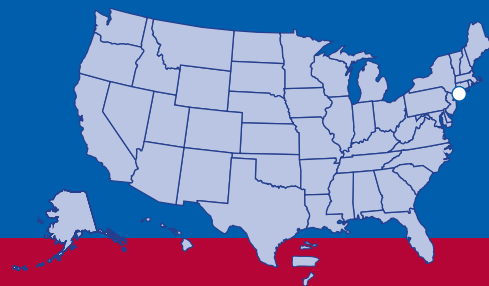# PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM

NEW YORK CITY

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 New York City

- ▶ **8.5 million residents**
- ▶ - 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.
- ▶ - local public health departments

Key Emergency Operations Center Activations
- ▶ 2015: Legionella Response
- ▶ 2016: Zika & Influenza A H7N2 Responses
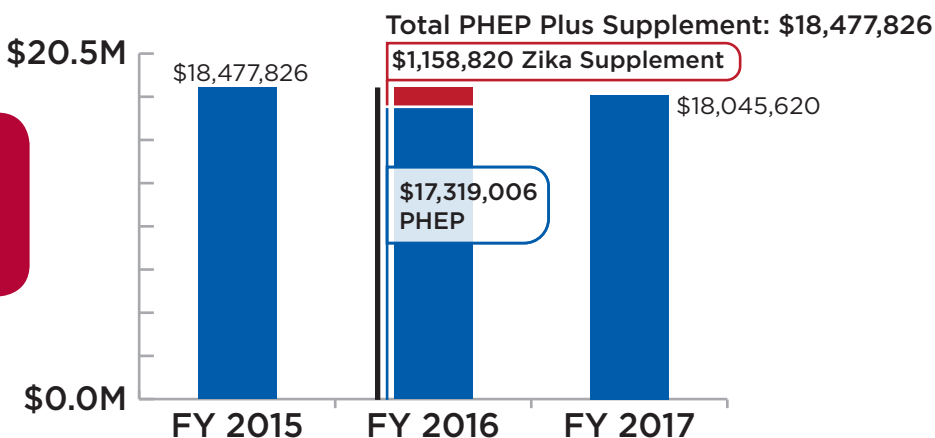
Frequent Public Health Emergencies
- ▶ Extreme Heat
- ▶ Winter Storm
- ▶ Infectious Disease Outbreaks

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 - $18,045,620
Base Plus Population - $14,219,560
Cities Readiness Initiative - $3,826,060
Level 1 Chemical Lab - $-

Total PHEP Plus Supplement: $18,477,826

$1,158,820 Zika Supplement

$17,319,006 PHEP

$20.5M

$18,477,826

$18,045,620

$0.0M

FY 2015   FY 2016   FY 2017

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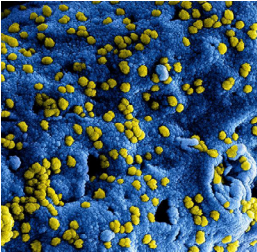
NEW YORK CITY

Over a 10-day period in September 2017, epidemiologists at New York City's (NYC) health department fielded 16 calls from emergency departments about patients with a respiratory illness associated with an Islamic pilgrimage to Mecca, Saudi Arabia. Seven of these patients met CDC requirements to be evaluated for Middle East Respiratory Syndrome Coronavirus (MERS-CoV). Laboratory staff found all patients negative for MERS-CoV, and instead found H1 and H3 influenza, adenovirus, and enterovirus. This rapid surveillance and diagnostic testing capacity, made possible in part by PHEP funding, demonstrates NYC's ability to detect diseases like MERS-CoV quickly and, if detected, prevent high-consequence outbreaks.

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

TOP PHEP CAPABILITY INVESTMENTS

1. **Public Health Surveillance & Epidemiologic Investigation**
2. **Emergency Operations Coordination**
3. **Public Health Laboratory Testing**
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
Comprehensive plans geographically aligning personnel to staff points of dispensing	Lack of exercising public health responder prophylaxis plans, in particular first responders and critical infrastructure staff

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

Households included children	30%
Respondents who know they are pregnant	–
Respondents 65 or older	13%
Respondents who reported having diabetes	10%
Respondents who reported a condition that limits activities	17%
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	7
Educators	–
Epidemiologists	19
Health Professionals	–
Laboratorians	18
Other Staff	74

NEW YORK CITY

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	58	54	38

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	2 / 2	2 / 2

Public Health Laboratory Testing: PulseNet	2014	2015	2016
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within four working days	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within four working days	91% (target: 90%)	96% (target: 90%)	91% (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 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	Passed	Passed	Passed

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