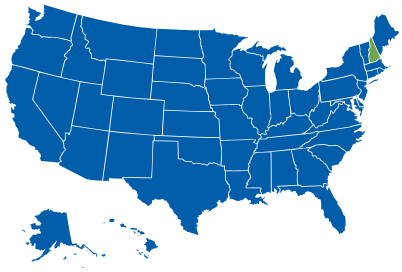
New Hampshire



Successful planning for and response to public health emergencies 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. States and localities must consider the unique needs of their own population. In New Hampshire, 33.6% of households included children and 19.2% included older adults. In addition, 9.2% of adults reported having diabetes, 19.7% a condition that limits activities, and 6.8% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The list to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) investments during 2014.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance & Epidemiologic Investigation
3. Community Preparedness
4. Information Sharing
5. Community Recovery

Laboratory Response Network biological (LRN-B) labs and PulseNet laboratories independently and rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks.
CDC manages the LRN-B, a group of 99 public health labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2012	2013	2014
Number of LRN-B labs[3]	1	1	1
Proportion of LRN-B proficiency tests passed[3]	4 / 4	1 / 1	3 / 3
Biological Laboratory Testing: PulseNet	**2012**	**2013**	**2014**
Number of PulseNet labs[4]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[4]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[4]	100% (target: 90%)	100% (target: 90%)	100% (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 56 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	2012	2013	2014
Number of Level 1 LRN-C labs[5]	—	—	—
Number of Level 2 LRN-C labs[5]	1	1	1
Number of Level 3 LRN-C labs[5]	—	—	—
Proportion of **core** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[3]	7 / 9	7 / 9	8 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[3]	0	0	0
Result of LRN-C exercise to collect, package, and ship samples[3]	Passed	Passed	Passed

New Hampshire

Public health agencies deploy resources and personnel to 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	2012	2013	2014
Number of minutes for public health staff with incident management lead roles to report for immediate duty[3]	20 (target: 60)	35	19
Prepared an after-action report and improvement plan following a real or simulated response[3]	No	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2014
Expedited procedures for receiving emergency funds[6]	Yes
Reduced the cycle time for contracting and/or procurement of necessary goods and services[6]	Yes
Reduced the cycle time for hiring and/or reassignment of staff[6]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2013–2014
CDC PHEP cooperative agreement funding provided[7]	$4,743,037
CDC preparedness field staff[8, 9, 10]	—
CDC Emergency Management Program activities[11]	6
Public health personnel who received CDC Strategic National Stockpile training[12]	38

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2011–2012	2012–2013	2013–2014
TAR score (out of 100-point scale)[3]	100	92	89
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2011–2012**	**2012–2013**	**2013–2014**
Boston-Cambridge-Quincy, MA-NH (100-point scale)[3]	76	85	92
Manchester-Nashua, NH (100-point scale)[3]	80	81	90

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