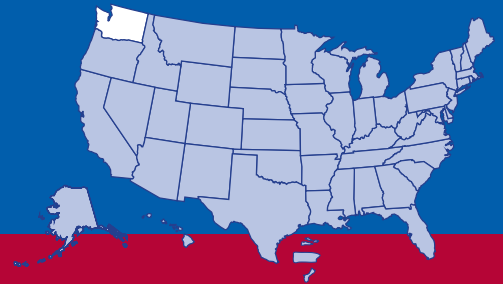


PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



WASHINGTON

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 Washington

- ▶ **7.3 million residents**
- ▶ **59%** 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.
- ▶ **35** local public health departments

Key Emergency Operations Center Activations

- ▶ 2015: Wildfires
- ▶ 2016: Winter Storm

Frequent Public Health Emergencies

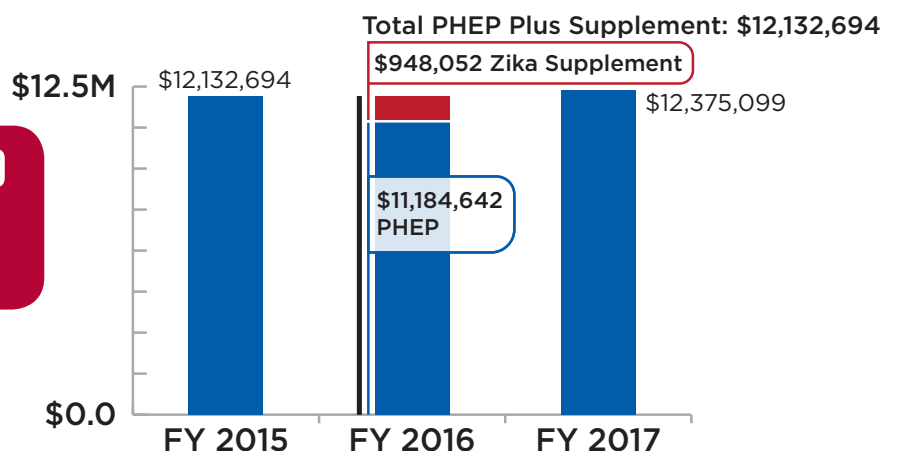
- ▶ Fire
- ▶ Flooding
- ▶ Landslides/Mudslides

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

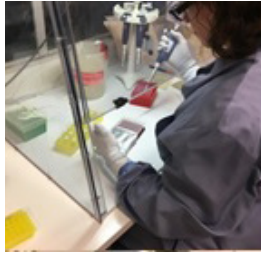
Preparedness and Response Funding Snapshot

FY 2017 PHEP - \$12,375,099

Base Plus Population - \$11,062,782
 Cities Readiness Initiative - \$1,052,317
 Level 1 Chemical Lab - \$-



PHEP IN ACTION—CONTROLLING A SEVERE MUMPS OUTBREAK



When a mumps outbreak in December 2016 sickened more than 800 individuals, the state mobilized a PHEP-funded Epidemiology Task Force to support local health departments with tracking disease cases and educating vulnerable communities about the benefits of vaccination. The outbreak response resulted in a dramatic increase in mumps vaccinations, with 5,000 additional people vaccinated, strengthening the community’s resilience to both the current outbreak and future outbreaks of measles, mumps, and rubella.

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

TOP PHEP CAPABILITY INVESTMENTS

1. Emergency Operations Coordination
2. Information Sharing
3. Public Health Laboratory Testing
4. Medical Materiel Management & Distribution
5. Community Preparedness

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
Continuous quality improvement through quarterly meetings to review progress on Improvement Plans	Lack of testing the transportation and security functions from the alternate receiving, staging, and storage site

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

Households included children	35%
Respondents who know they are pregnant	4%
Respondents 65 or older	19%
Respondents who reported having diabetes	8%
Respondents who reported a condition that limits activities	23%
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	3
Educators	1
Epidemiologists	3
Health Professionals	—
Laboratorians	6
Other Staff	24

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	18	37	50

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	4 / 4	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	97% (target: 90%)	98% (target: 90%)	99% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	88% (target: 90%)	86% (target: 90%)	86% (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	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