans for building and sustaining capabilities. This capabilities-based approach merges public health and emergency management capabilities and serves as a framework for addressing state and local preparedness priorities and achieving desired outcomes. This new framework includes 15 public health preparedness capabilities (see box on page 3) that align with the National Health Security Strategy[3] and other national preparedness priorities. With this framework, public health departments now have evidence-informed guidance in developing annual and long-term plans to guide their preparedness strategies and investments. In addition to establishing national standards for public health preparedness, CDC has developed associated performance measures to demonstrate progress toward achieving these capabilities.

15 Public Health Preparedness Capabilities

CDC continues to work to better define what it means to be prepared for all threats. This year, 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 (Tier 1) that provide a strong basic foundation for public health preparedness.

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

Helping states respond to emergencies. When disaster strikes, CDC is also prepared to respond and support national, state, and local partners with additional resources. CDC's Emergency Operations Center serves as a round-the-clock command center to coordinate expertise for efficient information exchange with state partners, and to deploy CDC staff and equipment to the site of an emergency. CDC's Strategic National Stockpile also stands ready to deliver critical medicines and medical supplies to states when local supplies run out or are commercially unavailable.

Overview of federal response to emergencies. CDC's Office of Public Health Preparedness and Response leads the agency's preparedness and response activities by providing strategic direction, support, and coordination for activities across CDC as well as with local, state, tribal, national, territorial, and international public health partners.[4] The mission of this office is to strengthen and support the nation's health security to save lives and protect against public health threats. When public health is prepared, people's health is protected and communities are more resilient.

CDC's public health response activities are coordinated through the Assistant Secretary for Preparedness and Response, the principal advisor to the Secretary of the U.S. Department of Health and Human Services on all matters related to bioterrorism and other public health emergencies. Lead federal responsibility for emergency response lies with the U.S. Department of Homeland Security (DHS), whose National Response Framework established a single comprehensive structure for responding to all types of hazards.[5] In addition, the DHS National Preparedness Guidelines provide the vision, capabilities, and priorities for national preparedness.

About This Update Report

CDC has now published four preparedness reports to demonstrate how federal investments are improving the nation's ability to respond to public health threats and emergencies.[6] This report is an update to CDC's 2010 state-by-state report; it presents available data that demonstrate trends and document progress in two important preparedness activities, laboratory capabilities and response readiness planning. These data do not represent all preparedness activities occurring in states and localities. As other data become available, they will be included in future reports.

This report is an update to CDC's 2010 state-by-state report; it presents available data that demonstrate trends and document progress in two important preparedness activities, laboratory capabilities and response readiness planning.

Fact sheets in this report present data on activities occurring from 2007 to 2010 in the 50 states and 4 localities (Chicago, Los Angeles County, the District of Columbia, and New York City) directly funded by CDC's PHEP cooperative agreement.

The report is organized as follows:

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

Section 1 presents an overview of progress and national-level data on the following:

- Laboratory activities critical for identifying and confirming health threats
- Response readiness planning activities related to the ability of a state or metropolitan statistical area to receive, stage, and store medical assets received from CDC's Strategic National Stockpile

Section 2 features fact sheets with data on laboratory and response readiness planning activities in the 50 PHEP-funded states and the 4 localities of Chicago, the District of Columbia, Los Angeles County, and New York City.

Appendices provide explanations of the fact sheet data points and their significance, and present technical assistance review scores for the Cities Readiness Initiative of CDC's Strategic National Stockpile.

Key Findings and Moving Forward

Strong state and local public health systems are the cornerstone of an effective response to routine as well as large-scale and/or unexpected public health incidents. Public health departments have made progress in building and strengthening their preparedness and response capabilities. A summary of progress in laboratory capabilities and response readiness planning follows.

Laboratories: Identifying and Understanding Emerging Public Health Threats

Laboratories identify disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Rapid detection and characterization of health threats is essential for implementing appropriate control measures that can help mitigate the impact of the threats. The ability to detect and characterize health threats relies on the availability of laboratory equipment, a trained workforce, accurate and consistent methods, and quick data-exchange systems.

Accomplishments for biological and chemical laboratories for 2008 to 2010 include the following:

- Biological laboratory capabilities and capacities were strong in most states and localities. Overall, biological laboratories improved their abilities to rapidly identify certain disease-causing bacteria (often implicated in foodborne disease outbreaks) and send reports to CDC. For example, the number of states that submitted at least 90% of *E. coli* test results to CDC's PulseNet database within 4 working days of receiving the samples increased from 29 in 2008 to 38 in 2010. In addition, Laboratory Response Network (LRN) biological laboratories successfully maintained a high proficiency test pass-rate for detecting other biological agents – the pass rate was consistently over 90% from 2008 to 2010. (See Table 4 on page 14.)

- LRN chemical laboratories increased their abilities to rapidly detect and quantify chemical agents. The average total number of methods successfully demonstrated by the more advanced LRN laboratories (Levels 1 and 2) to rapidly detect chemical agents during proficiency testing rose from 6.7 methods in 2009 to 8.9 methods in 2010. (See Table 4 on page 15.) These methods are important for determining how widespread an incident was, identifying individuals needing treatment, and helping law enforcement officials determine the origin of the agent.

- In addition, LRN's most advanced chemical laboratories (Level 1) dramatically reduced the amount of time needed to process and report on samples during the LRN Surge Capacity Exercise. This exercise demonstrates the ability of our nation to respond to a large-scale chemical incident like the Tokyo sarin subway attack of 1995. Between 2009 and 2010, the average hours to process and report on 500 samples by Level 1 laboratories during this exercise decreased from 98 hours to 56 hours. (See Table 4 on page 15.)

Response Readiness Planning: Improving Response to Threats through Planning for Medical Asset Distribution

Responding effectively to a public health emergency often requires complex logistical planning for activities such as the distribution of medicines or other supplies to a community.

Public health departments have made progress in building and strengthening their laboratory capabilities and response readiness planning.

Today, public health departments face increasing challenges that may jeopardize their abilities to support a sufficient response to a public health incident.

Because these activities involve many different community agencies, everyone involved in emergency response must plan strategies and regularly exercise (practice) them together. All 50 states and the 4 localities directly funded by the Public Health Emergency Preparedness (PHEP) cooperative agreement have plans for receiving, staging, storing, distributing, and dispensing medical assets from CDC's Strategic National Stockpile (SNS) and other sources. CDC and state public health personnel conduct annual technical assistance reviews (TAR) to assess these plans and ensure continued readiness. Response readiness planning accomplishments for 2007 to 2010 include the following:

- Most states improved their abilities to receive, distribute, and dispense medical assets received from the SNS from 2007 to 2010. The national average for state TAR scores increased from 87 (out of 100) in 2007-08 to 94 in 2009-10. (A score of 69 or higher in 2007-08 and 2008-09 indicated that a state performed in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-10.)

- Average scores for the metropolitan statistical areas (MSAs) in CDC's Cities Readiness Initiative (CRI) also improved over time. CRI MSAs are selected based on population, geographical location, and potential vulnerability to a bioterrorism threat. The CRI program is designed to better prepare major U.S. metropolitan areas to effectively receive, distribute, and dispense medical countermeasures to their entire populations in a short time in response to large-scale public health emergencies. The national average for the 72 CRI MSAs increased from 68 (out of 100) in 2007-08 to 88 in 2009-10. (Acceptable thresholds were 69 or higher in 2007-09 and 79 or higher for 2009-10.)

Moving Forward

An effective public health response begins with a strong public health system that can conduct routine public health activities and adequately surge to meet the needs of a jurisdiction during a large-scale or unexpected emergency.

Today, public health departments face increasing challenges that may jeopardize their abilities to support a sufficient response to a public health incident. Challenges include continuing budget cuts at federal and state levels, workforce shortages, and an ever-evolving list of public health threats. In 2010, 12 (24%) states did not submit 90% of *E. coli* test results to CDC's PulseNet database within 4 working days, slowing down identification of outbreaks (see Table 2 on page 11). These and other challenges are causing state and local planners to express concerns over the ability to sustain the real and measureable advances made in public health preparedness.

Public health officials likely will need to make difficult choices to ensure that federal dollars are directed to priority functions and services that result in more resilient and better prepared communities. CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning*[2] provides a guide that state and local public health departments can use to plan their priorities and decide which capabilities they have the resources to build or sustain.

CDC strongly recommends that states and localities receiving PHEP funding prioritize the order of the 15 public health preparedness capabilities in which they intend to invest. Their evaluations should be based on assessments of jurisdictional risks and current capabilities and gaps. In addition, CDC encourages state and local public health departments to focus on building capabilities that provide a strong foundation for

public health preparedness. Toward that end, CDC has prioritized the 15 capabilities into two tiers with an emphasis on Tier 1 (see box on page 3).

Looking ahead, HHS is working to better align the PHEP and Hospital Preparedness Program (HPP) cooperative agreements to improve their impact and effectiveness. The HPP, managed out of the HHS Office of the Assistant Secretary for Preparedness and Response, provides leadership and funding to improve surge capacity and enhance community and hospital preparedness for public health emergencies.[7] The alignment of PHEP and HPP will be accomplished through one Funding Opportunity Announcement in 2012 that will facilitate joint coordination of grants administration, management, and performance reporting. This closer alignment will advance national preparedness by strengthening collaboration between public health and medical preparedness – major components of national health security – and will also reduce the current programmatic burdens on funding recipients as well as federal government costs.

Section 1: A National Snapshot of Public Health Preparedness Activities

- Laboratory Capabilities: Identifying and Understanding Emerging Public Health Threats

- Response Readiness Planning: Improving Response to Threats through Planning for Medical Asset Distribution

Laboratory Capabilities: Identifying and Understanding Emerging Public Health Threats

Laboratories are a critical component of rapid response to health threats. They identify disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. Rapid detection and characterization of health threats is essential for implementing appropriate control measures to mitigate the impact of these threats. During the 2009 H1N1 influenza pandemic, for example, laboratories around the country were able to rapidly test for and confirm infections, which supported decisions about treatments and measures to control the spread of disease. The ability to detect and characterize health threats relies on the availability of laboratory resources (including a trained workforce), accurate and consistent methods, and quick data-exchange systems.

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 member laboratories play a critical role in their state or locality's overall emergency response plan to detect, characterize, and communicate about confirmed threat agents. Members perform standardized tests yielding reliable results within hours. Approximately 90% of the U.S. population lives within 100 miles of an LRN laboratory, decreasing the time needed to begin the response to a terrorist attack or naturally occurring outbreak.

Highlights of state and locality laboratory activities related to preparedness appear on the following pages. See the summary table on pages 14-15 for national-level data on laboratory activities (Table 4).

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 anthrax, smallpox, plague, and botulism.[8]

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, bioforensics, select agent activity, and handling highly infectious agents.
- *Reference 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.

CDC provides funding through the Public Health Emergency Preparedness (PHEP) cooperative agreement to the 50 states and 4 localities to establish and maintain LRN biological public health laboratories. 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.

Laboratories play a critical role in their state or locality's overall emergency response plan to detect, characterize, and communicate about confirmed threat agents.

In 2010, a total of 142 LRN laboratories in the United States could test for biological agents; 139 of these were reference laboratories and 3 were national laboratories.[9] These laboratories maintain relationships with numerous sentinel laboratories in their jurisdictions that refer suspicious specimens to them for more advanced testing.

Highlights of state and local activities conducted to enhance their laboratory capabilities follow. See individual fact sheets starting on page 20 for specific scores.

Most laboratories passed proficiency tests for detecting 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 2008 to 2010, LRN biological reference and national laboratories successfully maintained a high proficiency test pass-rate to identify biological agents in unknown samples (Table 1).

Training and outreach to sentinel laboratories continues. Sentinel laboratories play a key role in the early identification and response to emerging infectious diseases including potential bioterrorism events. From August 10, 2009 to August 9, 2010, 43 state public health laboratories (84%) reported sponsoring sentinel laboratory training in their state. It is important to note that state public health laboratories continued to communicate emerging health information with sentinel laboratories from 2008 to 2010. For example, in 2008 and 2010, 47 out of 51 state public health laboratories (including the District of Columbia) used CDC's Health Alert Network (HAN) or other rapid method (blast email or fax) to communicate with sentinel laboratories and other partners for outbreaks, routine updates, training events, and other applications.[10]

Laboratories improved their abilities to rapidly identify disease-causing bacteria. Public health officials must be able to quickly and accurately detect and determine the extent and scope of potential outbreaks and minimize their impacts. In 2011, for example, public health officials in several states worked with CDC to investigate a multistate outbreak of human infections linked to eating a type of sausage contaminated with the bacteria *Escherichia coli* O157:H7. The investigation led to the recall of some 23,000 pounds of the product, preventing additional illnesses and hospitalizations.

States and the District of Columbia receive CDC PHEP funding and are required to demonstrate that they can identify specific strains of *E. coli* O157:H7 and *Listeria monocytogenes* – both associated with foodborne disease outbreaks – and report results to CDC's PulseNet database within a target timeframe of 4 working days of receiving the samples.

Table 1: Proficiency Tests Passed by LRN Reference and/or National Laboratories; 2008-2010

Number of proficiency tests passed by LRN reference and/or national laboratories		
2008	**2009**	**2010**
261 out of 277 (94%)	195 out of 204 (96%)	312 out of 327 (95%)

Source: CDC, OID (NCEZID); 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10

Table 2: Rapid Identification of Disease-Causing Bacteria by PulseNet Laboratories; 2008-2010

Disease-Causing Bacteria	Number of states submitting at least 90% of test results to CDC's PulseNet database within 4 working days		
	2008*	2009**	2010**
***Escherichia coli* O157:H7**	29 out of 50 (58%)	32 out of 51 (63%)	38 out of 50 (76%)
Listeria monocytogenes	18 out of 32 (56%)	18 out of 28 (64%)	21 out of 31 (68%)

Source: CDC, OPHPR (DSLR); 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
**Data for the 50 states; **Data for the 50 states and District of Columbia*

PulseNet is a national network of public health and food regulatory agency laboratories coordinated by CDC. Participant laboratories perform DNA "fingerprinting" of bacteria by pulsed-field gel electrophoresis, which distinguishes strains of these bacteria.

States have improved their abilities to rapidly identify these bacteria. The number of states that submitted at least 90% of *E. coli* and *L. monocytogenes* test results to CDC's PulseNet database within 4 working days increased between 2008 to 2010 (Table 2). For those states that missed the 4-day benchmark for *E. coli* in 2010, the most commonly reported reason was laboratory workforce issues. Specifically, seven states reported issues such as staff shortages and lack of trained staff. Similarly, five states reported in 2010 that their *L. monocytogenes* data submission was affected by staffing issues such as staff turnover and furloughs. For additional information regarding laboratory workforce issues, see the box below.

States Facing Challenging Workforce Issues

From 2008 to 2010, more than 44,000 jobs were lost in state and local health departments, reducing staff such as public health physicians and nurses, laboratory specialists, and epidemiologists. Laboratorians provide critical expertise to effectively identify and respond to public health emergencies. According to a 2010 national survey, public health laboratories across the country are experiencing significant difficulties maintaining the highly skilled workforce of laboratorians necessary to ensure an effective response. State public health laboratories reported that the factors most severely impacting their workforce were non-competitive salaries (52%), lack of funding (48%), and hiring freezes (43%). From 2009 to 2010, the number of states reporting furloughs as a major workforce barrier increased from 32% to 39%. In addition, CDC found that despite the overall progress reported by states in identifying specific bacteria associated with foodborne disease outbreaks, many states reported being unable to achieve performance measure benchmarks in 2010; workforce issues were among the reasons cited for missing the benchmark. As budget cuts continue, more state public health services and functions will likely be impacted, affecting states' ability to respond rapidly and effectively to public health threats.

Sources: National Association of County & City Health Officials and Association of State and Territorial Health Officials, Letter to Congress Regarding Cuts Proposed in H.R. 1363 (April 7, 2011); Association of Public Health Laboratories, Response by the Numbers: The Nation's Public Health Laboratories Protect the Country (2011); and CDC, OPHPR (DSLR); 2010 data: 8/10/09-8/9/10

Nationwide Testing for Responding to Chemical Threats

In 2003, the LRN started testing clinical specimens to measure human exposure to toxic chemicals. LRN chemical laboratories are designated as Level 1, 2, or 3.

- *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 2010, a total of 57 LRN laboratories in the United States could handle and/or test for chemical agents; 10 of these were Level 1 laboratories, 36 were Level 2 laboratories, and 11 were Level 3 laboratories. Illinois reported downgrading its Level 2 laboratory to a Level 3 that year due to funding issues, and Florida reported adding a Level 3 laboratory during that same time period.

Illinois reported downgrading its Level 2 laboratory to Level 3 in 2010 due to funding issues.

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. These methods are considered important because they 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 offer new technical fundamentals in the methods that provide the foundation of LRN-C laboratory capabilities. The number of core methods increased from six in 2009 to eight in 2010.

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 their testing capabilities. Proficiency in additional methods is required for Level 1 laboratories and optional for Level 2 laboratories. In 2009, there were six additional methods for Level 1 laboratories and up to five additional methods for Level 2 laboratories, depending on the state or locality needs. In 2010, there were five additional methods in which Level 1 laboratories should have demonstrated proficiency, and up to four additional methods in which Level 2 laboratories could have chosen to become proficient.

Table 3: Evaluating LRN-C Capabilities Through Proficiency Testing; 2009-2010

Methods successfully demonstrated by Level 1 and Level 2 laboratories to rapidly detect chemical agents	
2009	**2010**
Average number of methods: 6.7 total methods • 5.3 core methods (maximum: 6) • 1.4 additional methods (maximum: up to 6)	**Average number of methods: 8.9 total methods** • 7.1 core methods (maximum: 8) • 1.7 additional methods (maximum: up to 5)

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

Level 1 and 2 laboratories increased 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 rose from 6.7 methods in 2009 to 8.9 methods in 2010 (Table 3) – an increase of more than 30% in two years. In 2010, 28 out of 46 Level 1 and/or Level 2 LRN chemical laboratories were able to demonstrate proficiency in all eight core methods. In 2010, 27 out of 46 Level 1 and/or Level 2 LRN chemical laboratories demonstrated proficiency in at least one additional method to rapidly detect chemical agents.

Level 1 laboratories greatly reduced 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. 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 hours to process and report on 500 samples by Level 1 laboratories during the LRN Surge Capacity Exercise decreased from 98 hours to 56 hours.

National Snapshot of Laboratory Activities

A summary table of national-level data on laboratory activities in 2008, 2009, and 2010 appears below (Table 4). 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 20. See appendix 1 for an explanation of data points.

Table 4: National Snapshot of Laboratory Activities; 2008-2010

Laboratories: Biological Capabilities						
	2008		2009		2010	
Laboratory Response Network (LRN) reference and/or national laboratories that could test for biological agents **Source: CDC, OID (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10**	**151** total LRN reference and national laboratories **148** LRN reference laboratories **3** LRN national laboratories		**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	
Proficiency tests passed by LRN reference and/or national laboratories **Source: CDC, OID (NCEZID); 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10**	**261 out of 277** tests (94%)		**195 out of 204** tests (96%)		**312 out of 327** tests (95%)	
LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.** **Source: CDC, OID (NCEZID); 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10**	**39 out of 54** laboratories participated (72%) **35 out of 39** laboratories passed (90%)		**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%)
Number of states submitting at least 90% of test results to CDC's PulseNet database within 4 working days **Source: CDC, OPHPR (DSLR); 2008 data: 8/31/07-8/9/08 (50 states); 2009 data: 8/10/08-8/9/09 (50 states and DC); 2010 data: 8/10/09 -8/9/10 (50 states and DC)**	*Escherichia coli* O157:H7	**29 out of 50** states (58%)	*Escherichia coli* O157:H7	**32 out of 51** states (63%)	*Escherichia coli* O157:H7	**38 out of 50** states (76%)
	Listeria monocytogenes	**18 out of 32** states (56%)	*Listeria monocytogenes*	**18 out of 28** states (64%)	*Listeria monocytogenes*	**21 out of 31** states (68%)

Laboratories: Chemical Capabilities			
	2009		**2010**
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**	**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
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**	**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%)
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**	• **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%)
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**	**Aug**	**Oct**	**Sep**
	589 out of 658 agents (90%) Note: A total of 14 agents per laboratory could have been detected by the 47 laboratories participating in this exercise.	**31 out of 32** agents (97%) Note: A total of 1 agent per laboratory could have been detected by the 32 laboratories participating in this exercise.	**664 out of 731** agents (91%) Note: A total of 17 agents per laboratory could have been detected by the 43 laboratories participating in this exercise.
Average hours to process and report on 500 samples by Level 1 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**	**98** hours (range was 71 to 126 hours)		**56** hours (range was 38 to 86 hours)

Response Readiness Planning: Improving Response to Threats through Planning for Medical Asset Distribution

Responding effectively to a public health emergency often requires complex logistical planning for activities such as the distribution of medicines or other supplies to a community. Because these activities involve many different community agencies, everyone involved in emergency response must plan strategies and regularly exercise (practice) them together. Many of the skills and resources needed for these activities – such as use of the Incident Command System (to define roles and responsibilities), communications, planning, and exercising – are also core needs for responding to day-to-day public health threats.

All 50 states and the 4 localities funded by the Public Health Emergency Preparedness (PHEP) cooperative agreement have plans for receiving, staging, storing, distributing, and dispensing medical assets from CDC's Strategic National Stockpile (SNS). Assets include antibiotics, chemical antidotes, antitoxins, vaccines, antiviral drugs, and other life-saving medical supplies. These assets are designed to supplement and resupply state and local public health agencies in the event of a large-scale public health emergency.

Everyone involved in emergency response must plan strategies and regularly exercise (practice) them together.

Building the capability to ensure that key medical supplies are available during emergencies is a continuous process of acquiring and managing assets, providing technical assistance, and evaluating readiness. When certain SNS assets are deployed, CDC provides technical assistance support teams to work with state and local officials to ensure their efficient receipt and distribution upon arrival. Highlights of state and local activities conducted to enhance their response readiness planning follow. See individual fact sheets starting on page 20 for specific scores.

States improved their abilities to receive, distribute, and dispense medical assets. CDC conducts annual technical assistance reviews (TARs) to assess state and locality plans to receive, stage, store, distribute, and dispense SNS assets during a public health emergency. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions (see box below). CDC technical experts routinely consult with state, local, and large metropolitan health departments to assist them in developing plans specific to their jurisdictional needs and to identify and address gaps.

Assessing State Readiness

CDC conducts annual reviews to assess state plans to receive and manage Strategic National Stockpile (SNS) assets. Plans are assessed by evaluating performance in the functional areas below. (See appendix 1 for function descriptions.)

- Developing a Plan with SNS Elements
- Management of SNS
- Requesting SNS
- Communications Plan (Tactical)
- Public Information and Communication
- Security
- Receipt, Stage, Store
- Controlling Inventory
- Repackaging
- Distribution
- Dispensing Prophylaxis
- Hospital and Alternate Care Facilities Coordination
- Training, Exercise, and Evaluation

Using a scale from 0 to 100, a TAR score of 69 or higher in 2007-08 and 2008-09 indicated that a state performed in an acceptable range in its planning to receive, stage, store, distribute, and dispense SNS medical assets. The acceptable threshold score increased to 79 or higher for 2009-10. The national average for state TAR scores increased from 87 in 2007-08 to 94 in 2009-10. Functional areas showing the largest improvement over the past three years include repackaging; hospital and alternative care facilities coordination; training, exercise and evaluation; and dispensing (Table 5).

Major metropolitan statistical area (MSA) TAR scores improved over time. The Cities Readiness Initiative (CRI) focuses on enhancing preparedness in major U.S. metropolitan areas where more than 50% of the U.S. population resides.[11] Through CRI, state and large metropolitan area public health departments have developed plans to respond to a large-scale bioterrorism incident by dispensing antibiotics within 48 hours to the entire population of an identified MSA. The program was originally established in 2004 with 21 cities that were selected based on criteria such as population and potential vulnerability to a bioterrorism threat. The program has grown to include a total of 72 MSAs, with at least one in every state. (MSAs can consist of one or more jurisdictions and can extend across state borders, resulting in the representation of several states within one MSA. See appendix 2 for a listing of the individual MSA jurisdictions within each state.)

To ensure continued readiness, CDC and state public health personnel conduct annual TARs to assess the plans for each local jurisdiction within a state's CRI MSAs and measure capacity for functions considered critical. Scores (ranging from 0 to 100) for each planning jurisdiction are combined to compute an average score for the CRI MSA. The national average for the 72 CRI MSAs increased from 68 in 2007-08 to 88 in 2009-10. A score of 69 or higher in 2007-08 and 2008-09 indicated that the CRI location performed in an acceptable range its plan to receive, distribute, and dispense SNS medical assets. The acceptable threshold score increased to 79 or higher for 2009-10.

Table 5: Technical Assistance Review Functional Areas That Demonstrated Improvement; 2007-2010

State Improvements in Response Readiness Functions	
2007-08 to 2008-09	**2008-09 to 2009-10**
Functions with largest improvement: • Repackaging *(increase of 11 points)* • Hospital and Alternative Care Facilities Coordination *(increase of 9 points)* • Distribution *(increase of 6 points)* • Dispensing Prophylaxis *(increase of 5 points)* • Controlling Inventory *(increase of 5 points)* • Receipt, Stage, Store *(increase of 5 points)* • Training, Exercise, and Evaluation *(increase of 5 points)*	**Functions with largest improvement:** • Training, Exercise and Evaluation *(increase of 6 points)* • Dispensing Prophylaxis *(increase of 4 points)* • Public Information and Communication *(increase of 4 points)* • Controlling Inventory *(increase of 2 points)* • Security *(increase of 3 points)* • Hospital and Alternative Care Facilities Coordination *(increase of 3 points)*

Source: CDC, OPHPR (DSNS); 2007-08 data: 8/10/2007-8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

National Snapshot of Response Readiness Planning Activities

A summary table of national-level data on response readiness planning activities from 2007 to 2010 appears below (Table 6). Note that these items represent available data for preparedness activities and do not fully represent all state and locality response readiness planning efforts. For individual state and locality information in the area of response readiness planning activities, see individual fact sheets starting on page 20. See appendix 1 for an explanation of data points.

Table 6: National Snapshot of Response Readiness Planning Activities; 2007-2010

		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Technical Assistance Review Scores – National Average for States**	87	91	94
	Function:			
	Developing a Plan with SNS Elements	93	96	95
	Management of SNS	92	95	96
	Requesting SNS	98	100	99
	Communications Plan (Tactical)	93	94	96
	Public Information and Communication	87	91	95
	Security	88	90	93
	Receipt, Stage, Store	91	96	97
	Controlling Inventory	88	93	95
	Repackaging	76	87	88
	Distribution	87	93	94
	Dispensing Prophylaxis	83	88	92
	Hospital and Alternate Care Facilities Coordination	80	89	92
	Training, Exercise, and Evaluation	84	89	95
	Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-10.			
Source: CDC, OPHPR (DSNS); 2007-08 data: 8/10/2007-8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period	**Technical Assistance Review Scores – National Average for the 72 Metropolitan Statistical Areas in CDC's Cities Readiness Initiative**	68	80	88
	Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-10.			

Section 2: Public Health Preparedness Activities in States and Localities

- Fact Sheets for 50 States and the 4 Localities of Chicago, the District of Columbia, Los Angeles County, and New York City

Alabama

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 tests	2 out of 2 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 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.	Passed	Passed	Apr: passed Jun: 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	58 100% (target: 90%)	25 100% (target: 90%)	22 95% (target: 90%)
	Rapidly identified *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	8 38% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 additional	11 total methods 8 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10

[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10

[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10

[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10

[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

[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10

[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10

[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10

[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Alabama

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**92**	**86**	**90**
	• *Function:* Developing a Plan with SNS Elements	100	79	67
	• *Function:* Management of SNS	83	100	100
	• *Function:* Requesting SNS	100	83	83
	• *Function:* Communications Plan (Tactical)	100	100	92
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	83	75	100
	• *Function:* Receipt, Stage, Store	81	100	100
	• *Function:* Controlling Inventory	92	83	100
	• *Function:* Repackaging	100	100	83
	• *Function:* Distribution	100	93	100
	• *Function:* Dispensing Prophylaxis	94	72	78
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	90
	• *Function:* Training, Exercise, and Evaluation	95	71	81

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Birmingham-Hoover, AL	32	54	76

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Alaska

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	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 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.	Passed	Passed	Apr: passed Jun: 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	9 100% (target: 90%)	2 100% (target: 90%)	— N/A
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	3 total methods 3 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]	Did not pass	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

*Lab did not participate.

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10

[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10

[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10

[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10

[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

[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10

[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10

[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10

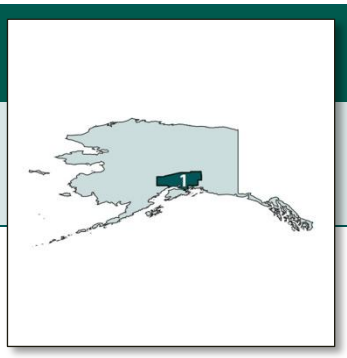
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Alaska

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**70**	**70**	**79**
	• *Function:* Developing a Plan with SNS Elements	79	79	92
	• *Function:* Management of SNS	67	75	75
	• *Function:* Requesting SNS	100	100	83
	• *Function:* Communications Plan (Tactical)	67	42	92
	• *Function:* Public Information and Communication	50	83	92
	• *Function:* Security	42	25	20
	• *Function:* Receipt, Stage, Store	83	77	92
	• *Function:* Controlling Inventory	58	67	100
	• *Function:* Repackaging	50	100	100
	• *Function:* Distribution	86	86	64
	• *Function:* Dispensing Prophylaxis	78	67	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	57	71	83

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Anchorage, AK	74	92	66

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Arizona

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 tests	2 out of 2 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 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.	Passed	Passed	Apr: passed Jun: 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	30 93% (target: 90%)	25 84% (target: 90%)	25 80% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	4 75% (target: 90%)	6 100% (target: 90%)	10 70% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 additional	11 total methods 8 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10

[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10

[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10

[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10

[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

[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10

[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10

[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10

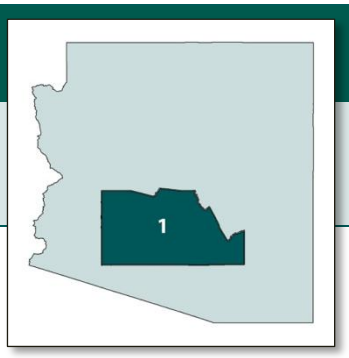
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Arizona

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**83**	**85**	**97**
	• *Function:* Developing a Plan with SNS Elements	64	86	100
	• *Function:* Management of SNS	92	100	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	75	75	100
	• *Function:* Public Information and Communication	83	75	100
	• *Function:* Security	100	92	100
	• *Function:* Receipt, Stage, Store	92	92	100
	• *Function:* Controlling Inventory	83	100	100
	• *Function:* Repackaging	17	50	67
	• *Function:* Distribution	93	71	93
	• *Function:* Dispensing Prophylaxis	72	78	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	70	100	90
	• *Function:* Training, Exercise, and Evaluation	86	97	97

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Phoenix-Mesa-Scottsdale, AZ	72	89	95

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Arkansas

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	1 out of 1 test	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 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.	Passed	Passed	Apr: passed Jun: 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	20 100% (target: 90%)	17 100% (target: 90%)	22 100% (target: 90%)
	Rapidly identified *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%)	— N/A	3 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

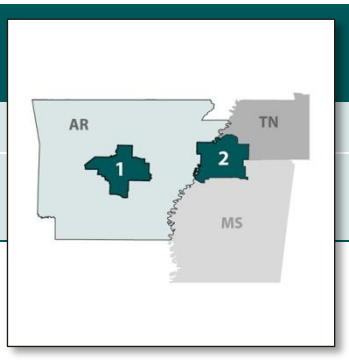
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Arkansas

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**93**	**97**	**97**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	83	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	89	89	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	86	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Little Rock-North Little Rock, AR	51	52	79
2. Memphis, TN-MS-AR The jurisdictions for this MSA are located in Arkansas, Mississippi, and Tennessee.	72	80	86

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

California

Data includes Los Angeles County (LAC); see separate fact sheet for LAC-specific data.

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
Participation in Laboratory Response Network (LRN) for biological agents	LRN reference and/or national laboratories that could test for biological agents[1]	22 reference labs (includes LAC)	17 reference labs (includes LAC)	20 reference labs (includes LAC)
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	28 out of 30 tests (includes LAC)	25 out of 25 tests (includes LAC)	39 out of 42 tests (includes LAC)
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	1 did not participate, 1 passed (LAC)	Both passed (includes LAC)	Apr: 1 did not pass, 1 passed (LAC) Jun: 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	180 90% (target: 90%)	210 25% (target: 90%)	234 91% (target: 90%)
	Rapidly identified *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 94% (target: 90%)	24 25% (target: 90%)	16 88% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	One Level 1 lab One Level 2 lab (LAC)	One Level 1 lab One Level 2 lab (LAC)
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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	**Level 1 lab:** 10 total methods 6 core 4 additional **Level 2 lab (LAC):** 4 total methods 4 core 0 additional	**Level 1 lab:** 13 total methods 8 core 5 additional **Level 2 lab (LAC):** 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]	**Level 1 lab:** passed **Level 2 lab (LAC):** passed	**Level 1 lab:** passed **Level 2 lab (LAC):** 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]	**Level 1 lab:** Aug: 13 out of 14 agents Oct: 1 out of 1 agent **Level 2 lab (LAC):** Aug: 14 out of 14 agents Oct: not eligible	**Level 1 lab:** Sep: 13 out of 17 agents **Level 2 lab (LAC):** Sep: 17 out of 17 agents
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	**Level 1 lab:** 112 hours (range: 71 to 126 hours)	**Level 1 lab:** 49 hours (range: 38 to 86 hours)

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

California

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**100**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

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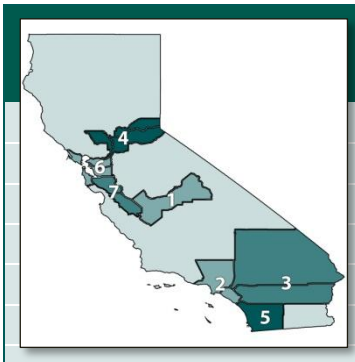

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Fresno, CA	22	73	74
2. Los Angeles-Long Beach-Santa Ana, CA	82	91	91
3. Riverside-San Bernardino-Ontario, CA	73	85	93
4. Sacramento-Arden-Arcade-Roseville, CA	60	75	94
5. San Diego-Carlsbad-San Marcos, CA	82	96	96
6. San Francisco-Oakland-Fremont, CA	74	86	88
7. San Jose-Sunnyvale-Santa Clara, CA	77	91	91

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Los Angeles County

See separate fact sheet for California state data.

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Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 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 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.	Passed	Passed	Apr: passed Jun: 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	—	—	—
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	4 total methods 4 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
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[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Los Angeles County

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CDC Technical Assistance Review (TAR) Directly Funded Locality Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**81**	**92**	**92**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	75	83	83
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	71	71	71
	• *Function:* Security	60	70	70
	• *Function:* Receipt, Stage, Store	88	96	96
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Distribution	43	100	100
	• *Function:* Dispensing Prophylaxis	92	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	90	90
	• *Function:* Training, Exercise, and Evaluation	93	100	100

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Colorado

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Laboratories: Biological Capabilities		2008	2009	2010
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	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	4 out of 5 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 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.	Passed	Passed	Apr: did not pass Jun: 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 99% (target: 90%)	147 86% (target: 90%)	57 100% (target: 90%)
	Rapidly identified *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 33% (target: 90%)	11 82% (target: 90%)	10 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	3 total methods 3 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
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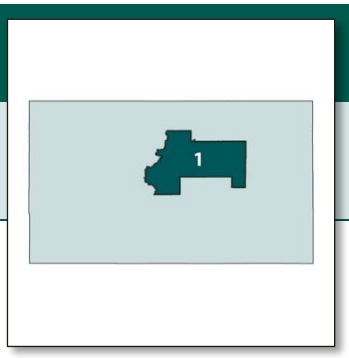
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Colorado

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**94**	**96**	**96**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	75	83	83
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	83	92	92
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	89	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	80	80
	• *Function:* Training, Exercise, and Evaluation	100	95	95

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Denver-Aurora, CO	90	85	78

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Connecticut

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	2 out of 2 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Did not participate	Passed	Apr: passed Jun: 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	33 100% (target: 90%)	37 92% (target: 90%)	32 100% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	15 100% (target: 90%)	21 86% (target: 90%)	37 97% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	6 total methods 6 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Connecticut

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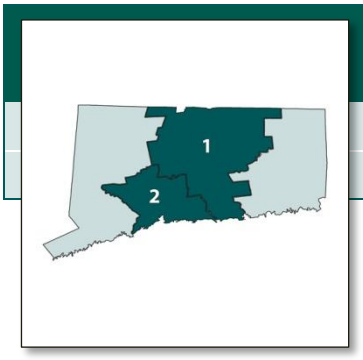
CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**84**	**94**	**94**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	75	100	100
	• *Function:* Security	92	75	75
	• *Function:* Receipt, Stage, Store	88	98	98
	• *Function:* Controlling Inventory	58	100	100
	• *Function:* Repackaging	67	100	100
	• *Function:* Distribution	79	86	86
	• *Function:* Dispensing Prophylaxis	67	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	100	90	90

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Hartford-West Hartford-East Hartford, CT	42	54	82
2. New Haven-Milford, CT	70	50	82

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Delaware

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 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 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.	Passed	Passed	Apr: passed Jun: 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%)	4 100% (target: 90%)	6 100% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	5 total methods 5 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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Delaware

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**96**	**98**	**98**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	92	100	100
	• *Function:* Receipt, Stage, Store	94	94	94
	• *Function:* Controlling Inventory	92	92	92
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	93	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	95	100	100

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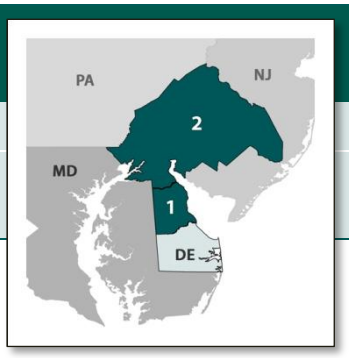

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Dover, DE	97	98	98
2. Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE The jurisdictions for this MSA are located in Delaware, Maryland, New Jersey, and Pennsylvania.	75	86	91

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

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District of Columbia

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 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	2 out of 2 tests	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 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.	Did not participate	Passed	Apr: did not participate Jun: did not pass
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	— N/A	5 80% (target: 90%)	4 100% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	0 total methods 0 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
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[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

District of Columbia

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CDC Technical Assistance Review (TAR) Directly Funded Locality Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**89**	**95**	**95**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	92	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	93	100	100
	• *Function:* Security	100	90	90
	• *Function:* Receipt, Stage, Store	90	96	96
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Distribution	86	100	100
	• *Function:* Dispensing Prophylaxis	77	92	92
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	88	93	93

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Florida

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 15 tests	12 out of 12 tests	15 out of 16 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Passed	Passed	Apr: passed Jun: 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	19 100% (target: 90%)	25 68% (target: 90%)	7 71% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	9 100% (target: 90%)	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010
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 1.	One Level 1 lab One Level 3 lab	One Level 1 lab Two 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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	Level 1 lab: 10 total methods 6 core 4 additional	Level 1 lab: 13 total methods 8 core 5 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
	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]	Level 1 lab: Aug: 14 out of 14 agents Oct: 1 out of 1 agent	Level 1 lab: Sep: 15 out of 17 agents
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	Level 1 lab: 123 hours (range: 71 to 126 hours)	Level 1 lab: 38 hours (range: 38 to 86 hours)

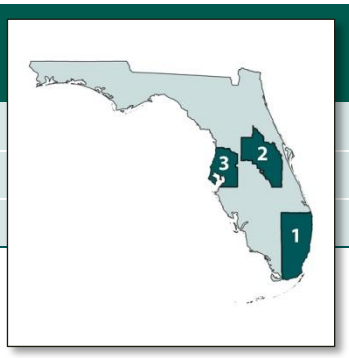
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Florida

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**95**	**98**	**98**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	83	100	100
	• *Function:* Communications Plan (Tactical)	100	83	83
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	89	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	84	90	90

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Miami-Fort Lauderdale-Pompano Beach, FL	87	94	94
2. Orlando-Kissimmee, FL	81	95	95
3. Tampa-St. Petersburg-Clearwater, FL	87	93	94

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Georgia

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 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 3 tests	3 out of 4 tests	6 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 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.	Did not participate	Passed	Apr: did not participate Jun: 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	49 84% (target: 90%)	25 48% (target: 90%)	12 92% (target: 90%)
	Rapidly identified *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 77% (target: 90%)	31 52% (target: 90%)	27 85% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Georgia

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**73**	**90**	**90**
	• *Function:* Developing a Plan with SNS Elements	71	100	100
	• *Function:* Management of SNS	92	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	75	100	90
	• *Function:* Security	58	90	98
	• *Function:* Receipt, Stage, Store	85	98	92
	• *Function:* Controlling Inventory	83	92	100
	• *Function:* Repackaging	0	100	93
	• *Function:* Distribution	71	93	67
	• *Function:* Dispensing Prophylaxis	56	67	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	90	100	100
	• *Function:* Training, Exercise, and Evaluation	88	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Atlanta-Sandy Springs-Marietta, GA	59	79	88

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Hawaii

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 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	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 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.	Did not participate	Passed	Apr: passed Jun: 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	32 78% (target: 90%)	6 83% (target: 90%)	28 96% (target: 90%)
	Rapidly identified *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 83% (target: 90%)	3 100% (target: 90%)	3 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	6 total methods 6 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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Hawaii

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**74**	**84**	**88**
	• *Function:* Developing a Plan with SNS Elements	86	100	83
	• *Function:* Management of SNS	83	92	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	92	100	100
	• *Function:* Public Information and Communication	92	92	92
	• *Function:* Security	42	67	80
	• *Function:* Receipt, Stage, Store	90	90	88
	• *Function:* Controlling Inventory	92	92	92
	• *Function:* Repackaging	67	67	50
	• *Function:* Distribution	86	86	86
	• *Function:* Dispensing Prophylaxis	56	78	94
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	66	78	78

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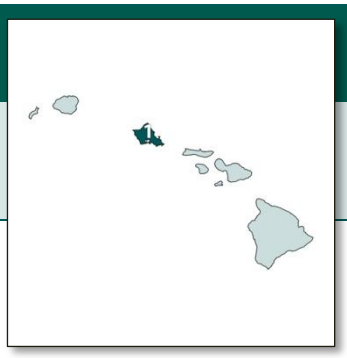

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Honolulu, HI	51	76	80

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Idaho

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 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 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.	Passed	Passed	Apr: passed Jun: 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 68% (target: 90%)	48 85% (target: 90%)	24 79% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
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Idaho

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**90**	**70**	**93**
	• *Function:* Developing a Plan with SNS Elements	100	100	92
	• *Function:* Management of SNS	75	92	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	83	83
	• *Function:* Public Information and Communication	92	33	92
	• *Function:* Security	100	50	100
	• *Function:* Receipt, Stage, Store	88	81	98
	• *Function:* Controlling Inventory	67	75	100
	• *Function:* Repackaging	50	0	50
	• *Function:* Distribution	81	93	100
	• *Function:* Dispensing Prophylaxis	100	89	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	60	70
	• *Function:* Training, Exercise, and Evaluation	96	17	98

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Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Boise City-Nampa, ID	75	45	66

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Illinois

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	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	5 out of 5 tests	7 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 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.	1 did not participate, 1 passed	Both passed	Apr: 1 did not participate, 1 passed Jun: 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	111 92% (target: 90%)	141 93% (target: 90%)	76 96% (target: 90%)
	Rapidly identified *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 64% (target: 90%)	35 80% (target: 90%)	25 84% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	One Level 2 lab Two 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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	Level 2 lab: 6 total methods 6 core 0 additional	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
	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]	Level 2 lab: Aug: 13 out of 14 agents Oct: not eligible	N/A
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	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); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Illinois

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile(SNS)	**Overall Score**	**96**	**99**	**99**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	98	98	98
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	93	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	100	100
	• *Function:* Training, Exercise, and Evaluation	78	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Chicago-Naperville-Joliet, IL-IN-WI The jurisdictions for this MSA are located in Illinois, Indiana, and Wisconsin.	80	92	94
2. Peoria, IL	59	75	85
3. St. Louis, MO-IL The jurisdictions for this MSA are located in Illinois and Missouri.	76	84	87

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Chicago

See separate fact sheet for Illinois state data.

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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.	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.	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 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 identified *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
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 1.	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	—	—
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]	—	—
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	—	—

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Chicago

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state and directly funded locality plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) Directly Funded Locality Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**94**	**99**	**99**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	96	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Distribution	93	100	100
	• *Function:* Dispensing Prophylaxis	88	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	90	90
	• *Function:* Training, Exercise, and Evaluation	90	100	100

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Indiana

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 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 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.	Passed	Passed	Apr: passed Jun: 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	49 69% (target: 90%)	81 93% (target: 90%)	44 100% (target: 90%)
	Rapidly identified *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 50% (target: 90%)	7 86% (target: 90%)	12 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Indiana

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. TAR scores by function for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**96**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	92	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	89	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	100	100
	• *Function:* Training, Exercise, and Evaluation	95	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Chicago-Naperville-Joliet, IL-IN-WI The jurisdictions for this MSA are located in Indiana, Illinois, and Wisconsin.	80	92	94
2. Cincinnati-Middletown, OH-KY-IN The jurisdictions for this MSA are located in Indiana, Kentucky, and Ohio.	62	72	77
3. Indianapolis-Carmel, IN	83	86	95
4. Louisville, KY-IN The jurisdictions for this MSA are located in Indiana and Kentucky.	68	73	79

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Iowa

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	3 reference labs	3 reference labs
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 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.	Passed	Passed	Apr: passed Jun: 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	77 22% (target: 90%)	86 28% (target: 90%)	77 77% (target: 90%)
	Rapidly identified *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%)	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

*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); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Iowa

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**93**	**95**	**95**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	92	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	92	100	100
	• *Function:* Controlling Inventory	92	100	100
	• *Function:* Repackaging	67	67	67
	• *Function:* Distribution	71	71	71
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	90	90	90
	• *Function:* Training, Exercise, and Evaluation	83	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Des Moines-West Des Moines, IA	54	77	88
2. Omaha-Council Bluffs, NE-IA The jurisdictions for this MSA are located in Iowa and Nebraska.	44	84	95

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Kansas

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	1 out of 2 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 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.	Passed	Passed	Apr: passed Jun: 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 50% (target: 90%)	27 67% (target: 90%)	8 38% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	6 total methods 6 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

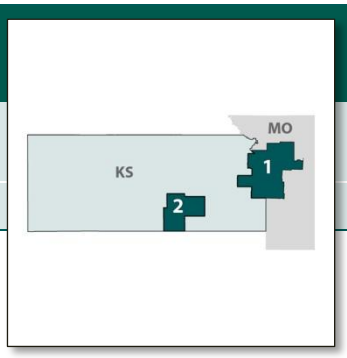
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Kansas

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**93**	**94**	**94**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	92	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	92	92
	• *Function:* Public Information and Communication	100	75	75
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	90	98	98
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	86	93	93
	• *Function:* Dispensing Prophylaxis	100	94	94
	• *Function:* Hospital/Alternate Care Facilities Coordination	70	70	70
	• *Function:* Training, Exercise, and Evaluation	72	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Kansas City, MO-KS The jurisdictions for this MSA are located in Kansas and Missouri.	73	89	93
2. Wichita, KS	59	91	90

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Kentucky

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 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	2 out of 2 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 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.	Passed	Passed	Apr: did not participate Jun: 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	80 94% (target: 90%)	64 94% (target: 90%)	40 100% (target: 90%)
	Rapidly identified *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%)	3 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Kentucky

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**86**	**83**	**93**
	• *Function:* Developing a Plan with SNS Elements	71	86	67
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	83	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	75	75	90
	• *Function:* Receipt, Stage, Store	90	75	88
	• *Function:* Controlling Inventory	50	83	100
	• *Function:* Repackaging	83	67	100
	• *Function:* Distribution	93	79	86
	• *Function:* Dispensing Prophylaxis	94	83	94
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	90	100
	• *Function:* Training, Exercise, and Evaluation	60	76	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Cincinnati-Middletown, OH-KY-IN The jurisdictions for this MSA are located in Indiana, Kentucky, and Ohio.	62	72	77
2. Louisville, KY-IN The jurisdictions for this MSA are located in Indiana and Kentucky.	68	73	79

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Louisiana

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	2 out of 2 tests	3 out of 3 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Passed	Passed	Apr: did not participate Jun: 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%)	7 100% (target: 90%)	3 100% (target: 90%)
	Rapidly identified *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	Working towards PulseNet certification	10 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	4 total methods 4 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
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[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Louisiana

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**94**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	93	100	100
	• *Function:* Dispensing Prophylaxis	78	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

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Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Baton Rouge, LA	18	89	91
2. New Orleans-Metairie-Kenner, LA	29	93	93

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Maine

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Laboratories: Biological Capabilities		2008	2009	2010
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	3 out of 3 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Passed	Passed	Apr: did not participate Jun: 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	16 50% (target: 90%)	15 60% (target: 90%)	15 100% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	6 total methods 5 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
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Maine

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**51**	**90**	**97**
	• *Function:* Developing a Plan with SNS Elements	93	100	100
	• *Function:* Management of SNS	50	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	17	100	100
	• *Function:* Public Information and Communication	75	100	100
	• *Function:* Security	50	100	90
	• *Function:* Receipt, Stage, Store	56	83	100
	• *Function:* Controlling Inventory	42	92	92
	• *Function:* Repackaging	0	100	100
	• *Function:* Distribution	38	86	100
	• *Function:* Dispensing Prophylaxis	61	94	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	20	100	90
	• *Function:* Training, Exercise, and Evaluation	26	53	95

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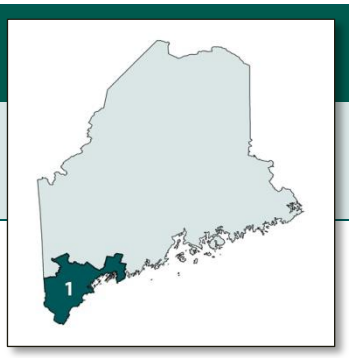

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Portland-South--Portland-Biddeford, ME	25	62	87

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Maryland

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Laboratories: Biological Capabilities		2008	2009	2010
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 2 national labs	3 reference labs 2 national labs	5 reference labs 2 national labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	9 out of 9 tests	6 out of 6 tests	14 out of 14 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Passed	Passed	Apr: passed Jun: 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	22 95% (target: 90%)	26 100% (target: 90%)	20 100% (target: 90%)
	Rapidly identified *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%)	12 100% (target: 90%)	16 94% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	7 total methods 6 core 1 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Maryland

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**93**	**96**	**96**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	83	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	67	92	92
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	94	98	98
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	100	89	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	90	100	100
	• *Function:* Training, Exercise, and Evaluation	74	95	95

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Baltimore-Towson, MD	77	89	92
2. Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE The jurisdictions for this MSA are located in Delaware, Maryland, New Jersey, and Pennsylvania.	75	86	91
3. Washington-Arlington-Alexandria, DC-VA-MD-WV The jurisdictions for this MSA are located in District of Columbia, Maryland, Virginia, and West Virginia.	82	85	79

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Massachusetts

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	4 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 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.	Passed	Passed	Apr: passed Jun: 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	83	71	73
	• Test results submitted to PulseNet database within 4 working days	84% (target: 90%)	92% (target: 90%)	96% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4]			
	• Samples for which state performed tests	59	31	35
	• Test results submitted to PulseNet database within 4 working days	39% (target: 90%)	65% (target: 90%)	77% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	9 total methods 6 core 3 additional	13 total methods 8 core 5 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	126 hours* (range: 71 to 126 hours)	84 hours (range: 38 to 86 hours)

*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); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10

[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10

[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10

[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10

[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

[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10

[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10

[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10

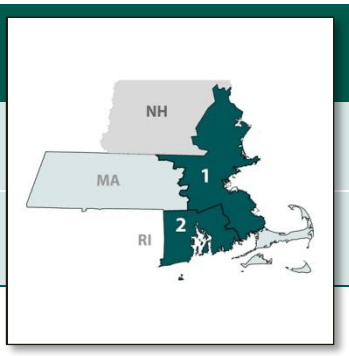
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Massachusetts

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**91**	**93**	**93**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	92	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	92	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	92	92
	• *Function:* Receipt, Stage, Store	100	98	98
	• *Function:* Controlling Inventory	92	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	93	100	100
	• *Function:* Dispensing Prophylaxis	83	89	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	40	30	30
	• *Function:* Training, Exercise, and Evaluation	86	95	95

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Boston-Cambridge-Quincy, MA-NH The jurisdictions for this MSA are located in Massachusetts and New Hampshire.	76	74	80
2. Providence-New Bedford-Fall River, RI-MA The jurisdictions for this MSA are located in Massachusetts and Rhode Island.	89	90	91

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Michigan

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	9 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	9 out of 9 tests	5 out of 5 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 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.	Passed	Passed	Apr: passed Jun: 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	95 95% (target: 90%)	114 100% (target: 90%)	41 100% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	14 100% (target: 90%)	22 100% (target: 90%)	36 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	10 total methods 6 core 4 additional	13 total methods 8 core 5 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	75 hours (range: 71 to 126 hours)	61 hours (range: 38 to 86 hours)

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Michigan

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**95**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	70	100	100
	• *Function:* Training, Exercise, and Evaluation	64	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Detroit-Warren-Livonia, MI	78	86	92

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Minnesota

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	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 4 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 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.	Passed	Passed	Apr: passed Jun: 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	158 98% (target: 90%)	135 100% (target: 90%)	218 100% (target: 90%)
	Rapidly identified *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 95% (target: 90%)	41 100% (target: 90%)	113 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	9 total methods 6 core 3 additional	12 total methods 8 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	78 hours (range: 71 to 126 hours)	77 hours (range: 38 to 86 hours)

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
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[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Minnesota

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**84**	**88**	**82**
	• *Function:* Developing a Plan with SNS Elements	100	100	67
	• *Function:* Management of SNS	100	100	83
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	83
	• *Function:* Public Information and Communication	100	100	83
	• *Function:* Security	100	100	60
	• *Function:* Receipt, Stage, Store	100	100	98
	• *Function:* Controlling Inventory	92	92	83
	• *Function:* Repackaging	100	100	50
	• *Function:* Distribution	93	93	57
	• *Function:* Dispensing Prophylaxis	61	72	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	0	60	80
	• *Function:* Training, Exercise, and Evaluation	72	72	100

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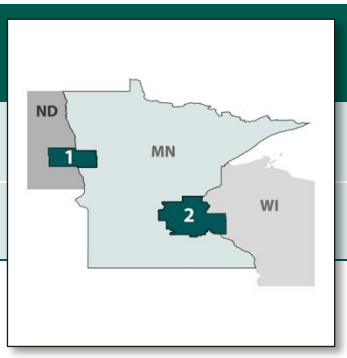

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Fargo, ND-MN The jurisdictions for this MSA are located in Minnesota and North Dakota.	70	71	89
2. Minneapolis-St. Paul-Bloomington, MN-WI The jurisdictions for this MSA are located in Minnesota and Wisconsin.	79	88	88

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Mississippi

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	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 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.	Did not participate	Passed	Apr: passed Jun: 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%)	6 100% (target: 90%)	10 100% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Mississippi

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**95**	**99**	**99**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	92	92	92
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	92	100	100
	• *Function:* Repackaging	83	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	89	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	100	100
	• *Function:* Training, Exercise, and Evaluation	97	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Jackson, MS	88	93	93
2. Memphis, TN-MS-AR® The jurisdictions for this MSA are located in Arkansas, Mississippi, and Tennessee.	72	80	86

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Missouri

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	2 out of 2 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Did not participate	Passed	Apr: did not participate Jun: 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	123 89% (target: 90%)	58 93% (target: 90%)	89 96% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 additional	11 total methods 8 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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Missouri

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**96**	**89**	**97**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	58	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	83	100
	• *Function:* Public Information and Communication	100	67	83
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	96	100
	• *Function:* Controlling Inventory	100	83	92
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	93
	• *Function:* Dispensing Prophylaxis	83	89	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	90	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

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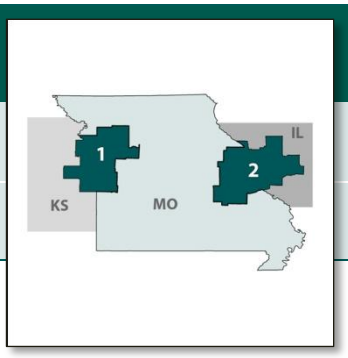

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Kansas City, MO-KS The jurisdictions for this MSA are located in Kansas and Missouri.	73	89	93
2. St. Louis, MO-IL The jurisdictions for this MSA are located in Illinois and Missouri.	76	84	87

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Montana

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 4 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 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.	Passed	Passed	Apr: passed Jun: 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	18 67% (target: 90%)	19 68% (target: 90%)	26 42% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	6 total methods 6 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
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[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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Montana

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**91**	**96**	**96**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	92	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	83	100	100
	• *Function:* Security	92	92	92
	• *Function:* Receipt, Stage, Store	96	96	96
	• *Function:* Controlling Inventory	92	92	92
	• *Function:* Repackaging	33	50	50
	• *Function:* Distribution	100	93	93
	• *Function:* Dispensing Prophylaxis	89	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	90	100	100

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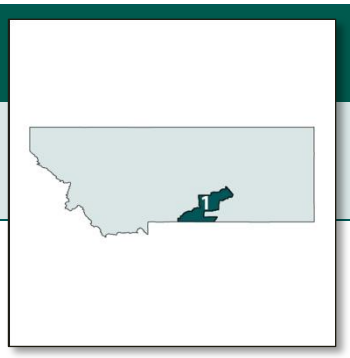

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Billings, MT	80	55	75

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

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Nebraska

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Laboratories: Biological Capabilities		2008	2009	2010
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	2 out of 2 tests	2 out of 3 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Did not participate	Passed	Apr: passed Jun: 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	38 76% (target: 90%)	44 70% (target: 90%)	29 48% (target: 90%)
	Rapidly identified *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%	— N/A	— N/A

Laboratories: Chemical Capabilities		2009	2010
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 1.	One Level 2 lab	One Level 2 lab
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[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
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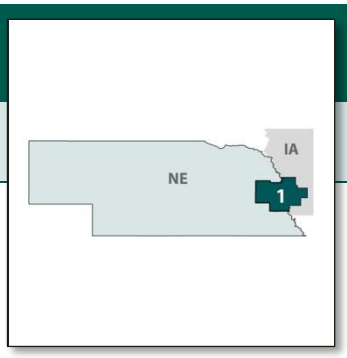
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Nebraska

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**81**	**85**	**93**
	• *Function:* Developing a Plan with SNS Elements	100	100	92
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	52	100	98
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	93
	• *Function:* Dispensing Prophylaxis	78	33	78
	• *Function:* Hospital/Alternate Care Facilities Coordination	60	100	90
	• *Function:* Training, Exercise, and Evaluation	40	100	95

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Omaha-Council Bluffs, NE-IA The jurisdictions for this MSA are located in Iowa and Nebraska.	44	84	95

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Nevada

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	6 out of 6 tests	5 out of 5 tests	7 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 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.	Did not participate	Passed	Apr: passed Jun: 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	13 77% (target: 90%)	11 100% (target: 90%)	9 100% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	5 60% (target: 90%)	2 100% (target: 90%)	2 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	7 total methods 6 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

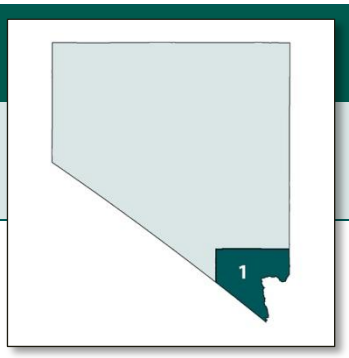
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Nevada

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**55**	**89**	**83**
	• *Function:* Developing a Plan with SNS Elements	57	93	83
	• *Function:* Management of SNS	50	75	67
	• *Function:* Requesting SNS	83	100	100
	• *Function:* Communications Plan (Tactical)	92	75	67
	• *Function:* Public Information and Communication	8	100	92
	• *Function:* Security	58	100	100
	• *Function:* Receipt, Stage, Store	44	100	92
	• *Function:* Controlling Inventory	33	83	83
	• *Function:* Repackaging	0	0	0
	• *Function:* Distribution	36	100	100
	• *Function:* Dispensing Prophylaxis	89	89	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	0	70	30
	• *Function:* Training, Exercise, and Evaluation	67	91	76

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Las Vegas-Paradise, NV	82	87	92

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

New Hampshire

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	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 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.	Passed	Passed	Apr: passed Jun: 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 67% (target: 90%)	20 90% (target: 90%)	22 100% (target: 90%)
	Rapidly identified *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 71% (target: 90%)	10 90% (target: 90%)	4 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	6 total methods 6 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

New Hampshire

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**86**	**81**	**90**
	• *Function:* Developing a Plan with SNS Elements	93	64	100
	• *Function:* Management of SNS	92	67	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	83	92	100
	• *Function:* Public Information and Communication	83	75	100
	• *Function:* Security	83	75	90
	• *Function:* Receipt, Stage, Store	96	96	90
	• *Function:* Controlling Inventory	100	83	100
	• *Function:* Repackaging	67	17	50
	• *Function:* Distribution	79	86	79
	• *Function:* Dispensing Prophylaxis	72	89	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	70	90
	• *Function:* Training, Exercise, and Evaluation	100	76	98

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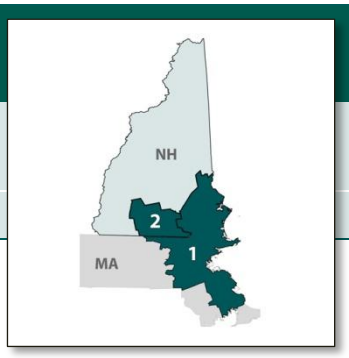

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Boston-Cambridge-Quincy, MA-NH The jurisdictions for this MSA are located in Massachusetts and New Hampshire.	76	74	80
2. Manchester-Nashua, NH	75	78	87

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

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New Jersey

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 tests	2 out of 2 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 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.	Passed	Passed	Apr: passed Jun: 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	108 100% (target: 90%)	36 100% (target: 90%)	40 100% (target: 90%)
	Rapidly identified *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	5 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**98**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	98	100	100
	• *Function:* Controlling Inventory	92	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	86	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

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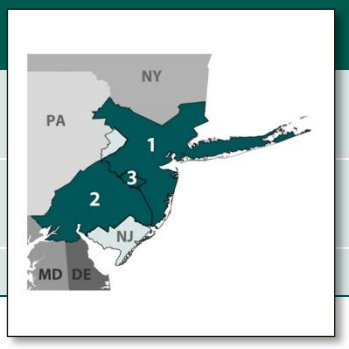

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. New York-Northern New Jersey-Long Island, NY-NJ-PA The jurisdictions for this MSA are located in New Jersey, New York, and Pennsylvania.	86	92	93
2. Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE The jurisdictions for this MSA are located in Delaware, Maryland, New Jersey, and Pennsylvania.	75	86	91
3. Trenton-Ewing, NJ	78	88	93

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

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New Mexico

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Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 tests	1 out of 2 tests	3 out of 3 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Did not pass	Passed	Apr: passed Jun: 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	12 100% (target: 90%)	10 90% (target: 90%)	5 100% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	10 total methods 6 core 4 additional	13 total methods 8 core 5 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
	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	Did not participate; lab was moving
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	71 hours (range: 71 to 126 hours)	44 hours (range: 38 to 86 hours)

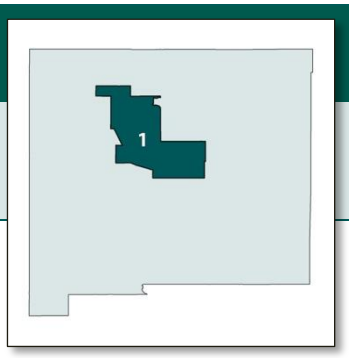
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

New Mexico

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**71**	**78**	**79**
	• *Function:* Developing a Plan with SNS Elements	100	86	67
	• *Function:* Management of SNS	100	100	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	75	100
	• *Function:* Public Information and Communication	8	0	42
	• *Function:* Security	100	100	90
	• *Function:* Receipt, Stage, Store	100	94	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	71	86	86
	• *Function:* Dispensing Prophylaxis	17	50	56
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	90	60
	• *Function:* Training, Exercise, and Evaluation	93	100	90

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Albuquerque, NM	26	89	37

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

New York

Data includes New York City (NYC); see separate fact sheet for NYC-specific data.

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 (includes NYC)	5 reference labs (includes NYC)	5 reference labs (includes NYC)
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	13 out of 13 tests (includes NYC)	7 out of 8 tests (includes NYC)	11 out of 11 tests (includes NYC)
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Both passed (includes NYC)	Both passed (includes NYC)	Apr: both passed Jun: both passed (includes NYC)
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	129	99	100
	• Test results submitted to PulseNet database within 4 working days	73% (target: 90%)	81% (target: 90%)	97% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4]			
	• Samples for which state performed tests	40	51	59
	• Test results submitted to PulseNet database within 4 working days	78% (target: 90%)	94% (target: 90%)	97% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	One Level 1 lab One Level 3 lab (NYC)	One Level 1 lab One Level 3 lab (NYC)
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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	Level 1 lab: 10 total methods 6 core 4 additional	Level 1 lab: 13 total methods 8 core 5 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 (NYC): passed	Level 1 lab: passed Level 3 lab (NYC): 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]	Level 1 lab: Aug: 13 out of 14 agents Oct: 1 out of 1 agent	Level 1 lab: Sep: 17 out of 17 agents
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	Level 1 lab: 73 hours (range: 71 to 126 hours)	Level 1 lab: 47 hours (range: 38 to 86 hours)

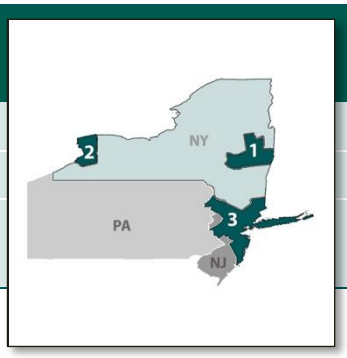
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

New York

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**97**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	83	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	93	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Albany-Schenectady-Troy, NY	92	99	99
2. Buffalo-Niagara Falls, NY	85	98	98
3. New York-Northern New Jersey-Long Island, NY-NJ-PA The jurisdictions for this MSA are located in New Jersey, New York, and Pennsylvania.	86	92	93

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

New York City

See separate fact sheet for New York state data.

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Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 tests	2 out of 2 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 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.	Passed	Passed	Apr: passed Jun: 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	—	—	—
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
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[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

New York City

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state and directly funded locality plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) Directly Funded Locality Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**99**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	96	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

North Carolina

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Laboratories: Biological Capabilities		2008	2009	2010
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	4 reference labs	5 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	11 out of 12 tests	4 out of 4 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 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.	Did not pass	Passed	Apr: passed Jun: 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	35 89% (target: 90%)	44 91% (target: 90%)	34 97% (target: 90%)
	Rapidly identified *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 57% (target: 90%)	13 77% (target: 90%)	21 62% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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North Carolina

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**93**	**98**	**98**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	92	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	92	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	100	92	92
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	88	100	100
	• *Function:* Dispensing Prophylaxis	89	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	90	90
	• *Function:* Training, Exercise, and Evaluation	80	100	100

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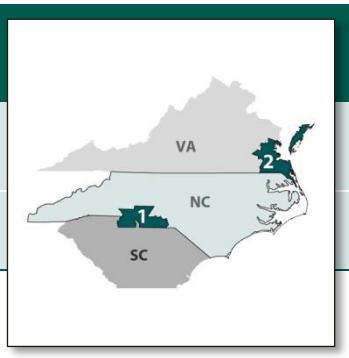


Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Charlotte-Gastonia-Concord, NC-SC The jurisdictions for this MSA are located in North Carolina and South Carolina.	63	66	80
2. Virginia Beach-Norfolk-Newport News, VA-NC The jurisdictions for this MSA are located in North Carolina and Virginia.	86	78	86

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

North Dakota

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 4 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 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.	Passed	Passed	Apr: passed Jun: 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%)	6 83% (target: 90%)	5 100% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

*State reported three core methods meet its preparedness needs.

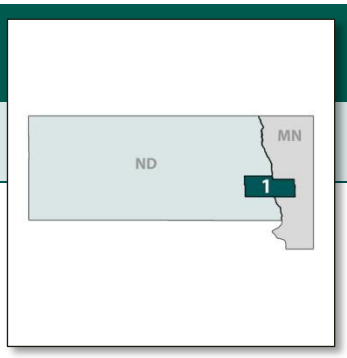
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

North Dakota

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**77**	**83**	**95**
	• *Function:* Developing a Plan with SNS Elements	79	64	100
	• *Function:* Management of SNS	67	83	92
	• *Function:* Requesting SNS	100	100	83
	• *Function:* Communications Plan (Tactical)	67	92	92
	• *Function:* Public Information and Communication	100	100	92
	• *Function:* Security	58	75	90
	• *Function:* Receipt, Stage, Store	94	100	100
	• *Function:* Controlling Inventory	92	100	100
	• *Function:* Repackaging	38	83	100
	• *Function:* Distribution	69	64	100
	• *Function:* Dispensing Prophylaxis	78	78	94
	• *Function:* Hospital/Alternate Care Facilities Coordination	70	80	100
	• *Function:* Training, Exercise, and Evaluation	80	84	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Fargo, ND-MN The jurisdictions for this MSA are located in Minnesota and North Dakota.	70	71	89

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Ohio

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	3 out of 3 tests	3 out of 3 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Passed	Did not pass	Apr: did not participate Jun: 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 97% (target: 90%)	127 91% (target: 90%)	85 99% (target: 90%)
	Rapidly identified *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%)	29 97% (target: 90%)	34 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

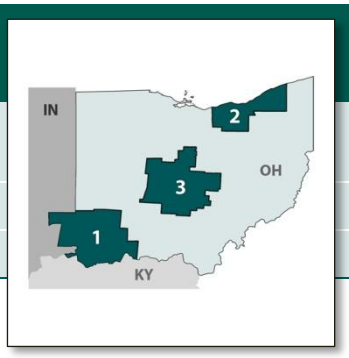
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Ohio

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**90**	**89**	**95**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	92	92	92
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	83	83	83
	• *Function:* Public Information and Communication	92	92	100
	• *Function:* Security	83	83	90
	• *Function:* Receipt, Stage, Store	98	98	96
	• *Function:* Controlling Inventory	92	92	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	93	100
	• *Function:* Dispensing Prophylaxis	83	83	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	70	40	60
	• *Function:* Training, Exercise, and Evaluation	91	93	98

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Cincinnati-Middletown, OH-KY-IN The jurisdictions for this MSA are located in Indiana, Kentucky, and Ohio.	62	72	77
2. Cleveland-Elyria-Mentor, OH	71	70	90
3. Columbus, OH	52	62	82

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Oklahoma

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 tests	2 out of 2 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 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.	Passed	Passed	Apr: passed Jun: 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	29 97% (target: 90%)	25 96% (target: 90%)	31 100% (target: 90%)
	Rapidly identified *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%)	8 100% (target: 90%)	5 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
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[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
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Oklahoma

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**97**	**98**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	98	96	100
	• *Function:* Controlling Inventory	83	83	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	80	100
	• *Function:* Training, Exercise, and Evaluation	88	100	100

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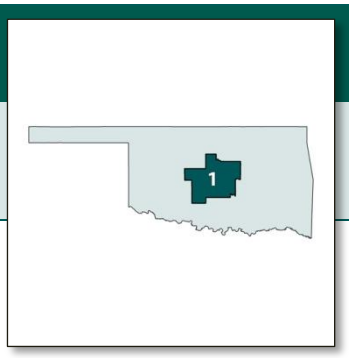

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Oklahoma City, OK	79	88	100

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Oregon

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Laboratories: Biological Capabilities		2008	2009	2010
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	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 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.	Did not participate	Passed	Apr: passed Jun: 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	53 100% (target: 90%)	45 96% (target: 90%)	81 95% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
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Oregon

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**85**	**86**	**94**
	• *Function:* Developing a Plan with SNS Elements	93	100	92
	• *Function:* Management of SNS	92	92	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	83	83	92
	• *Function:* Public Information and Communication	83	83	100
	• *Function:* Security	92	100	100
	• *Function:* Receipt, Stage, Store	75	83	90
	• *Function:* Controlling Inventory	75	100	100
	• *Function:* Repackaging	0	83	33
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	83	72	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	60	100
	• *Function:* Training, Exercise, and Evaluation	91	88	100

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Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Portland-Vancouver-Beaverton, OR-WA The jurisdictions for this MSA are located in Oregon and Washington.	58	73	90

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Pennsylvania

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	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 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.	Did not participate	Passed	Apr: did not pass Jun: 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	77 81% (target: 90%)	59 95% (target: 90%)	54 93% (target: 90%)
	Rapidly identified *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%)	10 100% (target: 90%)	— N/A

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	8 total methods 6 core 2 additional	11 total methods 8 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
	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	Did not participate; instrument not operational on date of exercise
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Pennsylvania

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**60**	**82**	**81**
	• *Function:* Developing a Plan with SNS Elements	43	86	92
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	67	100	100
	• *Function:* Public Information and Communication	42	92	83
	• *Function:* Security	75	92	100
	• *Function:* Receipt, Stage, Store	73	98	98
	• *Function:* Controlling Inventory	83	100	100
	• *Function:* Repackaging	75	100	100
	• *Function:* Distribution	38	64	79
	• *Function:* Dispensing Prophylaxis	28	56	44
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	100	100
	• *Function:* Training, Exercise, and Evaluation	72	78	78

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. New York-Northern New Jersey-Long Island, NY-NJ-PA The jurisdictions for this MSA are located in New Jersey, New York, and Pennsylvania.	86	92	93
2. Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE The jurisdictions for this MSA are located in Delaware, Maryland, New Jersey, and Pennsylvania.	75	86	91
3. Pittsburgh, PA	42	59	70

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Rhode Island

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	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 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.	Passed	Passed	Apr: passed Jun: 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 71% (target: 90%)	3 67% (target: 90%)	3 67% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	2 total methods 2 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

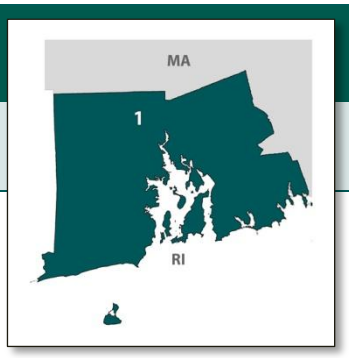
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Rhode Island

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**93**	**99**	**99**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	92	100	100
	• *Function:* Security	92	92	92
	• *Function:* Receipt, Stage, Store	98	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	86	100	100
	• *Function:* Dispensing Prophylaxis	94	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	90	100	100
	• *Function:* Training, Exercise, and Evaluation	83	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Providence-New Bedford-Fall River, RI-MA The jurisdictions for this MSA are located in Massachusetts and Rhode Island.	89	90	91

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

South Carolina

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	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 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.	Passed	Passed	Apr: passed Jun: 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	22 86% (target: 90%)	19 95% (target: 90%)	6 100% (target: 90%)
	Rapidly identified *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 29% (target: 90%)	13 100% (target: 90%)	6 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	10 total methods 6 core 4 additional	13 total methods 8 core 5 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	100 hours (range: 71 to 126 hours)	86 hours (range: 38 to 86 hours)

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
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[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
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South Carolina

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**87**	**93**	**93**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	83	92	92
	• *Function:* Receipt, Stage, Store	100	96	96
	• *Function:* Controlling Inventory	75	92	92
	• *Function:* Repackaging	67	50	50
	• *Function:* Distribution	93	93	93
	• *Function:* Dispensing Prophylaxis	72	89	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	100	100
	• *Function:* Training, Exercise, and Evaluation	76	90	90

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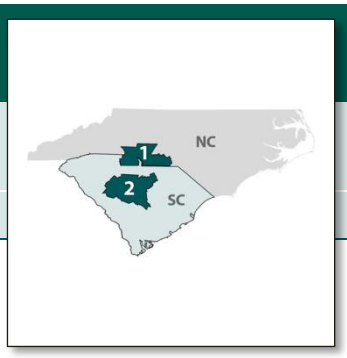

	Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
	1. Charlotte-Gastonia-Concord, NC-SC The jurisdictions for this MSA are located in North Carolina and South Carolina.	63	66	80
	2. Columbia, SC	83	90	90

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

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South Dakota

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Laboratories: Biological Capabilities		2008	2009	2010
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	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 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.	Did not participate	Did not pass	Apr: passed Jun: 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	49 43% (target: 90%)	47 38% (target: 90%)	48 29% (target: 90%)
	Rapidly identified *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
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 1.	One Level 2 lab	One Level 2 lab
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Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[7]	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
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South Dakota

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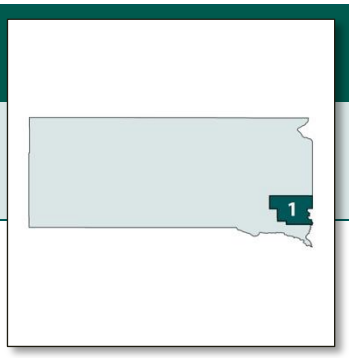
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	83	75	75
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	92	92
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	92	79	79
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	78	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	53	72	72

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Sioux Falls, SD	74	76	85

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Tennessee

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	10 out of 11 tests	5 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 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.	Passed	Passed	Apr: did not participate Jun: 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	55 100% (target: 90%)	43 100% (target: 90%)	45 98% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4] • Samples for which state performed tests • Test results submitted to PulseNet database within 4 working days	14 100% (target: 90%)	10 100% (target: 90%)	16 94% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	3 total methods 3 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
	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	Did not participate; instrument not operational on date of exercise
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Tennessee

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**89**	**89**	**92**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	92	92	92
	• *Function:* Public Information and Communication	83	83	83
	• *Function:* Security	83	83	92
	• *Function:* Receipt, Stage, Store	92	92	92
	• *Function:* Controlling Inventory	83	83	92
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	86	86	86
	• *Function:* Dispensing Prophylaxis	83	83	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	93	93	100

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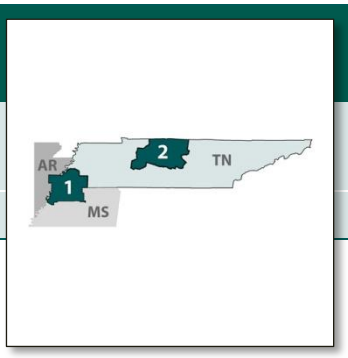

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Memphis, TN-MS-AR® The jurisdictions for this MSA are located in Arkansas, Mississippi, and Tennessee.	72	80	86
2. Nashville-Davidson—Murfreesboro, TN	56	95	90

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Texas

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	14 reference labs	13 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	23 out of 25 tests	14 out of 15 tests	26 out of 29 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Did not pass	Passed	Apr: did not pass Jun: 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	74	177	71
	• Test results submitted to PulseNet database within 4 working days	89% (target: 90%)	68% (target: 90%)	86% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4]			
	• Samples for which state performed tests	36	22	43
	• Test results submitted to PulseNet database within 4 working days	86% (target: 90%)	68% (target: 90%)	67% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	6 total methods 6 core 0 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
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[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Texas

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**97**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	90	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	50	100	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

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Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Dallas-Fort Worth-Arlington, TX	91	95	94
2. Houston-Baytown-Sugar Land, TX	79	88	85
3. San Antonio, TX	55	74	74

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Utah

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Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 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 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.	Did not participate	Passed	Apr: passed Jun: 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	34 94% (target: 90%)	25 84% (target: 90%)	29 83% (target: 90%)
	Rapidly identified *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%)	3 33% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	4 total methods 4 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
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Utah

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**85**	**88**	**92**
	• *Function:* Developing a Plan with SNS Elements	93	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	83	92	100
	• *Function:* Security	83	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	83	100	100
	• *Function:* Repackaging	50	50	100
	• *Function:* Distribution	86	93	100
	• *Function:* Dispensing Prophylaxis	72	78	67
	• *Function:* Hospital/Alternate Care Facilities Coordination	80	60	100
	• *Function:* Training, Exercise, and Evaluation	86	72	100

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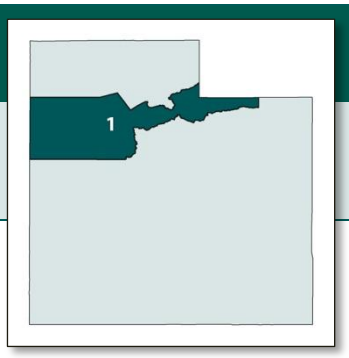

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Salt Lake City, UT	68	35	56

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Vermont

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	1 out of 1 test	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 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.	Passed	Passed	Apr: passed Jun: 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	8 100% (target: 90%)	31 100% (target: 90%)	14 100% (target: 90%)
	Rapidly identified *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%)	1 100% (target: 90%)	2 100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	7 total methods 6 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
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[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Vermont

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**93**	**98**	**98**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	92	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	92	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	96	100	100
	• *Function:* Controlling Inventory	92	83	83
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	83	94	94
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	95	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Burlington-South Burlington, VT	70	75	95

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Virginia

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	4 out of 4 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 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.	Passed	Passed	Apr: passed Jun: 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	83	97	44
	• Test results submitted to PulseNet database within 4 working days	98% (target: 90%)	98% (target: 90%)	82% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4]			
	• Samples for which state performed tests	17	14	19
	• Test results submitted to PulseNet database within 4 working days	94% (target: 90%)	93% (target: 90%)	74% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	10 total methods 6 core 4 additional	13 total methods 8 core 5 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	103 hours (range: 71 to 126 hours)	38 hours (range: 38 to 86 hours)

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Virginia

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**100**	**100**	**100**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	100	100
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	100	100	100
	• *Function:* Receipt, Stage, Store	100	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	100	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	100	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	100	100	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Richmond, VA	89	86	86
2. Virginia Beach-Norfolk-Newport News, VA-NC The jurisdictions for this MSA are located in North Carolina and Virginia.	86	78	86
3. Washington-Arlington-Alexandria, DC-VA-MD-WV The jurisdictions for this MSA are located in the District of Columbia, Maryland, Virginia, and West Virginia.	82	85	79

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Washington

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	5 reference labs	5 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	7 out of 8 tests	2 out of 3 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 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.	Passed	Passed	Apr: did not pass Jun: 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	72	201	149
	• Test results submitted to PulseNet database within 4 working days	96% (target: 90%)	100% (target: 90%)	97% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4]			
	• Samples for which state performed tests	6	52	65
	• Test results submitted to PulseNet database within 4 working days	83% (target: 90%)	96% (target: 90%)	98% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Washington

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**94**	**97**	**97**
	• *Function:* Developing a Plan with SNS Elements	100	100	100
	• *Function:* Management of SNS	100	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	100	75	75
	• *Function:* Public Information and Communication	100	100	100
	• *Function:* Security	83	92	92
	• *Function:* Receipt, Stage, Store	98	100	100
	• *Function:* Controlling Inventory	100	100	100
	• *Function:* Repackaging	17	100	100
	• *Function:* Distribution	93	93	93
	• *Function:* Dispensing Prophylaxis	94	100	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	90	100	100
	• *Function:* Training, Exercise, and Evaluation	100	100	100

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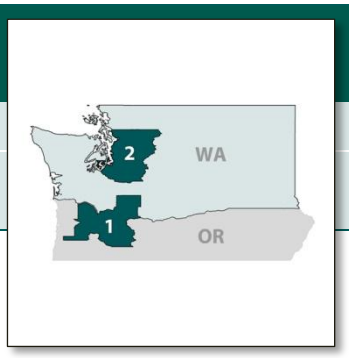

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Seattle-Tacoma-Bellevue, WA	68	75	77
2. Portland-Vancouver-Beaverton, OR-WA The jurisdictions for this MSA are located in Oregon and Washington.	58	73	90

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

West Virginia

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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	2 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 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.	Did not pass	Passed	Apr: passed Jun: 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 0% (target: 90%)	4 100% (target: 90%)	6 100% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	4 total methods 4 core 0 additional	6 total methods 5 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
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West Virginia

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CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**61**	**83**	**85**
	• *Function:* Developing a Plan with SNS Elements	64	86	71
	• *Function:* Management of SNS	50	92	92
	• *Function:* Requesting SNS	83	100	100
	• *Function:* Communications Plan (Tactical)	58	92	67
	• *Function:* Public Information and Communication	67	75	75
	• *Function:* Security	75	75	92
	• *Function:* Receipt, Stage, Store	63	92	88
	• *Function:* Controlling Inventory	83	75	75
	• *Function:* Repackaging	50	67	67
	• *Function:* Distribution	44	79	93
	• *Function:* Dispensing Prophylaxis	56	94	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	70	80	90
	• *Function:* Training, Exercise, and Evaluation	70	53	74

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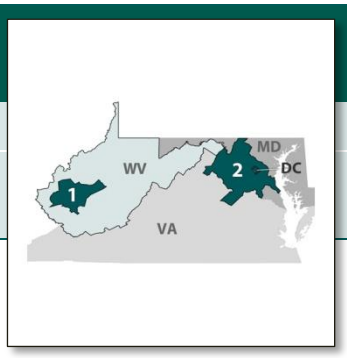


Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Charleston, WV	50	66	78
2. Washington-Arlington-Alexandria, DC-VA-MD-WV The jurisdictions for this MSA are located in the District of Columbia, Maryland, Virginia, and West Virginia.	82	85	79

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Wisconsin

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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 reference labs	2 reference labs
Evaluating LRN capabilities through proficiency testing	Proficiency tests passed by LRN reference and/or national laboratories[2]	6 out of 6 tests	4 out of 4 tests	7 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 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.	Passed	Did not pass	Apr: passed Jun: did not pass
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	133	135	73
	• Test results submitted to PulseNet database within 4 working days	94% (target: 90%)	93% (target: 90%)	100% (target: 90%)
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4]			
	• Samples for which state performed tests	7	16	16
	• Test results submitted to PulseNet database within 4 working days	100% (target: 90%)	81% (target: 90%)	100% (target: 90%)

Laboratories: Chemical Capabilities		2009	2010
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	10 total methods 6 core 4 additional	13 total methods 8 core 5 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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	122 hours (range: 71 to 126 hours)	39 hours (range: 38 to 86 hours)

[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Wisconsin

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**86**	**92**	**92**
	• *Function:* Developing a Plan with SNS Elements	86	100	100
	• *Function:* Management of SNS	83	100	100
	• *Function:* Requesting SNS	100	100	100
	• *Function:* Communications Plan (Tactical)	83	100	100
	• *Function:* Public Information and Communication	83	92	92
	• *Function:* Security	83	83	83
	• *Function:* Receipt, Stage, Store	83	94	94
	• *Function:* Controlling Inventory	92	92	92
	• *Function:* Repackaging	67	100	100
	• *Function:* Distribution	100	100	100
	• *Function:* Dispensing Prophylaxis	83	89	89
	• *Function:* Hospital/Alternate Care Facilities Coordination	60	100	100
	• *Function:* Training, Exercise, and Evaluation	98	79	79

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.

Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Chicago-Naperville-Joliet, IL-IN-WI The jurisdictions for this MSA are located in Illinois, Indiana, and Wisconsin.	80	92	94
2. Milwaukee-Waukesha-West Allis, WI	79	83	88
3. Minneapolis-St. Paul-Bloomington, MN-WI The jurisdictions for this MSA are located in Minnesota and Wisconsin.	79	88	88

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Wyoming

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 rapid detection and 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 use 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 1 for a more detailed description of the data points.

Laboratories: Biological Capabilities		2008	2009	2010
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]	1 out of 1 test	1 out of 1 test	3 out of 3 tests
Assessing LRN laboratory competency and reporting through exercises	LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours 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.	Did not participate	Passed	Apr: did not participate Jun: 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	8 100% (target: 90%)	10 100% (target: 90%)	7 100% (target: 90%)
	Rapidly identified *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
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 1.	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 six core methods in 2009 and eight core methods in 2010) • Additional methods successfully demonstrated (there were up to six additional methods available in 2009 and up to five in 2010)	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
	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
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise[9]	N/A	N/A

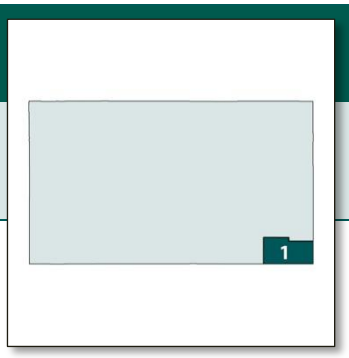
[1] CDC, Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID); 2008 data: 9/30/08; 2009 data: 12/31/09; 2010 data: 12/31/10
[2] CDC, OID, NCEZID; 2008 data: 1/08-9/08; 2009 data: 1/1/09-12/31/09; 2010 data: 1/1/10-12/31/10
[3] CDC, OID, NCEZID; 2008 data: 3/08; 2009 data: 7/09; 2010 data: 4/10 and 6/10
[4] CDC, Office of Public Health Preparedness and Response, Division of State and Local Readiness; 2008 data: 8/31/07-8/9/08; 2009 data: 8/10/08-8/9/09; 2010 data: 8/10/09-8/9/10
[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
[6] CDC, ONDIEH, NCEH; 2009 data: 1/1/09-9/14/09; 2010 data: 1/1/10-12/31/10
[7] CDC, ONDIEH, NCEH; 2009 data: 2/10/09-11/9/09; 2010 data: 1/1/10-12/31/10
[8] CDC, ONDIEH, NCEH; 2009 data: 8/24/09 and 10/5/09; 2010 data: 9/13/10
[9] CDC, ONDIEH, NCEH; 2009 data: 1/13/09-1/18/09; 2010 data: 5/18/10-5/22/10

Wyoming

All states and localities funded by CDC's Public Health Emergency Preparedness cooperative agreement have plans for receiving, distributing, and dispensing assets from CDC's Strategic National Stockpile (SNS). Assets include large quantities of medicine, vaccines, and medical supplies to supplement state and local public health agencies in a large-scale public health emergency. To ensure continued readiness, CDC conducts annual technical assistance reviews (TAR) of state plans. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. State TAR scores for the past three years are listed in the table below. (See scoring note at bottom of page.)

CDC Technical Assistance Review (TAR) State Scores[1]		2007-08	2008-09	2009-10
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile (SNS)	**Overall Score**	**72**	**80**	**95**
	• *Function:* Developing a Plan with SNS Elements	71	71	100
	• *Function:* Management of SNS	75	67	92
	• *Function:* Requesting SNS	83	100	100
	• *Function:* Communications Plan (Tactical)	75	92	92
	• *Function:* Public Information and Communication	25	67	67
	• *Function:* Security	67	58	90
	• *Function:* Receipt, Stage, Store	96	98	98
	• *Function:* Controlling Inventory	67	75	100
	• *Function:* Repackaging	63	83	100
	• *Function:* Distribution	75	71	100
	• *Function:* Dispensing Prophylaxis	78	83	100
	• *Function:* Hospital/Alternate Care Facilities Coordination	30	70	100
	• *Function:* Training, Exercise, and Evaluation	72	98	100

The Cities Readiness Initiative of the Strategic National Stockpile also enhances preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA. TAR scores for the past three years are listed in the table below for each MSA. (See scoring note at bottom of page.) See appendix 2 for a detailed listing of the jurisdictions in each MSA and their individual scores.



Cities Readiness Initiative Metropolitan Statistical Area TAR Scores[1]	2007-08	2008-09	2009-10
1. Cheyenne, WY	49	66	84

[1] CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-08 data: 8/10/2007- 8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-8/9/2010 performance period

Scoring Note: A score of 69 or higher in 2007-08 and 2008-09 indicated performance in an acceptable range. The acceptable threshold score increased to 79 or higher for 2009-2010.

Appendix 1: 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

Participation in Laboratory Response Network (LRN) 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. 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 reference and/or national laboratories that could test for biological agents*

  LRN biological laboratories are designated as national, reference, or sentinel laboratories. National laboratories, including those at CDC, are responsible for specialized strain characterizations, bioforensics, select agent activity, and handling highly infectious agents. Reference 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 non-public health 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 report 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 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 (EOC) to report results to EOC 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 non-participation 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

States and the District of Columbia 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 and the District of Columbia 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.

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

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

CDC manages the LRN, a group of local, state, federal, and international 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.

- *LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents (Note: There are three LRN-C levels, with Level 1 having the most advanced capabilities.)*
  - 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 determine if they can rapidly detect and measure chemical agents that can cause severe health effects.

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

  For 2010, CDC identified eight 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). The core methods are significant as they offer new technical fundamentals in the methods that provide the foundation of LRN-C laboratory 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, while Level 2 laboratories may choose to do so or not. In 2010, there were five additional methods in which Level 1 laboratories should have demonstrated proficiency, and up to four additional methods in which Level 2 laboratories could have chosen to become proficient. In 2009, there were six additional methods for Level 1 laboratories and up to five additional methods for Level 2 laboratories, depending on the state or locality needs. (There was a reduction in the number of additional methods from 2009 to 2010, since one of the 2009 additional methods became a core method in 2010). 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. 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. 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).

- *Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise*

  This exercise demonstrates the ability of each Level 1 laboratory to test and report on 500 samples (a total of 5000 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 500 samples were received until the time the last test result was reported to CDC.

Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile

The CDC Strategic National Stockpile (SNS) is a repository of antibiotics, chemical antidotes, antitoxins, vaccines, antiviral drugs, and other life-saving medical supplies that are placed in strategic locations around the nation to supplement and resupply state and local public health agencies in the event of a large-scale public health emergency.

- *Technical Assistance Review Scores – National Average for States*

  Every state and directly funded locality has plans for receiving, distributing, and dispensing SNS assets. CDC conducts state TARs to assess these plans on an annual basis to ensure continued readiness. Using a scale from 0 to 100, a CDC state TAR score of 69 or higher in 2007-08 and 2008-09 indicated that a state performed in an acceptable range in its plan to receive, distribute, and dispense medical assets from the SNS. The acceptable threshold score has increased to 79 or higher for 2009-2010. Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. The 13 functions are the following:

  Developing a Plan with SNS Elements. A comprehensive, written plan is essential to facilitate the receipt, distribution, and dispensing of SNS assets quickly and efficiently. This plan should be incorporated as part of a state's comprehensive emergency operations plan.

  Management of SNS. The way a state, region, or community manages its response to a public health emergency is considered a program management and command-and-control function. Command and control is how political leadership, emergency management, public health, law enforcement, and other groups coordinate their response to an emergency.

  Requesting SNS. The decision to deploy SNS assets will be a collaborative effort among local, state, and federal officials. It will start at a local level when officials identify a potential or actual situation they believe has the potential to threaten the health of their community. SNS assets are requested from CDC by the affected state's governor (or the governor's designee).

  Communications Plan (Tactical). The availability of robust and redundant communication systems is critical to coordinating response functions during an emergency. Effective and timely communications between emergency response staffs, operation centers, receiving sites, points of dispensing, and hospitals will be needed to meet and resolve the demands of a mass distribution and dispensing emergency. The choice of communication support devices and support of technologies used to tether state, regional, and local networks will be key elements in meeting the need for timely flow of assets to distribution points, dispensing centers and health care facilities.

  Public Information and Communication. During an emergency where medical countermeasure assets are to be dispensed to the public, effective and timely public health communications are needed to ensure the public is informed and guided to appropriate locations to receive them. The development and dissemination of effective messages, methods, and materials to inform, educate, and mobilize the public will be critical to the success of a mass dispensing effort.

  Security. The security of the medical countermeasures and safety of staff involved in the receipt, distribution, and dispensing operations is essential. The arrival and transport of scarce resources will be

newsworthy and may draw attention from persons unwilling to wait for the organized dispensing of prophylactic or treatment medicines. The development of a comprehensive security plan through coordination with law enforcement is essential to maintaining control and order during this period.

Receipt, Stage, and Store. The size, location and characteristics of warehouse facilities used to receive, stage, and store medical countermeasures are important factors that will determine the effectiveness of an emergency response. CDC has established minimum criteria for sites designated to receive, stage, and store federal assets received from the SNS. The development of distribution strategies, site-specific plans, and the assignment and training of staff will determine the ability of jurisdictions to meet the demand for distribution of assets to local populations.

Controlling Inventory. State and local jurisdictions must possess a robust inventory management system to monitor the receipt of medical countermeasures, track their distribution, and record dispensing during a public health emergency. SNS inventory must be properly apportioned and configured in the quantities necessary for points of dispensing and health care facilities to successfully respond in an emergency.

Repackaging. Repackaging of bulk medications for public dispensing remains an SNS function that may be needed in an emergency. In the past, a significant amount of planning and preparation was required to repackage bulk oral drugs contained in the SNS before dispensing them to the public. Much of that effort is no longer necessary since the majority of oral medicines in the SNS now come in prepackaged unit-of-use regimens. However, states may still have to repackage bulk items under some circumstances.

Distribution. The distribution function refers to the physical delivery of SNS assets from the receipt, stage, and store (RSS) facility to dispensing sites, treatment centers, and regional distribution sites. States are responsible for developing distribution networks that account for challenges and barriers unique to their areas. Clear communication between RSS and local and regional planners is paramount to a good distribution plan.

Dispensing Prophylaxis. The SNS dispensing function was originally designed with the focus of providing initial prophylaxis to 100% of the population within 48 hours (*U.S. Department of Homeland Security's Target Capabilities List performance measure for mass dispensing)*. Dispensing planning, however, should be flexible and scalable so that the infrastructure built for meeting this capability can be used for any incident as part of an all hazards plan.

Hospital and Alternate Care Facilities Coordination. A large-scale emergency event can quickly overwhelm available resources at hospitals and other acute care providers. This function stresses the need for and measures the degree of coordination among public health, emergency management, and hospitals or alternative care sites to manage and respond to material needs at healthcare facilities.

Training, Exercise, and Evaluation. This function serves to highlight and document the development of emergency response training and exercise and evaluation programs that are compliant with guidelines set forth by the Homeland Security Exercise and Evaluation Program. Emergency response exercises are intrinsic to the transition of plans to operational response.

- *Technical Assistance Review (TAR) Scores – National Average for the 72 Metropolitan Statistical Areas (MSAs) in CDC's Cities Readiness Initiative (CRI)*

CRI focuses on enhancing preparedness in the nation's major metropolitan areas, where more than half of the U.S. population resides. A CRI location is an MSA composed of multiple counties based on U.S. Census Bureau data. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. Local TARs are conducted annually in each jurisdiction and those scores are then combined to compute an average score for the entire MSA.

Appendix 2: Cities Readiness Initiative Technical Assistance Review Scores by Metropolitan Statistical Area and Individual Planning Jurisdictions

The Cities Readiness Initiative (CRI), a program of the Division of Strategic National Stockpile within CDC's Office of Public Health Preparedness and Response, focuses on enhancing preparedness in the nation's major metropolitan statistical areas (MSAs) where more than 50% of the U.S. population resides. Through the CRI program, state and large metropolitan area public health departments have developed plans to respond to a large-scale bioterrorist event within 48 hours. The initial CRI planning scenario was based on a response to a large-scale anthrax attack.

The U.S. Office of Management and Budget (OMB) defines MSAs by one or more geographical jurisdictions (e.g., cities, counties and municipalities). Occasionally, MSAs extend across state borders, resulting in the representation of several states within one MSA. Technical assistance review (TARs) are conducted in each public health planning jurisdiction associated with those cities, counties, or municipalities. Some cities, counties and municipalities within the OMB-defined MSA were consolidated under a combined or regional public health structure in 2009-10 (see scores with superscripts). Jurisdictional scores are combined to compute an average score for the entire CRI MSA. CDC is responsible for conducting 25% of the TARs (see scores with asterisks) while the state is responsible for the other 75%. The average MSA and individual jurisdiction scores are provided in Table 1 for each of the 72 MSAs.

Scoring Note: On a scale of 0 to 100, a TAR score of 69 or higher in 2007-08 and 2008-09 indicated that a jurisdiction performed within an acceptable range. The acceptable threshold score increased to 79 or higher in 2009-10.

Table 1: CRI Technical Assistance Review (TAR) Scores by Metropolitan Statistical Area (MSA); 2007-2010

MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
Alabama (AL) **Birmingham-Hoover, AL**	**MSA Score:**	**32**	**54**	**76**
	Bibb County, AL:	32*	52*	74[1]
	Blount County, AL:	32*	49*	74[1]
	Chilton County, AL:	33*	53*	74[1]
	Jefferson County, AL:	33*	65*	87*
	St. Clair County, AL:	31*	53*	74[1]
	Shelby County, AL:	30*	59*	74[1]
	Walker County, AL:	33*	49*	74[1]
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Alaska (AK) **Anchorage, AK**	**MSA Score:**	**74**	**92**	**66**
	Anchorage Municipality, AK:	74*	92*	92*,**
	Matanuska-Susitna Borough, AK:	*TAR not performed*	*TAR not performed*	39*
Arizona (AZ) **Phoenix-Mesa-Scottsdale, AZ**	**MSA Score:**	**72**	**89**	**95**
	Maricopa County, AZ:	92*	96*	96*,**
	Pinal County, AZ:	52*	82*	94*

* CDC conducted the TAR

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
Arkansas (AR) **Little Rock-North Little Rock, AR**	**MSA Score:**	**51**	**52**	**79**
	Faulkner County, AR:	36*	54*	77*
	Grant County, AR:	69	63	87
	Lonoke County, AR:	43	54	76
	Perry County, AR:	34	41	72
	Pulaski County, AR:	63*	49*	80*
	Saline County, AR:	59	49	79
California (CA) **Fresno, CA**	**MSA Score:**	**22***	**73**	**74**
	Fresno County, CA:	22*	73	74
California (CA) **Los Angeles-Long Beach-Santa Ana, CA**	**MSA Score:**	**82**	**91**	**91**
	Los Angeles County, CA:	81*	92*	92*,**
	Orange County, CA:	82	90*	90*,**
California (CA) **Riverside-San Bernardino-Ontario, CA**	**MSA Score:**	**73**	**85***	**93**
	Riverside County, CA:	91	91	95*,**
	San Bernardino County, CA:	54	74*	91
California (CA) **Sacramento--Arden-Arcade--Roseville, CA**	**MSA Score:**	**60**	**75**	**94**
	El Dorado County, CA:	81	79	95
	Placer County, CA:	38	43	88
	Sacramento County, CA:	40*	87*	91*
	Yolo County, CA:	80	90	100*
California (CA) **San Diego-Carlsbad-San Marcos, CA**	**MSA Score:**	**82**	**96**	**96**
	San Diego, CA:	82	96*	96*,**
California (CA) **San Francisco-Oakland-Fremont, CA**	**MSA Score:**	**74**	**86**	**88**
	Alameda County, CA:	91	96	96**
	Contra Costa County, CA:	68	84*	83*
	Marin County, CA:	71	79	72*
	San Francisco County, CA:	69	84	96
	San Mateo County, CA:	73	86	95
California (CA) **San Jose-Sunnyvale-Santa Clara, CA**	**MSA Score:**	**77**	**91**	**91**
	San Benito County, CA:	81	92	92**
	Santa Clara County, CA:	73*	90	90**
Colorado (CO) **Denver-Aurora, CO**	**MSA Score:**	**90**	**85**	**78**
	Boulder County, CO:	89	89	72*
	Adams County, CO:	87*	89	90[1]
	Arapahoe County, CO:	87*	89	90[1]
	Broomfield County, CO:	87	74*	48
	Clear Creek County, CO:	95	91	73*
	Denver County, CO:	90*	89	86
	Douglas County, CO:	87*	89	90[1]
	Elbert County, CO:	91	81	67*
	Gilpin County, CO:	96	89*	78[2]
	Jefferson County, CO:	96	89*	78[2]
	Park County, CO:	79	67	*TAR not performed*
	[1,2] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
Connecticut (CT) **Hartford-West Hartford-East Hartford, CT**	**MSA Score:**	**42**	**54**	**82**
	Hartford County, CT:	42	48	78
	Middlesex County, CT:	42	70	79
	Tolland County, CT:	42	44	88
Connecticut (CT) **New Haven-Milford, CT**	**MSA Score:**	**70**	**50***	**82**
	New Haven County, CT:	70	50	82
Delaware (DE) **Dover, DE**	**Dover, DE:**	**97**	**98**	**98**
	Kent County, DE:	97*	98*	98*,**
Florida (FL) **Miami-Fort Lauderdale-Pompano Beach, FL**	**MSA Score:**	**87**	**94**	**94**
	Broward County, FL:	78*	93	93**
	Miami-Dade County, FL:	93*	96	96**
	Palm Beach County, FL:	91	92*	92*,**
Florida (FL) **Orlando-Kissimmee, FL**	**MSA Score:**	**89**	**95**	**95**
	Lake County, FL:	89	98	98**
	Orange County, FL:	86*	96*	96*,**
	Osceola County, FL:	71	90	90**
	Seminole County, FL:	77*	95	95**
Florida (FL) **Tampa-St. Petersburg-Clearwater, FL**	**MSA Score:**	**87**	**93**	**94**
	Hernando County, FL:	90*	95	95**
	Hillsborough County, FL:	89	92*	92*,**
	Pasco County, FL:	81*	95	95**
	Pinellas County, FL:	86	89	92**
Georgia (GA) **Atlanta-Sandy Springs-Marietta, GA**	**MSA Score:**	**59**	**79**	**88**
	Barrow County, GA:	40*	79	100[1]
	Bartow County, GA:	100	84*	88[2]
	Butts County, GA:	24*	*TAR not performed*	79[3,*]
	Carroll County, GA:	24*	*TAR not performed*	79[3,*]
	Cherokee County, GA:	78	80*	95[4]
	Clayton County, GA:	82	70*	91[8]
	Cobb County, GA:	92	95	95[6,**]
	Coweta County, GA:	24*	*TAR not performed*	79[3,*]
	Dawson County, GA:	88	*TAR not performed*	95[5,*]
	DeKalb County, GA:	56*	74	93
	Douglas County, GA:	92	95	95[6,**]
	Fayette County, GA:	24*	*TAR not performed*	79[3,*]
	Forsyth County, GA:	88	*TAR not performed*	95[5,*]
	Fulton County, GA:	27*	46	86*
	Gwinnett County, GA:	89	95	91[9]
	Haralson County, GA:	100	76*	88[2]
	Heard County, GA:	24*	69*	79[3,*]
	Henry County, GA:	24*	*TAR not performed*	79*
	Jasper County, GA:	93	93	93[11,**]
	Lamar County, GA:	24*	57	79[3,*]
	Meriwether County, GA:	24*	49	79[3,*]

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Newton County, GA:	89	91	91[9]
	Paulding County, GA:	100	87*	88[2]
	Pickens County, GA:	78	78*	95[4]
	Pike County, GA:	24*	*TAR not performed*	79[3,*]
	Rockdale County, GA:	89	96	91[9]
	Spalding County, GA:	24*	*TAR not performed*	79[3,*]
	Walton County, GA:	40*	84	100[1]
	[1] through [11] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Hawaii (HI) **Honolulu, HI**	**MSA Score:**	**51**	**76**	**80**
	Honolulu County, HI:	51*	76*	80
Idaho (ID) **Boise City-Nampa, ID**	**MSA Score:**	**75**	**45**	**66**
	Ada County, ID:	75*	32	50[1,*]
	Boise County, ID:	75*	32	50[1,*]
	Canyon County, ID:	75	54*	77[2]
	Gem County, ID:	75	54*	77[2]
	Owyhee County, ID:	75	54*	77[2]
	[1,2] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Illinois (IL) **Chicago-Naperville-Joliet, IL-IN-WI**	**MSA Score:**	**80**	**92**	**94**
	City of Chicago, IL:	94*	99*	99[*,**]
	Cook County, IL:	77*	94*	94[*,**]
	DeKalb County, IL:	77	94	94**
	DuPage County, IL:	92*	100*	100[*,**]
	Grundy County, IL:	64	84	93
	Kane County, IL:	93*	99	99**
	Kendall County, IL:	71	95	95**
	Lake County, IL:	95	99*	99[*,**]
	McHenry County, IL:	80	94	94**
	Will County, IL:	99	97	97**
	Jasper County, IN:	66	89	92
	Lake County, IN:	52	99*	*TAR not performed*
	Newton County, IN:	64	70	78
	Porter County, IN:	91	76*	85
	Kenosha County, WI:	78	87	95
Illinois (IL) **Peoria, IL**	**MSA Score:**	**59**	**75**	**85**
	Marshall County, IL:	52	69	79
	Peoria County, IL:	46*	74*	88*
	Stark County, IL:	75	76	84*
	Tazewell County, IL:	69	85*	94*
	Woodford County, IL:	54	72	80
Indiana (IN) **Indianapolis-Carmel, IN**	**MSA Score:**	**83**	**86**	**95**
	Boone County, IN:	69	82	95*
	Brown County, IN:	91	74	88
	Hamilton County, IN:	89*	100	100
	Hancock County, IN:	86	88	96*
	Hendricks County, IN:	86	92	98

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Johnson County, IN:	86	88	97
	Marion County, IN:	95*	96	100
	Morgan County, IN:	68	76	92
	Putnam County, IN:	74	79	88
	Shelby County, IN:	89	83*	95
Iowa (IA) **Des Moines-West Des Moines, IA**	**MSA Score:**	**54**	**77**	**88**
	Dallas County, IA:	67	76	97
	Guthrie County, IA:	48	74	82
	Madison County, IA:	35	79	84
	Polk County, IA:	85	75	93*
	Warren County, IA:	33	79	82
Kansas (KS) **Wichita, KS**	**MSA Score:**	**59**	**91**	**90**
	Butler County, KS:	53*	94	94
	Harvey County, KS:	51	86	84
	Sedgwick County, KS:	80	90*	90*,**
	Sumner County, KS:	51	92	92**
Kentucky (KY) **Louisville, KY-IN**	**MSA Score:**	**68**	**73**	**79**
	Bullitt County, KY:	54	51	64
	Henry County, KY:	75	73	72[1]
	Jefferson County, KY:	53*	76*	84*
	Meade County, KY:	75	85	83[2]
	Nelson County, KY:	75	85	83[2]
	Oldham County, KY:	61*	51	58
	Shelby County, KY:	75	73	72[1]
	Spencer County, KY:	75	73	72[1]
	Trimble County, KY:	75	73	72[1]
	Clark County, IN:	91	96*	100
	Floyd County, IN:	56	68	88*
	Harrison County, IN:	43	71	86
	Washington County, IN:	70	76	89
	[1,2] The jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Louisiana (LA) **Baton Rouge, LA**	**MSA Score:**	*TAR not performed*	**89**	**91**
	Ascension Parish, LA:	*TAR not performed*	88*	91[1,*]
	East Baton Rouge Parish, LA:	*TAR not performed*	88*	91[1,*]
	East Feliciana Parish, LA:	*TAR not performed*	88*	91[1,*]
	Iberville Parish, LA:	*TAR not performed*	88*	91[1,*]
	Livingston Parish, LA:	*TAR not performed*	92*	92[2,*,**]
	Pointe Coupee Parish, LA:	*TAR not performed*	88*	91[1,*]
	St. Helena Parish, LA:	*TAR not performed*	92*	92[2,*,**]
	West Baton Rouge Parish, LA:	*TAR not performed*	88*	91[1,*]
	West Feliciana Parish, LA:	*TAR not performed*	88*	91[1,*]
	[1,2] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Louisiana (LA) **New Orleans-Metairie-Kenner, LA**	**MSA Score:**	**29**	**93**	**93**
	Jefferson Parish, LA:	*TAR not performed*	91*	91[1,*,**]
	Orleans Parish, LA:	*TAR not performed*	91*	91[1,*,**]
	Plaquemines Parish, LA:	*TAR not performed*	91*	91[1,*,**]

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	St. Bernard Parish, LA:	*TAR not performed*	91*	91[1;*;**]
	St. Charles Parish, LA:	*TAR not performed*	97*	97[2;*;**]
	St. John the Baptist Parish, LA:	*TAR not performed*	97*	97[2;*;**]
	St. Tammany Parish, LA:	*TAR not performed*	92*	92[*;**]
	[1;2] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Maine (ME) **Portland-South Portland-Biddeford, ME**	**MSA Score:**	**25**	**62**	**87**
	Cumberland County, ME:	25*	62*	87[*1]
	Sagadahoc County, ME:	25*	62*	87[*1]
	York County, ME:	25*	62*	87[*1]
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Maryland (MD) **Baltimore-Towson, MD**	**MSA Score:**	**77**	**89**	**92**
	Anne Arundel County, MD:	86	88	94*
	Baltimore County, MD:	74*	93*	93[*;**]
	Carroll County, MD:	85	84	92
	Harford County, MD:	79	87	91
	Howard County, MD:	75	89*	93
	Queen Anne's County, MD:	81	87*	90
	Baltimore City, MD:	58*	91*	91[*;**]
National Capital Region **Washington-Arlington-Alexandria, DC-VA-MD-WV**	**MSA Score:**	**82**	**85**	**79**
	Calvert County, MD:	81	93*	93[*;**]
	Charles County, MD:	80	91	91**
	Frederick County, MD:	96	97*	97[*;**]
	Montgomery County, MD:	86*	92*	92[*;**]
	Prince George's County, MD:	79*	88*	80*
	Arlington County, VA:	86	97*	97[*;**]
	Clarke County, VA:	82	61*	92[2;*]
	Fairfax County, VA:	94*	80	86[4]
	Fauquier County, VA:	77	87	90
	Loudoun County, VA:	91	95*	96[*;**]
	Prince William County, VA:	62	78	50[1;*]
	Spotsylvania County, VA:	94*	97	46[3]
	Stafford County, VA:	94*	97	46[3]
	Warren County, VA:	82	61*	92[2;*]
	Alexandria City, VA:	94	91	91**
	Fairfax City, VA:	94*	80	86[4]
	Falls Church City, VA:	94*	80	86[4]
	Fredericksburg City, VA:	94*	97	46[3]
	Manassas City, VA:	62	78	50[1;*]
	Manassas Park City, VA:	62	78	50[1;*]
	Jefferson County, WV:	29	54	80
	[1;2;3;4] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Massachusetts (MA) **Boston-Cambridge-Quincy, MA-NH**	**MSA Score:**	**76**	**74**	**80**
	Essex County, MA:	72	67	59
	Norfolk County, MA:	76	68	68
	Plymouth County, MA:	83	79	94

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Suffolk County, MA:	84*	96	100*
	Middlesex County, MA:	76	68	79
	Rockingham County, NH:	48	54	71
	Strafford County, NH:	90	89	88
Michigan (MI) **Detroit-Warren-Livonia, MI**	**MSA Score:**	**78**	**86**	**92**
	City of Detroit, MI:	78*	88*	95*
	Wayne County, MI:	46*	62*	85*
	Lapeer County, MI:	76	86	88
	Livingston County, MI:	86	91	89
	Macomb County, MI:	80*	90	90**
	Oakland County, MI:	93	90*	97
	St. Clair County, MI:	90	93	99
Minnesota (MN) **Minneapolis-St. Paul-Bloomington, MN-WI**	**MSA Score:**	**79**	**88**	**88**
	City of Minneapolis, MN:	89*	97*	97*,**
	Anoka County, MN:	92	92	92**
	Carver County, MN:	74	87	85*
	Chisago County, MN:	69	90	90**
	Dakota County, MN:	86	96	96**
	Hennepin County, MN:	94*	98*	98*,**
	Isanti County, MN:	50	74	62*
	Ramsey County, MN:	79*	92*	92*,**
	Scott County, MN:	80	84	89*
	Sherburne County, MN:	65	86	73*
	Washington County, MN:	74	82	73*
	Wright County, MN:	85	90	90**
	Pierce County, WI:	87	82	91
	St. Croix County, WI:	82	78	92
Mississippi (MS) **Jackson, MS**	**MSA Score:**	**88**	**93**	**93**
	Copiah County, MS:	88*	93*	93[1],*,**
	Hinds County, MS:	88*	93*	93[1],*,**
	Madison County, MS:	88*	93*	93[1],*,**
	Rankin County, MS:	88*	93*	93[1],*,**
	Simpson County, MS:	88*	93*	93[1],*,**
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Missouri (MO) **Kansas City, MO-KS**	**MSA Score:**	**73**	**89**	**93**
	Kansas City Proper, MO:	80*	93*	93*,**
	Bates County, MO:	74	93	93**
	Caldwell County, MO:	87	94	94**
	Cass County, MO:	77	88	94
	Clay County, MO:	78*	91*	91*,**
	Clinton County, MO:	88	93	93**
	Jackson County, MO:	48*	82	98*
	Lafayette County, MO:	84	88	95
	Platte County, MO:	77	86	99
	Ray County, MO:	80	93	93**
	Franklin County, KS:	47	80	81

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Johnson County, KS:	71*	92*	92*,**
	Leavenworth County, KS:	76	91	91**
	Linn County, KS:	67	98	98**
	Miami County, KS:	43	74*	82
	Wyandotte County, KS:	87*	94	94**
Missouri (MO) **St. Louis, MO-IL**	**MSA Score:**	**76**	**84**	**87**
	Crawford County, MO:	*TAR not performed*	*TAR not performed*	93[1]
	Franklin County, MO:	78	84	93[1]
	Jefferson County, MO:	84	90	90**
	Lincoln County, MO:	79	80	80
	St. Charles County, MO:	77*	71*	68*
	St. Louis County, MO:	85*	95*	95*,**
	Warren County, MO:	67	95	95**
	Washington County, MO:	91	94	94**
	St. Louis City, MO:	75*	78*	87*
	Bond County, IL:	89	87	96
	Calhoun County, IL:	78	70	85
	Clinton County, IL:	88	82	88
	Jersey County, IL:	70	68	88
	Macoupin County, IL:	47	88	88
	Madison County, IL:	57*	86*	93*
	Monroe County, IL:	78	82	59*
	St. Clair County, IL:	73*	92*	92*,**
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Montana (MT) **Billings, MT**	**MSA Score:**	**80**	**55**	**75**
	Carbon County, MT:	*TAR not performed*	21	54*
	Yellowstone County, MT:	80*	89*	96*
Nebraska (NE) **Omaha-Council Bluffs, NE-IA**	**MSA Score:**	**44**	**84**	**95**
	Cass County, NE:	33	78*	96[1]
	Dodge County, NE:	41	91*	93[2],*
	Douglas County, NE:	51*	92*	97
	Sarpy County, NE:	33	78*	96[1]
	Saunders County, NE:	41	91*	93[2],*
	Washington County, NE:	41	91*	93[2],*
	Harrison County, IA:	58	83	95*
	Mills County, IA:	49	79	96
	Pottawattamie County, IA:	49	75	95
	[1,2] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Nevada (NV) **Las Vegas-Paradise, NV**	**MSA Score:**	**82**	**87**	**92**
	Clark County, NV:	82*	87*	92*
New Hampshire (NH) **Manchester-Nashua, NH**	**MSA Score:**	**75**	**78**	**87**
	Hillsborough County, NH:	75*	78*	87*
New Jersey (NJ) **Trenton-Ewing, NJ**	**MSA Score:**	**78**	**88**	**93**
	Mercer County, NJ:	78	88*	93*

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
New Mexico (NM) **Albuquerque, NM**	**MSA Score:**	**26**	**89**	**37**
	City of Albuquerque, NM:	*TAR not performed*	89*	37*
	Bernalillo County, NM:	26*	*TAR not performed*	*TAR not performed*
	Sandoval County, NM:	26*	*TAR not performed*	*TAR not performed*
	Torrance County, NM:	26*	*TAR not performed*	*TAR not performed*
	Valencia County, NM:	26*	*TAR not performed*	*TAR not performed*
New York (NY) **Albany-Schenectady-Troy, NY**	**MSA Score:**	**92**	**99**	**99**
	Albany County, NY:	99*	100	100**
	Rensselaer County, NY:	81*	100	100**
	Saratoga County, NY:	91	97	97**
	Schenectady County, NY:	96	100*	100*,**
	Schoharie County, NY:	91	100*	100*,**
New York (NY) **Buffalo-Niagara Falls, NY**	**MSA Score:**	**85**	**98**	**98**
	Erie County, NY:	91	97*	97*,**
	Niagara County, NY:	79*	99	99**
New York (NY) **New York-Northern New Jersey-Long Island, NY-NJ-PA**	**MSA Score:**	**86**	**92**	**93**
	Bronx County, NY:	99*	100*	100[1],*,**
	Kings County, NY:	99*	100*	100[1],*,**
	New York County, NY:	99*	100*	100[1],*,**
	Queens County, NY:	99*	100*	100[1],*,**
	Richmond County, NY:	99*	100*	100[1],*,**
	Nassau County, NY:	98	100*	100*,**
	Putnam County, NY:	95	100	100**
	Rockland County, NY:	88*	98	98**
	Suffolk County, NY:	91	99*	99*,**
	Westchester County, NY:	77*	87	100
	Bergen County, NJ:	82	89	84
	Essex County, NJ:	76	88	85
	Hudson County, NJ:	89	93	93
	Hunterdon County, NJ:	86	93*	94
	Middlesex County, NJ:	89*	96	98
	Monmouth County, NJ:	83*	96	97
	Morris County, NJ:	87	90*	91
	Ocean County, NJ:	74	79	85
	Passaic County, NJ:	71	81	80*
	Somerset County, NJ:	76	87	83
	Sussex County, NJ:	98	94	92
	Union County, NJ:	82*	89	81
	Pike County, PA:	40	55	89
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
North Carolina (NC) **Charlotte-Gastonia-Concord, NC-SC**	**MSA Score:**	**63**	**66**	**80**
	Anson County, NC:	83	53	87
	Cabarrus County, NC:	85	77	79
	Gaston County, NC:	46	49	64
	Mecklenburg County, NC:	60*	93*	93*,**

* CDC conducted the TAR

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Union County, NC:	42	31	68
	York County, SC:	60*	90*	90*,**
North Dakota (ND) **Fargo, ND-MN**	**MSA Score:**	**70**	**71**	**89**
	Cass County, ND:	78*	79*	94*
	Clay County, MN:	62*	63*	83*
Ohio (OH) **Cincinnati-Middletown, OH-KY-IN**	**MSA Score:**	**62**	**72**	**77**
	City of Cincinnati, OH:	94	91	*TAR not performed*
	Brown County, OH:	71	79	*TAR not performed*
	Butler County, OH:	56*	63*	74*
	Clermont County, OH:	76*	89*	*TAR not performed*
	Hamilton County, OH:	66	83	86*
	Warren County, OH:	37*	52*	*TAR not performed*
	Boone County, KY:	58	72	77[1]
	Bracken County, KY:	52	59	59
	Campbell County, KY:	58	72	77[1]
	Gallatin County, KY:	43	59	55[2]
	Grant County, KY:	58	72	77[1]
	Kenton County, KY:	58	72	77[1]
	Pendleton County, KY:	43	59	55[2]
	Dearborn County, IN:	89	80	98
	Franklin County, IN:	61	*TAR not performed*	96
	Ohio County, IN:	75	84	89*
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Ohio (OH) **Cleveland-Elyria-Mentor, OH**	**MSA Score:**	**71**	**70**	**90**
	City of Cleveland, OH:	92	89	93*
	Cuyahoga County, OH:	81	77	87*
	Geauga County, OH:	69	46	*TAR not performed*
	Lake County, OH:	67*	73*	*TAR not performed*
	Lorain County, OH:	68*	77*	*TAR not performed*
	Medina County, OH:	46*	57*	*TAR not performed*
Ohio (OH) **Columbus, OH**	**MSA Score:**	**52**	**62**	**82**
	Delaware County, OH:	24*	47*	76
	Fairfield County, OH:	54*	55*	78
	Franklin County, OH:	78	86	89*
	Licking County, OH:	36*	66*	90
	Madison County, OH:	57	61	85
	Morrow County, OH:	54	63	90
	Pickaway County, OH:	56	58	67
	Union County, OH:	56	58	77*
Oklahoma (OK) **Oklahoma City, OK**	**MSA Score:**	**79**	**88**	**95**
	Canadian County, OK:	90	90	90
	Cleveland County, OK:	91*	79*	96[1]
	Grady County, OK:	79	91	94*
	Lincoln County, OK:	86	93	96[2]

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Logan County, OK:	86	93	96[2]
	McClain County, OK:	91*	79*	96[1]
	Oklahoma County, OK:	35*	82*	92*
	Pottawatomie County, OK:	77	95*	98
	[1,2] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Oregon (OR) **Portland-Vancouver-Beaverton, OR-WA**	**MSA Score:**	**58**	**73**	**90**
	Clackamas County, OR:	37*	71	93
	Columbia County, OR:	50	64	76*
	Multnomah County, OR:	65*	88	83*
	Washington County, OR:	68	70*	95
	Yamhill County, OR:	65	72*	99
	Clark County, WA:	59*	71*	91[1]
	Skamania County, WA:	59*	71*	91[1]
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Pennsylvania (PA) **Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE**	**MSA Score:**	**75**	**86**	**91**
	Bucks County, PA:	82	96	96**
	Chester County, PA:	49	74*	98
	Delaware County, PA:	89	81*	98
	Montgomery County, PA:	35*	76*	91*
	Philadelphia County, PA:	98*	99	99**
	New Castle County, DE:	97*	98*	98*,**
	Cecil County, MD:	58*	73	84
	Burlington County, NJ:	81	93	86
	Camden County, NJ:	77	82*	78*
	Gloucester County, NJ:	88*	87	87
	Salem County, NJ:	76	86	86
Pennsylvania (PA) **Pittsburgh, PA**	**MSA Score:**	**42**	**59**	**70**
	Allegheny County, PA:	42*	59*	91*
	Armstrong County, PA:	42*	*TAR not performed*	66[1,*]
	Beaver County, PA:	42*	*TAR not performed*	66[1,*]
	Butler County, PA:	42*	*TAR not performed*	66[1,*]
	Fayette County, PA:	42*	*TAR not performed*	66[1,*]
	Washington County, PA:	42*	*TAR not performed*	66[1,*]
	Westmoreland County, PA:	42*	*TAR not performed*	66[1,*]
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Rhode Island, (RI) **Providence-New Bedford-Fall River, RI-MA**	**MSA Score:**	**89**	**90**	**91**
	Bristol County, RI:	89*	93*	93[1,*,**]
	Kent County, RI:	89*	93*	93[1,*,**]
	Newport County, RI:	89*	93*	93[1,*,**]
	Providence County, RI:	89*	93*	93[1,*,**]
	Washington County, RI:	89*	93*	93[1,*,**]
	Bristol County, MA:	89*	74	80
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
South Carolina (SC) **Columbia, SC**	**MSA Score:**	**83**	**90**	**90**
	Calhoun County, SC:	83*	90*	90[1,*,**]
	Fairfield County, SC:	83*	90*	90[1,*,**]

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Kershaw County, SC:	83*	90*	90[1;*;**]
	Lexington County, SC:	83*	90*	90[1;*;**]
	Richland County, SC:	83*	90*	90[1;*;**]
	Saluda County, SC:	83*	90*	90[1;*;**]
	Newberry County, SC:	*No Score*	90*	90[1;*;**]
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
South Dakota (SD) **Sioux Falls, SD**	**MSA Score:**	**74**	**76**	**85**
	Lincoln County, SD:	74*	67	83*
	McCook County, SD:	74*	79*	85[1]
	Minnehaha County, SD:	74*	79*	85[1]
	Turner County, SD:	74*	79*	86
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Tennessee (TN) **Memphis, TN-MS-AR**	**MSA Score:**	**72**	**80**	**86**
	Fayette County, TN:	60	63*	89[*;2]
	Shelby County, TN:	59*	63*	94*
	Tipton County, TN:	60	63*	89[*;2]
	Crittenden County, AR:	47	*TAR not performed*	51*
	DeSoto County, MS:	87*	92*	92[1;*;**]
	Marshall County, MS:	87*	92*	92[1;*;**]
	Tate County, MS:	87*	92*	92[1;*;**]
	Tunica County, MS:	87*	92*	92[1;*;**]
	[1,2] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Tennessee (TN) **Nashville-Davidson--Murfreesboro, TN**	**MSA Score:**	**56**	**95**	**90**
	Cannon County, TN:	56*	97*	100[1;*]
	Cheatham County, TN:	56*	95*	87[2;*]
	Davidson County, TN:	56*	93*	95
	Dickson County, TN:	56*	95*	87[2;*]
	Hickman County, TN:	56*	86*	82
	Macon County, TN:	56*	97*	100[1;*]
	Robertson County, TN:	56*	95*	87[2;*]
	Rutherford County, TN:	56*	95*	87[2;*]
	Smith County, TN:	56*	97*	100[1;*]
	Sumner County, TN:	56*	95*	87[2;*]
	Trousdale County, TN:	56*	95*	87[2;*]
	Williamson County, TN:	56*	95*	87[2;*]
	Wilson County, TN:	56*	95*	87[2;*]
	[1,2] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Texas (TX) **Dallas-Fort Worth-Arlington, TX**	**MSA Score:**	**91**	**95**	**94**
	Collin County, TX:	95*	96	95*
	Dallas County, TX:	100*	100	92
	Delta County, TX:	91	88	88
	Denton County, TX:	98*	100	91*
	Ellis County, TX:	79	93	94
	Hunt County, TX:	91	87	94

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Johnson County, TX:	84	95	98
	Kaufman County, TX:	87	97	97
	Parker County, TX:	93	96	95
	Rockwall County, TX:	87	89	93
	Tarrant County, TX:	98*	99	94*
	Wise County, TX:	89	96	96
Texas (TX) **Houston-Baytown-Sugar Land, TX**	**MSA Score:**	**79**	**88**	**85**
	City of Houston, TX:	70*	86*	71*
	Austin County, TX:	67	86	86
	Brazoria County, TX:	83	86	86
	Chambers County, TX:	86	89	89
	Fort Bend County, TX:	83*	92	84*
	Galveston County, TX:	82	79	79
	Harris County, TX:	93*	86*	80*
	Liberty County, TX:	65	91	91
	Montgomery County, TX:	86*	91*	91*
	San Jacinto County, TX:	94	97	97
	Waller County, TX:	65	86	86
Texas (TX) **San Antonio, TX**	**MSA Score:**	**55**	**74**	**74**
	Atascosa County, TX:	43	67	67
	Bandera County, TX:	43	64	65
	Bexar County, TX:	85*	97	82*
	Comal County, TX:	85	83	83
	Guadalupe County, TX:	45*	89	61*
	Kendall County, TX:	43	95	95
	Medina County, TX:	56	67	68
	Wilson County, TX:	43	28	67
Utah (UT) **Salt Lake County, UT**	**MSA Score:**	**68**	**35**	**56**
	Salt Lake County, UT:	68*	60*	65*
	Summit County, UT:	*TAR not performed*	28*	39*
	Tooele County, UT:	*TAR not performed*	17	63*
Vermont (VT) **Burlington-South Burlington, VT**	**MSA Score:**	**70**	**75**	**95**
	Chittenden County, VT:	70*	75*	95[1;*]
	Franklin County, VT:	70*	75*	95[1;*]
	Grand Isle County, VT:	70*	75*	95[1;*]
	[1] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Virginia (VA) **Richmond, VA**	**MSA Score:**	**89**	**86**	**86**
	Amelia County, VA:	89	91*	77[1;*]
	Caroline County, VA:	94*	97	46
	Charles City County, VA:	88	80*	91[2]
	Chesterfield County, VA:	95*	89*	91[4]
	Cumberland County, VA:	89	91*	77[*1]
	Dinwiddie County, VA:	87	91*	91[5;*;**]
	Goochland County, VA:	88	80*	91[2]

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
	Hanover County, VA:	88	80*	91[2]
	Henrico County, VA:	88	88*	96
	King and Queen County, VA:	96*	86	79[3]
	King William County, VA:	96*	86	79[3]
	Louisa County, VA:	70	72	98
	New Kent County, VA:	88	80*	91[2]
	Powhatan County, VA:	95*	89*	91[4]
	Prince George County, VA:	87	91*	91[5;*;**]
	Sussex County, VA:	87	91*	91[5;*;**]
	Colonial Heights City, VA:	95*	89*	91[4]
	Hopewell City, VA:	87	91*	91[5;*;**]
	Petersburg City, VA:	87	91*	91[5;*;**]
	Richmond City, VA:	85	59*	86*
	[1;2;3;4;5] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Virginia (VA) **Virginia Beach-Norfolk-Newport News, VA-NC**	**MSA Score:**	**86**	**78**	**86**
	Accomack County, VA:	90*	91	91[3;**]
	Gloucester County, VA:	96*	86	79[1]
	Isle of Wight County, VA:	69	70*	81[2]
	James City County, VA:	91*	71	84[4]
	Mathews County, VA:	96*	86	79[1]
	Northampton County, VA:	90*	91	91[3;**]
	Surry County, VA:	87	91	91**
	York County, VA:	91*	71	84[4]
	Chesapeake City, VA:	89	84	100*
	Hampton City, VA:	77	83*	87
	Newport News City, VA:	91*	71	84[4]
	Norfolk City, VA:	76	64*	92*
	Poquoson City, VA:	91*	71	84[4]
	Portsmouth City, VA:	82	75	97*
	Suffolk City, VA:	69	70*	81[2]
	Virginia Beach City, VA:	92	88	84
	Williamsburg City, VA:	91*	71	84[4]
	Currituck County, NC:	77	70	67
	[1;2;3;4] These jurisdictions and their TAR scores are consolidated under a combined or regional public health structure			
Washington (WA) **Seattle-Tacoma-Bellevue, WA**	**MSA Score:**	**68**	**75**	**77**
	King County, WA:	87*	91*	91[*;**]
	Snohomish County, WA:	44*	84	59*
	Pierce County, WA:	73	50*	82
West Virginia (WV) **Charleston, WV**	**MSA Score:**	**50**	**66**	**78**
	Boone County, WV:	36	46	75
	Clay County, WV:	41*	76	82
	Kanawha County, WV:	70*	67*	71*
	Lincoln County, WV:	60	68	82
	Putnam County, WV:	43	71	82
Wisconsin (WI) **Milwaukee-Waukesha-West**	**MSA Score:**	**79**	**83**	**88**
	City of Milwaukee, WI:	72*	86	80*

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MSA	TAR Scores for MSAs and Individual Jurisdictions			
		2007-08 (8/10/2007-8/9/2008 performance period)	**2008-09** (8/10/2008-8/9/2009 performance period)	**2009-10** (8/10/2009-8/9/2010 performance period)
Allis, WI	Milwaukee County, WI:	72*	86	89
	Ozaukee County, WI:	89	89	93
	Washington County, WI:	88	84	95
	Waukesha County, WI:	73	72	86*
Wyoming (WY) **Cheyenne, WY**	**MSA Score:**	**49**	**66**	**84**
	Laramie County, WY:	49*	66*	84*
	Natrona County, WY:	*TAR not performed*	*TAR not performed*	71*

Directly Funded Localities and Locality Scores	2007-08	2008-09	2009-10
Chicago (City of), IL:	**94***	**99***	**99*,****
District of Columbia:	**94***	**95***	**95*,****
Los Angeles County, CA:	**81***	**92***	**92*,****
New York City, NY: (includes Bronx, Kings, New York, Queens, and Richmond counties)	**99***	**100***	**100*,****

Source: CDC, Office of Public Health Preparedness and Response, Division of Strategic National Stockpile; 2007-2008 data: 8/10/2007-8/9/2008 performance period; 2008-09 data: 8/10/2008-8/9/2009 performance period; 2009-10 data: 8/10/2009-2010 performance period

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Endnotes

1 References to CDC also apply to the Agency for Toxic Substances and Disease Registry (ATSDR) and the National Institute for Occupational Safety and Health (NIOSH).

2 *Public Health Preparedness Capabilities: National Standards for State and Local Planning;* CDC, Office of Public Health Preparedness and Response (2011). Available at http://www.cdc.gov/phpr/capabilities/index.htm

3 National Health Security Strategy; U.S. Department of Health and Human Services (2009). Available at http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx

4 The office was originally established in 2002 as the Office for Terrorism Preparedness and Emergency Response and renamed the Coordinating Office for Terrorism Preparedness and Emergency Response in 2005 during a CDC reorganization. In 2009, the name of the office was changed to the Office of Public Health Preparedness and Response as part of CDC's organizational improvement.

5 The National Response Framework, which replaced the National Response Plan in 2008, establishes a comprehensive, national, all-hazards approach to domestic incident response (http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf). This document and the National Preparedness Guidelines constitute the core of the nation's preparedness policies.

6 The three previous CDC preparedness reports are the following:

Public Health Preparedness: Strengthening the Nation's Emergency Response State by State; CDC, Office of Public Health Preparedness and Response. Published in 2010, this report features national data as well as individual fact sheets for the 50 states and 4 localities supported by CDC's Public Health Emergency Preparedness cooperative agreement. The report also highlights snapshots of state and local response activities occurring during the 2009 H1N1 influenza pandemic. Available at http://www.cdc.gov/phpr/pubs-links/2010/.

Public Health Preparedness: Strengthening CDC's Emergency Response; CDC, Office of Public Health Preparedness and Response. Published in 2009, this report explains CDC's role in preparing the public health infrastructure to respond effectively to all types of hazards. The report also describes the broad range of preparedness programs funded at CDC and at state and local health departments which are supported by the Congressional Preparedness and Emergency Response allocation. Available at http://www.cdc.gov/phpr/pubs-links/2009/.

Public Health Preparedness: Mobilizing State By State; CDC, Office of Public Health Preparedness and Response. Published in 2008, this report highlights preparedness progress and challenges at state and local public health departments and outlines CDC's efforts to address those challenges. The report presents national data as well as state-specific snapshots for the 50 states and 4 localities supported by CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement. Available at http://www.cdc.gov/phpr/pubs-links/2008/.

7 *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

8 The possession, use, and transfer of biological agents and toxins that could pose a severe threat to public health and safety are regulated by CDC's Select Agent Program. See http://www.cdc.gov/phpr/dsat.htm.

9 The total LRN number of laboratories fluctuates over time. LRN laboratories' assessment of the specific agents that they need to test for can change, and the resources available to maintain membership may change as well.

10 2008 data: Association of Public Health Laboratories (APHL) data from the 2008 All-Hazards Laboratory Preparedness Survey, 8/31/2007-8/30/2008. 2010 data: APHL data from the 2010 All-Hazards Laboratory Preparedness Survey, 8/10/2009-8/9/2010.

11 Metropolitan statistical areas (MSAs) are composed of multiple counties and are defined by the U.S. Office of Management and Budget. More information is available at http://www.census.gov/population/www/metroareas/metrodef.html.

This report was developed by the Office of Public Health Preparedness and Response (PHPR), Centers for Disease Control and Prevention (CDC)

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Report available at www.cdc.gov/phpr/pubs-links/2011
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