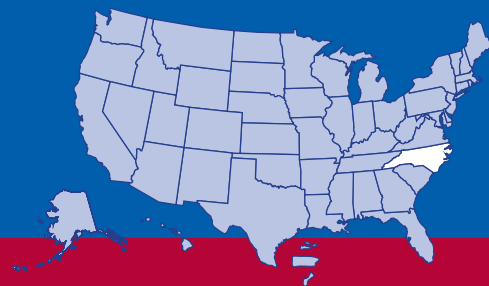


PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM

NORTH CAROLINA



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 North Carolina

- ▶ 10.1 million residents
- ▶ 21% 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.
- ▶ 85 local public health departments

Key Emergency Operations Center Activations

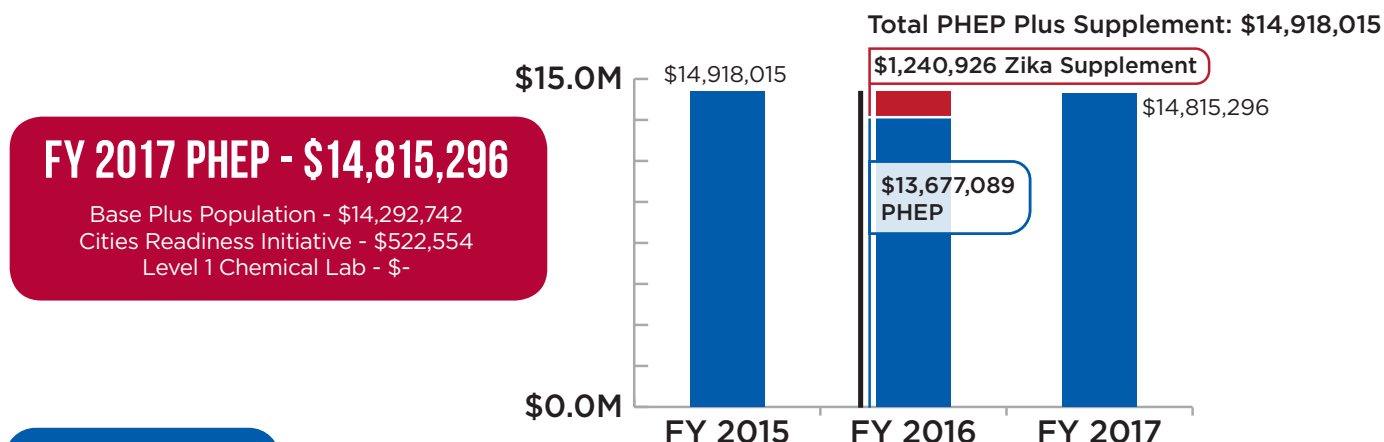
- ▶ 2014: Ebola Response
- ▶ 2016: Hurricane Matthew

Frequent Public Health Emergencies

- ▶ Environmental Contamination
- ▶ Flooding
- ▶ 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—RESPONDING TO HURRICANE MATTHEW



Credit:

In October 2016, Hurricane Matthew made landfall in southeastern North Carolina as a Category 1 storm, causing catastrophic flooding and killing 28 people. 16 PHEP-funded staff logged 921 hours coordinating response activities. Due to agreements with surrounding states established through the PHEP program, North Carolina began the process of receiving 20 public health nurses from Tennessee within just three hours of requesting support. The public health nurses, along with North Carolina environmental health specialists, staffed shelters, inspected facilities, and conducted well water and septic system testing in flood-affected areas.

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

TOP PHEP CAPABILITY INVESTMENTS

- 1. Public Health Laboratory Testing
- 2. Medical Countermeasure Dispensing
- 3. Public Health Surveillance & Epidemiologic Investigation
- 4. Community Preparedness
- 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
Comprehensive detailed guidance for local jurisdictions	Developing plans for at-risk populations

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

Households included children	34%
Respondents who know they are pregnant	5%
Respondents 65 or older	20%
Respondents who reported having diabetes	11%
Respondents who reported a condition that limits activities	22%
Respondents who reported a health problem that required the use of specialized equipment	10%

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

PHEP-Funded Staff	
CDC Field Staff	3
Educators	5
Epidemiologists	4
Health Professionals	7
Laboratorians	16
Other Staff	35

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	10	14	10

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	9 / 9	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	93% (target: 90%)	91% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	60% (target: 90%)	74% (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	9 / 9	9 / 9	9 / 9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs	1	1	1
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