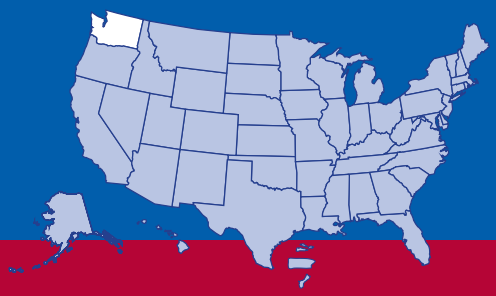
PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



WASHINGTON

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 Washington

- **7.4 million residents**
- **59%** 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.
- **35** local public health departments

Frequent Public Health Emergencies

- Fire
- Flooding
- Landslides/Mudslides

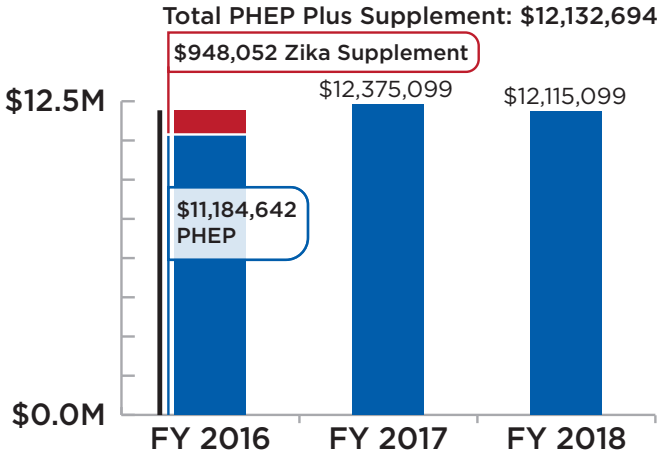
Key Emergency Operations Center Activations

- 2016: Winter Storm
- 2017: Wildfires

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

Preparedness and Response Funding Snapshot

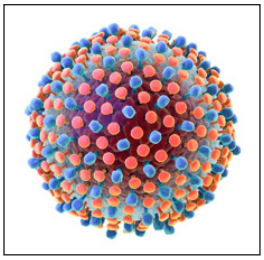
FY 2018 PHEP $12,115,099
Base Plus Population $11,062,782
Cities Readiness Initiative $1,052,317
Level 1 Chemical Lab $—



Centers for Disease Control and Prevention
Center for Preparedness and Response

WASHINGTON

PHEP IN ACTION–PHEP HELPS END HEPATITIS C OUTBREAK IN WASHINGTON



Hepatitis C virus illustration

In Washington, the PHEP program ensures state and local public health departments have response systems in place, notification protocols established, and personnel ready to manage emergencies. PHEP-funded staff in Washington responded to a hepatitis C outbreak in May 2018 by working closely with disease investigators, the local health department, and law enforcement. They established an incident management team, facilitated aid from other jurisdictions, and provided support and coordination to the local response effort. Initial estimates had more than 2,700 potentially exposed, and about 2,000 people were tested between May and August. Thirteen tested positive and were offered treatment, putting an end the outbreak.

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

2018 WASHINGTON TOP PHEP CAPABILITY INVESTMENTS

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

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
Sustains a robust Incident Command Structure training program for building capable incident management teams to function across all aspects of an emergency response	Distribution model is being reworked to maintain or add partners from the government, healthcare system, military, and private businesses

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	4%
Respondents 65 or older	20%
Respondents who reported having diabetes	9%
Respondents who reported a condition that limits activities	24%
Respondents who reported a health problem that required the use of specialized equipment	9%

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

PHEP-Funded Staff	2017
CDC Field Staff	1
Educators	1
Epidemiologists	2
Health Professionals	–
Laboratorians	6
Other Staff	25

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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	37	50	24

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: N/A 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 *E. coli*-positive tests analyzed and uploaded into PulseNet national database within four working days	98% (target: 90%)	99% (target: 90%)	99% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within four working days	86% (target: 90%)	86% (target: 90%)	75% (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 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	9 / 9	9 / 9
Number of additional chemical agent detection methods demonstrated by Level 1 or Level 2 labs	0	0	0
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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