New York City

See separate fact sheet for New York state data.

nyc.gov/html/doh/html/bt/bt.shtml

All response begins at the local level. Being prepared to prevent, respond to, and recover from all types of public health threats requires that states and localities improve their capabilities in surveillance, epidemiology, laboratories, and response readiness. Facts on laboratories and response readiness activities appear below. See appendices 1 and 7 for a more detailed description of data points and data sources.

A healthy population is more resilient in public health emergencies. People with chronic conditions may require additional care such as specialized medications, equipment, and other assistance. To develop an effective response plan, a state or locality must consider the unique needs of its own population. In New York City, 7.5% of adults reported having asthma, 6.9% diabetes, 4.7% heart disease, and 2.4% had a stroke. In addition, 17.4% reported a limiting disability and 55.0% were overweight or obese.*
*CDC, ONCDIEH (NCCDPHP) Behavioral Risk Factor Surveillance System, 2008

Fact Sheets 2

Laboratories: General

Maintaining core laboratory functions during an emergency	Status of continuity of operations plan (COOP):[1] No data collected	
Ensuring availability of Laboratory Response Network (LRN) laboratory results for decision making	Locality had a standardized electronic data system capable of messaging laboratory results between LRN laboratories and also to CDC[2] Note: For a description of LRN laboratories, see appendix 1.	Yes

Laboratories: Biological Capabilities

Participation in LRN for biological agents	LRN reference and/or national laboratories that could test for biological agents[3]	1 reference lab
Assessing if laboratory emergency contacts can be reached 24/7	LRN laboratories successfully contacted during a non-business hours telephone drill[3]	1 out of 1 lab
Evaluating LRN laboratory capabilities	Proficiency tests passed by LRN reference and/or national laboratories[3]	4 out of 4 tests
Rapid identification of disease-causing bacteria by PulseNet laboratories	Rapidly identified *E. coli O157:H7* using advanced DNA tests (PFGE)[4]	
	· Samples for which state performed tests	—
	· Test results submitted to PulseNet database within 4 working days (target: 90%)	—
	Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4]	
	· Samples for which state performed tests	—
	· Test results submitted to PulseNet database within 4 working days (target: 90%)	—
Assessing laboratory competency and reporting through exercises	State public health laboratory conducted exercise(s) to assess competency of sentinel laboratories to rule out bioterrorism agents[1]	—
	CDC-funded LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours during LRN notification drills[3] Note: There is one CDC-funded LRN laboratory in DC and in each state, with the exception of CA, IL, and NY, which have two.	Passed

Laboratories: Chemical Capabilities

Participation in Laboratory Response Network for chemical agents (LRN-C)	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5] Note: There are three levels, with Level 1 having the most advanced capabilities. See appendix 1.	One Level 3 lab
Evaluating LRN-C laboratory capabilities through proficiency testing	Core methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[5]	N/A
	Additional methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[5]	N/A
Assessing LRN-C laboratory capabilities through exercises	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[5]	Passed
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[6]	N/A
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise (range was 71 to 126 hours)[5]	N/A

Response Readiness: Communication

Communicating emerging health information	Locality public health department had a 24/7 reporting capacity system that could receive urgent disease reports any time of the day[7]	Yes
	Responded to Health Alert Network (HAN) test message within 30 minutes[8]	—
	Public health laboratory used HAN or other rapid method (blast email or fax) to communicate with sentinel laboratories and other partners for outbreaks, routine updates, training events, and other applications[1]	—
	Epidemic Information Exchange users responded to system-wide notification test within 3 hours[9]	—

[1]APHL; 2008 [2]CDC, OSELS; 2008 [3]CDC, OID (NCEZID); 2008 [4]CDC, OPHPR (DSLR); 2008 [5]CDC, ONDIEH (NCEH); 2009 [6]CDC, ONDIEH (NCEH); 2008 [7]Locality data; 2008 [8]CDC, OPHPR (DEO); 2009 [9]CDC, OPHPR (DEO); 2008

New York City
See separate fact sheet for New York state data.

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Response Readiness: Communication (continued)

Improving public health information exchange	Participated in a Public Health Information Network forum (community of practice) to leverage best practices for information exchange[10]	Yes

Response Readiness: Planning

Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile and other sources	Cities Readiness Initiative (CRI) jurisdiction 2007-2008 technical assistance review (TAR) score[11,12] New York City: 99 (part of Cohort 1, which was established in 2004) Note: A score of 69 or higher indicates a CRI jurisdiction performed in an acceptable range in its plan to receive, distribute, and dispense medical assets. See appendix 6 for the average TAR score for the metropolitan statistical area of New York City, NY, which has multiple contributing jurisdictions in addition to New York City.	
Enhancing response capability for chemical events	CHEMPACK nerve-agent antidote containers[11]	55
Meeting preparedness standards for local health departments	Local health departments meeting voluntary Project Public Health Ready preparedness standards[13]	0

Response Readiness: Exercises and Incidents

Notifying emergency operations center (EOC) staff	Pre-identified staff notified to fill all eight Incident Command System core functional roles due to a drill, exercise, or real incident[14] Note: Locality must report 2 and could report up to 12 notifications.	4 times
	Pre-identified staff acknowledged notification within the target time of 60 minutes[14]	4 out of 4 times
	Conducted at least one unannounced notification outside of normal business hours[14]	Yes
Activating the emergency operations center	Public health EOC activated as part of a drill, exercise, or real incident[14] Note: Locality must report 2 and could report up to 12 activations.	2 times
	Pre-identified staff reported to the public health EOC within the target time of 2.5 hours[14]	2 out of 2 times
	Conducted at least one unannounced activation[14]	Yes

Response Readiness: Evaluation

Assessing response capabilities through after action report/improvement plans (AAR/IPs)	AAR/IPs developed following an exercise or real incident[14] Note: Locality must report 2 and could report up to 12 AAR/IPs.	2 AAR/IPs
	AAR/IPs developed within target time of 60 days[14]	2 out of 2 AAR/IPs
	Re-evaluated response capabilities following approval and completion of corrective actions identified in AAR/IPs[14]	Yes

[10]CDC, OSTLTS; 2008 [11]CDC, OPHPR (DSNS); 2008 [12]See New York State fact sheet for CDC TAR state scores [13]NACCHO; 2008 [14]CDC, OPHPR (DSLR); 2008

In addition to the activities listed above, CDC supported other projects and activities to enhance preparedness efforts. Snapshots of these CDC efforts are provided below. Also see separate fact sheet for New York state data.

Research, Training, Education, and Promising Demonstration Projects

Project	Location/Project Name	Amount
Centers for Public Health Preparedness[15]	Columbia University - Mailman Center for Public Health	$525,674
Preparedness and Emergency Response Research Centers[15]	—	N/A
Advanced Practice Centers[16]	—	N/A
Centers of Excellence in Public Health Informatics[17]	New York City Department of Health and Mental Hygiene	$930,959
Pandemic Influenza Promising Practices Demonstration Projects[14]	Collaborative Planning for Delivery of Essential Healthcare Services; Countermeasure and State Immunization Information Systems Integration	$850,681 $387,082

Additional CDC Resources Supporting Preparedness in States and Localities

Epidemic Intelligence Service · Epidemic Intelligence Service Field Officers[17] · Investigations conducted by Epidemic Intelligence Service Field Officers[17]	3 8
Deployments · Type of Incident (number of CDC staff)[18]	Bacillus Infections (3)
Career Epidemiology Field Officers[15]	2
Quarantine Stations[19]	JFK International Airport, New York City

[14]CDC, OPHPR (DSLR); 2008 [15]CDC, OPHPR (OD); 2008 [16]NACCHO; 2008 [17]CDC, OSELS; 2008 [18]CDC, OPHPR (DEO); 2008 [19]CDC, OID (NCEZID); 2008

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