

Priority 2: **Protecting People**

CDC protects people from public health threats by:

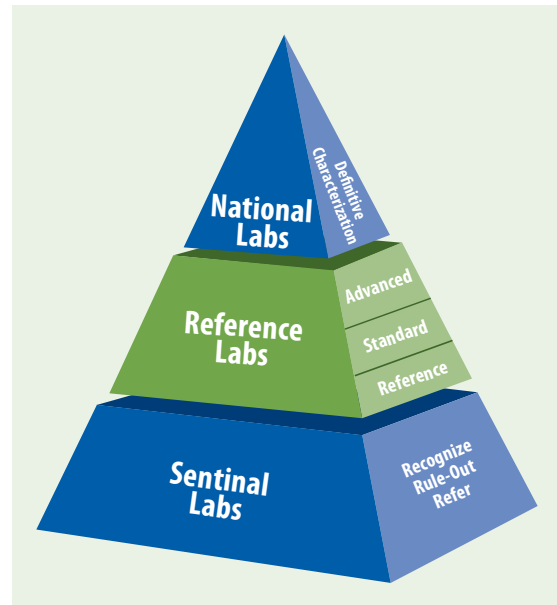
- Regulating and monitoring the ownership, use, and transfer of dangerous biological agents and toxins
- Quickly identifying and responding to disease agents and outbreaks through the Laboratory Response Network
- Providing critical personnel to states and localities to support public health preparedness planning and response

The Select Agent Program oversees and inspects laboratories that house dangerous materials, such as anthrax, that cause disease in humans and pose a severe threat to public health and safety. The Select Agent Program continuously facilitates improved and strengthened biosafety and security practices and procedures among entities registered to possess select agents and toxins. During 2014, the Select Agent Program:

- Regulated **65** select agents and toxins
- Managed **312** registered entities and **9,448** individuals approved to access select agents and toxins
- Inspected **82 percent** of the registered entities⁴

The Laboratory Response Network (LRN) is a national security asset that, with its partners, develops, maintains, and strengthens an integrated domestic and international network of laboratories. These labs respond quickly to biological, chemical, and radiological threats and other high priority public health emergency needs through training, rapid testing, timely notification, and secure messaging of laboratory results.

LRN-Biological (LRN-B) was reconfigured during 2014 to achieve efficiency and sustainability amid funding constraints. Reconfiguration established three levels of reference laboratories—Reference, Standard, and Advanced—based on their testing capabilities.



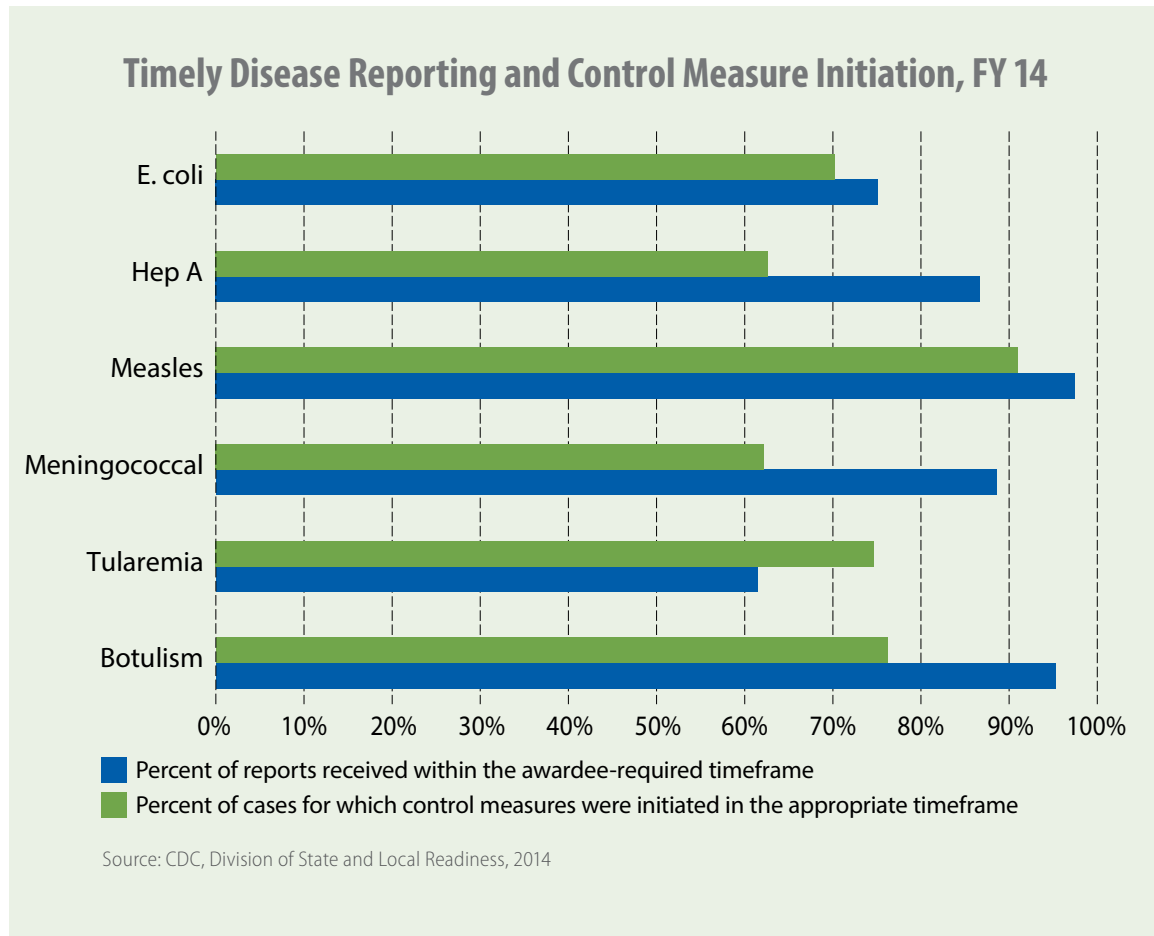
Laboratories must meet Standard level requirements to receive PHEP funding. This applies to the 50 state public health laboratories and the public health labs operated by Los Angeles County, New York City, and Washington, D.C. (53 total). Other non-public health laboratories can also elect to meet the Standard level requirements. Laboratories that do not meet Standard level requirements will remain in the LRN as Reference labs, but will not receive PHEP funding. Labs contributing significantly more than the Standard testing level are referred to as Advanced reference labs.

Emergency use authorization for assays for MERS and Ebola have been deployed to **LRN-member laboratories** to increase the preparedness of the U.S. to respond to these emerging infectious diseases.

⁴ Entities may be on either a 12-month or 18-month inspection cycle.

Timely reporting and intervention are essential for effective response to infectious disease outbreaks. Quick investigations and meaningful interventions /control measure initiation protect the health of individuals and communities by

limiting the spread of disease and eliminating or reducing sources of infection. The chart below shows the percentage of selected disease cases for which PHEP awardees met the required reporting and intervention timeframes during FY 2014.



Public health emergency responses begin at the local level, with state and federal governments providing support as needed. CDC enhances local and state level response capabilities and mitigates workforce gaps through a robust field staff program. During 2014, 128 CDC field staff were

assigned to 50 different PHEP awardee locations.⁵ Field staff fill critical roles in epidemiology, medical countermeasure management, and technical assistance. In addition to their daily job functions, CDC field staff can be called upon to assist during public health emergencies.

⁵ Field staff include Career Epidemiology Field Officers, Epidemic Intelligence Service Officers, Public Health Associate Program fellows and graduates, Public Health Prevention Service fellows, and Public Health Associates. See Appendix B for more information.