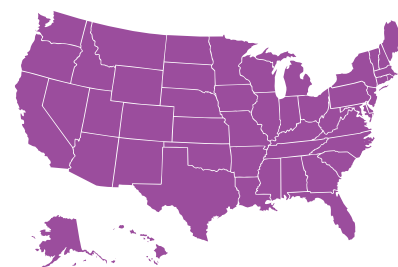


National

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

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event.

Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. Nationally, 41.3% of households had at least one child and 18.2% of adults were age 65 or older. In addition, 8.8% of adults reported having diabetes, 21.1% a limiting disability and 7.8% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) and PulseNet labs rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks. CDC manages the LRN-B, a group of 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Total number of LRN-B labs ³	142	141	144
National proportion of LRN-B proficiency tests passed ⁴	312/327	370/398	309/335
Percentage of states and localities that passed the LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	93%	100%	99%
Biological Laboratory Testing: PulseNet	2010	2011	2012
Total number of PulseNet labs ⁶	72	72	72
Total percentage of <i>E. coli</i> -positive test results analyzed and entered into CDC's PulseNet database within 4 working days ⁶	92% (target: 90%)	90% (target: 90%)	94% (target: 90%)
Total percentage of <i>Listeria</i> -positive test results analyzed and entered into CDC's PulseNet database within 4 working days ⁶	89% (target: 90%)	88% (target: 90%)	92% (target: 90%)

LRN chemical (LRN-C) laboratories rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure. CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Total number of Level 1 LRN-C labs ⁷	10	10	10
Total number of Level 2 LRN-C labs ⁷	36	37	37
Total number of Level 3 LRN-C labs ⁷	11	9	10
National proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7.1	7.7	7.4
Average number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1.7	1.3	1.4
Percentage of states and localities that passed the LRN-C exercise to collect, package, and ship samples ⁸	100%	98%	100%
National proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	664/731	38/39	69/72

Public health agencies deploy resources and personnel to adaptively address public health needs arising from emergencies.

The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
National average number of minutes for state public health staff with incident management lead roles to report for immediate duty ⁶	34 (target: 60)	36 (target: 60)	27 (target: 60)
National average number of minutes for localities and insular area public health staff with incident management lead roles to report for immediate duty ⁶	175	81	50
Percentage of states, localities, and insular areas that approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	89%	92%	81%
Percentage of states, localities, and insular areas that prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	100%	100%	89%

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Percentage of states, localities, and insular areas that issued initial risk communication to the public during a real or simulated emergency ⁶	98%	98%	90%

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Scores (out of 100 point scale)	2009-2010	2010-2011	2011-2012
Median State TAR score ⁶	95	97	98
Median Metropolitan Statistical Area (MSA) TAR Score ⁶	88	91	93
Median Directly Funded Locality TAR Score ⁶	97	96	100
Median Insular Area TAR Score ⁶	61	62	67

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

Total CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

Total CDC PHEP cooperative agreement funding provided ¹⁰	\$613,610,342
Total CDC preparedness field staff ^{11, 12, 13}	112
Total CDC Emergency Management Program activities ¹⁴	389
Total public health personnel receiving SNS training ¹⁵	1456

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.