

Endnotes

- 1 The U.S. insular areas as defined by the U.S. Department of the Interior/Office of Insular Affairs are comprised of the three territories of American Samoa, Guam, and the U.S. Virgin Islands; the two commonwealths of the Northern Mariana Islands and Puerto Rico; and three freely associated states of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. More information on insular areas is available at www.doi.gov/oia/index.html.
- 2 The two previous CDC preparedness reports are the following:

Public Health Preparedness: Mobilizing State By State; CDC, Office of Public Health Preparedness and Response (formerly the Coordinating Office for Terrorism Preparedness and Emergency Response), Published in 2008, this report highlights progress and identifies challenges in state and local preparedness and response, and presents national data and state-specific snapshots for 50 states and 4 localities: Chicago, Los Angeles County, New York City, and Washington, DC. Available at www.emergency.cdc.gov/publications/feb08phprep/.

Public Health Preparedness: Strengthening CDC's Emergency Response; CDC, Office of Public Health Preparedness and Response (formerly the Coordinating Office for Terrorism Preparedness and Emergency Response). Published in 2009, this report describes all activities supported by the Terrorism Preparedness and Emergency Response funding, which includes the Public Health Emergency Preparedness (PHEP) cooperative agreement. Available at www.emergency.cdc.gov/publications/jan09phprep/.
- 3 CDC's 2009 preparedness report (see note 2) was commended by the House and Senate Appropriations committees for FY 2010. U.S. House. Committee on Appropriations. *Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill, 2010*. 111th Cong., 1st sess., 2009. H. Rept. 111-220. U.S. Senate. Committee on Appropriations. *Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill, 2010*. 111th Cong., 1st sess., 2009. S. Rept. 111-66. Both available at thomas.loc.gov/home/LegislativeData.php?&n=Reports&c=111.
- 4 See note 2.
- 5 References to CDC also apply to the Agency for Toxic Substances and Disease Registry (ATSDR) and the National Institute for Occupational Safety and Health (NIOSH).
- 6 See note 1.
- 7 Originally established in 2002 as the Office for Terrorism Preparedness and Emergency Response (OTPER) and renamed the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) in 2005 during a CDC reorganization. In 2009, the name of the office was changed to Office of Public Health Preparedness and Response (OPHPR) as part of CDC's organizational improvement.
- 8 See note 2.
- 9 The number of data points on each state fact sheet increased from 26 in CDC's 2008 preparedness report to 42 in this report, in addition to state-specific information on an additional 10 CDC-funded resources and projects to support state and local preparedness.

- 10 CDC preparedness reports do not discuss broader national disaster management or medical response activities conducted by the Federal Emergency Management Agency, the Office of the Assistant Secretary for Preparedness and Response (e.g., Hospital Preparedness Program), and others.
- 11 National Health Security Strategy (2009). More information available at www.hhs.gov/aspr/osp/nhss/strategy.html.
- 12 Pandemic and All-Hazards Preparedness Act, Pub. L. No. 109–417, 120 Stat. 2831 (December 19, 2006). Available at www.hhs.gov/aspr/omsph/nbsb/publiclaw109417.pdf.
- 13 Institute of Medicine. *The Future of Emergency Care in the United States Health System: Emergency Medical Services at the Crossroad*. Washington DC: The National Academies Press; 2006. Available at www.nap.edu/catalog.php?record_id=11629 (p.180).
- 14 See Note 11.
- 15 See note 12.
- 16 Drawing on the definition provided in the Pandemic and All-Hazards Preparedness Act (see note 12), HHS has adopted the following definition of at-risk individuals. The term “at-risk individuals” is interchangeable with terms like “special needs populations” and “vulnerable populations.” Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. In addition to those individuals specifically recognized as at-risk in the statute, i.e., children, senior citizens, and pregnant women, individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation-disadvantaged, have chronic medical disorders, or have pharmacological dependency.
- 17 See note 5.
- 18 The National Response Framework, which replaced the National Response Plan in 2008, establishes a comprehensive, national, all-hazards approach to domestic incident response ([www.fema.gov/emergency/nrf/about NRF.htm](http://www.fema.gov/emergency/nrf/about%20NRF.htm)). In addition, the National Preparedness Guidelines provide vision, capabilities, and priorities for national preparedness. These two documents constitute the core of the nation’s preparedness policies.
- 19 As specified in Emergency Support Function #8 (ESF #8) – Public Health and Medical Services Annex of the National Response Framework.
- 20 See note 11.
- 21 Institute of Medicine. *Research Priorities in Emergency Preparedness and Response for Public Health Systems. A Letter Report*. Washington, DC: The National Academies Press, 2008. Available at www.iom.edu/CMS/3740/48812/50685.aspx.
- 22 See note 1.
- 23 See note 12.
- 24 The timeframe for fiscal year 2009 is October 1, 2008, through September 30, 2009.
- 25 See note 7.

- 26 The 62 state, locality, and U.S. insular areas funded by the PHEP cooperative agreement include all 50 states; the 4 localities of Chicago, District of Columbia, Los Angeles County, and New York City; and 8 U.S. insular areas (see note 1). Recipients of PHEP funds must demonstrate that a majority of all American Indian/Alaska Native tribes within their jurisdictions concur with the priorities and plans described in annual PHEP-funding applications. This helps ensure that tribal preparedness and response capacity needs are included in state plans. PAHPA has no provisions for direct funding to tribal nations.
- 27 Metropolitan statistical areas (MSAs) are composed of multiple counties and are defined by the U.S. Office of Management and Budget. More information is available at www.census.gov/population/www/metroareas/metrodef.html.
- 28 Supplemental Appropriations Act, 2009. Available at www.gpo.gov/fdsys/pkg/PLAW-111-publ32/content-detail.html.
- 29 Association of State and Territorial Health Officials, *Job and Program Cuts Accelerate, Threaten the Public's Health* (2009). Available at www.astho.org/Display/AssetDisplay.aspx?id=2780.
- 30 National Association of County and City Health Officials, *Local Health Department Job Losses and Program Cuts: Overview of Survey Findings from January/February 2010 Survey* (March 2010). Available at www.naccho.org/topics/infrastructure/lhdbudget/index.cfm.
- 31 See note 10.
- 32 See note 2.
- 33 See note 2.
- 34 As of 5/28/10, over 3000 mumps cases had been identified and efforts continued to contain the outbreak.
- 35 Association of State and Territorial Health Officials, *Response to Incidents* (2010). Available at www.astho.org/Advocacy/2010-Advocacy-Materials/Preparedness_Response_to_incidents/.
- 36 National Biosurveillance Strategy for Human Health (February 2010). Available at www.cdc.gov/osels/pdf/NBSHH_V2_FINAL.PDF.
- 37 Council of State and Territorial Epidemiologists *Epidemiology Capacity Assessment 2009*. Available at www.cste.org. In addition, an article on this assessment is available in *Morbidity and Mortality Weekly Report 2009*; 58 (49):1373-1377.
- 38 See note 35.
- 39 The possession, use, and transfer of biological agents and toxins that could pose a severe threat to public health and safety are regulated by CDC's Select Agent Program.
- 40 CDC coordinates PulseNet, a national network of laboratories at state health departments, local health departments, and federal agencies. PulseNet is on the alert for both common bacteria that cause disease outbreaks (e.g., Salmonella), as well as agents that can be used in a bioterrorist attack through the food supply (e.g., Francisella). PulseNet member laboratories submit DNA fingerprints electronically to a dynamic database at CDC. Members can use the database to evaluate if outbreaks are natural or intentional and to help trace outbreaks to the source.
- 41 The acceptable threshold score increased to 79 or higher for 2009-2010.

- 42 The eight core ICS functional roles are Incident Commander, Public Information Officer, Safety Officer, Liaison Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/ Administration Section Chief.
- 43 In 2010, CDC established a 60 minute target for staff to assemble during an unannounced activation. CDC will report this measure to HHS and the President’s Office of Management and Budget as a high priority performance goal.
- 44 In 2009, CDC awarded another \$2.7 million over 4 years to two additional schools of public health to establish Preparedness and Emergency Response Research Centers.
- 45 See note 11.
- 46 See note 12.
- 47 See note 1 for general information on U.S. insular areas. Definitions of commonwealths, freely associated states, and territories are available at www.doi.gov/oia/Islandpages/political_types.htm.

ACRONYMS

AAR/IP	After Action Report/Improvement Plans
APC	Advanced Practice Centers
APHL	Association of Public Health Laboratories
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
CEFO	Career Epidemiology Field Officers
COOP	Continuity of operations plan
CPHP	Centers for Public Health Preparedness
CRI	Cities Readiness Initiative
DHS	U.S. Department of Homeland Security
EIS	Epidemic Intelligence Service
EOC	Emergency operations center
Epi-X	Epidemic Information Exchange
FY	Fiscal year
HAN	Health Alert Network
HHS	U.S. Department of Health and Human Services
ICS	Incident Command System
LRN	Laboratory Response Network
MSA	Metropolitan statistical area
OPHPR	Office of Public Health Preparedness and Response
PAHPA	Pandemic and All-Hazards Preparedness Act
PERRC	Preparedness and Emergency Response Research Center
PHA	Public health advisor
PFGE	Pulsed-field gel electrophoresis
PHEP	Public Health Emergency Preparedness cooperative agreement
PHER	Public Health Emergency Response grant
PopPT	LRN Emergency Response Pop Proficiency Test
TAR	Technical assistance reviews
TPER	Terrorism Preparedness and Emergency Response funding