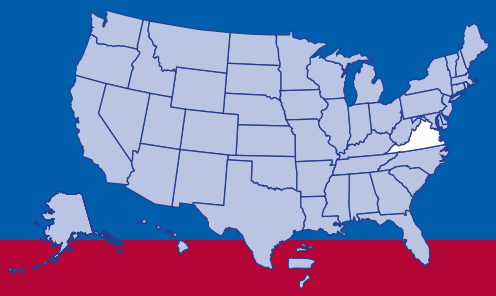
PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



VIRGINIA

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 Virginia

- **8.5 million residents**
- **69%** 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.
- **119*** local public health departments

*35 Local Health Districts and 119 Health Departments

Frequent Public Health Emergencies

- Environmental Contamination
- Severe Weather
- Infectious Disease Outbreaks

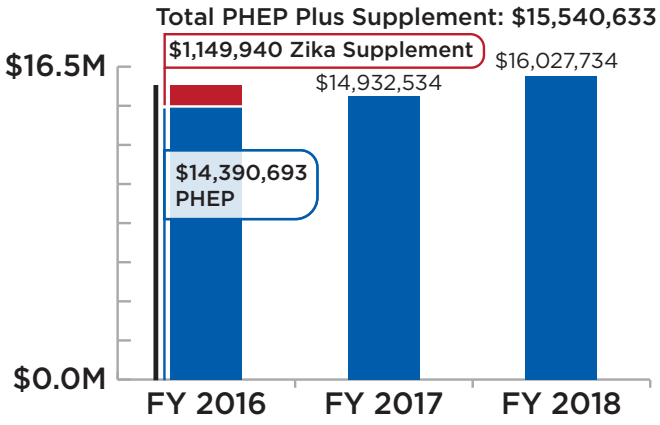
Key Emergency Operations Center Activations

- 2017: Civil Unrest in Charlottesville
- 2018: Opioid/Addiction Crisis Response

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

Preparedness and Response Funding Snapshot

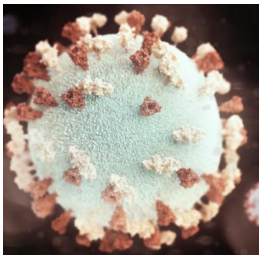
FY 2018 PHEP $16,027,734
Base Plus Population $12,426,351
Cities Readiness Initiative $1,493,238
Level 1 Chemical Lab $2,108,145



Centers for Disease Control and Prevention
Center for Preparedness and Response

VIRGINIA

PHEP IN ACTION–PHEP HELPS END MUMPS OUTBREAK ON COLLEGE CAMPUS IN VIRGINIA



Spherical-shaped mumps virus particle studded with glycoprotein tubercles

In Virginia, the PHEP program facilitates staffing and exercises so medical countermeasures are distributed quickly to the public during emergencies. In early 2018, a local health department observed an increase in cases of mumps at a university. Because of continuing transmission over the following months, the state health department recommended all students and staff receive a third dose of the measles, mumps, and rubella vaccine. Using plans tested with PHEP-supported exercises, the local health department set up five campus dispensing sites and administered more than 5,000 vaccine doses in April. By July 2018, there were no more cases of mumps on campus.

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

2018 VIRGINIA TOP PHEP CAPABILITY INVESTMENTS

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

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	KEY CHALLENGE
Mapping of vulnerable populations for emergency planning & response	Recruitment and training of subject matter experts for 3rd party logistics for distribution of medical countermeasures

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

Population	2017
Households included children	39%
Respondents who know they are pregnant	4%
Respondents 65 or older	19%
Respondents who reported having diabetes	10%
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	3
Educators	8
Epidemiologists	40
Health Professionals	3
Laboratorians	17
Other Staff	63

VIRGINIA

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	9	43	44

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, but not 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 *E. coli*-positive tests analyzed and uploaded into PulseNet national database within four working days	100% (target: 90%)	100% (target: 90%)	98% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within four working days	100% (target: 90%)	92% (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

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