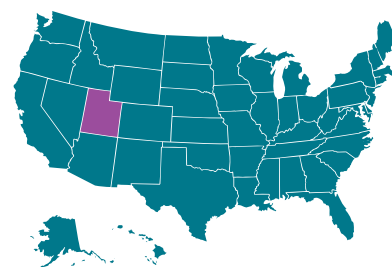


Successful planning for and response to public health hazards require protecting the health and safety of all people, especially those who are most vulnerable to the impact of an event.

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.