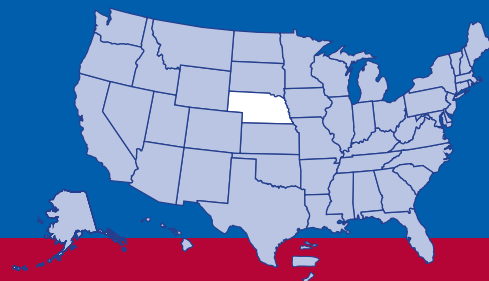


PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



NEBRASKA

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 Nebraska

- ▶ 1.9 million residents
- ▶ 42% 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.
- ▶ 20 local public health departments

Key Emergency Operations Center Activations

- ▶ 2014: Ebola Response
- ▶ 2015: Avian Flu Outbreak

Frequent Public Health Emergencies

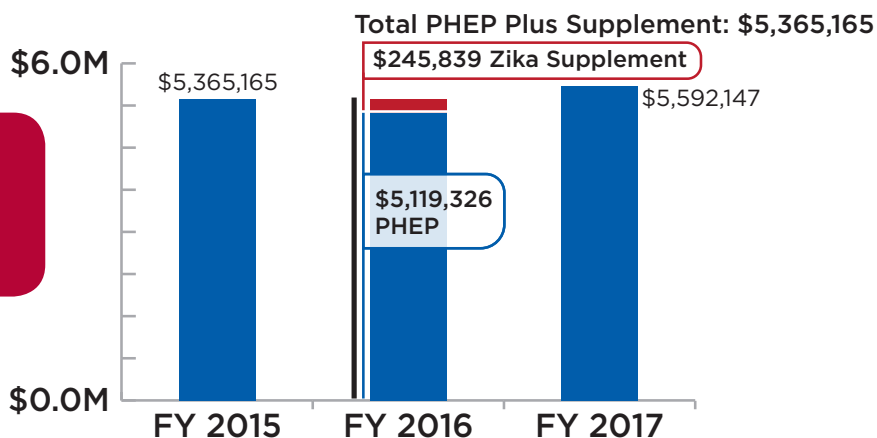
- ▶ Tornadoes
- ▶ Flooding
- ▶ Fires

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

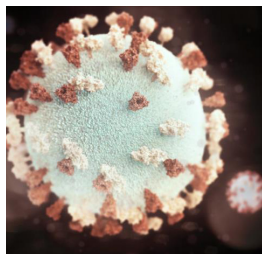
Preparedness and Response Funding Snapshot

FY 2017 PHEP - \$5,592,147

Base Plus Population - \$5,132,192
Cities Readiness Initiative - \$199,955
Level 1 Chemical Lab - \$-



PHEP IN ACTION—RESPONDING TO A MUMPS OUTBREAK IN CHILDREN'S SUMMER CAMPS



During a mumps outbreak affecting four children's summer camps in April 2016, PHEP support ensured state and local health departments could quickly detect the illness and respond appropriately. Because of PHEP support, state and local health departments provided vaccinations, trained epidemiologists, public information, and subject matter expertise. PHEP funded roughly 400 immunization boosters for mumps as well as active monitoring for signs and symptoms throughout the course of the summer camps. Collaboration between local health departments, the state public health department, and the Nebraska Public Health Laboratory, made possible by PHEP, undoubtedly helped prevent further spread during these disease events.

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. **Information Sharing**

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
Strong partnerships enables high level of participation within planning and logistics	Lack of monitoring and tracking of medical countermeasure activities at the local level

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

Households included children	37%
Respondents who know they are pregnant	5%
Respondents 65 or older	20%
Respondents who reported having diabetes	9%
Respondents who reported a condition that limits activities	18%
Respondents who reported a health problem that required the use of specialized equipment	7%

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

PHEP-Funded Staff	
CDC Field Staff	2
Educators	1
Epidemiologists	—
Health Professionals	—
Laboratorians	—
Other Staff	6

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	15	45	52

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: 1

Public Health Laboratory Testing: LRN-B	2014	2015	2016
Proportion of LRN-B proficiency tests passed	3/3	1/2	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%)	97% (target: 90%)	97% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	0% (target: 90%)	100% (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 2)

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	8/9	8/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/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/phpr/map.htm