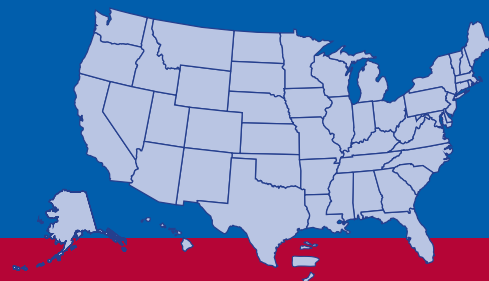


PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



NATIONAL

PHEP Then

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. Since then CDC's [Public Health Emergency Preparedness \(PHEP\) program](#) has partnered with state, local, and territorial public health departments to prepare for, withstand, and recover from potentially devastating public health emergencies.

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 2018, PHEP provided \$620 million across public health departments to improve response readiness. Funds are also used to support epidemiologists (disease detectives), lab staff, planners, and other preparedness staff on the ground.

In the future, CDC will continue supporting PHEP recipients 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/cpr/map.htm.

AT A GLANCE – NATIONAL DATA

- ▶ 325 million residents
- ▶ 58% reside in Cities Readiness Initiative metropolitan statistical areas (CRI MSA). CRI helps cities effectively respond to large public health emergencies requiring life-saving medications and medical supplies as a component of PHEP.

- ▶ 2,692 local public health departments

Key State and Local Emergency Operations Center Activations

- ▶ Hepatitis A Outbreak Response
- ▶ California Wildfire Response
- ▶ Hurricanes Florence and Michael Responses

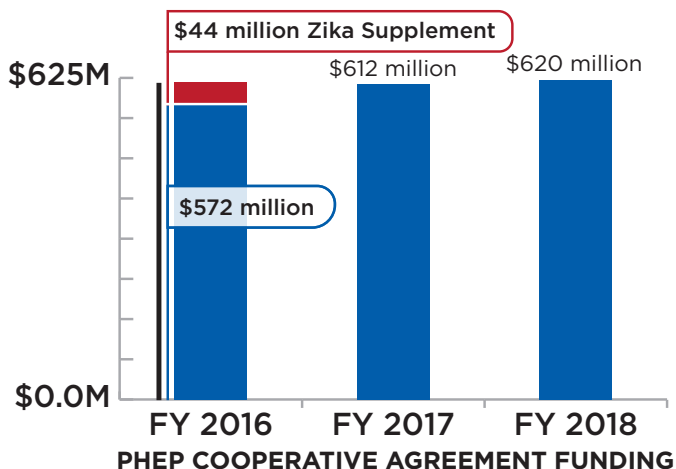
PHEP funds programs and activities that build and strengthen the nation's preparedness for public health emergencies.

CDC Preparedness and Response Funding Snapshot

FY 2018 APPROPRIATION \$670,250,000

- PHEP Cooperative Agreement: \$620,250,000
 - Base Plus Population: \$551,255,707
 - Cities Readiness Initiative: \$49,963,693
 - Level 1 Chemical Labs: \$19,030,600
- PHEP Program Support*: \$50,000,000

*Funds field staff, Project Officers, and program evaluation



Centers for Disease Control and Prevention
Center for Preparedness and Response

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

2018 NATIONAL TOP PHEP CAPABILITY INVESTMENTS

1. Public Health Laboratory Testing
2. Community Preparedness
3. Public Health Surveillance and Epidemiological Investigation
4. Medical Countermeasure Dispensing
5. Emergency Operations Coordination

For a complete list of all 15 public health preparedness capabilities, visit www.cdc.gov/cpr/readiness/capabilities.htm.

Medical Countermeasure Readiness: Ensuring that medicine and supplies get to those who need them most during an emergency.

KEY STRENGTH

- States and localities developed plans that included:
- ▶ Ability to geographically map vulnerable populations
 - ▶ Extensive training programs for planners at all levels
 - ▶ Well established partnerships including behavioral health, emergency management, transportation, and law enforcement

KEY CHALLENGE

- States and localities faced challenges including:
- ▶ Incomplete training and exercising of responder safety and health plans
 - ▶ Outdated guidance for local planners
 - ▶ Staff turnover at the local health department level

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

National Population

2017

Households included children	36%
Respondents who know they are pregnant	4%
Respondents 65 or older	20%
Respondents who reported having diabetes	11%
Respondents who reported a condition that limits activities	21%
Respondents who reported a health problem that required the use of specialized equipment	9%

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

Total Number of State, Local, and Territorial Staff: 2,708

2017

Educators	147
Laboratorians	193
Epidemiologists	356
Health Professionals	427
Other Staff	1,585

PHEP-Funded CDC Staff

2017

CDC Field Staff	64
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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	2015	2016	2017
Average number of minutes for public health staff with incident management lead roles to report for immediate duty (Target: 60 min)	34	28	47
Percentage of territories that conducted call-down drills to document the ability to contact responders to activate the emergency operations coordination center (Yes/No)	86%	100%	86%

Timely and effective communication between lab and epidemiologic staff can reduce death and injuries in a public health emergency.

Public Health Laboratory Testing	2017
Percentage of communication drills between laboratory and epidemiological staff completed within 45 minutes	Drill 1: 92% Drill 2: 94%

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: 87

Public Health Laboratory Testing: LRN-B	2015	2016	2017
Proportion of LRN-B proficiency tests passed	100 / 105	98 / 105	98 / 106
Public Health Laboratory Testing: PulseNet	2015	2016	2017
Percentage of <i>E. coli</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	96% (target: 90%)	93% (target: 90%)	96% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	94% (target: 90%)	91% (target: 90%)	95% (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: 10 (Level 1), 35 (Level 2), 11 (Level 3)

Public Health Laboratory Testing: LRN-C	2015	2016	2017
Proportion of core chemical agent detection methods demonstrated by Level 1 or Level 2 labs	8 / 9	8 / 9	8 / 9
Average number of additional chemical agent detection methods demonstrated by Level 1 or Level 2 labs	1	1	1
Percentage of labs that passed the LRN exercise to collect, package, and ship samples	100%	100%	100%



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