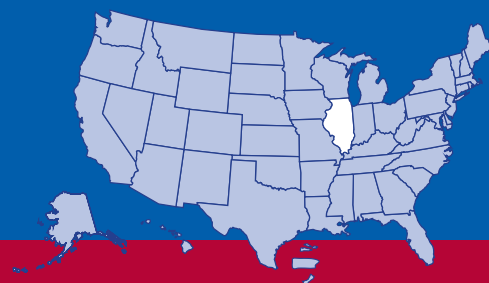


PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



ILLINOIS

15 Years of PHEP

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. It is now 15 years since CDC initiated the [Public Health Emergency Preparedness \(PHEP\) program](#).

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 2017, PHEP provided \$612 million across public health departments to improve response readiness. About 40% of funds went to support epidemiologists (disease detectives), lab staff, planners, and other preparedness staff on the ground.

In the future, CDC will continue to support PHEP awardees 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/phpr/map.htm.

AT A GLANCE

In Illinois

- ▶ **12.8 million residents**
- ▶ **76%** 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.
- ▶ **96** local public health departments

Key Emergency Operations Center Activations

- ▶ No recent activation

Frequent Public Health Emergencies

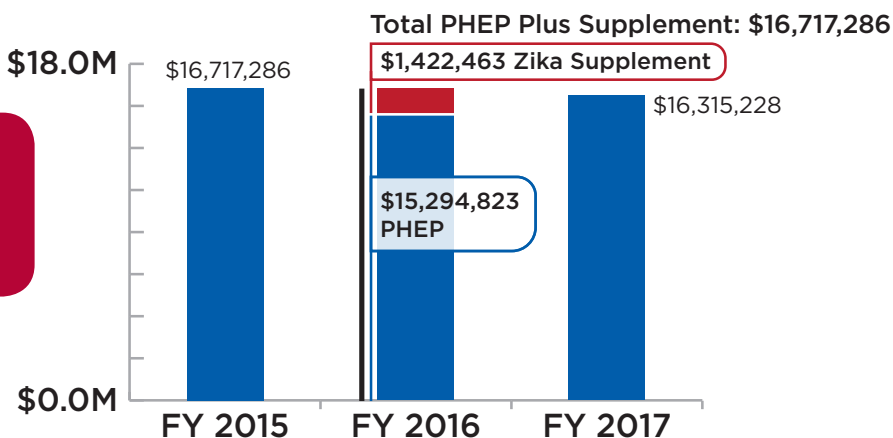
- ▶ Tornadoes
- ▶ Flooding
- ▶ Earthquakes

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

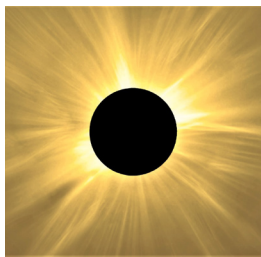
Preparedness and Response Funding Snapshot

FY 2017 PHEP - \$16,315,228

Base Plus Population - \$14,429,471
 Cities Readiness Initiative - \$1,885,757
 Level 1 Chemical Lab - \$-



PHEP IN ACTION—KEEPING PEOPLE SAFE DURING THE 2017 TOTAL SOLAR ECLIPSE



In 2017, a solar eclipse captured the interest of the U.S., with millions of people rushing to the so-called “path of totality”, which included parts of southern Illinois. The Illinois Department of Public Health and nearly a dozen county health departments across southern Illinois engaged in several days of emergency operations center activity. They relied heavily on a PHEP-funded web-based emergency management system to coordinate the event. PHEP supported partnerships with several volunteer teams that distributed water to help prevent heat-related illnesses as temperatures topped 90 degrees. As a result, southern Illinois safely accommodated approximately 250,000 visitors during the eclipse.

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

TOP PHEP CAPABILITY INVESTMENTS

1. Emergency Operations Coordination
2. Medical Countermeasure Dispensing
3. Community Preparedness
4. Information Sharing
5. Medical Materiel Management & Distribution

For a complete list of all 15 public health preparedness capabilities, visit www.cdc.gov/phpr/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 |
|---|--|
| Established collaboration with state partners | Lack of consistent guidance, training, monitoring and evaluation of local medical countermeasure planning and operational elements to local planners |

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

| | |
|--|-----|
| Households included children | 36% |
| Respondents who know they are pregnant | 5% |
| Respondents 65 or older | 19% |
| Respondents who reported having diabetes | 10% |
| Respondents who reported a condition that limits activities | 18% |
| Respondents who reported a health problem that required the use of specialized equipment | 8% |

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

PHEP-Funded Staff

| | |
|----------------------|----|
| CDC Field Staff | 2 |
| Educators | 1 |
| Epidemiologists | 2 |
| Health Professionals | — |
| Laboratorians | 11 |
| 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 | 2014 | 2015 | 2016 |
|--|------|------|------|
| Number of minutes for public health staff with incident management lead roles to report for immediate duty | 7 | 19 | 11 |

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

| Public Health Laboratory Testing | 2016 |
|--|--|
| Result of communication drill between laboratory and epidemiological staff | Completed drill in time: (target: 45 mins) Completed drill in time: (target: 45 mins) |

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: 3

| Public Health Laboratory Testing: LRN-B | 2014 | 2015 | 2016 |
|--|----------------------|-----------------------|----------------------|
| Proportion of LRN-B proficiency tests passed | 7/8 | 2/2 | 2/2 |
| Public Health Laboratory Testing: PulseNet | 2014 | 2015 | 2016 |
| Percentage of <i>E. coli</i> -positive tests analyzed and uploaded into PulseNet national database within four working days | 96% (target: 90%) | 92% (target: 90%) | 94% (target: 90%) |
| Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days | 94% (target: 90%) | 100% (target: 90%) | 82% (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: 2 (Level 3)

| Public Health Laboratory Testing: LRN-C | 2014 | 2015 | 2016 |
|---|--------------------------|--------------------------|--------------------------|
| Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs | N/A | N/A | N/A |
| Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs | N/A | N/A | N/A |
| Result of LRN exercise to collect, package, and ship samples | Level 3 labs: all passed | Level 3 labs: all passed | Level 3 labs: all passed |



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