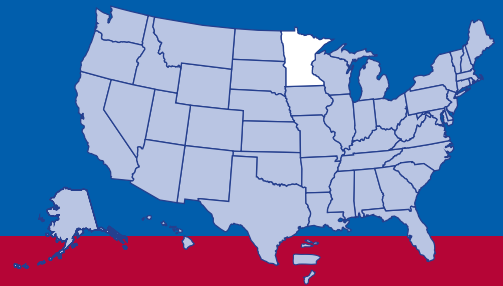


PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



MINNESOTA

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 Minnesota

- ▶ 5.6 million residents
- ▶ 63% 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.
- ▶ 51 local public health departments

Frequent Public Health Emergencies

- ▶ Tornadoes
- ▶ Flooding
- ▶ Infectious Disease Outbreaks

Key Emergency Operations Center Activations

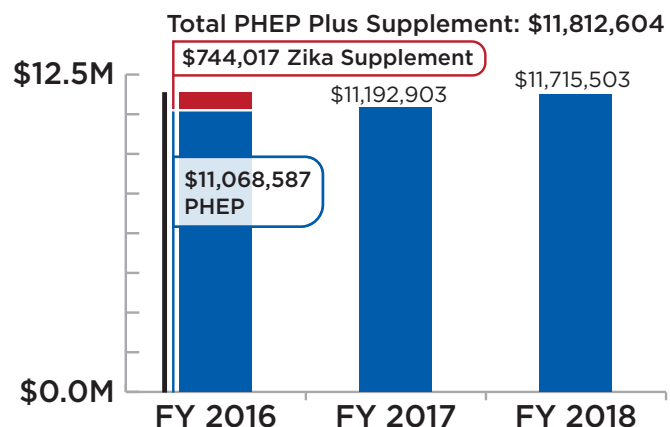
- ▶ 2017: Measles
- ▶ 2018: Super Bowl LII

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

Preparedness and Response Funding Snapshot

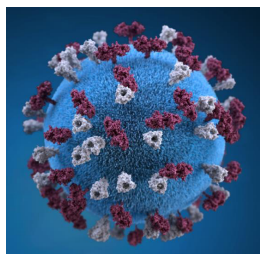
FY 2018 PHEP \$11,715,503

Base Plus Population \$9,172,836
Cities Readiness Initiative \$877,187
Level 1 Chemical Lab \$1,665,480



Centers for Disease Control and Prevention
Center for Preparedness and Response

PHEP IN ACTION—PHEP BRINGS QUICK END TO MEASLES OUTBREAK IN MINNESOTA COMMUNITY



In Minnesota, the PHEP program provides training and support in incident management so health departments can effectively respond to public health emergencies. Between April and June 2017, 75 people in Minnesota contracted measles. Local PHEP-funded epidemiologists tracked individuals who might have been infected and determined vaccination needs. Also, after a child in a local school became infected, the Minnesota Department of Health (MDH) worked with local PHEP-funded staff to set up a clinic in less than 24 hours to provide antibody injections that help fight the measles virus. Thanks to the PHEP staff's training and experience, and other program staff at MDH, the outbreak ended by August 2017.

3D Graphical Representation of Spherical-Shaped Measles Virus Particle

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

2018 MINNESOTA TOP PHEP CAPABILITY INVESTMENTS

1. Public Health Laboratory Testing
2. Medical Countermeasure Dispensing
3. Community Preparedness
4. Emergency Operations Coordination
5. Volunteer Management

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

Robust communication platform for sharing information with partners at the state and local levels during a response and for day-to-day operations

KEY CHALLENGE

Need to update medical countermeasure plans to document the additional capability of the medical model as well as the transition between medical and non-medical model dispensing

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

Population	2017
Households included children	35%
Respondents who know they are pregnant	5%
Respondents 65 or older	20%
Respondents who reported having diabetes	8%
Respondents who reported a condition that limits activities	19%
Respondents who reported a health problem that required the use of specialized equipment	7%

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

PHEP-Funded Staff	2017
CDC Field Staff	4
Educators	1
Epidemiologists	4
Health Professionals	—
Laboratorians	12
Other Staff	27

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	39	14	45

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, but not 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	2/2	2/2	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	99% (target: 90%)	99% (target: 90%)	98% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

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 1)

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	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 or Level 2 labs	4	4	4
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