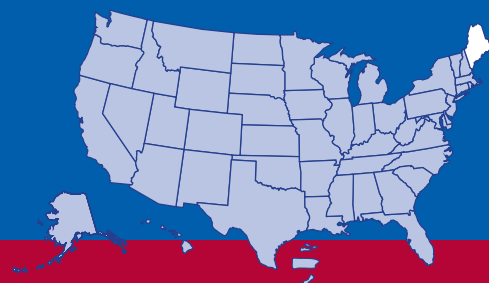


PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



MAINE

PHEP Then

In response to the deadly events of September 11, 2001, and the subsequent anthrax attacks, Congress established a new program to help health departments across the nation prepare for emergencies. Since then CDC's [Public Health Emergency Preparedness \(PHEP\) program](#) has partnered with state, local, and territorial public health departments to prepare for, withstand, and recover from potentially devastating public health emergencies.

Every year since, the PHEP program has provided vital resources to ensure communities can effectively respond to infectious disease outbreaks, natural disasters, and chemical, biological, radiological, or nuclear events.

PHEP Now

In 2018, PHEP provided \$620 million across public health departments to improve response readiness. Funds are also used to support epidemiologists (disease detectives), lab staff, planners, and other preparedness staff on the ground.

In the future, CDC will continue supporting PHEP recipients by sharing technical expertise, best practices, and lessons learned, along with tools and resources to identify and address gaps.

Learn More

For more information about the PHEP Program, visit www.cdc.gov/cpr/map.htm.

AT A GLANCE

In Maine

- ▶ 1.3 million residents
- ▶ 40% reside in Cities Readiness Initiative metropolitan statistical areas (CRI MSA). A federally funded program, CRI helps cities effectively respond to large-scale public health emergencies requiring life-saving medications and medical supplies.
- ▶ N/A* local public health departments

*Health department is centralized at the state level

Frequent Public Health Emergencies

- ▶ Power Outages
- ▶ Flooding
- ▶ Infectious Disease Outbreaks

Key Emergency Operations Center Activations

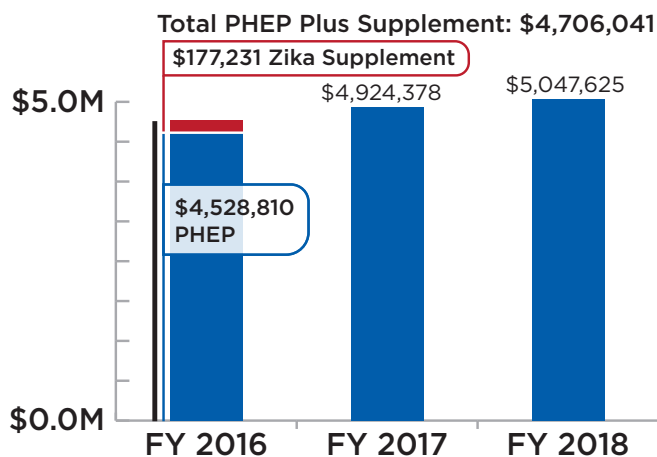
- ▶ 2015: Severe Winter Storm
- ▶ 2017: Widespread Power Outages

PHEP funds programs and activities that build and strengthen the nation's preparedness for public health emergencies.

Preparedness and Response Funding Snapshot

FY 2018 PHEP \$5,047,625

Base Plus Population \$5,000,000
Cities Readiness Initiative \$47,625
Level 1 Chemical Lab \$—



Centers for Disease Control and Prevention
Center for Preparedness and Response

PHEP IN ACTION—ENSURING ACCESS TO MEDICATION DURING AN INFLUENZA OUTBREAK



In March 2017, an influenza outbreak on Vinylhaven, a remote island off the coast of Maine with a population of about 1,165, sickened half of the island’s residents. The outbreak depleted the medical center’s Tamiflu supply. Tamiflu can greatly lessen the severity of flu but it must be taken early in treatment. Health department staff—because of a partnership agreement established under PHEP with the Northern New England Poison Center, local pharmacies, and others—were able to quickly deliver 100 treatment courses of Tamiflu. As a result, the state successfully reduced the impact of the influenza outbreak on the island.

CDC identified 15 public health preparedness capabilities critical to public health preparedness.

2018 MAINE TOP PHEP CAPABILITY INVESTMENTS

1. Public Health Surveillance & Epidemiologic Investigation
2. Public Health Laboratory Testing
3. Community Preparedness
4. Medical Materiel Management & Distribution
5. Emergency Operations Coordination

For a complete list of all 15 public health preparedness capabilities, visit <https://www.cdc.gov/cpr/readiness/capabilities.htm>.

Medical Countermeasure Readiness: Ensuring that medicine and supplies get to those who need them most during an emergency.

KEY STRENGTH

Development of “hybrid” points of dispensing (PODs) which open as a Closed POD and transition to an Open POD.

KEY CHALLENGE

Need to clarify roles and responsibilities within state and local Cities Readiness Initiative emergency operations plans

States, territories, and localities are required to develop emergency plans covering children, pregnant women, and other vulnerable populations.

Population

2017

Households included children	30%
Respondents who know they are pregnant	3%
Respondents 65 or older	24%
Respondents who reported having diabetes	11%
Respondents who reported a condition that limits activities	—
Respondents who reported a health problem that required the use of specialized equipment	—

PHEP funds support staff who have expertise in many different areas.

PHEP-Funded Staff

2017

CDC Field Staff	1
Educators	—
Epidemiologists	3
Health Professionals	1
Laboratorians	7
Other Staff	8

PHEP PROGRAM—KEY PERFORMANCE MEASURE RESULTS

In an emergency, it is critical that staff can meet quickly to plan for, lead, and manage a public health response. Public health staff serve as Incident Commanders, Public Information Officers, Planning Section Chiefs, Operations Section Chiefs, and other response roles.

Emergency Operations Coordination	2015	2016	2017
Number of minutes for public health staff with incident management lead roles to report for immediate duty	15	10	6

Timely and effective communication between lab and epidemiologic staff can reduce death and injuries in a public health emergency.

Public Health Laboratory Testing	2017
Results of communication drills between laboratory and epidemiological staff completed within 45 minutes	Drill 1: Completed drill in time Drill 2: Completed drill in time

Laboratory Response Network biological (LRN-B) 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 public health labs with testing capabilities to detect and confirm biological health threats. CDC also manages PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to identify outbreak sources.

Current number of LRN-B public health labs: 1

Public Health Laboratory Testing: LRN-B	2015	2016	2017
Proportion of LRN-B proficiency tests passed	1/2	1/2	2/2
Public Health Laboratory Testing: PulseNet	2015	2016	2017
Percentage of <i>E. coli</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	92% (target: 90%)	73% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposures to toxic chemicals, aid diagnoses, and minimize further human exposures. CDC manages the LRN-C, a group of labs with testing capabilities to detect and confirm chemical health threats. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities.

Current number and level of LRN-C Labs: 1 (Level 2)

Public Health Laboratory Testing: LRN-C	2015	2016	2017
Proportion of core chemical agent detection methods demonstrated by Level 1 or Level 2 labs	9/9	7/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 or Level 2 labs	1	1	2
Result of LRN exercise to collect, package, and ship samples	Passed	Passed	Passed



For more information on
CDC's Public Health Emergency Preparedness Program, visit
www.cdc.gov/cpr/map.htm