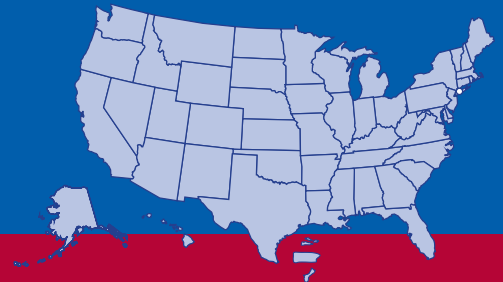


PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



NEW YORK CITY

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 New York City

- ▶ **8.6 million residents**
- ▶ - 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

Frequent Public Health Emergencies

- ▶ Extreme Heat
- ▶ Winter Storms
- ▶ Infectious Disease Outbreaks

Key Emergency Operations Center Activations

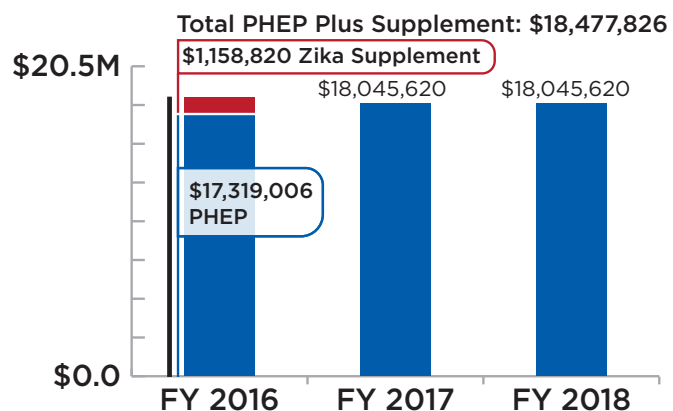
- ▶ 2015: Legionella Response
- ▶ 2016: Zika & Influenza A H7N2 Responses

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

Preparedness and Response Funding Snapshot

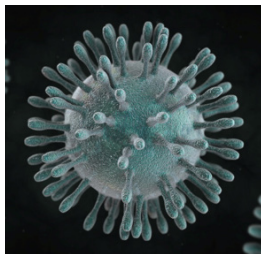
FY 2018 PHEP \$18,045,620

Base Plus Population \$14,219,560
Cities Readiness Initiative \$3,826,060
Level 1 Chemical Lab \$—



Centers for Disease Control and Prevention
Center for Preparedness and Response

PHEP IN ACTION—PHEP SUPPORTS RAPID TESTING OF ILL TRAVELERS TO RULE OUT MERS-COV



3D illustration of MERS virus

In New York City (NYC), PHEP has supported coordinated preparation between the health department and local hospitals to receive and rapidly evaluate ill travelers. In September 2018, a flight from Dubai to NYC initially reported that many travelers had symptoms of a respiratory illness. CDC Quarantine Station and NYC fire department staff assessed the travelers and 10 with acute symptoms were transported to a nearby hospital to rule out Middle East Respiratory Syndrome (MERS-CoV). Due to previous PHEP-supported preparedness efforts, health department staff assisted the hospital to safely receive those travelers and safely transported specimens to the NYC Public Health Laboratory. It confirmed in approximately 24 hours that all patients were negative for MERS-CoV.

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

2018 NEW YORK CITY TOP PHEP CAPABILITY INVESTMENTS

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

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

Comprehensive plans geographically aligning city employees to staff points of dispensing

KEY CHALLENGE

Addressing the needs of a very large number, estimated to be 1.5 million, of people with access or functional needs

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

Population

2017

Households included children	–
Respondents who know they are pregnant	–
Respondents 65 or older	–
Respondents who reported having diabetes	–
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	6
Educators	6
Epidemiologists	19
Health Professionals	1
Laboratorians	18
Other Staff	69

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	54	38	134

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	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	100% (target: 90%)	100% (target: 90%)	95% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	96% (target: 90%)	91% (target: 90%)	96% (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 3)

Public Health Laboratory Testing: LRN-C	2015	2016	2017
Proportion of core chemical agent detection methods demonstrated by Level 1 or Level 2 labs	N/A	N/A	N/A
Number of additional chemical agent detection methods demonstrated by Level 1 or Level 2 labs	N/A	N/A	N/A
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