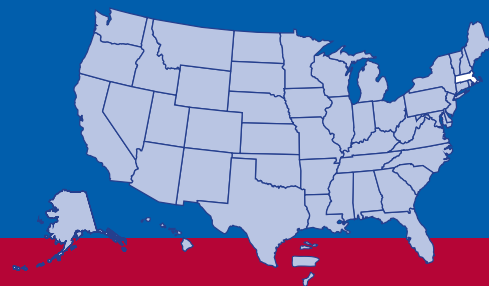


# PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



## MASSACHUSETTS

### 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](http://www.cdc.gov/phpr/map.htm).

## AT A GLANCE

### In Massachusetts

- ▶ **6.8 million residents**
- ▶ **72%** 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.
- ▶ **351** local public health departments

### Key Emergency Operations Center Activations

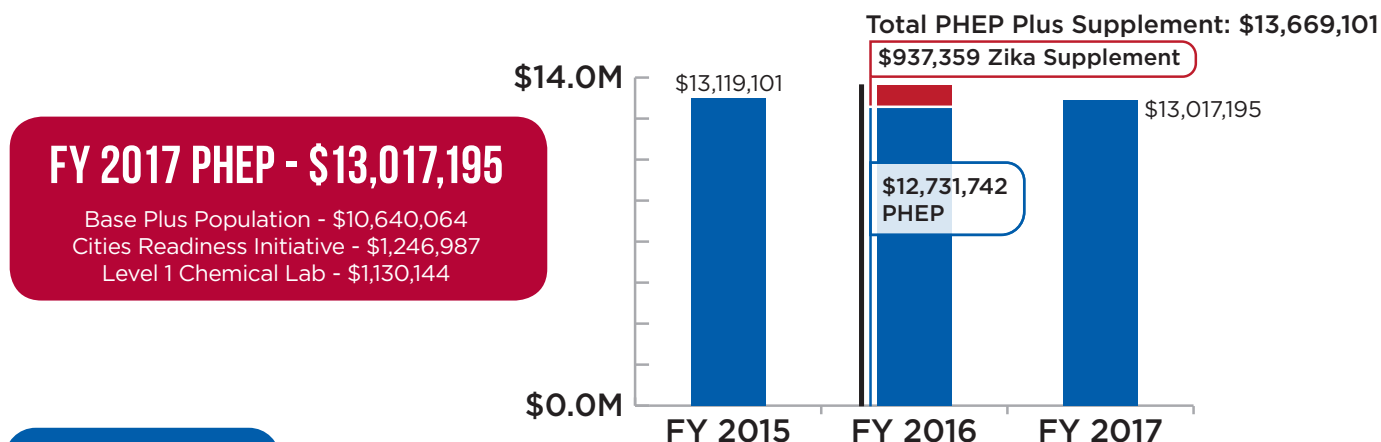
- ▶ 2016: Boston Marathon, Election Day
- ▶ 2017: Severe Winter Storm, Boston Rallies

### Frequent Public Health Emergencies

- ▶ Blizzard
- ▶ Extreme Heat
- ▶ Tropical Storms/Hurricanes

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

### Preparedness and Response Funding Snapshot



Centers for Disease Control and Prevention  
Office of Public Health Preparedness and Response

PHEP IN ACTION—TESTING THE EMERGENCY RESPONSE STRUCTURE



In May 2017, Massachusetts used PHEP funds to conduct an exercise that tested the ability of state health programs to detect health threats, disseminate information, conduct laboratory testing, and distribute medical countermeasures during a full-scale response. Through this exercise, Massachusetts learned the value of engaging healthcare partners to strengthen surveillance activities. It also demonstrated the state’s success in mobilizing the communications systems that would be used during a real event to share information, addressing a gap discovered during the H1N1 influenza pandemic.

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

TOP PHEP  
CAPABILITY INVESTMENTS

- 1. Community Preparedness
- 2. Public Health Laboratory Testing
- 3. Public Health Surveillance & Epidemiologic Investigation
- 4. Emergency Operations Coordination
- 5. Medical Surge

For a complete list of all 15 public health preparedness capabilities, visit [www.cdc.gov/phpr/readiness/capabilities.htm](http://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  |
|---|--|
| Robust relationship with professional warehouse facilities to support medical countermeasure distribution | Monitoring progress for 351 local jurisdiction plans |

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

|  |     |
|--|-----|
| Households included children   | 32% |
| Respondents who know they are pregnant   | 3%  |
| Respondents 65 or older  | 20% |
| Respondents who reported having diabetes   | 9%  |
| Respondents who reported a condition that limits activities                              | 20% |
| 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      | 1  |
| Educators            | 2  |
| Epidemiologists      | 12 |
| Health Professionals | -  |
| Laboratorians        | 18 |
| Other Staff          | 19 |

# MASSACHUSETTS

## 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    | 10   | 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)<br>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: 1**

| Public Health Laboratory Testing: LRN-B  | 2014                 | 2015                 | 2016                  |
|--|----------------------|----------------------|-----------------------|
| Proportion of LRN-B proficiency tests passed   | 3 / 3                | 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  | 98%<br>(target: 90%) | 98%<br>(target: 90%) | 91%<br>(target: 90%)  |
| Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days | 83%<br>(target: 90%) | 92%<br>(target: 90%) | 100%<br>(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   | 2014   | 2015   | 2016   |
|---|--------|--------|--------|
| Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs   | 9 / 9  | 9 / 9  | 9 / 9  |
| Number of additional chemical agent detection methods demonstrated by Level 1 and/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/phpr/map.htm](http://www.cdc.gov/phpr/map.htm)