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

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

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

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

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

The emergency operations coordination (EOC) capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. Data related to the EOC capability are above. The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Data related to the EPIW capability are below. For both the EOC and EPIW capabilities, the data reflect the state's best demonstration for each data point. States may have submitted data for additional exercises and/or real incidents not reflected in the fact sheet. See appendix for a more detailed description of the data points.
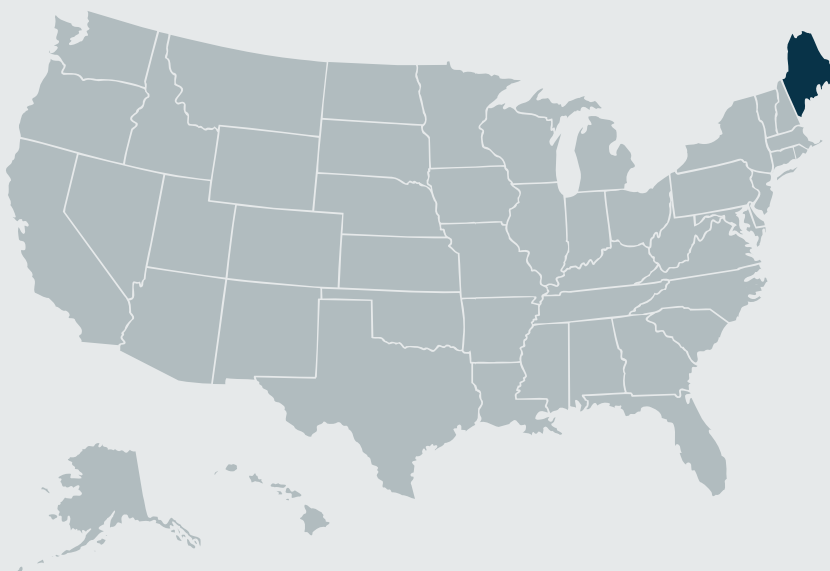
Emergency Public Information and Warning Capability		2009	2010	2011
Communicating with the public during an emergency	Developed a first risk communication message for the public during an exercise or a real incident[1]	Yes	Yes	Yes

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