

Public Health Preparedness

2013-2014 NATIONAL SNAPSHOT OF



**Centers for Disease
Control and Prevention**
Office of Public Health
Preparedness and Response

Dear Colleagues,

Health security depends on the ability of our nation to prevent, protect against, mitigate, respond to, and recover from public health threats. The world continues to experience natural and man-made disasters that force migration, jeopardize vulnerable populations, stress health systems, and threaten the health and safety of us all. CDC is committed to strengthening the nation's health security to save lives and protect against public health threats.

CDC supports our state, local, tribal, and territorial partners by providing funding, building capacity, offering technical assistance, and championing their critical role in protecting the public's health. The 50 states, 4 localities, and 8 insular areas funded by CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement use their funding to help them achieve the 15 critical public health preparedness capabilities for state and local preparedness.

This year, the annual report demonstrates how federal investments enhance the nation's ability to respond to public health threats and emergencies. It is organized into four sections. The first three highlight CDC's priorities and the final section presents PHEP awardee fact sheets. The CDC priorities of improving health security at home and around the world; better preventing the leading causes of illness, injury, disability, and death; and strengthening public health through collaboration with healthcare function as guideposts for greater accountability of CDC's programs and demonstrate the interconnection of federal, state, and local work.

In the final section of the report we present fact sheets that document the progress and display trends related to 3 of the 15 preparedness capabilities based on available data: public health laboratory testing, emergency operations coordination, and emergency public information and warning. We also present Technical Assistance Review scores to demonstrate the readiness of states, localities, and insular areas to deploy Strategic National Stockpile assets. Data for the other capabilities will be included in future reports as available.

While the road to ensuring national security is not without challenges, particularly in an ever-changing threat environment, CDC remains committed 24/7 to saving lives, supporting state and local public health departments, and using resources to maximum effect.

Sincerely,

Ali S. Khan, MD, MPH
U.S. Assistant Surgeon General (Retired) & Director
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention
Department of Health and Human Services

2013-2014 NATIONAL SNAPSHOT OF Public Health Preparedness

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Executive Summary

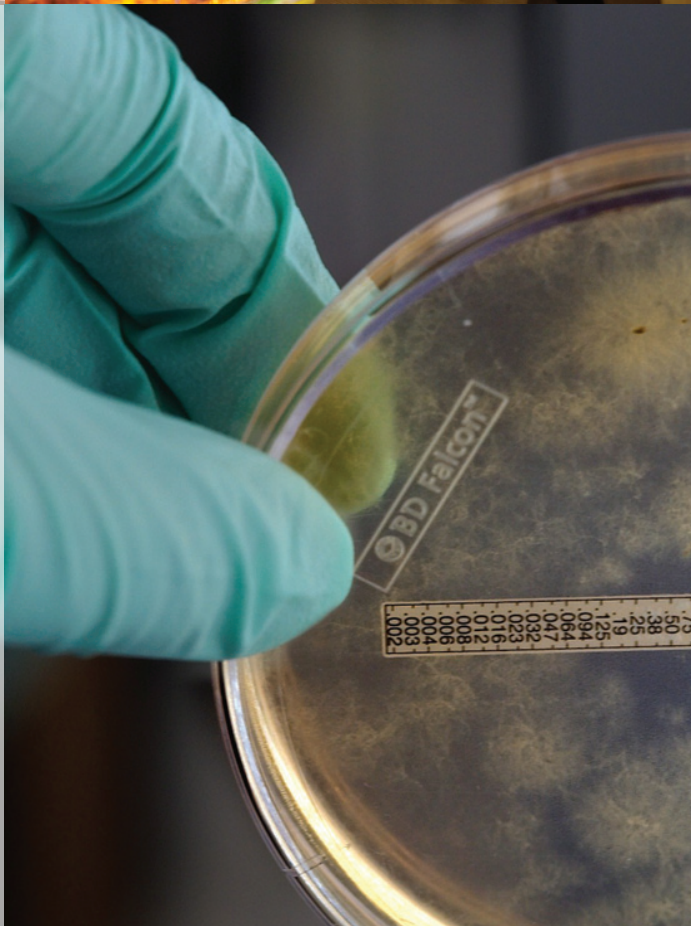
CDC produces this annual report to present a snapshot of public health preparedness and response activities. This report presents activities that occurred during 2012 and 2013. Information on the Centers for Disease Control and Prevention (CDC) and its Office of Public Health Preparedness and Response (PHPR), as well as performance data for Public Health Emergency Preparedness (PHEP) cooperative agreement awardees, are highlighted throughout.

Key Points

- Congressional appropriations for CDC's public health preparedness and response activities decreased by \$97 million from 2012 to 2013; during this time, PHEP funding provided to state, local, and insular areas (territories and freely associated states) decreased by \$34 million. CDC's annual public health preparedness and response funding is \$1 billion lower for 2013 than for 2002 (first year of PHEP funding).
- State and local health departments depend upon PHEP funding to prepare for and respond to public health threats, such as the fungal meningitis outbreak and record-breaking weather events that are featured throughout the report.
- In addition to distributing essential funding, CDC supports public health preparedness at the state, local, tribal, and insular area levels by providing the following:
 - Training and exercise support
 - Partnership opportunities
 - Program guidance, subject matter expertise, and technical assistance
 - Infrastructure, such as surveillance systems and laboratory coordination
 - Response support ranging from equipment to personnel to medical countermeasures
- Overall, state and local public health departments improved on the following PHEP capability measures from 2011 to 2012, while the other measures generally stayed consistent:
 - The percentage of *E. coli*-positive tests analyzed and entered into the PulseNet database within 4 working days increased from 90% to 94% and timely testing and reporting of *Listeria*-positive results increased from 88% to 92%
 - State public health staff with incident management lead roles reported for immediate duty an average of nine minutes faster
- PHPR connects public health preparedness and clinical healthcare through federal grant alignment, including with the Assistant Secretary for Preparedness and Response (ASPR), and by fostering partnerships between state and local health departments and area healthcare organizations, clinicians, and emergency management organizations.
- PHPR engages more than 40 other federal agencies and partners with the private sector to improve communities' ability to respond to public health emergencies and other threats to public health.



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Background

In 2012, 11 major natural disasters, including Superstorm Sandy and Hurricane Isaac, resulted in the loss of over 300 lives. Additionally, each of these 11 disasters surpassed \$1 billion in damages.¹ Tornadoes touched down across the Great Plains, Texas, the Southeast, and the Ohio Valley while wildfires raged in the West. New and emerging infectious diseases that threaten to become the newest pandemic in the footsteps of HIV/AIDS, H1N1, and SARS are also a constant public health concern. In addition, there remain determined individuals who would not hesitate to use biological, chemical, or radiological agents to harm our communities.

The Office of Public Health Preparedness and Response (PHPR) coordinates the Centers for Disease Control and Prevention's (CDC) public health-related emergency preparedness and response efforts. However, state and local health departments are the first responders in any public health incident and the first to detect threats and address the community's needs. CDC, in collaboration with our state and local partners, must work to enhance our capability to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk. CDC supports our state and local partners by providing funding, building capacity, offering technical assistance, and championing their role in protecting the public's health.

A secure and resilient nation requires a comprehensive approach to building and sustaining preparedness. CDC provides life-saving response to chemical, biological, radiological, and nuclear threats, as well as other public health emergencies – one of the few federal agencies providing surveillance and response 24 hours a day, 7 days a week, 365 days a year. The agency also provides funding and scientific expertise to state and local health departments to protect health and safety in the United States.

CDC's public health preparedness program takes an all-hazards approach to securing our nation's health. This includes building capacity in state and local health departments for both large and low-probability events (such as a hurricane or influenza pandemic), as well as addressing routine public health emergencies such as foodborne outbreaks. Key aspects of the agency's public health preparedness program include:

- working 24/7/365 to recognize and respond to emergencies;
- providing medical countermeasures;
- monitoring and securing some of the most dangerous pathogens in the world;
- funding and training states for planning and exercising; and
- supporting healthcare preparedness.

¹ National Oceanic and Atmospheric Administration, Preliminary Info on 2012 U.S. Billion-Dollar Extreme Weather/Climate Events. Accessed May 29, 2013 at URL <http://www.ncdc.noaa.gov/news/preliminary-info-2012-us-billion-dollar-extreme-weatherclimate-events>.



LOCAL, STATE, AND FEDERAL RESPONDERS TEAM UP AGAINST SUPERSTORM SANDY

On October 29, 2012, Superstorm Sandy made landfall just south of Atlantic City, New Jersey. The largest Atlantic tropical storm on record, Sandy was responsible for loss of life, record flooding, power outages, and the destruction of thousands of homes. Within five days, 24 states were impacted, causing more than \$70 billion dollars in damage.

The initial response to a disaster falls on the local government's emergency services, the state, and volunteer agencies. For a catastrophic disaster, the governor of a state can request federal resources, including a major disaster declaration from the President. This declaration puts into motion immediate response assistance as well as long-term federal recovery programs.

For Sandy, the President signed emergency declarations while the storm was still hundreds of miles away, allowing the states to request federal funding and other assistance in advance of the storm. This state of emergency brought together government agencies at the local, state, and federal levels, non-profit organizations, and for-profit businesses to meet the needs of the community and to respond. Local and county health officials played a critical role in setting up both local and medical-need shelters, ensuring food and water safety, and educating the public about mold removal, carbon monoxide poisoning, and how to be safe while doing recovery work.

To aid in recovery and response, HHS deployed more than 1,200 personnel to New York and New Jersey, providing public health and medical assistance following the devastation of Superstorm Sandy. At CDC, the Emergency Operations Center coordinated CDC's response with state and local health departments, and the Strategic National Stockpile (SNS) deployed personnel and seven Federal Medical Stations (FMS)² to locations in New Jersey and New York. In addition, a number of Commissioned Corps officers were deployed as part of Rapid Deployment Force teams staffing the FMS.

² FMS are rapidly deployable stations that provide resources to care for displaced persons with nonlife-threatening health needs or chronic conditions (such as respiratory illness or diabetes) that cannot be met in a general population shelter during an incident. The stations are stocked with beds and supplies to care for up to 250 patients for three days.

Legislative Authority

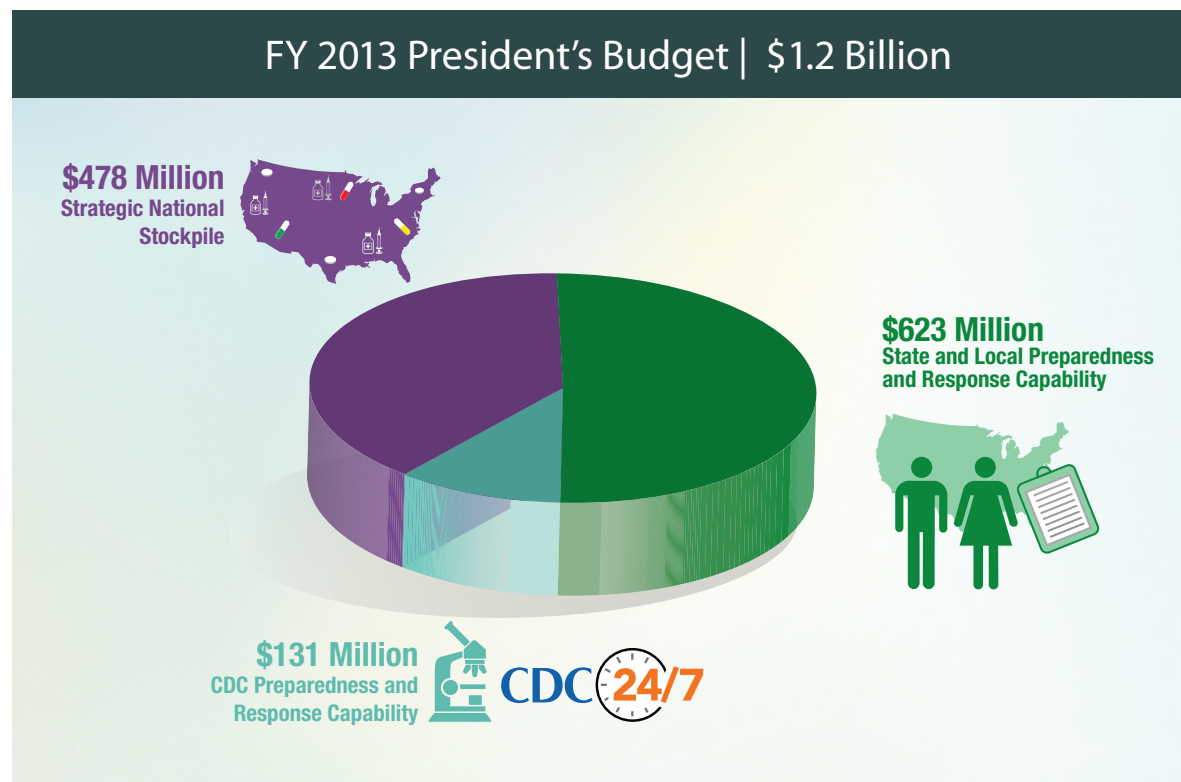
When states are prepared to respond, communities are better protected and more resilient in the face of threats. Multiple components of the U.S. Department of Health and Human Services (HHS) provide guidance, support, coordination, and resources to states and localities to strengthen their public health preparedness and response activities.

Under the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), HHS is the lead agency for the National Response Framework (NRF) Emergency Support Function 8 (ESF 8). The NRF guides how the United States conducts all-hazards response. It is intended to capture specific authorities and best practices for managing incidents that range from the serious but purely local, to large-scale terrorist attacks or catastrophic natural disasters. ESF 8 is the emergency support function that outlines federal actions to supplement state, local, and tribal resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated federal response, or developing health and medical emergencies.

National public health preparedness is a shared responsibility. HHS public health preparedness and response activities are coordinated by the Assistant Secretary for Preparedness and Response (ASPR), the principal advisor to the HHS Secretary on all matters related to public health emergencies. ASPR leads the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning, response, and recovery; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; establishing healthcare coalitions; and funding grants to strengthen the capabilities of hospitals and healthcare systems in public health emergencies and medical disasters. Through the National Disaster Medical System, ASPR provides federal support, including medical professionals, to augment state and local capabilities during an emergency or disaster. ASPR also leads the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), a coordinated federal effort to enhance chemical, biological, radiological, and nuclear threats and emerging infectious diseases preparedness from a medical countermeasure perspective. CDC is a key HHS partner in PHEMCE, as are the Food and Drug Administration and the National Institutes of Health.

At CDC, PHPR works around the clock to provide strategic direction, support, and coordination for public health response activities. This includes working with other offices across CDC as well as with local, state, tribal, national, territorial, and international public health partners. CDC staff monitor and respond to emergencies, conduct research and implement programs to bolster the nation's preparedness, and provide technical assistance to ensure state and local partners are ready to respond to events that threaten public health security. CDC's Emergency Management Program, operated out of the Emergency Operations Center (EOC), serves as a command center during emergencies. The EOC coordinates CDC expertise for efficient information exchange with state partners and deploys CDC staff and equipment to the emergency site. CDC's Strategic National Stockpile is also ready to deliver medicines and medical supplies to states when local supplies run out or are unavailable commercially.

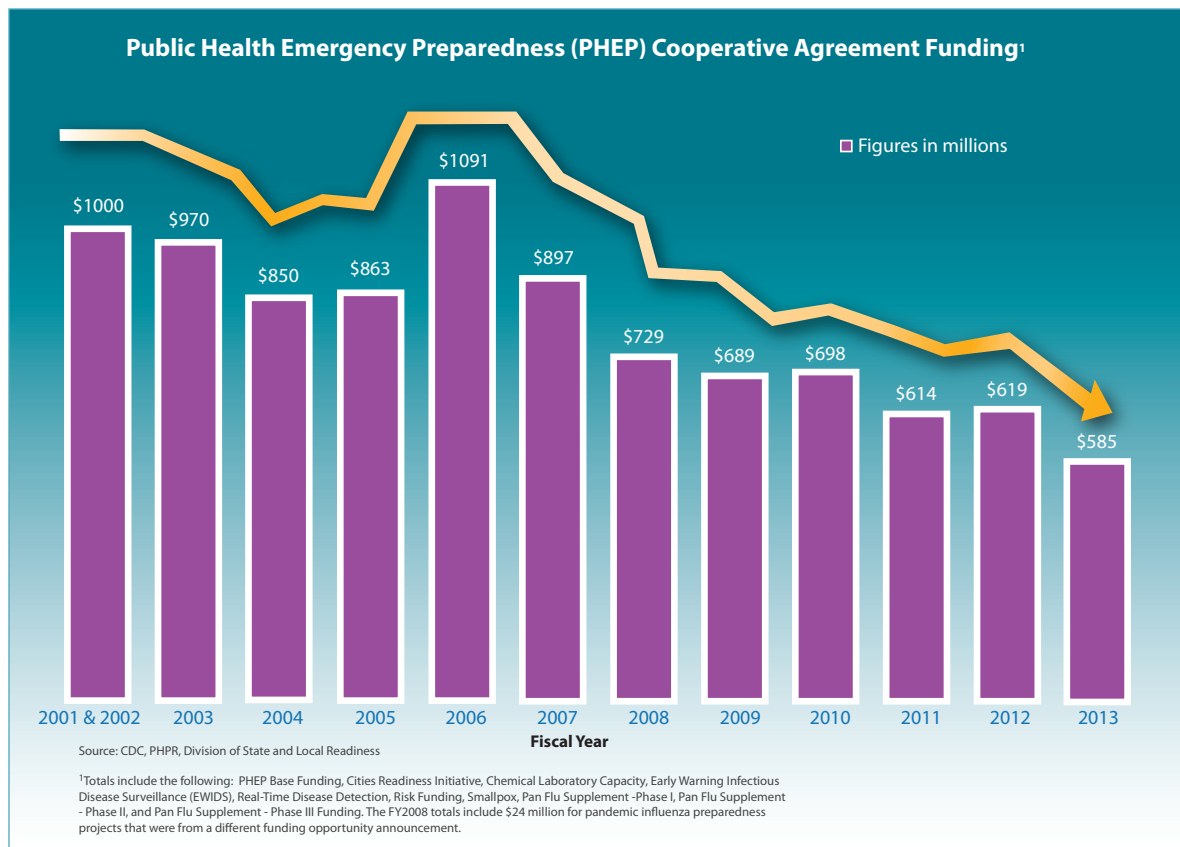
Through strategic investments in public health preparedness, CDC improves the ability of federal, state, and local public health authorities to prepare for and respond to all types of public health threats. In fiscal year 2013, Congress appropriated approximately \$1.2 billion to CDC's PHPR for these activities.^{3, 4}



The Strategic National Stockpile received a total of \$478 million for procuring, storing, and maintaining medical countermeasure assets; CDC Preparedness and Response Capability received a total of \$131 million; and State and Local Preparedness and Response Capability received \$623 million. Most of the latter category is utilized for the Public Health Emergency Preparedness (PHEP) cooperative agreement that provides funding and technical assistance to 62 “awardees”—the 50 states, 4 localities, and 8 insular areas (consisting of territories and freely associated states). Annual funding for CDC’s public health preparedness and response activities is \$1 billion lower for fiscal year 2013 than for 2002, the first funding year after the terror attacks of September 11, 2001 and the anthrax attacks that followed.

³ The federal fiscal year begins on October 1 and ends on September 30 of the following year. Fiscal year 2013 began October 1, 2012, and ended on September 30, 2013.

⁴ PHPR’s FY 2013 continuing resolution includes a reduction of \$65 million mandated by the Budget and Control Act of 2011 and the elimination of a \$30 million transfer from the Public Health and Social Services Emergency Fund. The funding levels shown do not include the Business Services Support realignment that is proposed for FY 2014.



As demonstrated in the PHEP funding chart above, CDC continues to work with reduced financial resources, which similarly affects state, local, and insular area public health departments. These and other funding decreases have resulted in more than 45,700 job losses at state and local health departments since 2008.⁵ These losses make it difficult for state and local health departments to continue to expand their preparedness capabilities, instead forcing them to focus on maintaining their current capabilities.

To achieve the greatest health impact, CDC focuses on three key priorities that are used as guideposts in this report. PHPR's roadmap for meeting these priorities is the National Strategic Plan for Public Health Preparedness and Response (NSP). Aligned with the National Health Security Strategy, the purpose of the NSP is (1) to demonstrate CDC's vision for public health preparedness for policy makers and national leadership and (2) to guide the agency's national health security preparedness work.⁶ Within the NSP are eight objectives that align with CDC's three priorities and will help lead to a stronger, more ready public health system to protect the nation's health.

⁵ The Association of State and Territorial Health Officials, Budget Cuts Continue to Affect the Health of Americans: Update August 2012. Accessed on July 10, 2013 at URL [http://www.astho.org/Research/Data-and-Analysis/ASTHO-Budget-Cuts-Impact-Research-Brief-Update-\(August-2012\)/](http://www.astho.org/Research/Data-and-Analysis/ASTHO-Budget-Cuts-Impact-Research-Brief-Update-(August-2012)/).

⁶ The National Health Security Strategy is a comprehensive strategy focusing specifically on protecting people's health in the case of an emergency.

The three priorities and the objectives that align to each are listed below.

1. Improving health security at home and around the world
 - Prevent and/or mitigate threats to the public's health
 - Promote resilient individuals and communities
 - Enhance stewardship of public health preparedness funds
2. Better preventing the leading causes of illness, injury, disability and death
 - Advance surveillance, epidemiology, laboratory science and service practice
 - Increase the application of science to preparedness and response practice
 - Strengthen public health preparedness and response infrastructure
 - Improve the ability of the public health workforce to respond to health threats
3. Strengthening public health-healthcare collaboration
 - Integrate public health, the healthcare system, and emergency management

The NSP is also a tool for increasing accountability of CDC's public health preparedness activities and investments. Specifically, PHPR uses the NSP to guide improvements in measurement and evaluation, which in turn demonstrates progress and identifies gaps in preparedness.



Section 1: Improving Health Security

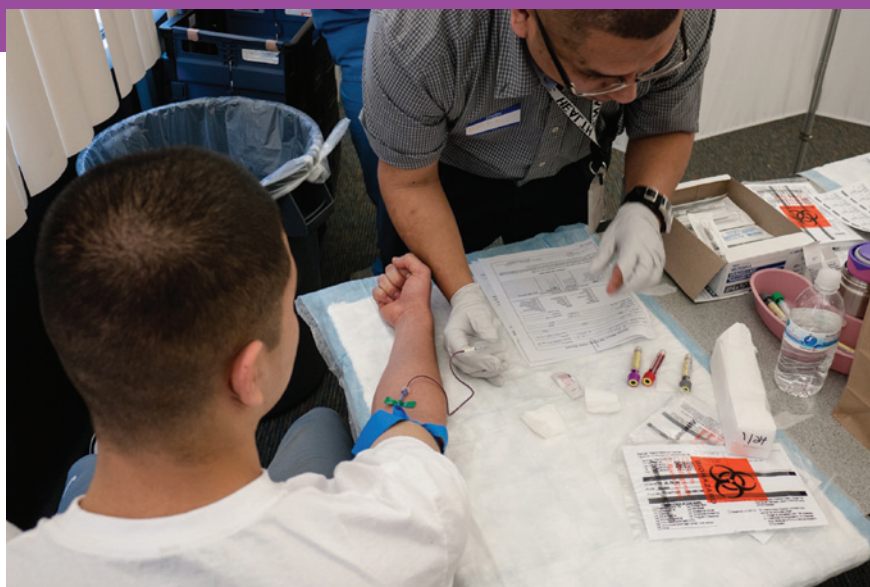
Preparing the country to be resilient against a steady stream of health threats improves health security and minimizes negative health consequences when emergencies do arise. CDC continuously monitors these threats – from severe weather to infectious disease outbreaks or the possibility of chemical terrorism – and mobilizes essential resources to affected communities. PHPR's EOC serves as the command center for monitoring and coordinating CDC's response to public health emergencies. In addition, PHPR improves the nation's health security by regulating and monitoring threats related to dangerous biological materials.

Planning, communicating, and mobilizing

PHPR's work builds a foundation of preparedness and ensures communities receive needed response assistance during emergencies. PHPR develops response plans, conducts exercises, and evaluates CDC's ability to respond to exercises, threats, or real public health emergencies. The plans range from an all-hazards plan that outlines core roles and responsibilities for all types of responses, to plans for specific scenarios (e.g., hurricanes) and specific public health emergency responses (e.g., Japan earthquake of 2011). In addition, PHPR trains agency staff to be ready to respond should the need arise.

Did You Know?

NEARLY 4,000 STATE AND LOCAL PUBLIC HEALTH PREPAREDNESS STAFF POSITIONS NATIONWIDE WERE FUNDED BY THE PHEP COOPERATIVE AGREEMENT DURING 2012.



CDC played a pivotal role in identifying and mitigating a deadly meningitis outbreak during late 2012. Training efforts, communications to clinical providers, and support from the EOC contributed to the successful response to this public health crisis.

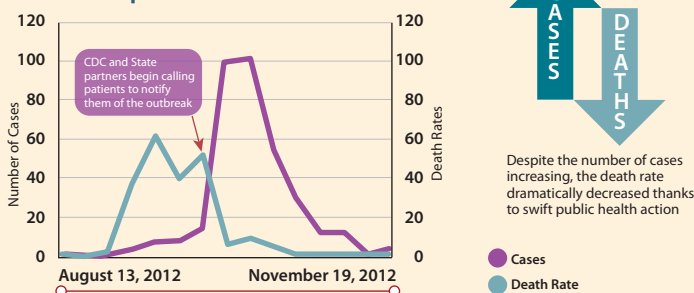
OUTBREAK: FUNGAL MENINGITIS

EXPOSURE



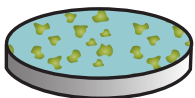
Patients at Risk
13,534

Number of meningitis cases compared with death rate



LABS

1,019 → **182**
Specimens processed by CDC Specimens positive for *E. rostratum*

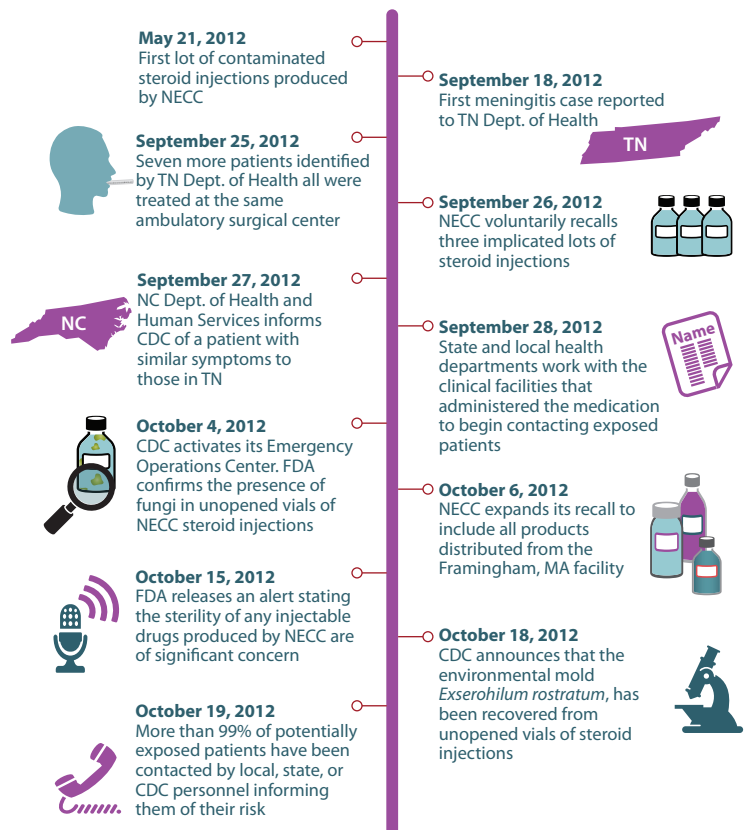


2
Days

Many states have reduced their capacity for laboratory testing, relying on CDC instead.

CDC's fungal lab developed a new detection test to help diagnose possible cases in the outbreak in just **2 days**.

TIMELINE



99% of patients warned of the need to seek immediate care in less than one month

PHPR's EOC enhances CDC preparedness by continuously monitoring and managing both incoming and outgoing communication. During 2012, more than 18,000 incoming calls were directed to the appropriate scientific or technical subject matter experts, such as epidemiologists or laboratorians, across CDC. The EOC located and connected the appropriate subject matter experts within an average of six minutes from receipt of the call. PHPR's successes in communicating with public health officials and healthcare providers in 2012 include:

- providing requested guidance to healthcare clinicians on topics such as influenza prevention and treatment, improving disaster planning in nursing homes, and West Nile Virus; and
- issuing Health Alert Network messages about urgent public health events to key contacts.⁷

Communication and staff response happens quickly at the state and local level as well. In 2012, lead state responders reported for immediate duty within 27 minutes of receiving notification of a potential public health emergency – 9 minutes faster than the national average during 2011.

SMALL CITY, BIG RESPONSE-ABILITY



The City of Nashua, New Hampshire, and the Greater Nashua Public Health Region (population of 206,000), activated six times in 2012, making it the busiest year for Incident Response Team (IRT) activations in recent history.⁸ Incidents ranging from extreme heat to “Snowtober” (a record-breaking October snowstorm) to West Nile and Hepatitis C outbreaks stretched the public health system. However, Nashua’s Division of Public Health was ready and able to respond. The six IRT activations in 2012 included activating their EOC four times, establishing temporary shelters stocked with PHEP-funded supplies for two responses, incorporating a PHEP media advisory group into its preparedness infrastructure, and coordinating closely with hospitals and

doctors. Nashua’s IRT activation for “Snowtober” was their largest ever, including housing their largest shelter population to date. A major factor in the city’s successful response to a myriad of emergencies was their PHEP planning, which fostered cohesion among public health, emergency preparedness, and clinical healthcare sectors.

⁷ CDC’s Health Alert Network is CDC’s primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories. CDC, Health Alert Network. Accessed on April 25, 2013 at URL <http://emergency.cdc.gov/han/>.

⁸ Activations include a variety of activities such as initiating a preliminary assessment team, developing incident objectives and an Incident Action Plan, activating the incident management structure, and deploying personnel. Activations normally include opening the EOC.

Figure 1: Global PHEPR Emergency Management Program Activities, 2012

■ Countries with Emergency Management Program activities

Across the 62 PHEP awardees in the U.S., including the 4 localities and 8 insular areas, Emergency Management Program activities included:

- 185 engagements
- 204 exercises



Internationally, Emergency Management Program activities across 35 countries included:

- 15 activations
- 19 engagements
- 12 exercises

Note: For a list of all Emergency Management Program activities, and definitions of activations, engagements, and exercises, see Appendix A.

Overseeing use of select agents and toxins

Regulating and monitoring the ownership, usage, and transfer of dangerous biological agents and toxins is another essential component of improving the country's health security. Through its Select Agent Program, PHEPR oversees and inspects the entities that house dangerous materials, such as anthrax, that cause disease in humans and pose a severe

threat to public health and safety. A fundamental aspect of the Select Agent Program is preventing access to or possession of select agents and toxins by individuals who intend to misuse them. CDC's Select Agent Program currently regulates 44 select agents and toxins.

In regulating select agents and toxins during 2012, PPHR monitored 309 facilities registered to own these agents and tracked more than 11,300 individuals with access. PPHR inspected 239 of these facilities to ensure that they comply with regulations and laboratory safety and security measures. These in-depth assessments allow inspectors to confirm that registered facilities have the appropriate plans and protocols in place to prevent theft, loss, or release of select agents and toxins. Demonstrating the success of this oversight, there were no reported thefts, losses, or releases during 2012.⁹ PPHR also updated select agent regulations during 2012.¹⁰ These updates resulted in reclassification and reduction of agents and toxins on the select agent list and established standards for individuals with access to select agents and toxins and improved physical and information security standards.

In addition to its routine oversight activities, PPHR published the first analysis of select agent and toxin incident data, covering potential thefts, losses, and releases reported to PPHR between 2004 and 2010. This information will help to prevent laboratory incidents involving select agents and toxins and improve biosafety and biosecurity in the nation's laboratories.



⁹ CDC, Division of Select Agents and Toxins (DSAT), March 27, 2013.

¹⁰ CDC, DSAT, Legislation, Regulation, and Guidelines FAQ. Accessed on June 5, 2013 at URL http://www.selectagents.gov/FAQ_Legislature.html.



Section 2: Protecting People

PHPR protects people from public health threats by providing strategic direction, coordination, and support for all of CDC's preparedness and emergency response activities. Specifically, PHPR works to:

- strengthen public health preparedness and response infrastructure,
- improve the ability of the public health workforce to respond to health threats,
- increase the application of science to preparedness and response practice, and
- advance surveillance, epidemiology, and laboratory science.

Supporting and strengthening public health departments

In 2013, PHPR awarded 62 state, local, and insular area public health departments \$585 million through PHEP to support emergency preparedness activities.¹¹ PHEP awardees protect their communities using a capabilities-based approach that assists state and local health departments with their all-hazards planning. The 15 public health preparedness capabilities were established in 2011, and performance measure data is currently available for three.¹² (See the fact sheets beginning on page 33 for each awardee's performance for the three capabilities.) Within this capabilities-based framework, PHEP awardees use funds to protect people by:

- building and sustaining infrastructure, by ensuring state and local jurisdictions can develop response strategies and build systems needed to coordinate and support emergency operations during events with public health or medical implications;
- improving the workforce's ability to respond to emergencies by conducting training exercises so staff can practice response skills;
- maintaining biosurveillance systems that can identify health problems, threats, and environmental hazards and can receive, respond to, or investigate reports 24/7/365; and
- conducting laboratory testing and analysis to rapidly characterize actual or potential exposure to a wide range of hazards and reporting results so that appropriate actions can be taken.

¹¹ CDC, PHPR, PHEP Fiscal Year 2013 Funding. Accessed on July 3, 2013 at URL http://www.cdc.gov/phpr/documents/FY_2013_PHEP_HHP_Funding_June_26_2013.pdf.

¹² See Appendix B for the list of all 15 capabilities. The three capabilities with reportable data are public health laboratory testing, emergency operations coordination, and emergency public information and warning. CDC provides Technical Assistance Review scores.



CDC SUPPORTS TEXAS IN FIGHTING DEADLY WEST NILE VIRUS OUTBREAK

The 2012 West Nile Virus (WNV) outbreak in Texas started early and was more deadly than any WNV outbreak in state history. Nearly 1,900 people became sick with the virus during the 2012 outbreak, resulting in 89 fatalities. During a typical WNV season, approximately 10% of those infected will contract a neuroinvasive form of the disease, which can result in long term disabilities or death.

State and local health departments throughout Texas, particularly in and around the epicen-

ter of the outbreak in Dallas, fought this public health crisis on multiple fronts – from mosquito reduction to maintaining situational awareness to creative communications. Eliminating mosquitoes carrying the disease was essential to reducing the number of people infected. One of the most effective methods for killing these mosquitoes quickly and over large areas is spraying insecticides using airplanes; however, the state and local health department lacked adequate resources for spraying. CDC's PPHR provided desperately needed funds to enable this critical mosquito reduction method. CDC also sent a requested team of epidemiologists and entomologists to (1) compile epidemiologic and mosquito surveillance data, (2) provide technical advice for prevention and control activities, (3) evaluate the impact of mosquito control strategies on human and mosquito infection rates, and (4) assist with developing public health strategies for future WNV prevention and control efforts in Texas.

Situational awareness was maintained across all responding agencies during the outbreak through national, state, and local conference calls. Specialized equipment and supplies were purchased for state and local laboratories to test for infected mosquitoes, as well as support confirmation of human WNV cases.

On the communications side, the Texas Department of State Health Services developed and distributed Public Service Announcements and informational materials on preventing infections. They also formed innovative partnerships with both large and small retail stores to spread the message about how to minimize the risk of WNV infection. These stores used multiple communication methods, from posters to in-store television and audio announcements. Without these efforts by CDC and the state and local health departments, this terrible outbreak might have been even more dangerous and widespread.



Building and maintaining critical infrastructure

PHPR provides public health preparedness and response infrastructure through its Strategic National Stockpile. The SNS is a national repository of medical countermeasures, vaccines, and other medical supplies stored in strategic locations around the nation. These assets, including medical countermeasures that may not be commercially available, are designed to supplement state and local public health departments in the event of a large-scale public health emergency that causes local supplies to run out. Using the SNS, CDC is able to provide emergency medicines to protect the nation against the highest-risk threats for under \$2 per person, per year. PHPR also provides technical assistance, guidance, training, and exercise support to state and local public health departments on how to receive, distribute, and dispense medical countermeasures from the SNS.

All 50 states, 72 metropolitan statistical areas (MSA) (including the 4 directly funded localities), and the 8 insular areas funded by the PHEP cooperative agreement have plans for receiving, staging, storing, distributing, and dispensing medical assets from CDC's SNS. CDC conducts annual technical assistance reviews (TARs) to assess these plans to ensure continued readiness. The national median for state TAR scores was 98 (out of 100) in 2011-2012. (A score of 89 or higher indicated that a state performed in an acceptable range.) See the fact sheets beginning on page 33 for each awardee's TAR scores for the past three years.





GOVERNMENT AND PRIVATE BUSINESS BAND TOGETHER TO BUILD RESILIENT COMMUNITIES

In February 2013, more than 20 organizations in Arizona successfully demonstrated their ability to engage in life-saving activities during an emergency. The Arizona Department of Health Services led a Strategic National Stockpile full scale exercise with the participation of multiple state-wide partners. Maricopa and Pinal County Health Departments conducted the largest portion of the exercise for the state with 11 agencies engaging in closed point-of-dispensing (POD) operations. Closed PODs are critical components of communities' preparedness and response portfolios – especially when threatened with dangerous biological agents.

State and local public health departments are prepared to dispense life-saving medications from the SNS at locations within their communities, typically schools, arenas, or other public places. These locations are referred to as open PODs. However, even with extensive planning by the health departments, it is challenging to dispense medication to an entire community in a timely manner. With the support of CDC, specifically PHEP and the Community Resilience Activity, many public health departments are engaging with private sector partners, non-governmental organizations, and faith-based organizations to establish alternative PODs, or closed PODs, in their communities. The closed PODs are available exclusively to these organizations' employees and family members, alleviating the pressure on open PODs.

A total of 15 counties and 11 Maricopa County partner agencies participated in the Arizona full scale exercise. The Maricopa County partners included four cities, four county agencies, and three private businesses, resulting in more than 152,000 fewer people relying on open PODs for essential medications in a public health emergency. According to Maricopa County Public Health Department staff, closed POD partnerships and associated exercises are not possible without PHEP funding. PHEP funding supports outreach efforts and partnership building, which increases awareness of the availability of closed POD plans for other private organizations. One staff member said, "PHEP funding is the core of developing and exercising these closed PODs. It enables us to hire the personnel that create the relationships to get these critical partners to the table."

PHPR manages the SNS, including monitoring the shelf-life of pharmaceuticals to ensure that they meet Food and Drug Administration potency limits, conducting quality assurance activities, and ensuring that all materials are current and relevant based on the latest scientific data, threat levels, and overall ability to deploy during a public health emergency. Specific SNS assets include:

- **12-Hour Push Packages and Managed Inventory.** 12-Hour Push Packages can be delivered to anywhere in the United States or its territories within 12 hours. Each package contains 50 tons of a variety of medical assets, such as medical countermeasures and vaccines. If an incident requires additional or different supplies, these can be delivered within 24 to 36 hours from managed inventory. All states have plans in place to receive SNS supplies and distribute them as quickly as possible to local jurisdictions, and then dispense them to their communities.
- **CHEMPACKs.** CHEMPACKs are containers of nerve-agent antidotes placed in secure locations nationwide to facilitate rapid response to an incident. More than 92% of the U.S. population is within one-hour of these supplies. CHEMPACKs are located in more than 1,300 sites across the country.
- **Federal Medical Stations (FMS).** FMS are rapidly deployable stations that provide resources to care for displaced persons with nonlife-threatening health needs that cannot be met in a general population shelter during an incident. The stations are stocked with beds and supplies to care for up to 250 patients for three days. In response to Hurricane Isaac, 2 FMS with pharmaceuticals and 10 PHPR staff were deployed to Louisiana. CDC deployed 7 FMS and 25 response staff as part of the coordinated federal response to Superstorm Sandy.

PHPR also conducts training and exercises to prepare state and local health departments to respond effectively during an emergency when SNS assets are deployed. PHPR staff routinely visit state and local health departments to help them plan for receiving, distributing, and dispensing assets. During 2012, PHPR conducted eight types of SNS training courses, attended by public health personnel from 52 PHEP awardees, and facilitated nine anthrax exercises across the country.



“SUPER GRAS” REQUIRED SUPER PLANNING

New Orleans, Louisiana, hosted the Super Bowl for the 10th time in 2013. However, it was only the second time that the city hosted the game in the middle of Mardi Gras. This rare coincidence, coined “Super Gras,” drew more than one million visitors to the city of New Orleans and across multiple jurisdictions in the state. Large-scale events like this are at a high risk for terrorist activity due to the increased number of visitors as well as the immense viewership of the televised event. In addition, people are at an increased risk of illness and injury at special events with large crowds. In efforts to prepare for “Super Gras,” the coalition of partners on the Public Health and Medical Subcommittee designed a plan to provide medical support as well as assist law enforcement and public safety agencies for routine and mass casualty response.

The Public Health and Medical Subcommittee, made up of the New Orleans Emergency Medical Service, Louisiana Department of Health and Hospitals Office of Public Health, and New Orleans Office of Homeland Security and Emergency Preparedness Planning, among others, developed and implemented the plan for the event. Public health preparedness activities included food inspections and monitoring of over-the-counter drug purchases as an indicator for possible foodborne outbreaks. Flu vaccinations, biological surveillance, lab services, and medical countermeasures and mitigation were also incorporated in public health preparedness plans.

The subcommittee participated in planning efforts for a year leading up to the event, including learning about unusual outbreaks common during large-scale events. The success of the event can be attributed to effective communication and thorough preparation through on-going exercises, after action reviews, trainings, and preparation meetings. According to Cynthia Davidson, Region One Hospital Designated Regional Coordinator, “The leadership spear-headed by CDC and the Federal Emergency Management Agency (FEMA) was a very important piece of success for planning for the Super Bowl/Mardi Gras event. There [cannot be a] successful event [like this] without planning, training, and exercising to prepare.”



Applying science to public health preparedness and response

Translating the science of preparedness and response to real-world public health practice is another key function of PHPR. During 2008 and 2009, PHPR established Preparedness and Emergency Response Research Centers (PERRCs) at nine accredited university schools of public health. Over a five year project period, the PERRCs were awarded \$13.6 million to enhance the usefulness of workforce training, improve communications in preparedness and response, and evaluate the structure, capabilities, and performance of public health systems for preparedness and emergency response. The PERRCs receive this funding over five years to first research how public health agencies can improve preparedness and response systems and then translate results into practice. A requirement of the Pandemic and All-Hazards Preparedness Act, PERRC research is focused on identifying the elements most needed to enhance preparedness for all hazards and to close gaps in public health preparedness and response services. To inform the ongoing response to and recovery from Superstorm Sandy, PHPR is coordinating, in collaboration with health departments and other CDC programs, an applied research program to assess mold-related health effects and the effectiveness of mold mitigation efforts; characterize morbidity, mortality, and their associated risk factors related to Sandy; evaluate the effectiveness of the public health system response; and assess exposures and health hazards among response workers and volunteers.

PHPR also established Preparedness and Emergency Response Learning Centers (PERLCs) to ensure that state, local, and tribal public health agencies receive training that is based upon the best available science, evaluation, and quality improvement programs. Fourteen accredited university schools of public health were initially awarded \$13 million in 2010 to create a PERLC network to develop, deliver, and evaluate core competency-based preparedness training and education for the public health workforce. The PERLCs reached 210,000 learners by 2012 and demonstrated their value in 2012 and 2013 during both natural and man-made disasters. Specifically, the PERLCs helped the communities affected by Superstorm Sandy, the Boston marathon bombing, and tornadoes in Oklahoma and Alabama in preparing for, responding to, and recovering from disaster.

Advancing laboratory capabilities

Public health laboratories are a critical component of protecting people, as they speed the identification of disease agents to help contain outbreaks and get people to the right treatment faster. Specifically, laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances. The information generated by laboratories is essential for responding to public health threats. As such, CDC launched the Laboratory Response Network (LRN) in 1999 to improve our ability to detect and respond to biological and chemical threats and other public health emergencies. More than 150 laboratories participate in the LRN. These labs have unique testing capabilities for confirming high priority biological (LRN-B) and chemical (LRN-C) agents.



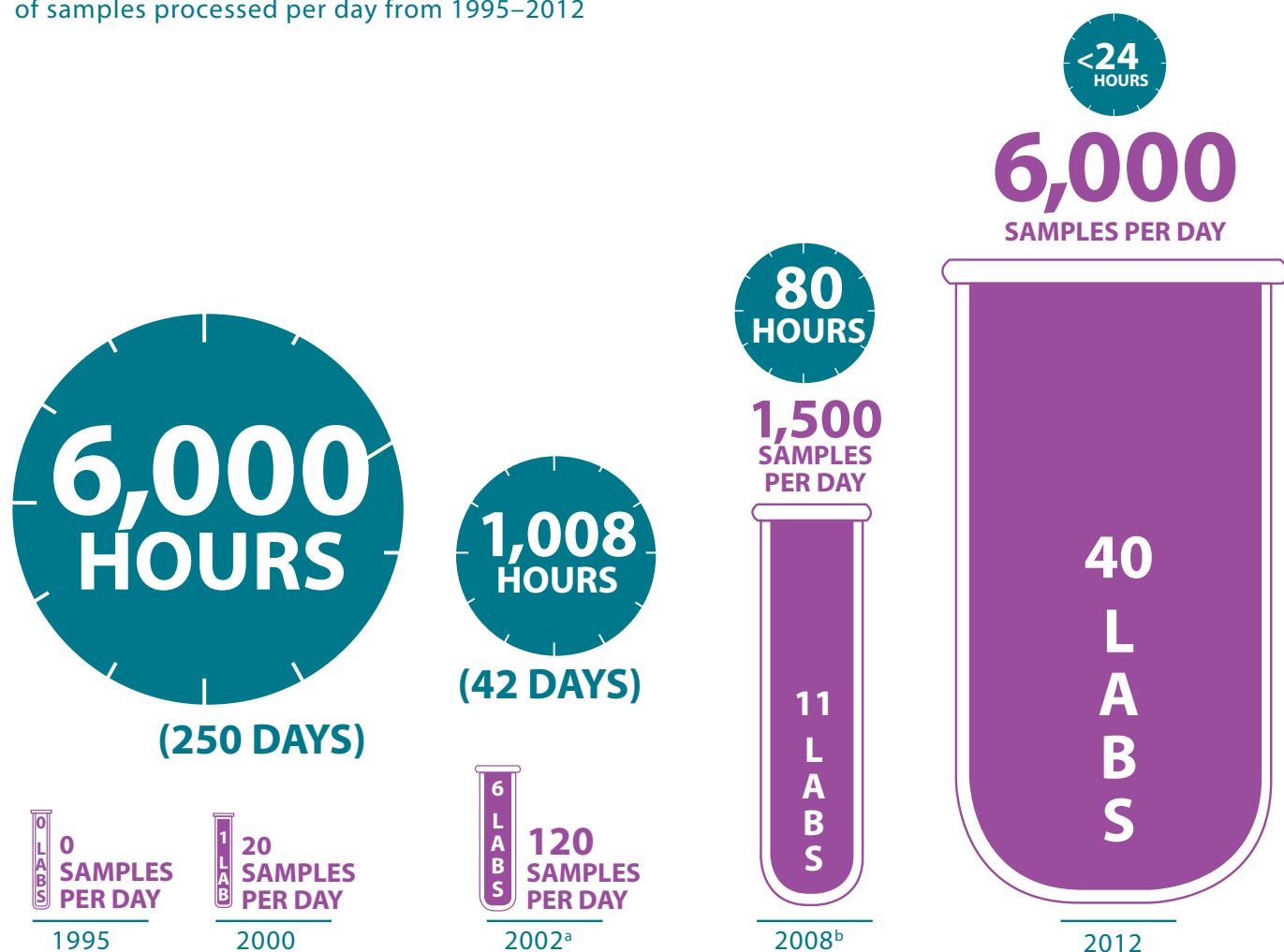
CDC funds LRN laboratories in the 50 states and 4 localities (Chicago, New York City, Washington, D.C., and Los Angeles County) through the PHEP cooperative agreement. In addition to the LRN-B laboratories that receive PHEP funding, other biological laboratories participate in the LRN, including federal, military, international, agricultural, veterinary, food, and environmental testing laboratories. Located strategically across the United States and abroad, LRN-B and LRN-C laboratories significantly contribute to their state's or locality's ability to detect, characterize, and communicate threat agents. LRN laboratories can perform standardized tests yielding reliable results within hours. Approximately 90% of the U.S. population lives within 100 miles of an LRN laboratory, decreasing the time needed to detect and respond to local disease outbreaks.

All LRN laboratories are subject to annual proficiency tests and exercises, which are supported by PHPR's EOC. A key exercise for assessing LRN-C preparedness is an annual surge capacity exercise, which demonstrates the ability of each of 10 participating labs to test and report on 500 samples (a total of 5,000 samples from all labs) on a 24/7 basis. This exercise demonstrates the ability of all Level 1 and Level 2 LRN-C labs in the U.S. to respond to a large-scale chemical incident, such as the Tokyo subway sarin attack of 1995, should one occur here.¹³ The response time for the exercise is determined from the time the 500 samples are received to the time the last test result is reported to CDC. LRN-C laboratories' surge capacity has significantly increased, while the time required for processing and reporting test results has significantly decreased, since 1995.

¹³ Only Level 1 LRN-C labs participate in the exercise, though both Level 1 and Level 2 LRN-C labs can respond to a large-scale chemical incident. See Appendix B, page 164, for a definition of Level 1 and Level 2 LRN-C labs.

LRN-C SURGE CAPACITY

Length of time to process 5,000 samples and number of samples processed per day from 1995–2012



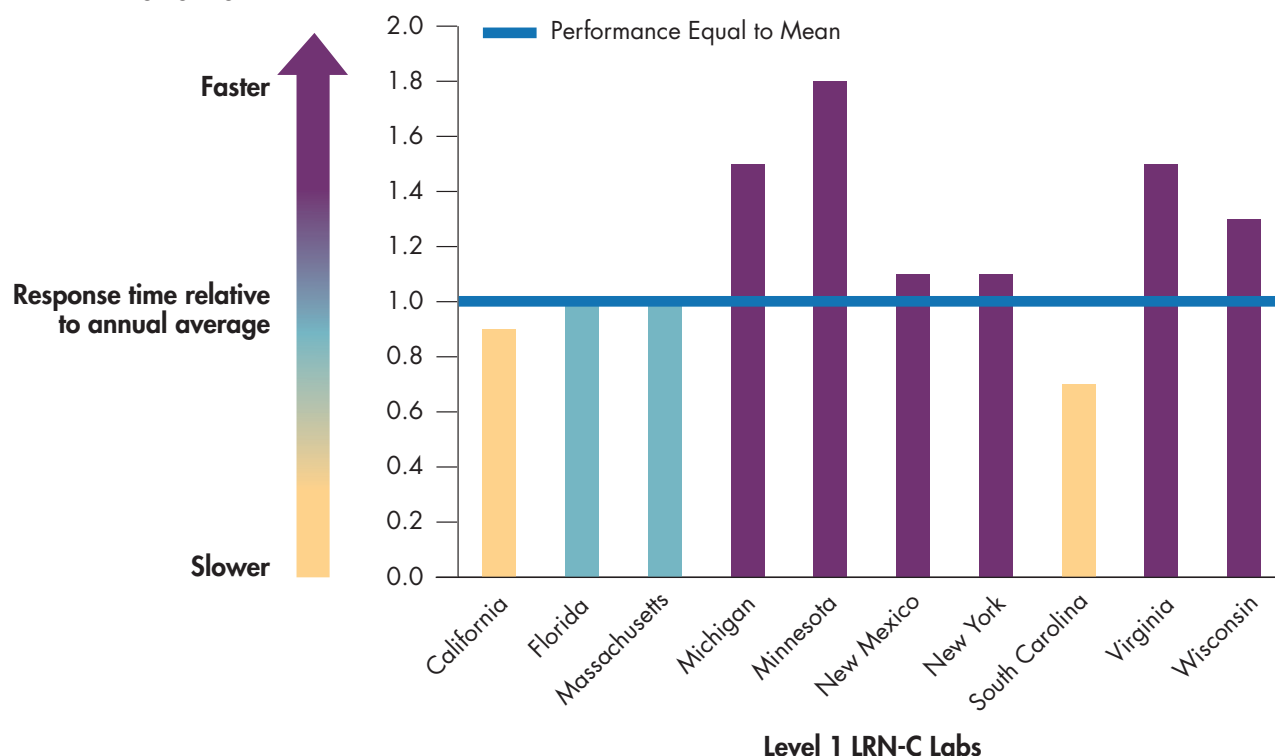
^a Note: CTLN=Chemical terrorism laboratory network (predecessor to LRN-C including NY, MI, VA, CA and NM)

^b Note: Improved analysis method

During the 1995 Tokyo subway sarin attack, a large-scale chemical incident where approximately 5,000 people sought treatment at hospital emergency rooms, there was no capacity to process patient samples to assess the exposure to this toxic chemical. Between 1995 and 2012, the LRN-C was created, rapid analysis methods were developed, and membership increased from 0 labs to 40 labs which could process 6,000 samples in less than 24 hours after receipt.

The graph below shows each participating Level 1 LRN-C laboratory's performance in the surge capacity exercise over the past three years. The data is presented to show each participating laboratory's average performance from 2010-2012, illustrated by the number of times each lab's response time was faster than the average.

Figure 2: LRN-C Surge Capacity Exercise Average Laboratory Performance, 2010-2012



Source: CDC, Office of Noncommunicable Diseases, Injury and Environmental Health, National Center for Environmental Health; 2010 data: 9/13/10; 2011 data: 7/18/11; 2012 data: 8/6/12.

In addition to the work of the LRN laboratories, the lab testing and reporting capability of PHEP-funded states and localities is monitored to (1) demonstrate the ability to identify specific strains of *Escherichia coli* (*E. coli*) and *Listeria monocytogenes* (referred to as *Listeria*) and (2) report results to the CDC PulseNet database within a target timeframe of four working days from receipt of the samples. PulseNet is a national network of public health and food regulatory agency laboratories. Biological laboratories in the PulseNet network use CDC's pulsed-field gel electrophoresis (PFGE) protocols to rapidly identify specific strains of *E. coli* and *Listeria* in order to detect and identify foodborne outbreaks. During 2012, 43 states and localities submitted at least 90% of *E. coli* test results and 31 submitted at least 90% of *Listeria* test results to CDC's PulseNet database within four working days. This is an improvement over both 2010 and 2011 – in 2010, 39 states and localities submitted at least 90% of *E. coli* test results and 21 submitted at least 90% of *Listeria* test results to CDC's PulseNet database within four working days. In 2011, the number and states and localities were 37 and 22, respectively.

See fact sheets beginning on page 33 for all laboratory capabilities performance indicators.

Section 3: Strengthening Collaboration

Ensuring the nation is prepared to respond to public health emergencies cannot be accomplished by CDC alone. Collaboration with the healthcare delivery system (i.e., hospitals, doctors, and other healthcare providers and facilities), other federal agencies, emergency management organizations, and state and local health departments is essential to preparing for and responding to health threats. CDC coordinates extensively with these sectors to ensure our nation is prepared for all hazards.

Integrating public health and the healthcare system

A key component of CDC's interagency coordination is aligning public health and healthcare preparedness efforts to strengthen the nation's ability to respond to major health events. Since 2010, CDC has partnered with ASPR to align both administrative and programmatic aspects of the ASPR Hospital Preparedness Program (HPP) and CDC's PHEP cooperative agreements. HPP readies healthcare systems for disaster and improves response and recovery efforts to reduce mortality and morbidity during public health emergencies.

In July 2012, as a result of the alignment initiative, ASPR and CDC's HPP and PHEP funds were jointly awarded for the first time. In July 2013, the joint award amount was approximately \$916 million. This combined effort fosters enhanced cooperation between the nation's healthcare and public health systems to improve preparedness and health outcomes for a wide range of public health threats across the country. The programs integrate by conducting joint site visits and coordinating technical assistance. In addition, ASPR and CDC are developing a new information technology system to better support both programs, improve accountability, enhance data reporting and evaluation, and reduce awardee burden. The close alignment of the two preparedness programs not only improves efficiency in grant administration, but also enhances coordination between the nation's public health and healthcare systems at the federal, state, and local levels.



PUBLIC HEALTH, HEALTHCARE, AND EMERGENCY MANAGEMENT PARTNER TO PROVIDE THE RIGHT CARE AT THE RIGHT TIME IN THE RIGHT PLACE

CDC's Healthcare Preparedness Activity (HPA) supports ASPR's HPP mission by fostering community partnerships between public health, healthcare, and emergency management organizations. Such partnerships, forged by HPA community-level workshops, enable local healthcare providers to better care for patients during emergencies. Through HPA-led workshops, community partners develop real-world tools to prepare for medical surge, but more importantly, these partners build relationships to ensure their organizations work together in times of crisis. For example, HPA conducted a partnership workshop in Champaign-Urbana, Illinois, in 2008 to improve pandemic influenza preparedness. When the H1N1 influenza pandemic struck the nation less than a year later, partners within Champaign-Urbana Public Health District (CUPHD) worked together to improve influenza vaccination rates through connections and relationships developed during the HPA-led workshop. CUPHD staff, volunteers, and partner organizations mobilized more than 53,000 residents to provide "community immunity" by being vaccinated against H1N1.

The success of HPA's workshops is demonstrated by demand far exceeding supply – 30 communities applied for the one rural workshop HPA was able to provide in 2013. To help meet planning needs, HPA is developing a Community Healthcare Planning Framework tool that communities can use to conduct healthcare surge planning. Since its creation in 2006, HPA has supported public health, healthcare, and emergency management working together to safely deliver the right care at the right time and in the right place.



CDC collaborates with the Department of Defense, the Department of Veteran's Affairs, state and local health departments, and hospitals across the country to administer the BioSense program. BioSense pulls together information on emergency department visits and hospitalizations from multiple sources and provides public health officials timely data and tools to better prepare for and coordinate emergency responses. Using a cloud computing environment, data sharing, and syndromic surveillance capabilities, BioSense allows users to track health issues as they evolve. This guides decision making and actions by public health agencies at local, regional, and national levels. In 2011 and 2012, CDC's BioSense program provided public health officials with vital information during various public health events, including a heat wave, the Japanese tsunami and nuclear disaster in Fukushima, and the Dengue Detection Project in Florida and Hawaii.

Did You Know?

PHPR COLLABORATES WITH 11 OTHER HHS AGENCIES AND MORE THAN 40 OTHER AGENCIES AND OFFICES ACROSS THE FEDERAL GOVERNMENT. SOME OF THESE AGENCIES ARE:

DEPARTMENT OF DEFENSE

DEPARTMENT OF ENERGY

DEPARTMENT OF JUSTICE

VETERAN'S AFFAIRS

**DEPARTMENT OF HOMELAND
SECURITY**

**FEDERAL EMERGENCY
MANAGEMENT AGENCY**

**DEPARTMENT OF
TRANSPORTATION**

**NATIONAL AERONAUTICS AND
SPACE ADMINISTRATION**

**ENVIRONMENTAL PROTECTION
AGENCY**

**NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION**

**FEDERAL AVIATION
ADMINISTRATION**

**U.S. DEPARTMENT OF
AGRICULTURE**

Connecting with communities

All public health emergency response begins at the community level. Because of this, CDC connects highly trained preparedness experts to health departments across the United States. Such connections are made possible through the Career Epidemiology Field Officer, Epidemic Intelligence Service, Public Health Associate, and Public Health Prevention Service programs. The Career Epidemiology Field Officer and Epidemic Intelligence Service programs place epidemiologists in state and local health departments; the Career Epidemiology Field Officer program specifically emphasizes strengthening state, local, tribal, and territorial epidemiologic capabilities for public health preparedness and response. Public health professionals within the Public Health Associate and Public Health Prevention Service programs serve public health organizations at the state, tribal, local, and territorial levels. CDC also employs Public Health Advisors that serve as disease control specialists in state and local health departments. During 2012, 112 CDC preparedness field staff were located in public health organizations across the country.

Emergency preparedness and response also extends beyond federal, state, and local governments. Recognizing this, PHPR partnered with the CDC Foundation and FEMA beginning in 2011 on a “Whole Community” approach to emergency management. The Whole Community approach engages the full capacity of the private and nonprofit sectors, including businesses, faith-based and disability organizations, and the general public, alongside local, tribal, state, territorial, and federal government partners. Through these various community participants, the specific resources and capabilities available can be pooled to meet each community’s specific needs during a public health emergency. In 2012, seven programs across the country were funded to continue or enhance their Whole Community approach to emergency management and public health preparedness.

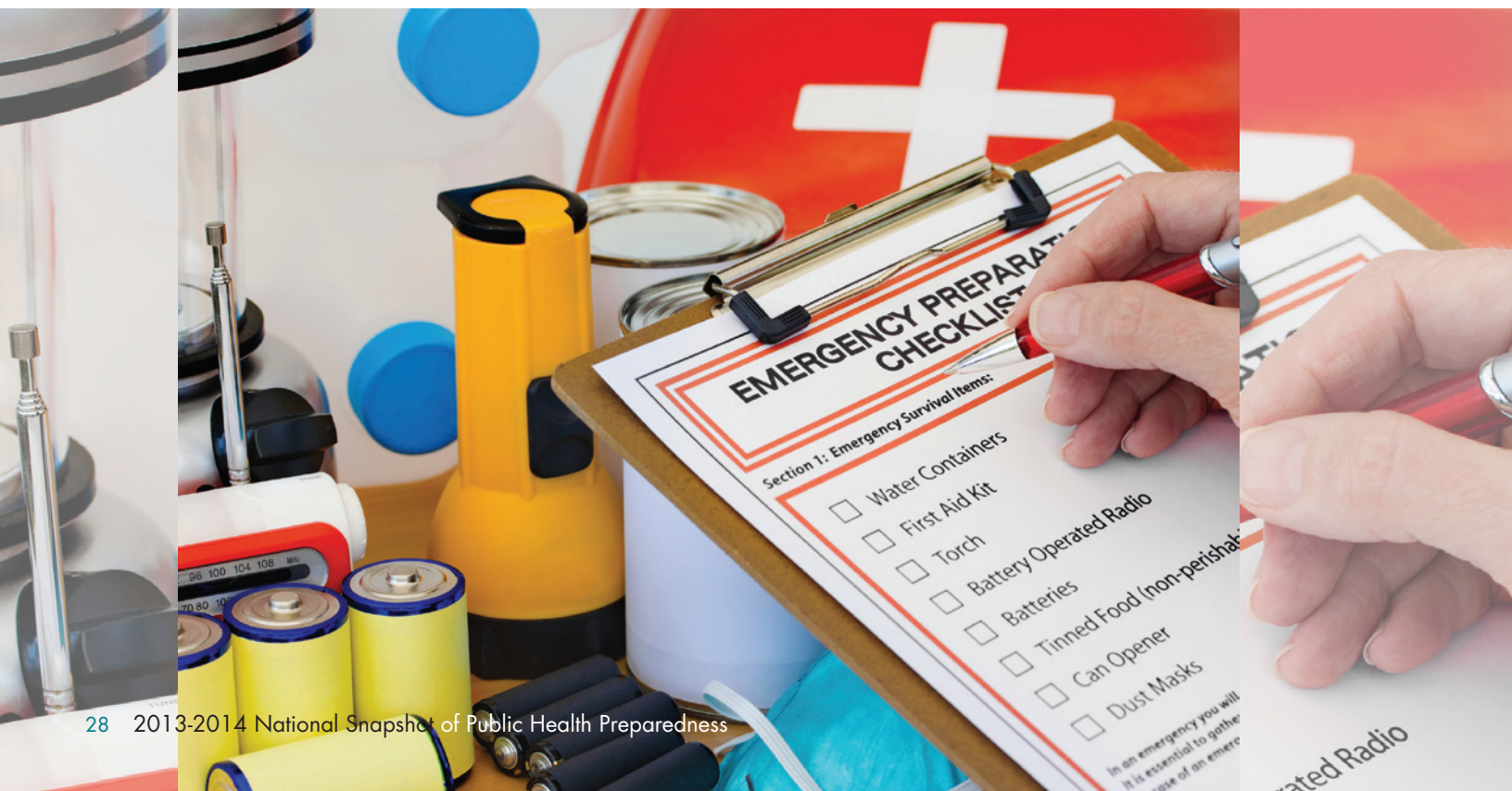




Photo by Lauralee Koziol

JOPLIN PREPARES THE “WHOLE COMMUNITY” THROUGH DISASTER PLANNING ASSISTANCE

No community understands the importance of preparing its citizens for emergencies more than Joplin, Missouri, which was devastated by an EF5 tornado on May 22, 2011. Displaced individuals with chronic conditions and special needs were hit particularly hard. However, thanks to The Independent Living Center (TILC), Joplin’s citizens are better prepared for any future disasters.

TILC is a private, non-residential, not-for-profit corporation devoted to meeting the needs of individuals with disabilities. TILC’s work embodies the Whole Community approach to emergency management by integrating the needs, capabilities, and resources of the community. Due to the tornado, many people with chronic conditions lost their prescription medications, and doctor’s offices and pharmacies lost the written prescriptions. To prevent this in the future, TILC built a cloud source option for online prescription storage. This system provides people a place to access their prescriptions in case of another catastrophic incident. TILC has also raised awareness of those with special needs in the community through first responder and volunteer training opportunities. From October 2012 through January 2013, TILC provided three trainings to 98 attendees. In addition, TILC assists individuals with special needs to develop emergency plans and provides emergency preparedness tools.

In 2012, FEMA, the CDC Foundation, and PHPR selected TILC as a promising example of the Whole Community approach to emergency management. TILC has assisted 211 individuals in developing emergency and disaster plans with positive results. In early 2013, a TILC survey showed that 98% of respondents reported they feel more prepared for emergencies as a result of TILC’s disaster planning assistance.

Citizen volunteers are another essential resource and partner who can be mobilized to respond to public health emergencies. Well-prepared communities establish and organize citizen volunteer groups to focus planning and response efforts to help people when disasters strike. These volunteer groups often focus on a specific aspect of incident response. For example, the Medical Reserve Corps (MRC), a national network of local groups of volunteers, includes medical and public health professionals interested in strengthening the public health infrastructure and improving the preparedness and response capabilities of their local jurisdictions. MRC units identify, screen, train, organize, and utilize the volunteers to augment preparedness and response efforts.

A FLOOD OF VOLUNTEERS IN RURAL ILLINOIS

In 2011, a vast, rural area in southern Illinois suffered catastrophic flooding from the Mississippi and Ohio Rivers. Thousands of residents were affected, and many were forced to evacuate, including the staff of the Southern 7 Health Department (S7HD) that would normally help in such a crisis. As a result, S7HD made establishing a Medical Reserve Corps a preparedness planning priority.

The goal of the MRC is to increase personnel capacity during a public health response by recruiting and training volunteers to supplement staffing for shelters, vaccination clinics, and other medical care sites. Following HHS approval, S7HD formed an MRC Advisory Board consisting of representatives from a variety of agencies and organizations and started recruiting volunteers. S7HD used PHEP funds, plus other grants and awards, to develop public awareness campaigns and provide volunteer training. By early 2013, more than 30 volunteers completed the required MRC training. S7HD believes that such training, coupled with their overall approach to building a robust volunteer workforce, will increase the overall excellence of their public health response efforts should another disaster strike.



Looking Forward

In uncertain times, safeguarding America's health and security is more important than ever, particularly in a changing threat environment. Fiscal challenges pose difficulties for health departments across the country. Funding decreases have led to reductions in the public health workforce and have the potential to decrease the ability for effective responses by the public health system. CDC remains committed to maximizing the impact of every dollar by emphasizing the agency's three priorities and aligning them with the Presidential Policy Directive 8 (PPD8): National Preparedness.

CDC funded the Association of State and Territorial Health Officials under a cooperative agreement to work together with our stakeholder partners from the preparedness community to develop the National Health Security Preparedness Index (Index). The Index is an annual measure of the country's health security at the national and state levels. Using relevant, actionable information, the Index will be used to strengthen preparedness, inform decision making, guide quality improvement, and advance the science behind community resilience. Specifically, the Index is a resource to:

- obtain a more complete picture of health emergency preparedness nationwide,
- make more informed decisions on the best use of health security preparedness resources,
- define progress made in preparedness and assess changes in preparedness levels over time,
- identify strengths and gaps in health security preparedness, and
- support continuous quality improvement.

Version 1.0 of the Index measures public health and healthcare preparedness, with intent and vision to expand to include other components of health security in coming years. See the current version and learn more at www.nhspl.org.



Section 4: Fact Sheets

National fact sheet on page 34.

Fact sheets for the 50 states and 4 localities begin on page 36.

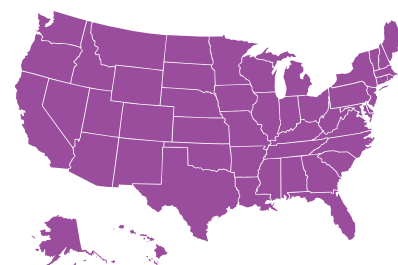
Fact sheets for the 8 territories and freely associated states begin on page 144.

National

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event.

Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. Nationally, 41.3% of households had at least one child and 18.2% of adults were age 65 or older. In addition, 8.8% of adults reported having diabetes, 21.1% a limiting disability and 7.8% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Total number of LRN-B labs ³	142	141	144
National proportion of LRN-B proficiency tests passed ⁴	312/327	370/398	309/335
Percentage of states and localities that passed the LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	93%	100%	99%
Biological Laboratory Testing: PulseNet	2010	2011	2012
Total number of PulseNet labs ⁶	72	72	72
Total percentage of <i>E. coli</i> -positive test results analyzed and entered into CDC's PulseNet database within 4 working days ⁶	92% (target: 90%)	90% (target: 90%)	94% (target: 90%)
Total percentage of <i>Listeria</i> -positive test results analyzed and entered into CDC's PulseNet database within 4 working days ⁶	89% (target: 90%)	88% (target: 90%)	92% (target: 90%)

LRN chemical (LRN-C) laboratories rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure. CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Total number of Level 1 LRN-C labs ⁷	10	10	10
Total number of Level 2 LRN-C labs ⁷	36	37	37
Total number of Level 3 LRN-C labs ⁷	11	9	10
National proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7.1	7.7	7.4
Average number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1.7	1.3	1.4
Percentage of states and localities that passed the LRN-C exercise to collect, package, and ship samples ⁸	100%	98%	100%
National proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	664/731	38/39	69/72

Public health agencies deploy resources and personnel to adaptively address public health needs arising from emergencies.

The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
National average number of minutes for state public health staff with incident management lead roles to report for immediate duty ⁶	34 (target: 60)	36 (target: 60)	27 (target: 60)
National average number of minutes for localities and insular area public health staff with incident management lead roles to report for immediate duty ⁶	175	81	50
Percentage of states, localities, and insular areas that approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	89%	92%	81%
Percentage of states, localities, and insular areas that prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	100%	100%	89%

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Percentage of states, localities, and insular areas that issued initial risk communication to the public during a real or simulated emergency ⁶	98%	98%	90%

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Scores (out of 100 point scale)	2009-2010	2010-2011	2011-2012
Median State TAR score ⁶	95	97	98
Median Metropolitan Statistical Area (MSA) TAR Score ⁶	88	91	93
Median Directly Funded Locality TAR Score ⁶	97	96	100
Median Insular Area TAR Score ⁶	61	62	67

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

Total CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

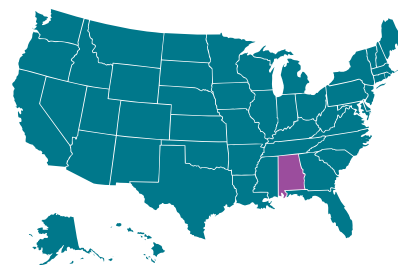
Total CDC PHEP cooperative agreement funding provided ¹⁰	\$613,610,342
Total CDC preparedness field staff ^{11, 12, 13}	112
Total CDC Emergency Management Program activities ¹⁴	389
Total public health personnel receiving SNS training ¹⁵	1456

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Alabama

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Alabama, 36.7% of households had at least one child and 20.6% of adults were age 65 or older. In addition, 13.2% of adults reported having diabetes, 25.9% a limiting disability, and 10.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	95% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	38% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure. CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	8/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	3	2	2
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	16/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	74 (target: 60)	18 (target: 60)	8 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	No
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	90	91	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Birmingham-Hoover, AL (out of 100 point scale) ⁶	76	90	97

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

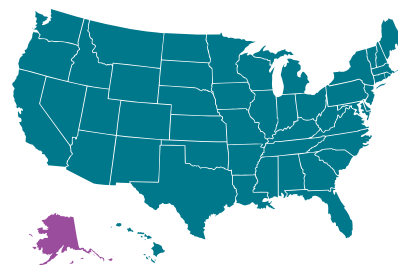
CDC PHEP cooperative agreement funding provided ¹⁰	\$8,633,983
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	7
Public health personnel receiving SNS training ¹⁵	58

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Alaska

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Alaska, 45.6% of households had at least one child and 10.8% of adults were age 65 or older. In addition, 5.3% of adults reported having diabetes, 20.2% a limiting disability, and 5.3% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	2
Proportion of LRN-B proficiency tests passed ⁴	6/6	5/5	5/5
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	53% (target: 90%)	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure. CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	6/8	8/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	45 (target: 60)	58 (target: 60)	35 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	N/A	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	79	89	87
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Anchorage, AK (out of 100 point scale) ⁶	66	55	79

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

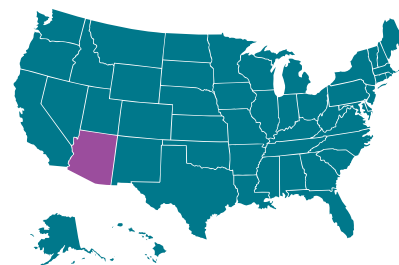
CDC PHEP cooperative agreement funding provided ¹⁰	\$5,177,600
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	46

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Arizona

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Arizona, 30.9% of households had at least one child and 33.8% of adults were age 65 or older. In addition, 11.4% of adults reported having diabetes, 25.7% a limiting disability, and 10.1% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	80% (target: 90%)	37% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	70% (target: 90%)	25% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	3	2	2
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	16/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	31 (target: 60)	43 (target: 60)	19 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	97	98	92
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Phoenix-Mesa-Scottsdale, AZ (out of 100 point scale) ⁶	95	98	95

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

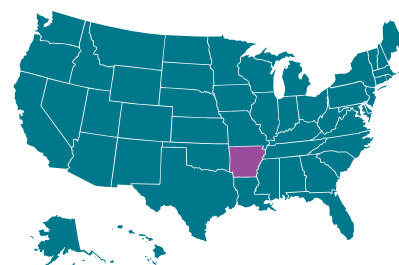
CDC PHEP cooperative agreement funding provided ¹⁰	\$11,894,861
CDC preparedness field staff ^{11, 12, 13}	4
CDC Emergency Management Program activities ¹⁴	5
Public health personnel receiving SNS training ¹⁵	66

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Arkansas

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Arkansas, 39.2% of households had at least one child and 19.4% of adults were age 65 or older. In addition, 9.6% of adults reported having diabetes, 24.7% a limiting disability, and 8.6% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	2
Proportion of LRN-B proficiency tests passed ⁴	4/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	7/9	7/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1	1	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Did not participate*	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	14/17	Not eligible	2/2

*Arkansas participated in SCPAS on 11/9/10, during the Budget Period 10 Extension, and therefore did not have to participate in calendar year 2011. See results in 2010 column.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	55 (target: 60)	48 (target: 60)	14 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	97*	100	99
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Little Rock-North Little Rock, AR (out of 100 point scale) ⁶	79	89	92
Memphis, TN-MS-AR (out of 100 point scale) ⁶	86	92	94

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$6,469,981
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	61

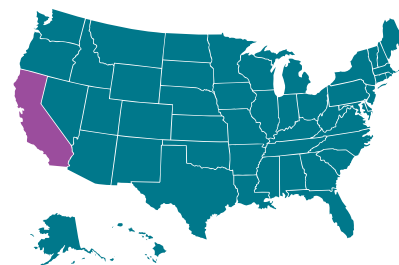
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

California

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In California, 47.9% of households had at least one child and 15.4% of adults were age 65 or older. In addition, 8.6% of adults reported having diabetes, 18.1% a limiting disability, and 6.9% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	19	19	19
Proportion of LRN-B proficiency tests passed ⁴	35/38	47/51	39/44
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Did not pass	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	6	6	6
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	91% (target: 90%)	59% (target: 90%)	90% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	88% (target: 90%)	88% (target: 90%)	90% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Did not pass	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	13/17	1/1	1/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	20 (target: 60)	6 (target: 60)	8 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	100	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Fresno, CA (out of 100 point scale) ⁶	74	86	87
Los Angeles-Long Beach-Santa Ana, CA (out of 100 point scale) ⁶	91*	95	100
Riverside-San Bernardino-Ontario, CA (out of 100 point scale) ⁶	93	93	94
Sacramento-Arden-Arcade-Roseville, CA (out of 100 point scale) ⁶	94	96	98
San Diego-Carlsbad-San Marcos, CA (out of 100 point scale) ⁶	96*	98	92
San Francisco-Oakland-Fremont, CA (out of 100 point scale) ⁶	88	90	96
San Jose-Sunnyvale-Santa Clara, CA (out of 100 point scale) ⁶	91*	93	95

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$41,661,534
CDC preparedness field staff ^{11, 12, 13}	9**
CDC Emergency Management Program activities ¹⁴	9
Public health personnel receiving SNS training ¹⁵	—

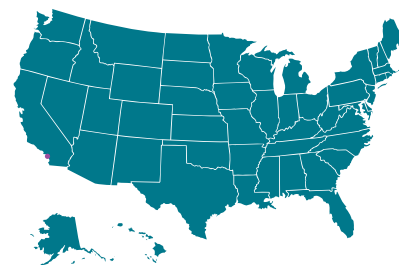
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.**One EIS Officer is funded by the Department of Veterans Affairs.

Los Angeles County

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Los Angeles County, of households had at least one child and of adults were age 65 or older. In addition, 8.7% of adults reported having diabetes, 16.0% a limiting disability, and 6.0% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	73% (target: 90%)	79% (target: 90%)	94% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	53% (target: 90%)	77% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	15	49	90
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Directly Funded Locality Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	92*	95	100

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012	
CDC PHEP cooperative agreement funding provided ¹⁰	\$20,404,916
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	5
Public health personnel receiving SNS training ¹⁵	—

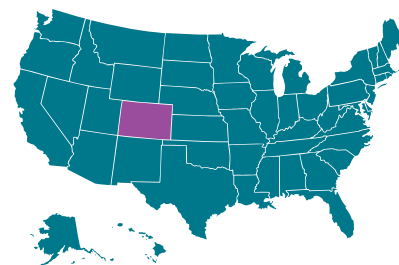
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Colorado

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Colorado, 45.2% of households had at least one child and 14.4% of adults were age 65 or older. In addition, 6.0% of adults reported having diabetes, 20.6% a limiting disability, and 6.0% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	6	6	6
Proportion of LRN-B proficiency tests passed ⁴	9/9	5/7	6/7
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Did not pass	Passed	Did not pass
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	95% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	8/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	14/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	15 (target: 60)	10 (target: 60)	25 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	96*	93	94
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Denver-Aurora, CO (out of 100 point scale) ⁶	78	69	68

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$9,397,930
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	75

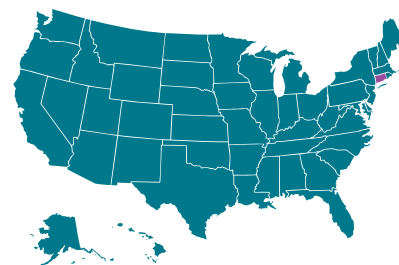
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Connecticut

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Connecticut, 40.7% of households had at least one child and 18.3% of adults were age 65 or older. In addition, 7.3% of adults reported having diabetes, 16.6% a limiting disability, and 6.4% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	2/2	3/5	3/3
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	96% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	97% (target: 90%)	94% (target: 90%)	95% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	8/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	13/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	15 (target: 60)	70 (target: 60)	52 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	94*	92	97
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Hartford-West Hartford-East Hartford, CT (out of 100 point scale) ⁶	82	77	87
New Haven-Milford, CT (out of 100 point scale) ⁶	82	78	89

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$7,553,479
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	7
Public health personnel receiving SNS training ¹⁵	93

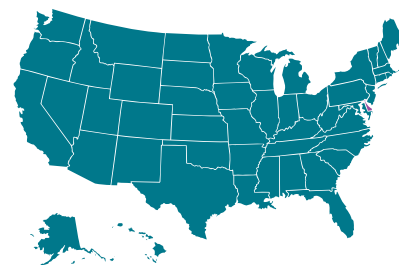
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Delaware

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Delaware, 42.0% of households had at least one child and 18.9% of adults were age 65 or older. In addition, 8.7% of adults reported having diabetes, 21.4% a limiting disability, and 8.3% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/5	3/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	9/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	14/17	Did not participate*	2/2

*Instrument not operational on date of exercise.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	38 (target: 60)	44 (target: 60)	45 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	98*	98	94
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Dover, DE (out of 100 point scale) ⁶	98*	98	89
Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE (out of 100 point scale) ⁶	91	95	97

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$5,422,932
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	4
Public health personnel receiving SNS training ¹⁵	39

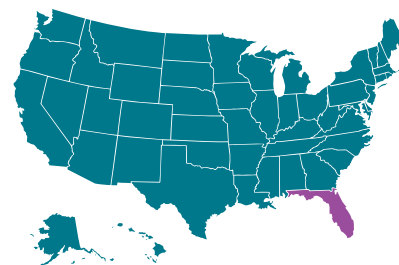
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Florida

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Florida, 38.1% of households had at least one child and 22.8% of adults were age 65 or older. In addition, 10.4% of adults reported having diabetes, 24.3% a limiting disability, and 9.3% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	5	5	5
Proportion of LRN-B proficiency tests passed ⁴	15/16	15/17	11/13
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	3	2	3
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	71% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	2	1	1
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Level 1 lab: did not participate; Level 3 labs: both passed	Level 1 lab: did not participate; Level 3 lab: passed	Level 1 lab: passed; Level 3 lab: passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	15/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	No reportable time	53 (target: 60)	43 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	98*	100	95
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Miami-Fort Lauderdale-Pompano Beach, FL (out of 100 point scale) ⁶	94*	94	97
Orlando-Kissimmee, FL (out of 100 point scale) ⁶	95*	88	93
Tampa-St. Petersburg-Clearwater, FL (out of 100 point scale) ⁶	94	95	92

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$27,687,829
CDC preparedness field staff ^{11, 12, 13}	4
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	28

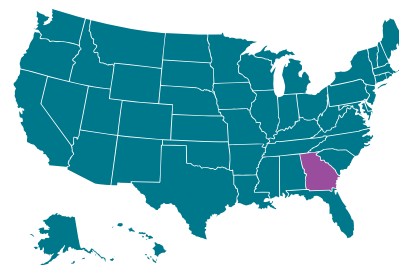
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Georgia

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Georgia, 48.8% of households had at least one child and 14.3% of adults were age 65 or older. In addition, 9.7% of adults reported having diabetes, 19.3% a limiting disability, and 8.0% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	7	7	4
Proportion of LRN-B proficiency tests passed ⁴	6/7	8/10	7/8
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	3	3	3
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	92% (target: 90%)	88% (target: 90%)	92% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	85% (target: 90%)	100% (target: 90%)	92% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	14/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	No reportable time	23 (target: 60)	23 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	No	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	90*	95	96
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Atlanta-Sandy Springs-Marietta, GA (out of 100 point scale) ⁶	88	92	97

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

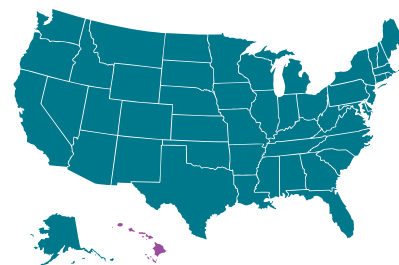
CDC PHEP cooperative agreement funding provided ¹⁰	\$15,653,814
CDC preparedness field staff ^{11, 12, 13}	4
CDC Emergency Management Program activities ¹⁴	10
Public health personnel receiving SNS training ¹⁵	34

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Hawaii

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Hawaii, 42.3% of households had at least one child and 19.4% of adults were age 65 or older. In addition, 8.3% of adults reported having diabetes, 16.2% a limiting disability, and 6.0% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	7
Proportion of LRN-B proficiency tests passed ⁴	5/5	6/6	5/5
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	96% (target: 90%)	88% (target: 90%)	93% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	91% (target: 90%)	95% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	8/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	53 (target: 60)	221 (target: 60)	51 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	88	89	89
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Honolulu, HI (out of 100 point scale) ⁶	80	83	82

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

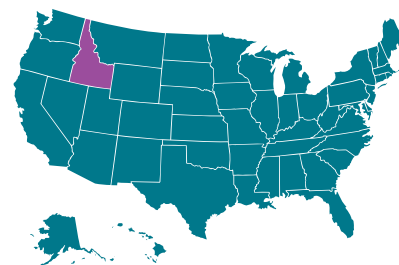
CDC PHEP cooperative agreement funding provided ¹⁰	\$5,260,290
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	4

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Idaho

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Idaho, 46.5% of households had at least one child and 16.8% of adults were age 65 or older. In addition, 7.9% of adults reported having diabetes, 23.2% a limiting disability, and 7.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	2
Proportion of LRN-B proficiency tests passed ⁴	4/4	3/5	2/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	79% (target: 90%)	89% (target: 90%)	74% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	2	1	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	15/17	1/1	1/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	15 (target: 60)	5 (target: 60)	53 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	N/A
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	—

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	93	96	97
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Boise City-Nampa, ID (out of 100 point scale) ⁶	66	90	88

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

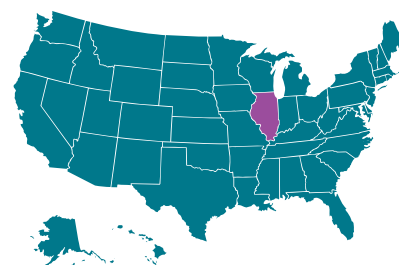
CDC PHEP cooperative agreement funding provided ¹⁰	\$5,181,907
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	13

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Illinois

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Illinois, 45.0% of households had at least one child and 16.7% of adults were age 65 or older. In addition, 8.7% of adults reported having diabetes, 17.8% a limiting disability, and 6.8% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	4	4	3
Proportion of LRN-B proficiency tests passed ⁴	7/7	10/12	7/9
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	2	2	2
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	96% (target: 90%)	98% (target: 90%)	96% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	84% (target: 90%)	88% (target: 90%)	88% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	3*	3	3
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Result of LRN-C exercise to collect, package, and ship samples ⁸	Level 3 labs: all passed	Level 3 labs: all passed	Level 3 labs: all passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	N/A	N/A	N/A

*Illinois downgraded its Level 2 lab to a Level 3 lab on 9/9/10 due to funding issues.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	53 (target: 60)	25 (target: 60)	6 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	99*	99	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Chicago-Naperville-Joliet, IL-IN-WI (out of 100 point scale) ⁶	94	96	95
Peoria, IL (out of 100 point scale) ⁶	85	88	93
St. Louis, MO-IL (out of 100 point scale) ⁶	87	89	95

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$16,845,953
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	9
Public health personnel receiving SNS training ¹⁵	4

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

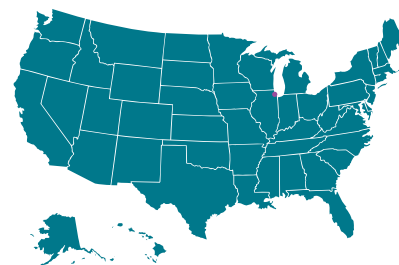
*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Chicago

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event.

Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Chicago, of households had at least one child and of adults were age 65 or older. In addition, 8.8% of adults reported having diabetes, 17.2% a limiting disability, and 5.6% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.
Proportion of LRN-B proficiency tests passed ⁴	—	—	—
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	—	—	—

Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	—	—	—
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	—	—	—
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	—	—	—

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	—	—	—
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	—	—	—
Result of LRN-C exercise to collect, package, and ship samples ⁸	—	—	—
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	—	—	—

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	60	61	60
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Directly Funded Locality Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	99*	100	100

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012	
CDC PHEP cooperative agreement funding provided ¹⁰	\$10,409,823
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	—
Public health personnel receiving SNS training ¹⁵	—

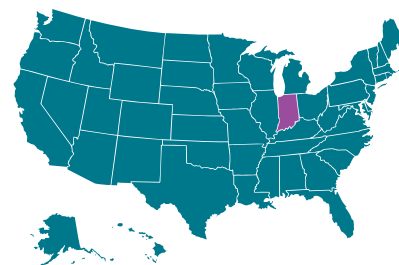
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Indiana

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Indiana, 42.3% of households had at least one child and 17.4% of adults were age 65 or older. In addition, 9.8% of adults reported having diabetes, 22.0% a limiting disability, and 7.8% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	2
Proportion of LRN-B proficiency tests passed ⁴	4/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	98% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	89% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	2	1	2
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	16 (target: 60)	23 (target: 60)	38 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	99	99
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Chicago-Naperville-Joliet, IL-IN-WI (out of 100 point scale) ⁶	94	96	95
Cincinnati-Middletown, OH-KY-IN (out of 100 point scale) ⁶	77	87	90
Indianapolis-Carmel, IN (out of 100 point scale) ⁶	95	95	93
Louisville, KY-IN (out of 100 point scale) ⁶	79	87	87

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012	
CDC PHEP cooperative agreement funding provided ¹⁰	\$11,146,909
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	11
Public health personnel receiving SNS training ¹⁵	26

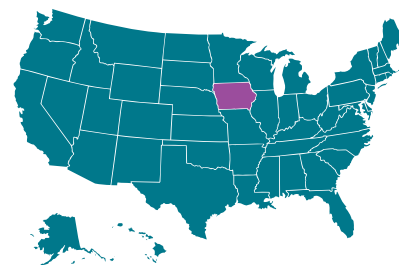
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Iowa

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event.

Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Iowa, 42.0% of households had at least one child and 19.7% of adults were age 65 or older. In addition, 7.5% of adults reported having diabetes, 17.6% a limiting disability, and 6.9% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	3	2	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	5/5
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	2	2	2
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	77% (target: 90%)	60% (target: 90%)	89% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1*	1*	1*
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	2	1	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	15/17	1/1	2/2

*Iowa has two labs with different capabilities that together represent the state's full capabilities.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	21 (target: 60)	55 (target: 60)	53 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	95*	98	98
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Des Moines-West Des Moines, IA (out of 100 point scale) ⁶	88	93	89
Omaha-Council Bluffs, NE-IA (out of 100 point scale) ⁶	95	96	88

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$6,595,869
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	—

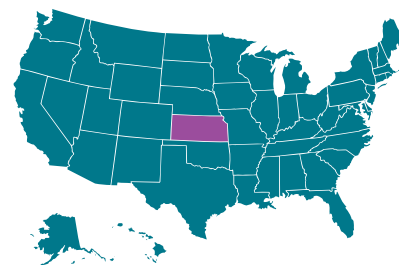
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Kansas

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Kansas, 44.0% of households had at least one child and 17.8% of adults were age 65 or older. In addition, 8.4% of adults reported having diabetes, 20.4% a limiting disability, and 8.4% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	2
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	3/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	38% (target: 90%)	95% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	7/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	34 (target: 60)	56 (target: 60)	59 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	94*	100	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Kansas City, MO-KS (out of 100 point scale) ⁶	93	94	97
Wichita, KS (out of 100 point scale) ⁶	90	87	89

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$6,595,020
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	42

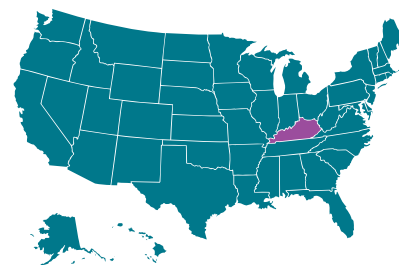
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Kentucky

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Kentucky, 40.1% of households had at least one child and 17.9% of adults were age 65 or older. In addition, 10.0% of adults reported having diabetes, 25.0% a limiting disability, and 10.3% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	1
Proportion of LRN-B proficiency tests passed ⁴	3/4	6/6	5/5
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	1	1	1
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	N/A	N/A	N/A

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	43 (target: 60)	14 (target: 60)	16 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	93	97	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Cincinnati-Middletown, OH-KY-IN (out of 100 point scale) ⁶	77	87	90
Louisville, KY-IN (out of 100 point scale) ⁶	79	87	87

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

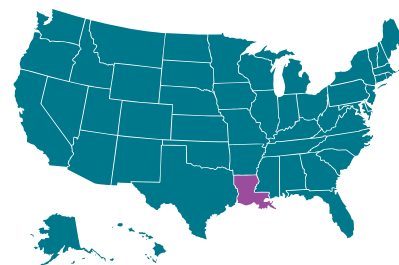
CDC PHEP cooperative agreement funding provided ¹⁰	\$8,275,695
CDC preparedness field staff ^{11, 12, 13}	4
CDC Emergency Management Program activities ¹⁴	3
Public health personnel receiving SNS training ¹⁵	1

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Louisiana

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Louisiana, 41.6% of households had at least one child and 16.8% of adults were age 65 or older. In addition, 10.3% of adults reported having diabetes, 21.9% a limiting disability, and 8.8% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	2	3
Proportion of LRN-B proficiency tests passed ⁴	3/3	3/4	2/3
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	7/9	0/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	16/17	1/1	Not eligible

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	49 (target: 60)	25 (target: 60)	30 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	97	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Baton Rouge, LA (out of 100 point scale) ⁶	91	96	96
New Orleans-Metairie-Kenner, LA (out of 100 point scale) ⁶	93*	98	98

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$8,632,297
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	10
Public health personnel receiving SNS training ¹⁵	76

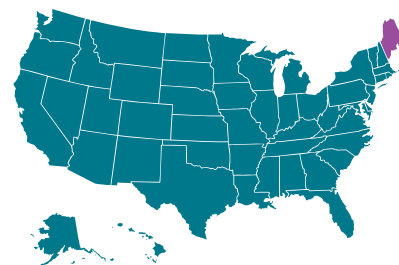
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Maine

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Maine, 36.6% of households had at least one child and 19.8% of adults were age 65 or older. In addition, 8.7% of adults reported having diabetes, 23.8% a limiting disability, and 7.1% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	3/3	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	82% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	8/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1	1	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	14/17	1/1	Did not participate

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	No reportable time	26 (target: 60)	24 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	N/A	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	97	94	96
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Portland-South Portland-Biddeford, ME (out of 100 point scale) ⁶	87	94	96

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

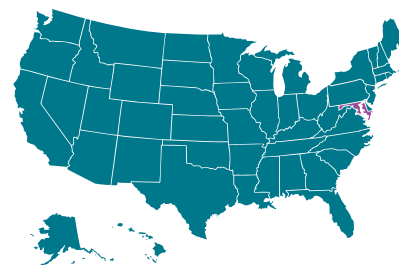
CDC PHEP cooperative agreement funding provided ¹⁰	\$5,206,160
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	5
Public health personnel receiving SNS training ¹⁵	2

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Maryland

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Maryland, 40.5% of households had at least one child and 16.4% of adults were age 65 or older. In addition, 9.3% of adults reported having diabetes, 18.4% a limiting disability, and 7.0% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	7	6	3
Proportion of LRN-B proficiency tests passed ⁴	14/14	14/15	7/8
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	3	3	3
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	91% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	94% (target: 90%)	92% (target: 90%)	92% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	16 (target: 60)	18 (target: 60)	15 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	96*	97	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Baltimore-Towson, MD (out of 100 point scale) ⁶	92	93	97
Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE (out of 100 point scale) ⁶	91	95	97
Washington-Arlington-Alexandria, DC-VA-MD-WV (out of 100 point scale) ⁶	79	92	94

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$11,057,196
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	12
Public health personnel receiving SNS training ¹⁵	6

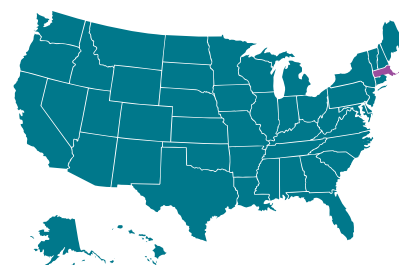
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Massachusetts

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Massachusetts, 45.7% of households had at least one child and 17.7% of adults were age 65 or older. In addition, 7.4% of adults reported having diabetes, 18.1% a limiting disability, and 7.1% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	5
Proportion of LRN-B proficiency tests passed ⁴	6/6	8/8	6/6
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	96% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	77% (target: 90%)	85% (target: 90%)	98% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	14/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	9 (target: 60)	22 (target: 60)	15 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	93*	90	89
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Boston-Cambridge-Quincy, MA-NH (out of 100 point scale) ⁶	80	71	76
Providence-New Bedford-Fall River, RI-MA (out of 100 point scale) ⁶	91	86	85

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$13,459,602
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	4

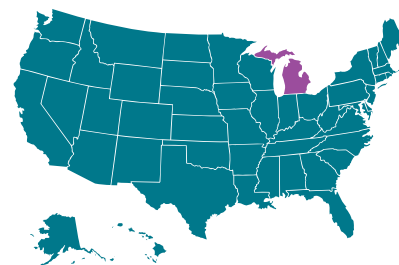
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Michigan

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Michigan, 41.9% of households had at least one child and 17.6% of adults were age 65 or older. In addition, 10.1% of adults reported having diabetes, 22.6% a limiting disability, and 8.0% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	9	7	6
Proportion of LRN-B proficiency tests passed ⁴	8/9	7/9	5/7
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	2	2	2
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	97% (target: 90%)	87% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	96% (target: 90%)	84% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	50 (target: 60)	41 (target: 60)	56 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	100	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Detroit-Warren-Livonia, MI (out of 100 point scale) ⁶	92	98	98

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$16,543,509
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	3
Public health personnel receiving SNS training ¹⁵	23

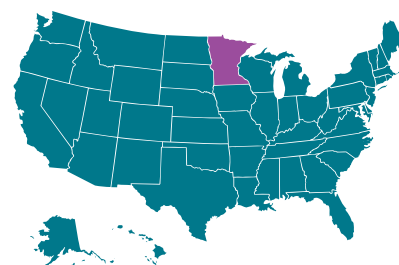
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Minnesota

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Minnesota, 40.1% of households had at least one child and 16.9% of adults were age 65 or older. In addition, 6.7% of adults reported having diabetes, 17.3% a limiting disability, and 5.9% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	2
Proportion of LRN-B proficiency tests passed ⁴	4/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	4	3	3
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	16/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	51 (target: 60)	45 (target: 60)	7 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	82	91	93
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Fargo, ND-MN (out of 100 point scale) ⁶	89	97	99
Minneapolis-St. Paul-Bloomington, MN-WI (out of 100 point scale) ⁶	88	90	90

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

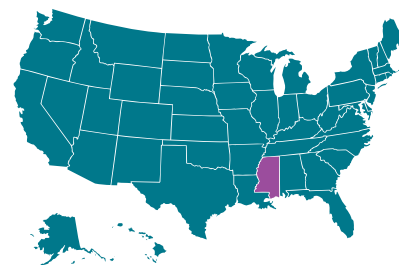
CDC PHEP cooperative agreement funding provided ¹⁰	\$10,842,711
CDC preparedness field staff ^{11, 12, 13}	3
CDC Emergency Management Program activities ¹⁴	7
Public health personnel receiving SNS training ¹⁵	1

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Mississippi

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Mississippi, 42.4% of households had at least one child and 17.5% of adults were age 65 or older. In addition, 12.4% of adults reported having diabetes, 25.3% a limiting disability, and 10.6% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	94% (target: 90%)	94% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	2	1	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	16/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	7 (target: 60)	11 (target: 60)	3 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	N/A
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	99*	100	99
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Jackson, MS (out of 100 point scale) ⁶	93*	95	93
Memphis, TN-MS-AR (out of 100 point scale) ⁶	86	92	94

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$6,565,242
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	9
Public health personnel receiving SNS training ¹⁵	4

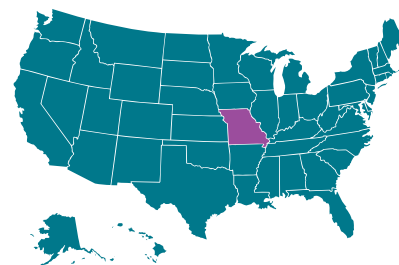
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Missouri

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Missouri, 43.8% of households had at least one child and 18.4% of adults were age 65 or older. In addition, 9.4% of adults reported having diabetes, 24.8% a limiting disability, and 9.4% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	2/2	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	96% (target: 90%)	99% (target: 90%)	98% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	3	2	2
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	8 (target: 60)	39 (target: 60)	34 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	N/A
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	97	99	92
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Kansas City, MO-KS (out of 100 point scale) ⁶	93	94	97
St. Louis, MO-IL (out of 100 point scale) ⁶	87	89	95

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

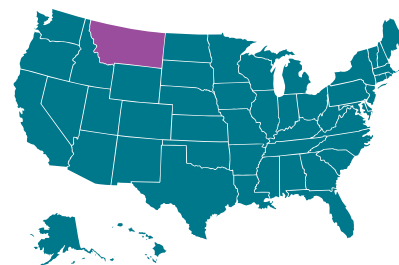
CDC PHEP cooperative agreement funding provided ¹⁰	\$10,717,722
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	10
Public health personnel receiving SNS training ¹⁵	41

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Montana

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Montana, 39.6% of households had at least one child and 19.0% of adults were age 65 or older. In addition, 7.0% of adults reported having diabetes, 24.0% a limiting disability, and 7.4% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	42% (target: 90%)	33% (target: 90%)	N/A
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	6/9	5/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	16/17	1/1	Not eligible

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	35 (target: 60)	16 (target: 60)	9 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	No	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	96*	90	87
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Billings, MT (out of 100 point scale) ⁶	75	73	75

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$5,178,911
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	—

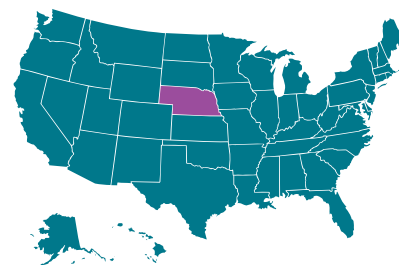
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Nebraska

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Nebraska, 42.9% of households had at least one child and 18.4% of adults were age 65 or older. In addition, 7.7% of adults reported having diabetes, 18.9% a limiting disability, and 6.6% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	2
Proportion of LRN-B proficiency tests passed ⁴	2/3	3/4	3/3
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	48% (target: 90%)	90% (target: 90%)	95% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	70% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	8/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	14/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	No reportable time	45 (target: 60)	37 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	93	97	98
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Omaha-Council Bluffs, NE-IA (out of 100 point scale) ⁶	95	96	88

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

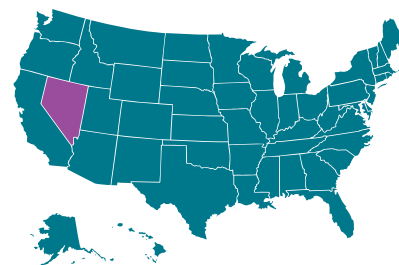
CDC PHEP cooperative agreement funding provided ¹⁰	\$5,234,954
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	7
Public health personnel receiving SNS training ¹⁵	2

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Nevada

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Nevada, 42.1% of households had at least one child and 16.0% of adults were age 65 or older. In addition, 8.5% of adults reported having diabetes, 21.0% a limiting disability, and 7.4% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	2
Proportion of LRN-B proficiency tests passed ⁴	7/8	9/9	5/7
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	2	2	2
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	N/A	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	N/A	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	2	2	2
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	11/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	33 (target: 60)	14 (target: 60)	36 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	83	94	88
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Las Vegas-Paradise, NV (out of 100 point scale) ⁶	92	96	99

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

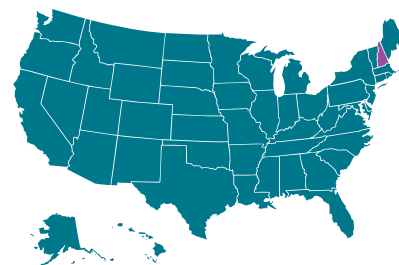
CDC PHEP cooperative agreement funding provided ¹⁰	\$6,585,802
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	7
Public health personnel receiving SNS training ¹⁵	22

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

New Hampshire

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In New Hampshire, 40.9% of households had at least one child and 17.3% of adults were age 65 or older. In addition, 7.9% of adults reported having diabetes, 20.0% a limiting disability, and 6.7% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	7/8	7/9	7/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	Not eligible

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	53 (target: 60)	46 (target: 60)	20 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	No

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	90	92	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Boston-Cambridge-Quincy, MA-NH (out of 100 point scale) ⁶	80	71	76
Manchester-Nashua, NH (out of 100 point scale) ⁶	87	72	80

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

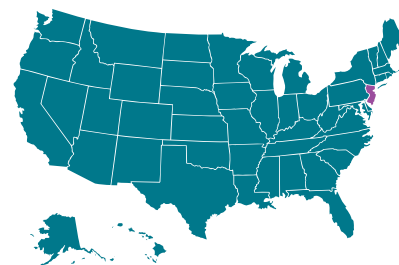
CDC PHEP cooperative agreement funding provided ¹⁰	\$5,398,877
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	25

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

New Jersey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In New Jersey, 41.8% of households had at least one child and 17.8% of adults were age 65 or older. In addition, 9.2% of adults reported having diabetes, 16.9% a limiting disability, and 6.6% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	3/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	71% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	6/9	6/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1	0	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	58 (target: 60)	32 (target: 60)	45 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	100	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
New York-Northern New Jersey-Long Island, NY-NJ-PA (out of 100 point scale) ⁶	93	93	93
Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE (out of 100 point scale) ⁶	91	95	97
Trenton-Ewing, NJ (out of 100 point scale) ⁶	93	98	100

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$16,184,853
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	1

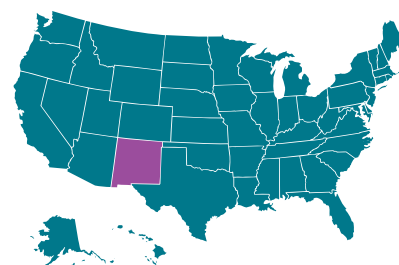
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

New Mexico

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In New Mexico, 42.7% of households had at least one child and 18.0% of adults were age 65 or older. In addition, 8.5% of adults reported having diabetes, 23.0% a limiting disability, and 8.9% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	3/3	4/4	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	Did not participate*	1/1	2/2

*Lab was moving.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	12 (target: 60)	32 (target: 60)	37 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	79	94	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Albuquerque, NM (out of 100 point scale) ⁶	37	49	96

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

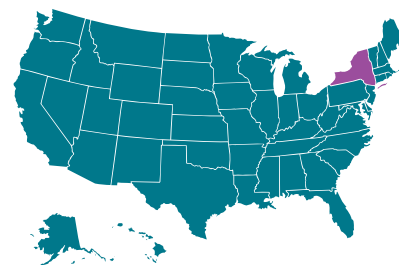
CDC PHEP cooperative agreement funding provided ¹⁰	\$6,526,120
CDC preparedness field staff ^{11, 12, 13}	4
CDC Emergency Management Program activities ¹⁴	7
Public health personnel receiving SNS training ¹⁵	81

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

New York

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In New York, 41.8% of households had at least one child and 17.8% of adults were age 65 or older. In addition, 8.9% of adults reported having diabetes, 20.5% a limiting disability, and 7.9% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	4	4	3
Proportion of LRN-B proficiency tests passed ⁴	7/7	12/12	10/10
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	2	2	2
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	97% (target: 90%)	96% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	97% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	24 (target: 60)	72 (target: 60)	41 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	100	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Albany-Schenectady-Troy, NY (out of 100 point scale) ⁶	99*	99	99
Buffalo-Niagara Falls, NY (out of 100 point scale) ⁶	98*	83	88
New York-Northern New Jersey-Long Island, NY-NJ-PA (out of 100 point scale) ⁶	93	93	93

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$19,284,669
CDC preparedness field staff ^{11, 12, 13}	4
CDC Emergency Management Program activities ¹⁴	10
Public health personnel receiving SNS training ¹⁵	90

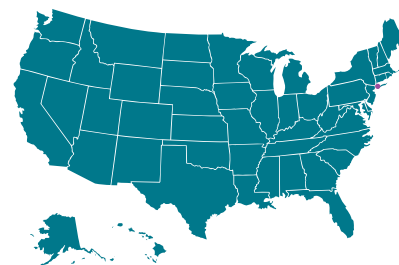
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

New York City

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In New York City, of households had at least one child and of adults were age 65 or older. In addition, 8.7% of adults reported having diabetes, 16.0% a limiting disability, and 6.9% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	5/5	3/3
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	96% (target: 90%)	78% (target: 90%)	72% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	77% (target: 90%)	69% (target: 90%)	91% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	1	1	1
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	N/A	N/A	N/A

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	22	45	48
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	—

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Directly Funded Locality Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	97	100

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$19,243,835
CDC preparedness field staff ^{11, 12, 13}	4
CDC Emergency Management Program activities ¹⁴	3
Public health personnel receiving SNS training ¹⁵	—

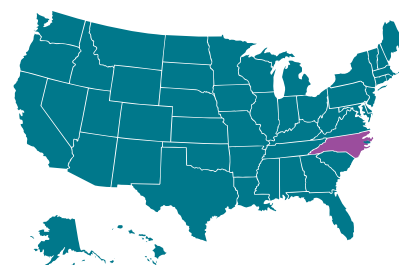
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

North Carolina

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In North Carolina, 42.4% of households had at least one child and 16.9% of adults were age 65 or older. In addition, 9.8% of adults reported having diabetes, 21.2% a limiting disability, and 8.6% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	5	5	5
Proportion of LRN-B proficiency tests passed ⁴	12/12	12/13	14/14
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	2	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	97% (target: 90%)	97% (target: 90%)	81% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	62% (target: 90%)	50% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	2	1	1
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	125 (target: 60)	44 (target: 60)	16 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	98*	99	92
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Charlotte-Gastonia-Concord, NC-SC (out of 100 point scale) ⁶	80	89	95
Virginia Beach-Norfolk-Newport News, VA-NC (out of 100 point scale) ⁶	86	91	90

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$14,020,450
CDC preparedness field staff ^{11, 12, 13}	5
CDC Emergency Management Program activities ¹⁴	9
Public health personnel receiving SNS training ¹⁵	4

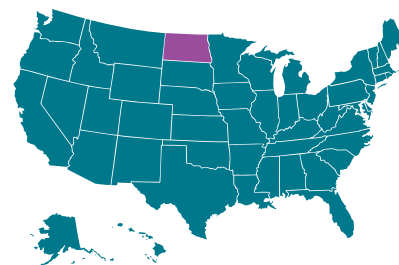
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

North Dakota

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In North Dakota, 39.7% of households had at least one child and 19.3% of adults were age 65 or older. In addition, 7.4% of adults reported having diabetes, 18.0% a limiting disability, and 6.0% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	2
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	—
Number of Level 3 LRN-C labs ⁷	—	—	1
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	3/8*	3/9*	N/A
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	N/A
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	15/17	Not eligible	N/A

*State reported three core methods meet its preparedness needs.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	15 (target: 60)	15 (target: 60)	25 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	N/A
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	95	100	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Fargo, ND-MN (out of 100 point scale) ⁶	89	97	99

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

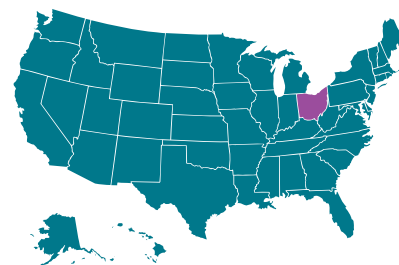
CDC PHEP cooperative agreement funding provided ¹⁰	\$5,180,405
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	5
Public health personnel receiving SNS training ¹⁵	34

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Ohio

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Ohio, 42.5% of households had at least one child and 18.4% of adults were age 65 or older. In addition, 10.1% of adults reported having diabetes, 21.8% a limiting disability, and 8.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	3	1
Proportion of LRN-B proficiency tests passed ⁴	3/3	6/6	5/5
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	99% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	99% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	—	1	1
Number of Level 3 LRN-C labs ⁷	1	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	1/9	2/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	N/A	Not eligible	Not eligible

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	29 (target: 60)	56 (target: 60)	39 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	95	96	99
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Cincinnati-Middletown, OH-KY-IN (out of 100 point scale) ⁶	77	87	90
Cleveland-Elyria-Mentor, OH (out of 100 point scale) ⁶	90	79	94
Columbus, OH (out of 100 point scale) ⁶	82	80	85

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

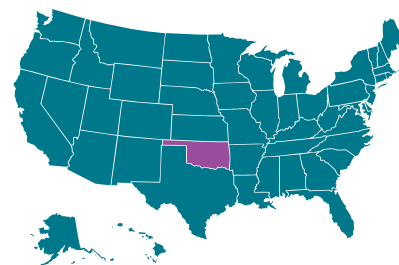
CDC PHEP cooperative agreement funding provided ¹⁰	\$17,618,925
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	69

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Oklahoma

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Oklahoma, 44.8% of households had at least one child and 18.4% of adults were age 65 or older. In addition, 10.4% of adults reported having diabetes, 26.4% a limiting disability, and 10.2% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	3
Proportion of LRN-B proficiency tests passed ⁴	3/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	1	1	1
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	N/A	N/A	N/A

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	32 (target: 60)	16 (target: 60)	8 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	100	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Oklahoma City, OK (out of 100 point scale) ⁶	95	95	97

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$7,509,542
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	35

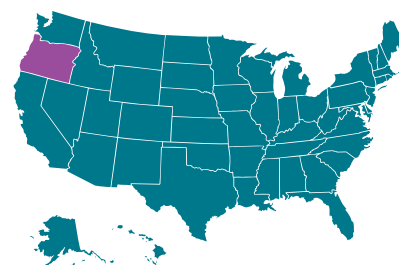
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*Oklahoma's originally reported 98 score for 2009-2010 was carried over from the previous year due to H1N1. Oklahoma conducted a new state TAR on 6/30/2010, resulting in a score of 100.

Oregon

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Oregon, 40.0% of households had at least one child and 18.1% of adults were age 65 or older. In addition, 7.2% of adults reported having diabetes, 27.0% a limiting disability, and 7.9% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	3/3
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	95% (target: 90%)	100% (target: 90%)	61% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	1	1	1
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	N/A	N/A	N/A

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	No reportable time	49 (target: 60)	15 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	94	92	98
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Portland-Vancouver-Beaverton, OR-WA (out of 100 point scale) ⁶	90	91	93

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

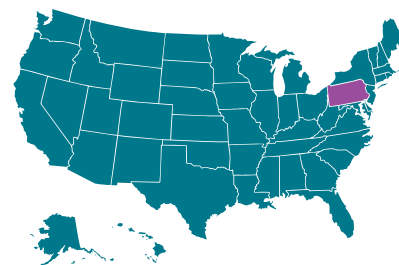
CDC PHEP cooperative agreement funding provided ¹⁰	\$7,829,790
CDC preparedness field staff ^{11, 12, 13}	3
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	2

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Pennsylvania

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Pennsylvania, 39.8% of households had at least one child and 20.2% of adults were age 65 or older. In addition, 10.3% of adults reported having diabetes, 21.9% a limiting disability, and 8.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Did not pass	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	2	2	2
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	93% (target: 90%)	93% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	91% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	3	2	2
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	Did not participate*	1/1	2/2

*Instrument not operational on date of exercise.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	56 (target: 60)	36 (target: 60)	42 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	81	94	97
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
New York-Northern New Jersey-Long Island, NY-NJ-PA (out of 100 point scale) ⁶	93	93	93
Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE (out of 100 point scale) ⁶	91	95	97
Pittsburgh, PA (out of 100 point scale) ⁶	70	90	98

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

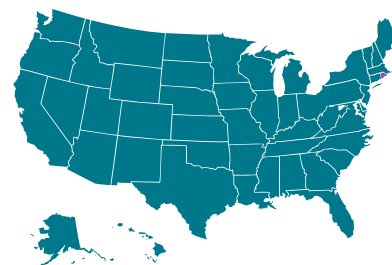
CDC PHEP cooperative agreement funding provided ¹⁰	\$19,774,638
CDC preparedness field staff ^{11, 12, 13}	7
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	3

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Rhode Island

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Rhode Island, 38.3% of households had at least one child and 18.4% of adults were age 65 or older. In addition, 7.8% of adults reported having diabetes, 19.0% a limiting disability, and 7.6% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	67% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	3/8	7/9	7/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	16/17	0/1	Not eligible

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	7 (target: 60)	10 (target: 60)	4 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	99*	97	99
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Providence-New Bedford-Fall River, RI-MA (out of 100 point scale) ⁶	91	86	85

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$5,302,058
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	2

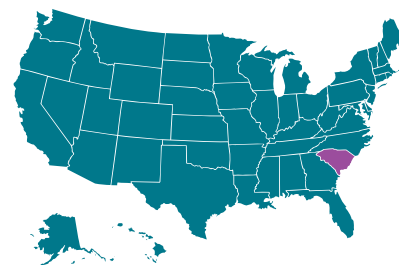
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

South Carolina

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In South Carolina, 38.8% of households had at least one child and 18.2% of adults were age 65 or older. In addition, 10.7% of adults reported having diabetes, 23.6% a limiting disability, and 9.7% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	56% (target: 90%)	67% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	83% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	50 (target: 60)	49 (target: 60)	55 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	93*	92	87
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Charlotte-Gastonia-Concord, NC-SC (out of 100 point scale) ⁶	80	89	95
Columbia, SC (out of 100 point scale) ⁶	90*	84	86

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$9,308,851
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	5
Public health personnel receiving SNS training ¹⁵	4

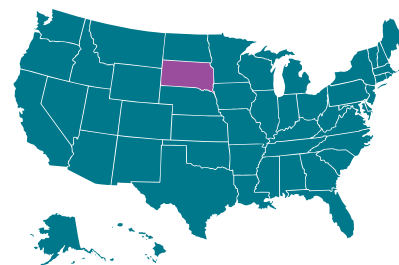
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

South Dakota

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In South Dakota, 41.5% of households had at least one child and 19.6% of adults were age 65 or older. In addition, 6.9% of adults reported having diabetes, 19.9% a limiting disability, and 6.7% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	3/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	29% (target: 90%)	61% (target: 90%)	61% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	6/8	8/9	8/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	12/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	30 (target: 60)	30 (target: 60)	35 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	N/A
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	91*	89	87
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Sioux Falls, SD (out of 100 point scale) ⁶	85	93	93

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$5,169,600
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	7
Public health personnel receiving SNS training ¹⁵	—

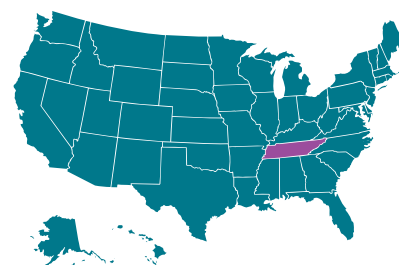
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Tennessee

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Tennessee, 35.9% of households had at least one child and 17.9% of adults were age 65 or older. In addition, 11.3% of adults reported having diabetes, 23.9% a limiting disability, and 9.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	4	4	4
Proportion of LRN-B proficiency tests passed ⁴	8/8	10/10	9/9
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	98% (target: 90%)	100% (target: 90%)	96% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	94% (target: 90%)	86% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	4/8	4/9	2/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	Did not participate*	Not eligible	Not eligible

*Instrument not operational on date of exercise.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	11 (target: 60)	59 (target: 60)	15 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	92	95	94
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Memphis, TN-MS-AR (out of 100 point scale) ⁶	86	92	94
Nashville-Davidson-Murfreesboro, TN (out of 100 point scale) ⁶	90	92	90

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

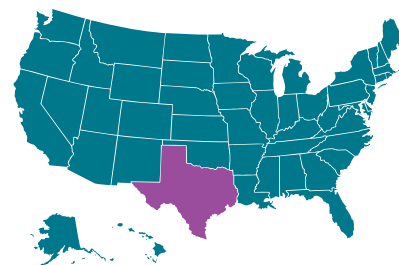
CDC PHEP cooperative agreement funding provided ¹⁰	\$10,845,628
CDC preparedness field staff ^{11, 12, 13}	5
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	7

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Texas

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Texas, 49.2% of households had at least one child and 14.5% of adults were age 65 or older. In addition, 9.7% of adults reported having diabetes, 18.9% a limiting disability, and 7.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	13	14	11
Proportion of LRN-B proficiency tests passed ⁴	26/29	31/33	28/31
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Did not pass	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	3	3	3
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	86% (target: 90%)	86% (target: 90%)	97% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	67% (target: 90%)	47% (target: 90%)	90% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1	2	2
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	15/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	8 (target: 60)	59 (target: 60)	45 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	94	96
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Dallas-Fort Worth-Arlington, TX (out of 100 point scale) ⁶	94	94	98
Houston-Baytown-Sugar Land, TX (out of 100 point scale) ⁶	85	88	87
San Antonio, TX (out of 100 point scale) ⁶	74	83	89

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$37,545,665
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	10
Public health personnel receiving SNS training ¹⁵	68

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

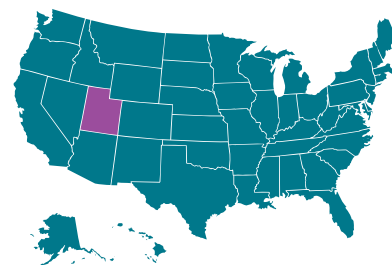
*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Utah

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event.

Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Utah, 53.4% of households had at least one child and 13.2% of adults were age 65 or older. In addition, 6.5% of adults reported having diabetes, 19.7% a limiting disability, and 5.7% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	4
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	83% (target: 90%)	87% (target: 90%)	98% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	33% (target: 90%)	86% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	6/8	6/9	6/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	15/17	Did not participate*	Not eligible

*Attended CDC training on date of exercise.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	4 (target: 60)	10 (target: 60)	5 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	92	100	99
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Salt Lake City, UT (out of 100 point scale) ⁶	56	81	97

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

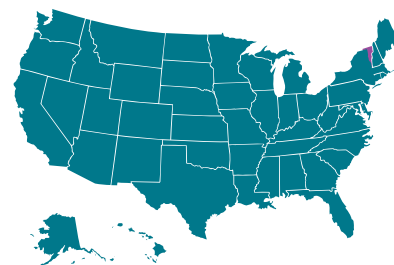
CDC PHEP cooperative agreement funding provided ¹⁰	\$6,464,082
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	59

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Vermont

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Vermont, 35.7% of households had at least one child and 18.3% of adults were age 65 or older. In addition, 6.8% of adults reported having diabetes, 21.5% a limiting disability, and 6.3% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	8/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1	2	2
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	14/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	10 (target: 60)	30 (target: 60)	18 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	98*	99	97
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Burlington-South Burlington, VT (out of 100 point scale) ⁶	95	98	98

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$5,192,031
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	7
Public health personnel receiving SNS training ¹⁵	2

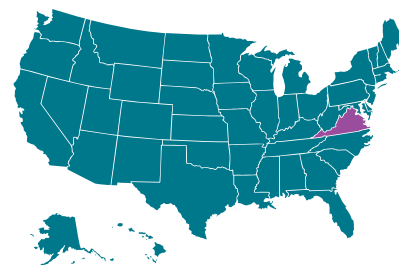
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Virginia

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Virginia, 44.2% of households had at least one child and 16.4% of adults were age 65 or older. In addition, 8.7% of adults reported having diabetes, 19.6% a limiting disability, and 7.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	1
Proportion of LRN-B proficiency tests passed ⁴	4/4	5/5	4/4
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	82% (target: 90%)	94% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	74% (target: 90%)	92% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	1/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	68 (target: 60)	26 (target: 60)	28 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	100*	100	100
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Richmond, VA (out of 100 point scale) ⁶	86	89	89
Virginia Beach-Norfolk-Newport News, VA-NC (out of 100 point scale) ⁶	86	91	90
Washington-Arlington-Alexandria, DC-VA-MD-WV (out of 100 point scale) ⁶	79	92	94

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$14,483,987
CDC preparedness field staff ^{11, 12, 13}	2**
CDC Emergency Management Program activities ¹⁴	11
Public health personnel receiving SNS training ¹⁵	33

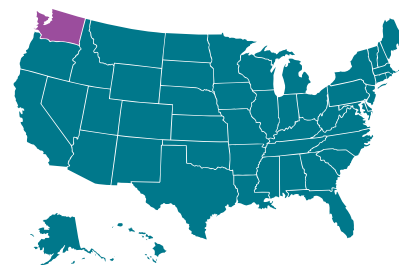
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1. **One EIS Officer is funded by the Department of Navy.

Washington

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Washington, 41.2% of households had at least one child and 16.3% of adults were age 65 or older. In addition, 7.6% of adults reported having diabetes, 25.7% a limiting disability, and 7.9% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	5	6	3
Proportion of LRN-B proficiency tests passed ⁴	8/8	9/9	8/8
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Did not pass	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	97% (target: 90%)	97% (target: 90%)	91% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	98% (target: 90%)	94% (target: 90%)	72% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	8/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	59 (target: 60)	8 (target: 60)	29 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	N/A	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	97*	90	94
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Portland-Vancouver-Beaverton, OR-WA (out of 100 point scale) ⁶	90	91	93
Seattle-Tacoma-Bellevue, WA (out of 100 point scale) ⁶	77	87	90

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$11,711,066
CDC preparedness field staff ^{11, 12, 13}	3
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	4

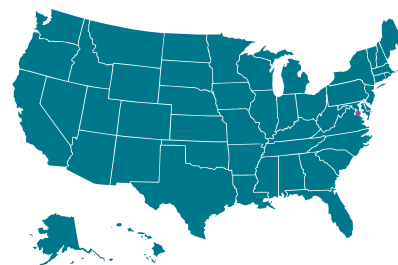
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Washington, D.C.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Washington, D.C., 25.5% of households had at least one child and 27.3% of adults were age 65 or older. In addition, 10.9% of adults reported having diabetes, 19.3% a limiting disability, and 11.6% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	1	2
Proportion of LRN-B proficiency tests passed ⁴	1/1	1/1	1/2
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Did not pass	Did not participate	Did not participate
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	N/A	N/A
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	100% (target: 90%)	0% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1/8	1/9	0/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	0	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	13/17	Not eligible	Not eligible

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	48	30	5
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Directly Funded Locality Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	95*	89	93

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$6,730,903
CDC preparedness field staff ^{11, 12, 13}	3
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	—

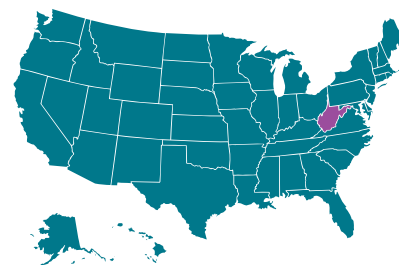
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

West Virginia

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In West Virginia, 32.0% of households had at least one child and 20.6% of adults were age 65 or older. In addition, 11.7% of adults reported having diabetes, 28.2% a limiting disability, and 10.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	1	1	4
Proportion of LRN-B proficiency tests passed ⁴	4/4	4/4	3/3
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	N/A

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	1	1	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5/8	5/9	5/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	1	0	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	16/17	Not eligible	Not eligible

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	2 (target: 60)	5 (target: 60)	2 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	N/A	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	85	95	93
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Charleston, WV (out of 100 point scale) ⁶	78	82	83
Washington-Arlington-Alexandria, DC-VA-MD-WV (out of 100 point scale) ⁶	79	92	94

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

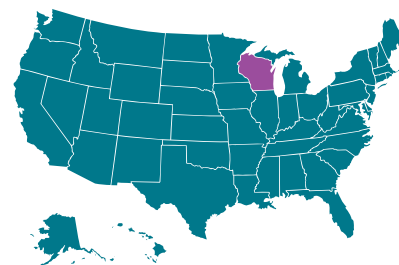
CDC PHEP cooperative agreement funding provided ¹⁰	\$5,336,731
CDC preparedness field staff ^{11, 12, 13}	3
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	99

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Wisconsin

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Wisconsin, 40.2% of households had at least one child and 17.9% of adults were age 65 or older. In addition, 7.1% of adults reported having diabetes, 17.8% a limiting disability, and 6.1% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	2
Proportion of LRN-B proficiency tests passed ⁴	7/7	8/9	5/6
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Did not pass	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	93% (target: 90%)	94% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	1	1	1
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	8/8	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	5	4	4
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	17/17	1/1	2/2

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	59 (target: 60)	8 (target: 60)	17 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	92*	89	98
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Chicago-Naperville-Joliet, IL-IN-WI (out of 100 point scale) ⁶	94	96	95
Milwaukee-Waukesha-West Allis, WI (out of 100 point scale) ⁶	88	85	89
Minneapolis-St. Paul-Bloomington, MN-WI (out of 100 point scale) ⁶	88	90	90

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$11,235,615
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	8
Public health personnel receiving SNS training ¹⁵	—

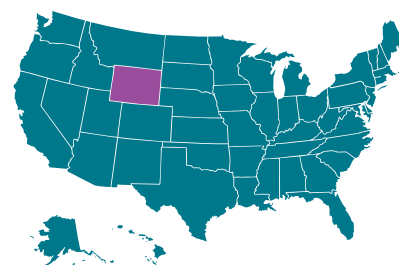
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*2009-2010 TAR score carried over from 2008-2009 due to H1N1.

Wyoming

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event. Children, older adults, and people with certain chronic conditions may require additional care such as specialized medications, equipment, and other assistance. States and localities must consider the unique needs of their own population. In Wyoming, 39.7% of households had at least one child and 16.9% of adults were age 65 or older. In addition, 7.2% of adults reported having diabetes, 21.2% a limiting disability, and 6.5% a health problem that required the use of specialized equipment.¹



Laboratory Response Network biological (LRN-B) laboratories (labs) 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 144 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a network of labs that analyze disease-causing bacteria in food and report results to the CDC PulseNet database, facilitating early identification of outbreak sources. The performance indicators below demonstrate these specific labs' readiness to respond to a biological public health emergency. See Appendix B for a detailed description of each performance indicator.

Biological Laboratory Testing: LRN-B	2010	2011	2012 ²
Number of LRN-B labs ³	2	2	1
Proportion of LRN-B proficiency tests passed ⁴	3/3	4/4	3/3
Result of LRN-B drill to notify CDC's Emergency Operations Center of significant test results within two hours ⁵	Passed	Passed	Passed
Biological Laboratory Testing: PulseNet	2010	2011	2012
Number of PulseNet labs ⁶	1	1	1
Percentage of <i>E. coli</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and entered into PulseNet database within 4 working days ⁶	N/A	N/A	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure.

CDC manages the LRN-C, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	—	—	—
Number of Level 3 LRN-C labs ⁷	1	1	1
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	N/A	N/A	N/A
Result of LRN-C exercise to collect, package, and ship samples ⁸	Passed	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	N/A	N/A	N/A

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	31 (target: 60)	20 (target: 60)	13 (target: 60)
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

State Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	95	98	99
Metropolitan Statistical Area TAR Score(s)	2009-2010	2010-2011	2011-2012
Cheyenne, WY (out of 100 point scale) ⁶	84	61	82

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$5,169,600
CDC preparedness field staff ^{11, 12, 13}	2
CDC Emergency Management Program activities ¹⁴	6
Public health personnel receiving SNS training ¹⁵	2

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

American Samoa

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	300	60	62
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	N/A	N/A
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	No

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	63	61	65

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012	
CDC PHEP cooperative agreement funding provided ¹⁰	\$374,003
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	1
Public health personnel receiving SNS training ¹⁵	2

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	1230	420	30
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	No	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	50	60	60

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$421,144
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	2
Public health personnel receiving SNS training ¹⁵	3

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	30	15	—
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	—
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	—

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	—

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	60	64	85

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$501,200
CDC preparedness field staff ^{11, 12, 13}	1
CDC Emergency Management Program activities ¹⁴	2
Public health personnel receiving SNS training ¹⁵	2

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Northern Mariana Islands

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	N/A	60	—
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	N/A	Yes	—
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	—

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	No	Yes	—

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	51	63	69

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$358,054
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	1
Public health personnel receiving SNS training ¹⁵	3

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Puerto Rico

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

LRN chemical (LRN-C) labs rapidly identify exposure to toxic chemicals, aid diagnosis, and minimize further human exposure. CDC manages the LRN-C network, a group of 57 labs with testing capabilities to confirm the presence of chemical agents. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities. In 2012, 10 LRN-C labs were designated as Level 1. The performance indicators below demonstrate these specific labs' readiness to respond to a chemical public health emergency. See Appendix B for a detailed description of each performance indicator.

Chemical Laboratory Testing: LRN-C	2010	2011	2012 ²
Number of Level 1 LRN-C labs ⁷	—	—	—
Number of Level 2 LRN-C labs ⁷	—	—	1
Number of Level 3 LRN-C labs ⁷	—	—	—
Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	—	—	0/9
Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs ⁸	—	—	0
Result of LRN-C exercise to collect, package, and ship samples ⁸	—	—	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing ⁹	—	—	Not eligible

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	30	75	45
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	Yes	Yes
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	Yes

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	94*	91*	97*

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012	
CDC PHEP cooperative agreement funding provided ¹⁰	\$7,473,561
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	1
Public health personnel receiving SNS training ¹⁵	40

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

*Puerto Rico conducted a state TAR in 2009-2010 and 2010-2011. In 2011-2012, Puerto Rico conducted an island TAR.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	120	120	—
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	No	Yes	—
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	—

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	—

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	36	60	65

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

CDC PHEP cooperative agreement funding provided ¹⁰	\$372,756
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	2
Public health personnel receiving SNS training ¹⁵	—

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Republic of Palau

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	45	7	—
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	Yes	N/A	—
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	—

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	No	—

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	72	72	66

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012	
CDC PHEP cooperative agreement funding provided ¹⁰	\$323,450
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	1
Public health personnel receiving SNS training ¹⁵	1

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Public health agencies deploy resources and personnel to address public health needs arising from emergencies. The performance indicators below demonstrate the ability to coordinate a response to a public health incident. See Appendix B for a detailed description of each performance indicator.

Emergency Operations Coordination	2010	2011	2012
Number of minutes for public health staff with incident management lead roles to report for immediate duty ⁶	30	30	60
Approved an Incident Action Plan before the start of the second operational (reporting) period ⁶	N/A	Yes	No
Prepared an After Action Report and Improvement Plan following a real or simulated response ⁶	Yes	Yes	No

Public health agencies develop and disseminate information, alerts, warnings, and notifications to the public to reduce uncertainty and inform decision making. The performance indicator below demonstrates the ability to communicate with the public during an emergency. See Appendix B for a detailed description of the performance indicator.

Emergency Public Information and Warning	2010	2011	2012
Issued initial risk communication to the public during a real or simulated emergency ⁶	Yes	Yes	Yes

States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS). The Technical Assistance Review (TAR) scores below demonstrate readiness to receive, distribute, and dispense SNS assets to the public during an emergency. See Appendix B for a detailed description of TAR scores.

Technical Assistance Review (TAR) Score	2009-2010	2010-2011	2011-2012
TAR score (out of 100 point scale) ⁶	62	53	67

CDC provides funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the Public Health Emergency Preparedness (PHEP) cooperative agreement. In addition to PHEP funding, CDC provides training, personnel, and SNS assets to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012	
CDC PHEP cooperative agreement funding provided ¹⁰	\$423,822
CDC preparedness field staff ^{11, 12, 13}	—
CDC Emergency Management Program activities ¹⁴	1
Public health personnel receiving SNS training ¹⁵	10

Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Appendix A – Emergency Management Program Activities

State	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Engagements and Exercises), 2012
Alabama	Listeriosis Outbreak Investigation–Data Entry Call Center, Tropical Storm Isaac, LRN Drill–National, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Tornado–Call Center
Alaska	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Low Alert SITREP–Brucella Unintentional Lab Exposure, Rapid Toxic Screen Exercise
Arizona	LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Arkansas	LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
California	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis, F. Tularensis Bio Watch Notification, Low Alert SITREP–VIG release for Vaccinia Contact
Los Angeles County	LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, Biowatch Notification
Colorado	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis
Connecticut	Low Alert SITREP–White Powder Letter Targeting Schools, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Delaware	LRN Drill–National, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Low Alert SITREP–Sea Watch Int. Mustard Leak
Florida	Tropical Storm Isaac, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Republican National Convention

State	Domestic Public Health Threat Events Supported by PPHR Emergency Management Program Activities (Engagements and Exercises), 2012
Georgia	2012 Pan Influenza Exercise, Biological Assessment Threat Response (BATR) Exercise (2), Eagle Horizon 2012, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Department of Public Health Full Scale Exercise
Hawaii	2011 Asia-Pacific Economic Cooperation Leaders Meeting, HAN Notification–Influenza A H3N2v, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Idaho	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Illinois	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis, ILL Passenger–Chicago Midway International Airport
Chicago	—
Indiana	Listeriosis Outbreak Investigation–Data Entry Call Center, HAN Notification–Influenza A H3N2v, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis, F. Tularensis Bio Watch Notification
Iowa	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Kansas	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Unknown Substance in Mailroom
Kentucky	LRN Drill–National, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds

State	Domestic Public Health Threat Events Supported by PPHR Emergency Management Program Activities (Engagements and Exercises), 2012
Louisiana	Listeriosis Outbreak Investigation–Data Entry Call Center, Tropical Storm Isaac, West Nile Virus, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis
Maine	Samonella Enteritidis Outbreak Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Maryland	Listeriosis Outbreak Investigation–Data Entry Call Center, Notification of potential PHEIC–Samonella in Turkish Pine Nuts, Presidential State of the Union Address, LRN Lab 24/7 Emergency Contact Drill, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Positive Ricin Sample, Cluster of Deaths, Low Alert SITREP–Vaccinia Transmission Per Contact
Massachusetts	LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Michigan	LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Minnesota	PHEIC IHR–Swine influenza A H3N2, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Low Alert SITREP–Potential Contact Vaccinia / VIG
Mississippi	Samonella Enteritidis Outbreak Call Center, Tropical Storm Isaac, West Nile Virus, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Missouri	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, LRN Exercise, Ecoli Outbreak Investigation, IHR Potential PHEIC Influenza A H1N1v
Montana	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds

State	Domestic Public Health Threat Events Supported by PPHR Emergency Management Program Activities (Engagements and Exercises), 2012
Nebraska	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Nevada	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis
New Hampshire	Samonella Enteritidis Outbreak Call Center, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
New Jersey	Notification of potential PHEIC-Samonella in Turkish Pine Nuts, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
New Mexico	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Inadvertent Exposure to Monkey Pox in a Lab
New York	Listeriosis Outbreak Investigation–Data Entry Call Center, Notification of potential PHEIC-Samonella in Turkish Pine Nuts, Samonella Enteritidis Outbreak Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis
New York City	LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill
North Carolina	Samonella Enteritidis Outbreak Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis, Democratic National Convention
North Dakota	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds

State	Domestic Public Health Threat Events Supported by PHEM Emergency Management Program Activities (Engagements and Exercises), 2012
Ohio	HAN Notification– Influenza A H3N2v, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Oklahoma	Listeriosis Outbreak Investigation–Data Entry Call Center, West Nile Virus, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Oregon	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Vaccine Request
Pennsylvania	Listeriosis Outbreak Investigation–Data Entry Call Center, Notification of potential PHEIC–Salmonella in Turkish Pine Nuts, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Rhode Island	Salmonella Enteritidis Outbreak Call Center, National Level Exercise 2012, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
South Carolina	LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
South Dakota	Listeriosis Outbreak Investigation–Data Entry Call Center, West Nile Virus, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Tennessee	LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Texas	Listeriosis Outbreak Investigation–Data Entry Call Center, Freedom of Information Act–Request for Documents, West Nile Virus, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR PHEIC Assessment–Fungal Endophthalmitis

State	Domestic Public Health Threat Events Supported by PPHR Emergency Management Program Activities (Engagements and Exercises), 2012
Utah	Listeriosis Outbreak Investigation–Data Entry Call Center, HAN Notification–Influenza A H3N2v, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, IHR Potential PHEIC Influenza A H3N2v
Vermont	Samonella Enteritidis Outbreak Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Virginia	Listeriosis Outbreak Investigation–Data Entry Call Center, Notification of potential PHEIC–Samonella in Turkish Pine Nuts, Samonella Enteritidis Outbreak Call Center, National Level Exercise 2012, Presidential State of the Union Address, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
Washington	LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, Potential Vaccinia Virus Vaccine Adverse Event
Washington, D.C.	Biological Assessment Threat Response (BATR) Exercise, Presidential State of the Union Address, LRN Drill–National, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, Eagle Horizon 2012
West Virginia	Listeriosis Outbreak Investigation–Data Entry Call Center, Samonella Enteritidis Outbreak Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, PHEIC IHR–Swine influenza A H1N2
Wisconsin	Listeriosis Outbreak Investigation–Data Entry Call Center, National Level Exercise 2012, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, IHR PHEIC Assessment–Salmonella Bareilly Outbreak, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds, PHEIC IHR–Swine influenza A H1N1
Wyoming	Listeriosis Outbreak Investigation–Data Entry Call Center, LRN Lab 24/7 Emergency Contact Drill, LRN Drill–National, LRN Emergency Contact Drill, LRN Emergency Contact Drill, HAN–CDC Recommendations for Influenza Antiviral Meds
American Samoa	HAN–CDC Recommendations for Influenza Antiviral Meds

State	Domestic Public Health Threat Events Supported by PPHR Emergency Management Program Activities (Engagements and Exercises), 2012
Fed States of Micronesia	HAN–CDC Recommendations for Influenza Antiviral Meds, Dengue Outbreak
Guam	Full Scale Exercise, HAN–CDC Recommendations for Influenza Antiviral Meds
Republic of the Marshall Islands	HAN–CDC Recommendations for Influenza Antiviral Meds, Dengue Outbreak
Northern Mariana Islands	HAN–CDC Recommendations for Influenza Antiviral Meds
Republic of Palau	HAN–CDC Recommendations for Influenza Antiviral Meds
Puerto Rico	HAN–CDC Recommendations for Influenza Antiviral Meds
U.S. Virgin Islands	HAN–CDC Recommendations for Influenza Antiviral Meds

Source: CDC, Division of Emergency Operations, 2012.

* The three activities are defined as follows: Activation: a variety of activities such as initiating a preliminary assessment team, developing incident objectives and an Incident Action Plan, activating the incident management structure and deploying personnel. Activations normally include opening the EOC. Engagement: assistance provided to address a public health threat that is not expected to require activation. Exercise: a simulated emergency situation which allows responders to practice and evaluate use of their emergency response plans.

Country	International Public Health Threat Events Supported by PHEP Emergency Management Program Activities, 2012	Activity Type*
Afghanistan	Polio	Activation
Angola	Polio	Activation
Bangladesh	Polio	Activation
Bangladesh	Unknown substance at U.S. Embassy	Engagement
Burkina Faso	Polio	Activation
Canada	Monthly Communications Systems Test with the Public Health Agency	Exercise
Chad	Polio	Activation
China	Consultation/Assessment in country EOC capacity building	Exercise
China	Trained visiting fellows in public health emergency management doctrine and procedures	Exercise
China	Training, exercising, and coordinating mission	Exercise
China	Phobo's Grunt Satellite Reentry	Engagement
Congo	Polio	Activation
Democratic Republic of Congo	Polio	Activation
Democratic Republic of Congo	Request for assistance	Engagement
Egypt	Polio	Activation
France	Phobo's Grunt Satellite Reentry	Engagement
Germany	Unknown substance at U.S. Embassy	Engagement
Germany	Phobo's Grunt Satellite Reentry	Engagement
Guatemala	Consultation/Assessment in country EOC capacity building	Exercise
India	Consultation/Assessment in country EOC capacity building	Exercise
India	Phobo's Grunt Satellite Reentry	Engagement
Italy	Phobo's Grunt Satellite Reentry	Engagement
Japan	Phobo's Grunt Satellite Reentry	Engagement
Kenya	Consultation/Assessment in country EOC capacity building	Exercise
Kenya	Polio	Activation
Laos	Consultation/Assessment in country EOC capacity building	Exercise
Mauritania	Polio	Activation

Country	International Public Health Threat Events Supported by PHPR Emergency Management Program Activities, 2012	Activity Type*
Mexico	Facilitated and coordinated a new process with the U.S. Mexico Unit (USMU), El Paso Quarantine station for monitoring and reporting public health incidents	Exercise
Niger	Polio	Activation
Nigeria	Polio	Activation
Nigeria	Unknown substance at U.S. Consulate	Engagement
Oman	White powder incident	Engagement
Pakistan	Polio	Activation
Pakistan	Unknown substance in letter received by U.S. Embassy	Engagement
Philippines	Provided public health emergency management technical assistance and assessment	Exercise
Russia	Phobo's Grunt Satellite Reentry	Engagement
Saudi Arabia	Novel Coronavirus	Engagement
Somalia	Polio	Activation
South Korea	Trained visiting fellows in public health emergency management doctrine and procedures	Exercise
Sweden (European CDC)	Trained visiting fellows in public health emergency management doctrine and procedures	Exercise
Switzerland	Polio	Activation
Thailand	Flood	Engagement
Uganda	Unknown substance at U.S. Embassy	Engagement
United Kingdom	Phobo's Grunt Satellite Reentry	Engagement
United Kingdom	Health protection during the 2012 Olympics	Engagement
Venezuela	Unknown substance at U.S. Embassy	Engagement

Source: CDC, Division of Emergency Operations, 2012.

* The three activities are defined as follows: Activation: a variety of activities such as initiating a preliminary assessment team, developing incident objectives and an Incident Action Plan, activating the incident management structure and deploying personnel. Activations normally include opening the EOC. Engagement: assistance provided to address a public health threat that is not expected to require activation. Exercise: a simulated emergency situation which allows responders to practice and evaluate use of their emergency response plans.

Appendix B – Explanation of Fact Sheet Data Points

The 15 Public Health Emergency Preparedness (PHEP) capabilities are: community preparedness, community recovery, emergency operations coordination, emergency public information and warning, fatality management, information sharing, mass care, medical countermeasure dispensing, medical materiel management and distribution, medical surge, non-pharmaceutical interventions, public health laboratory testing, public health surveillance and epidemiological investigation, responder safety and health, and volunteer management. Performance indicators are currently available for three capabilities (public health laboratory testing, emergency operations coordination, and emergency public information and warning) and these appear in the individual fact sheets. The indicators are bulleted below, followed by an explanation of their significance.

Biological Laboratory Testing Performance Indicators: LRN-B

The laboratory testing capability is the ability to conduct rapid detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Because the information provided by these laboratories is essential for response to public health threats, these resources play a critical role in emergency response planning and activities.

CDC manages the Laboratory Response Network (LRN), a group of local, state, federal, and international laboratories. CDC provides funding to support the state and local public health laboratory testing capability through the Public Health Emergency Preparedness (PHEP) cooperative agreement. The funding is provided to the 50 states and 4 localities (Chicago, New York City, Washington, D.C., and Los Angeles County) and has allowed for the expansion of laboratory capabilities. (The laboratory located in Chicago is operated by the state of Illinois.) This expansion has enabled public health laboratories to establish and maintain the capability to respond to biological threats and emerging infectious disease events. The LRN is not limited to laboratories that receive PHEP funding. LRN laboratories also include federal, military, international, agricultural, veterinary, food, and environmental testing laboratories. LRN provides a critical laboratory infrastructure to detect, characterize, and communicate about imminent threats to public health, decreasing the time needed to begin the response to an intentional act or naturally occurring outbreak.

- Number of LRN-B labs

LRN biological (LRN-B) laboratories are designated as national, reference, or sentinel laboratories. National laboratories, including those at CDC, have the most advanced capabilities. These laboratories are responsible for specialized strain characterizations and susceptibility testing. Reference laboratories, primarily local, county, and state public health laboratories, perform tests to detect and confirm the presence of a threat agent. Sentinel laboratories are commercial, private, and hospital-based laboratories that test clinical specimens to either rule out suspicion of a biological threat agent or ship to reference or national laboratories for further testing.

The fact sheets present the total number of LRN reference and national laboratories that have selected to test for one or more biological threat agents supported by the LRN program office at CDC for Budget Period (BP) 11, August 10, 2011-August 9, 2012. For some states and localities, the total number of reference laboratories consists exclusively of public health laboratories, as this is the only type of laboratory that is a part of the LRN for these states. In contrast, other states and localities have both public health and other types of laboratories (federal, military, agricultural, veterinary, food, and environmental testing laboratories) that are a part of the LRN. For these states and localities, both public health and other laboratories are included in the total. The fact sheets exclude the number of sentinel laboratories in each state.

- Proportion of LRN-B proficiency tests passed

The LRN evaluates laboratory capabilities through proficiency testing. LRN-B reference and/or national biological laboratories must demonstrate the ability to receive, test, and report on one or more suspected biological agents from unknown samples. Proficiency test results are presented in the fact sheets as the proportion of proficiency tests passed to the total number of proficiency tests participated in by LRN-B reference and/or national laboratories each year.

If a laboratory is unable to successfully test for an agent within a specified period of time and submit results, then the laboratory will not pass the proficiency test. If a laboratory fails a proficiency test, it is required to go through remediation proficiency testing to ensure that any problems are corrected. If a laboratory does not pass remediation testing, then it can no longer perform testing in the LRN-B for that specific agent. In states and localities with public health and other types of LRN-B laboratories (federal, military, agricultural, veterinary, food, and environmental testing laboratories) participating in proficiency testing, all proficiency test results are presented. The results include first-round proficiency tests only; follow-up remediation tests are not included in the totals.

- Result of LRN drill to notify CDC Emergency Operations Center (EOC) of significant test results within two hours

LRN-B conducts notification drills to ensure that biological laboratories can contact the CDC EOC to report results to the EOC watch staff and duty officers within 2 hours of obtaining a result. These drills are associated with participation in a specific proficiency test; laboratories that cannot participate in the test are excluded from this drill. Reasons for not participating in the proficiency test include the following: laboratory does not test for agent, facility renovations or permit issues prevent laboratory from accepting samples, and laboratory has equipment issues. The 50 states, Washington, D.C., New York City, and Los Angeles County are required to participate in this exercise.

Multiple notification drills may be conducted during a single year. The fact sheets present the cumulative notification drill result for the year. If one notification drill was conducted that year, the fact sheet result reflects the outcome of the one drill. In instances where more than one drill was conducted in the year, if the awardee passed all the drills, the result is "Passed." If the awardee failed at least one drill, the result is "Did not pass."

Biological Laboratory Testing Performance Indicators: PulseNet

CDC coordinates the PulseNet network, which consists of local, state, and federal public health and food regulatory agency laboratories. PulseNet plays a vital role in the surveillance for and the investigation of foodborne illness outbreaks. National efforts to combat infectious disease outbreaks are strengthened through the work of PulseNet.

- Percentage of *E.coli*-positive tests analyzed and entered into PulseNet database within 4 working days
- Percentage of *Listeria*-positive tests analyzed and entered into PulseNet database within 4 working days

States and select localities must be able to detect and determine the extent and scope of potential outbreaks and to minimize their impacts. The intent of these performance indicators is to determine if a laboratory can receive, identify, and report disease-causing bacteria within 4 working days of receiving the samples. Laboratories in the PulseNet network use CDC's pulsed-field gel electrophoresis (PFGE) protocols to rapidly identify specific strains of *Escherichia coli* O157:H7 (*E. coli*) and *Listeria monocytogenes* (*L. monocytogenes*). *L. monocytogenes* is referred to as "*Listeria*" in the fact sheets. For all samples which a state or locality performs tests, the target for this indicator is to submit 90% of *E. coli* or *Listeria*-positive tests to the PulseNet database within 4 working days. The 4 working-day timeframe of the indicator allows states, Washington, D.C., New York City, and Los Angeles County to demonstrate their ability to analyze samples and submit results in a timely manner to the PulseNet database.

If a state or locality did not receive specimens positive for *E. coli* or *Listeria* or did not perform subtyping, "N/A" is listed in the fact sheets for the percentage of "tests analyzed and entered into PulseNet database within 4 working days." The laboratory located in Chicago is operated by the state of Illinois. Therefore, no data for these indicators are presented in the Chicago fact sheet.

Chemical Laboratory Testing Performance Indicators: LRN-C

CDC funds, through the PHEP cooperative agreement, the U.S. states, localities, and insular areas to establish and maintain the state and local public health laboratory testing capability. LRN chemical (LRN-C) laboratories have capabilities for identifying and rapidly responding if the public is exposed to chemical agents.

■ Number of LRN-C labs

There are three levels of LRN-C labs.

- Level 1 laboratories are national surge capacity laboratories that maintain the capabilities of Level 2 and Level 3 laboratories, can test for an expanded number of agents such as mustard agents, nerve agents, and other toxic industrial chemicals using highly automated analysis methods, maintain an adequate supply of materials to analyze 1,000 patient samples for each method, and can operate 24/7 for an extended period of time.
- Level 2 laboratories maintain the capabilities of Level 3 laboratories, have, or are in the process of obtaining, the capability to test for a limited panel of toxic chemical agents, and stock materials and supplies for the analysis of at least 500 patient samples for each qualified analysis method.
- Level 3 laboratories work with hospitals, poison control centers, and first responders within their jurisdictions to maintain competency in clinical specimen collection, storage, and shipment.

The fact sheets present the number of LRN-C labs by level.

■ Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs

Analytical testing using LRN methods can help determine the scope of an incident, identify who does/does not need long-term treatment, assist with non-emergency medical guidance, and help law enforcement officials determine the origin of the agent. Level 1 and Level 2 laboratories undergo proficiency testing to demonstrate that they can use these methods to (1) rapidly detect and accurately measure chemical agents that can cause severe health effects and (2) report patient results consistent with Clinical Laboratory Improvement Amendments (CLIA) quality assurance requirements.

In 2012, CDC identified nine core methods for detecting and measuring chemical agents, and conducted testing to determine LRN-C labs' proficiency in these methods (there were nine core methods in 2011 and eight core methods in 2010). The core methods are significant as they use technical fundamentals that provide the foundation of chemical analysis capabilities. The fact sheets present final proficiency testing results as the proportion of these core methods successfully demonstrated by the

laboratories in each state or locality to the total number of core methods identified by CDC. However, it should be noted that the states and localities with Level 1 and Level 2 laboratories that are not proficient in all core methods may have completed extensive work in the two steps that precede proficiency testing: training and validation in the core methods.

- Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs

In addition to proficiency in core methods, certain LRN-C laboratories demonstrate proficiency in additional methods. These methods build upon the foundation established by the core methods - by providing modifications to core techniques - which allows laboratories to test for additional agents, thereby expanding their testing capabilities. Level 1 laboratories are required to gain proficiency in these additional methods; Level 2 labs may choose to pursue additional methods but availability may be limited based on network need and individual laboratory capability.

In 2012, there were four additional methods for Level 1 laboratories and up to two additional methods for Level 2 laboratories. In 2011, there were four additional methods for Level 1 laboratories, and up to three additional methods for Level 2 laboratories. In 2010, there were five additional methods in which Level 1 laboratories should have demonstrated proficiency and up to four additional methods in which Level 2 laboratories could have chosen to become proficient. There was a reduction in the number of additional methods from 2010 to 2011, as the additional methods became core methods.

A successful demonstration of the methods used during testing indicates ongoing proficiency. The figures presented in the fact sheets represent the number of additional methods for which Level 1 and Level 2 laboratories in the state or locality demonstrated proficiency. Laboratories may have trained in additional methods, and/or undergone validation for additional methods, which are steps that precede proficiency testing and are not accounted for in the laboratory indicator reporting.

- Result of LRN exercise to collect, package, and ship samples

This exercise evaluates LRN-C labs' ability to collect relevant samples for clinical chemical analysis and ship those samples in compliance with International Air Transport Association regulations. At least one laboratory located in each PHEP-funded state or locality should participate and pass.

The fact sheets reflect the outcome of the exercise. If the laboratory passed the drill, the result is "Passed." If the laboratory failed the drill, the result is "Did not pass." If the laboratory did not participate in the exercise, the result is "Did not participate." For states or localities with multiple laboratories, all results are reported.

- Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing

This LRN-C Emergency Response Pop Proficiency Test (PopPT) Exercise tests Level 1 and Level 2 laboratories' emergency response capabilities focusing on a laboratory's ability to detect, identify, and quantify unknown agents. This exercise also tests the laboratory's emergency contact process and its ability to report results. Laboratories participating in the PopPT exercise are called the day before the exercise, are sent a minimum of 10 unknown samples, and must test these samples within a certain number of hours (depending on the methods needed).

The fact sheets present the results of the PopPT exercise as the proportion of the total number of agents detected by Level 1 and/or Level 2 labs to the total number of unknown samples in the exercise. If one exercise occurred during the year, the fact sheets present the results of that exercise. If more than one exercise occurred during the year, the fact sheets present the combined results of all of the exercises that occurred.

To participate in a PopPT exercise, the laboratory must have attained a "Qualified" status for the method(s). To attain "Qualified" status, a laboratory must have completed training, the validation exercise, and passed at least one scheduled PT exercise. Level 2 laboratories that have not attained "Qualified" status are listed in the fact sheet as "Not eligible." Level 2 laboratories that were eligible to take part in the exercise but were unable to participate and had a reason for not participating approved by CDC are listed as "Did not participate." Level 3 laboratories are listed in the fact sheets as "N/A."

Emergency Operations Coordination Performance Indicators

The emergency operations coordination capability is essential to direct and coordinate the implementation of other public health preparedness capabilities during a public health emergency. This capability allows public health agencies to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing and evolving health needs arising from emergencies. The emergency operations coordination capability is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System (NIMS).

- Number of minutes for public health staff with incident management lead roles to report for immediate duty

This performance indicator demonstrates the ability to immediately assemble public health staff with incident management lead roles to ensure a timely response to an incident. Specifically, this indicator captures an agency's ability to assemble key decision-makers that are responsible for leading and managing a response. In 2011 and 2012, this indicator was slightly modified to specify "lead" incident management roles. The response time was determined from the time that a designated official began notifying staff to report for immediate duty to cover activated incident management lead roles to the time that the last staff person notified to cover an activated incident management lead role reported for immediate duty. This exercise must have occurred during one of the following: drill, functional exercise, full-scale exercise, or a real incident. In addition, the staff assembly must have been unannounced and immediate.

For 2010-2012, the ability to assemble staff covering activated public health agency incident management lead roles in a timely manner is a Department of Health and Human Services Priority Goal. The performance target of 60 minutes or less was established for states only. "No reportable time" is listed in the fact sheets for states that did not provide verifiable documentation that supported meeting the intent of the performance measure. For the localities and insular areas, the Priority Goal target of 60 minutes or less does not apply. Therefore, their data may not reflect the quickest time but instead may reflect a more complex or comprehensive incident. If an awardee did not submit data for this indicator, a dash is listed in the fact sheet.

- Approved an Incident Action Plan before the start of the second operational period

This performance indicator demonstrates the awardees' ability to engage in sound, timely planning to guide the incident management decision process during a response. A critical component of the planning is the ability to produce an approved Incident Action Plan (IAP) for each operational period. Operational period refers to the period of time, typically the first 12 to 24 hours of the incident requiring response efforts, scheduled for executing a given set of operational actions as specified in the IAP. For this indicator, time is judged relative to the beginning of the second operational period. The IAP must have been produced during an exercise (drill, functional exercise, or

full-scale exercise) or a real incident. The exercise or real incident must have continued over two or more operational periods. It should be noted that for BP 11, reporting on this performance indicator was optional for awardees.

- Approved an Incident Action Plan before the start of the second operational period

"Yes" is listed in the fact sheets for awardees that had an exercise or real incident resulting in an approved IAP before the start of the second operational period. If the awardee had an exercise or real incident but did not have an approved IAP before the start of the second operational period, the result is "No." "N/A" is listed in the fact sheets for awardees that did not have any exercises or real incidents extending past the first operational period resulting in a written IAP. If an awardee did not submit data for this indicator, a dash is listed in the fact sheet.

- Prepared an After Action Report and Improvement Plan following a real incident or simulated response

This performance indicator demonstrates the awardees' ability to analyze real or simulated response actions, describe needed improvements, and prepare a plan for making improvements within an acceptable timeframe. The After Action Report (AAR) and Improvement Plan (IP) must have been drafted as a result of an exercise (tabletop exercise, drill, functional exercise, or full-scale exercise) or real incident. It should be noted that for BP 11, reporting on this performance indicator was optional for awardees.

"Yes" is listed in the fact sheets for awardees that completed a draft AAR and IP as a result of an exercise or real incident. If the awardee did not have an exercise or real incident that resulted in the completion of a draft AAR and IP, the result is "No." If an awardee did not submit data for this indicator, a dash is listed in the fact sheet.

Emergency Public Information and Warning Performance Indicators

The emergency public information and warning (EPIW) capability is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. EPIW represents a critical leverage point in shaping the perceptions, decisions, and actions of the public, who are a key partner in preventing, preparing for, responding to, and recovering from public health emergencies. Public involvement and cooperation are required to facilitate critical response activities such as evacuation, sheltering in place, social distancing, and queuing at points of dispensing. EPIW can be effective in influencing how the public responds to these activities.

- Issued initial risk communication to the public during a real or simulated emergency

This performance indicator demonstrates awardees' ability to develop, coordinate, and disseminate the first risk communication message to the public during a public health emergency. This indicator addresses the first risk communication message because research shows that the first message is critical as it sets the stage for all subsequent messages on a topic. In addition, it is critical that the public is first made aware of the incident and necessary actions in a timely manner and from a credible source. The risk communication message must have occurred during an exercise (drill, functional exercise, or full-scale exercise) or real incident.

"Yes" is listed in the fact sheets for awardees that issued a risk communication message as a result of an exercise or real incident. If the awardee did not have an exercise or real incident that resulted in a risk communication message, the result is "No." If an awardee did not submit data for this indicator, a dash is listed in the fact sheet.

Technical Assistance Review (TAR) Scores

CDC's Strategic National Stockpile (SNS) is a repository of antibiotics, chemical antidotes, antitoxins, vaccines, antiviral drugs, and other life-saving medical supplies that are placed in strategic locations around the nation. These assets are designed to supplement and resupply state and local public health agencies in the event of a large-scale public health emergency. All 50 states, 72 Cities Readiness Initiative (CRI) metropolitan statistical areas (MSA) (including the 4 directly funded localities), and the 8 insular areas funded by the PHEP cooperative agreement have plans for receiving, staging, storing, distributing, and dispensing medical assets from CDC's SNS. CDC conducts annual technical assistance reviews (TARs) to assess these plans to ensure continued readiness.

Areas of assessment for the TAR focus on key elements that are regarded as either critical or important planning steps within a variety of functions. The 13 functions are the following:

Developing a Plan with SNS Elements. A comprehensive, written plan is essential to facilitate the receipt, distribution, and dispensing of SNS assets quickly and efficiently. This plan should be incorporated as part of a state's comprehensive emergency operations plan.

Management of the SNS. The way a state, region, or community manages its response to a public health emergency is considered a program management and command-and-control function. Command-and-control is how political leadership, emergency management, public health, law enforcement, and other groups coordinate their response to an emergency.

Requesting SNS. The decision to deploy SNS assets will be a collaborative effort among local, state, and federal officials. It will start at a local level when officials identify a potential or actual situation they believe has the potential to threaten the health of their community. SNS assets are requested from CDC by the affected state's governor (or the governor's designee).

Communications Plan (Tactical). The availability of robust and redundant communication systems is critical to coordinating response functions during an emergency. Effective and timely communications between emergency response staffs, operation centers, receiving sites, points of dispensing, and hospitals will be needed to meet and resolve the demands of a mass distribution and dispensing emergency. The choice of communication support devices (e.g., two-way radios, satellite telephones) and support of technologies (e.g., non-telephone based internet, e-mail and web-based communication systems, broad notification systems) used to tether state, regional, and local networks will be key elements in meeting the need for timely flow of assets to distribution points, dispensing centers, and healthcare facilities.

Public Information and Communication. During an emergency where medical counter-measure assets are to be dispensed to the public, effective and timely public health

communications are needed to ensure the public is informed and guided to appropriate locations to receive them. The development and dissemination of effective messages, methods, and materials to inform, educate, and mobilize the public will be critical to the success of a mass dispensing effort.

Security. The security of the medical countermeasures and safety of staff involved in the receipt, distribution, and dispensing operations is essential. The arrival and transport of scarce resources will be newsworthy and may draw attention from persons unwilling to wait for the organized dispensing of prophylactic or treatment medicines. The development of a comprehensive security plan through coordination with law enforcement is essential to maintaining control and order during this period.

Receipt, Stage, and Store (States and Islands). The size, location, and characteristics of warehouse facilities used to receive, stage, and store medical countermeasures are important factors that will determine the effectiveness of an emergency response. CDC has established minimum criteria for sites designated to receive, stage, and store federal assets from the SNS. The development of distribution strategies, site-specific plans, and the assignment and training of staff will determine the ability of jurisdictions to meet the demand for distribution of assets to local populations.

Regional/Local Distribution Site (Local). The size, location, and characteristics of warehouse facilities used to receive countermeasures from the state to distribute them to the identified local population are important factors that will determine the effectiveness of an emergency response. CDC has established minimum criteria for regional and/or local sites designated to receive and distribute federal assets received from the State. The development of distribution strategies, site-specific plans, and the assignment and training of staff will determine the ability of jurisdictions to meet the demand for distribution of assets to local populations.

Inventory Management. State and local jurisdictions must possess a robust inventory management system to monitor the receipt of medical countermeasures, track their distribution, and record dispensing during a public health emergency. SNS inventory must be properly apportioned and configured in the quantities necessary for points of dispensing and healthcare facilities to successfully respond in an emergency.

Repackaging. Repackaging of bulk medications for public dispensing remains a SNS function that may be needed in an emergency. In the past, a significant amount of planning and preparation was required to repackage bulk oral drugs contained in the SNS before dispensing them to the public. Much of that effort is no longer necessary since the majority of oral medicines in the SNS now come in prepackaged unit-of-use regimens. However, states may still have to repackage bulk items under some circumstances.

Distribution. The distribution function refers to the physical delivery of SNS assets from

the receipt, stage, and store (RSS) facility to dispensing sites, treatment centers, and regional distribution sites. States are responsible for developing distribution networks that account for challenges and barriers unique to their areas. Clear communication between RSS and local and regional planners is paramount to a good distribution plan.

Medical Countermeasure Dispensing. The SNS dispensing function was originally designed with the focus of providing initial prophylaxis to 100% of the population within 48 hours (U.S. Department of Homeland Security's Target Capabilities List performance measure for mass dispensing). Dispensing planning, however, should be flexible and scalable so that the infrastructure built for meeting this capability can be used for any incident as part of an all hazards plan.

Hospitals and Treatment Centers Coordination. A large-scale emergency event can quickly overwhelm available resources at hospitals and other acute care providers. This function stresses the need for and measures the degree of coordination among public health, emergency management, and hospitals or alternative care sites to manage and respond to materiel needs at healthcare facilities.

Training and Exercise. This function serves to highlight and document the development of emergency response training and exercise and evaluation programs that are compliant with guidelines set forth by the Homeland Security Exercise and Evaluation Program. Emergency response exercises are intrinsic to the transition of plans to operational response.

- Technical Assistance Review (TAR) – States

Using a scale from 0 to 100, a CDC state TAR score of 79 or higher in 2009-2010 and 2010-2011 indicated that a state performed in an acceptable range in its plan to receive, distribute, and dispense medical assets from the SNS. The acceptable threshold score has increased to 89 or higher for 2011-2012.

- TAR Scores – Insular Areas

The island technical assistance review (iTAR) includes the full 13 functional areas but has a streamlined and combined focus of receipt, distribution, and dispensing of countermeasures. Using a scale from 0 to 100, a CDC iTAR score of 50 or higher in 2009-2010 indicated that the awardee performed in an acceptable range in its plan to receive, distribute, and dispense countermeasures. The acceptable threshold score increased to 60 or higher in 2010-2011 and 2011-2012.

- TAR Scores – Metropolitan Statistical Areas and Directly Funded Localities

CRI focuses on enhancing preparedness in the nation's major metropolitan areas, where more than half of the U.S. population resides. A CRI location is an MSA composed of one or more jurisdictions (e.g., counties, cities, and municipalities)

based on U.S. Census Bureau data and can extend across state borders. Local TARs are conducted annually in each jurisdiction, and those scores are then combined to compute an average score for the entire MSA. In the annual review, CDC assesses local CRI plans on 12 of the 13 functions listed above (no repackaging). Using a scale from 0 to 100, a CDC local TAR score of 69 or higher in 2009-2010, 2010-2011, and 2011-2012 indicates that a local jurisdiction performed in an acceptable range in its plan to receive, distribute, and dispense countermeasures. The four directly funded localities, Washington, D.C., New York City, Los Angeles County, and Chicago, are included in this reporting category.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2011-2012

In addition to the activities listed above, CDC provided funding and technical assistance to help states, localities, and insular areas build public health preparedness and response capabilities. CDC provides funding to the 50 states, 4 localities, and 8 insular areas through the PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts.

- CDC PHEP cooperative agreement funding provided

The fact sheets present the funding CDC provided through the Public Health Emergency Preparedness (PHEP) cooperative agreement to the awardee for BP 11, which began August 10, 2011, and ended August 9, 2012.

- CDC preparedness field staff

CDC provides preparedness support to states, localities, and territories through various field placement programs. The Epidemic Intelligence Service (EIS) program expands the epidemiology workforce through a two-year epidemiology service and learning fellowship modeled after a medical residency. EIS officers (epidemiologists) are a critical component of CDC's support to states during responses to disease outbreaks, large-scale national emergencies, and other urgent public health incidents. Officers are assigned to CDC or to state and local health departments. EIS officers in assignments at CDC and in the field also support state and local public health agencies through short-term epidemiologic assistance known as Epi-Aids.

CDC's Career Epidemiology Field Officer (CEFO) Program strengthens state, local, tribal, and territorial epidemiology capability for public health preparedness and response by placing experienced, full-time epidemiologists in state and local public health departments. CEFOs enhance and build epidemiologic capacity for public health preparedness and response. CEFOs also serve as liaisons and consultants between CDC and public health departments as well as mentors for state and local public health department staff and EIS officers assigned to state or local health departments. States and localities use PHEP funds to support CEFO positions.

CDC's Public Health Associate Program (PHAP) and Public Health Prevention Service (PHPS) programs place associates in states, tribal governments, localities, and insular areas for two years to receive hands-on, frontline experience. These field placements are designed to provide job experience and competency development for the associates as well as meet the needs of the host site. CDC also employs Public Health Advisors (PHA) that support public health preparedness and response programs in state and local health departments.

The fact sheets present the total number of CDC-funded EIS officers, CEFOs, PHAP associates, PHPS fellows, and PHAs working in preparedness assigned to each awardee.

- CDC Emergency Management Program activities

CDC's Emergency Management Program, managed by PHPR's Division of Emergency Operations (DEO) and the Emergency Operations Center (EOC), monitors and coordinates CDC's emergency response to national and international public health threats. The EOC organizes CDC subject matter experts in one location during an emergency response to centralize information exchange and to connect with response partners. The fact sheets present the number of Emergency Management Program activities supporting awardees (engagements and exercises).

- Public health personnel receiving SNS training

The Division of the Strategic National Stockpile (DSNS) helps prepare state and local health departments and response officials to respond during an emergency when SNS assets are deployed. DSNS offers state and local planners trainings and exercises designed to prepare responders to manage SNS materials during an emergency. DSNS partners with state and local officials throughout the nation through trainings and exercises. The fact sheets present the number of Emergency Management Program activities supporting awardees (engagements and exercises).

Appendix C – Fact Sheet Endnotes

1. CDC, Office of Surveillance, Epidemiology, and Laboratory Services (OSELs), Behavioral Risk Factor Surveillance System (BRFSS); 2010 BRFSS Annual Survey Data
2. In BP11, measures utilized by the Laboratory Response Network (LRN-B and C) have been incorporated as PHEP laboratory measures. Due to this transition, reporting timeframes may overlap between 2011 and 2012 reported data
3. CDC, Office of Infectious Diseases (OID), National Center for Zoonotic Infectious Diseases (NCEZID); 2010 data: 12/31/10; 2011 data: 12/31/11; 2012 data: 8/9/11
4. CDC, OID, NCEZID; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11; 2012 data: 1/1/12-12/31/12
5. CDC, OID, NCEZID; 2010 data: 4/10 and 6/10; 2011 data: 6/11 and 8/11; 2012 data: 8/11 and 3/12
6. CDC, Office of Public Health Preparedness and Response (OPHPR), Division of State and Local Readiness (DSLRL); 2010 data: 8/10/09-8/9/10; 2011 data: 8/10/10-8/9/11; 2012 data: 8/10/11-8/9/12
7. CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2010 data: 12/31/10; 2011 data: 12/31/11; 2012 data: 8/9/12
8. CDC, ONDIEH, NCEH; 2010 data: 1/1/10-12/31/10; 2011 data: 1/1/11-12/31/11; 2012 data: 8/10/11-8/9/12
9. CDC, ONDIEH, NCEH; 2010 data: 9/13/10; 2011 data: 7/18/11; 2012 data: 8/6/12
10. CDC, OPHPR, DSLRL; 2011 Public Health Emergency Preparedness Cooperative Agreement Funding Opportunity Announcement, Budget Period 11
11. CDC, OPHPR, Division of State and Local Readiness; 2011-2012 data: 10/1/12-9/30/13
12. CDC, OSELs, Scientific Education and Professional Development Program Office; 2011-2012 data: 10/1/11-9/30/12
13. CDC, OSTLTS, OD; 2011-2012 data: 10/1/12-9/30/13
14. CDC, OPHPR, Divisions of Emergency Operations (DEO); 2011-2012 data: 10/1/11-9/30/12
15. CDC, OPHPR, Division of the Strategic National Stockpile (DSNS); 2011-2012 data: 10/1/11-9/30/12

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For more information on CDC's preparedness
and emergency response activities,
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