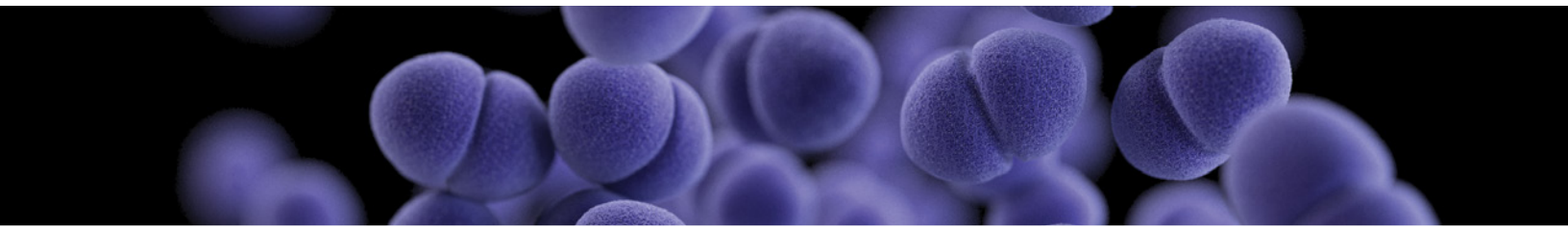
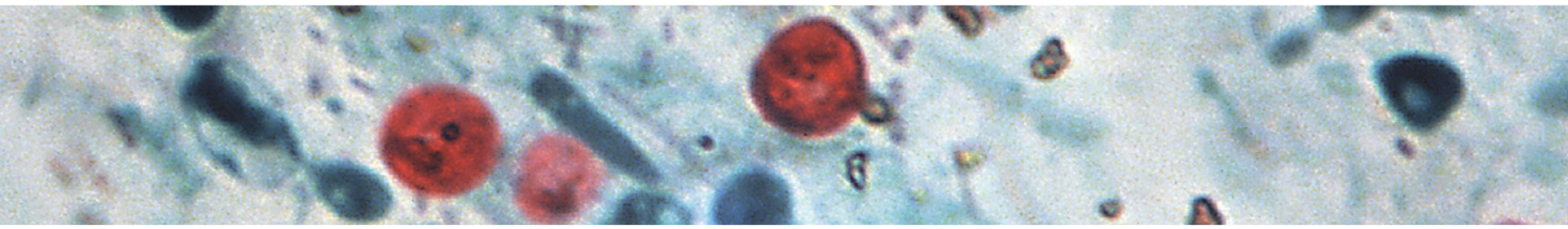
2015

NATIONAL SNAPSHOT
OF PUBLIC HEALTH PREPAREDNESS





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

This report was developed by the
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2015 NATIONAL SNAPSHOT OF PUBLIC HEALTH PREPAREDNESS

Dear Colleagues,

When the tragedies of the September 11, 2001 and the subsequent anthrax attacks occurred, we collectively realized that the United States was underprepared to respond to events of this magnitude. Many lives were lost, and for a time, the nation stood gripped with fear about what might happen next. But what did happen was nothing short of heroic. Responders and citizens alike offered their best to save lives and prevent further harm. Government stepped up too, investing in critical infrastructure and seeking innovative ways to prepare the country against future emergencies. As a nation, we committed ourselves to preventing events of this scale from ever happening again, and to saving more lives if they did.

More than 10 years later, we continue our efforts to reduce the harm caused by public health threats. Communications among responders and agencies has improved. We have found more effective ways to enable collaboration and share resources. And we have strengthened and expanded local, state, and regional capabilities so that responders everywhere have better access to what they need.

The 2014 Ebola outbreak and the first confirmed cases in the United States underscore the importance of continuing efforts to strengthen our systems to respond to public health emergencies. CDC, along with other U.S. government agencies, the World Health Organization (WHO), and domestic and international partners, is taking active steps to respond to the rapidly changing situation in West Africa and to protect our nation's health security. We can expect that the Ebola outbreak in West Africa will require our long term involvement; our partnerships with state and local public health departments will be essential to preparing our nation for the potential of future cases.

This report describes how CDC and its partners work together to improve our nation's health security. It also demonstrates Public Health Emergency Preparedness (PHEP) awardees' progress in preparing for major responses.

CDC remains committed to saving lives by supporting state and local public health departments and using resources to achieve the greatest benefit. As threats evolve, we continue to strive toward more innovation, increased efficiency, and greater resiliency to meet and overcome those threats.

Sincerely yours,

Stephen C. Redd, MD
RADM, USPHS
Director
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention

Contents


LOMMA

Executive Summary

This report presents a snapshot of public health preparedness and response activities during 2013 and 2014. 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 Accomplishments

- Due in large part to PHEP funding and other preparedness investments, the nation is better prepared to prevent and respond to public health emergencies now than before the September 11, 2001 terrorist attacks.
- Over the past 3 years PHEP awardees have improved capacity in nearly all high priority public health preparedness capabilities.
- CDC improved health security by continuously monitoring health threats and preparing the country to be resilient when emergencies arise. During 2013, PHPR:
  - » Triaged over 20,000 calls from clinicians, public health agencies, and the public to appropriate subject matter experts including epidemiologists, laboratorians, and biosafety experts.
  - » Conducted two notification drills with PHEP awardees to test communication systems between CDC, laboratorians, and epidemiologists. Eighty-three percent of awardees met the 45-minute response time target in the first drill; 94% met the target in the second drill.
  - » Engaged in 585 Emergency Management Program activities in the U.S. and abroad, including 200 exercises and activations in 28 countries.
- During 2013,131 CDC field staff were assigned to 50 different PHEP awardee locations. These staff filled critical roles in epidemiology, medical countermeasure management, and technical assistance and were prepared if called upon to assist during public health emergencies.
- PHPR improved collaborations with federal partners, such as the Department of Health and Human Services' Assistant Secretary for Preparedness and Response; state and local public health departments; nongovernmental organizations; and other countries to prevent and respond to public health emergencies.

Background

The terrorist attacks of September 11, 2001 and the subsequent anthrax attacks brought to light key weaknesses in the United States (U.S.) public health infrastructure. Lack of integrated communications and unified commands hampered response, while limited coordination among public health laboratories reduced overall laboratory capacity.

In response, the U.S. government increased its efforts to ensure that public health was not only part of emergency responses, but also part of emergency preparedness. Increased cooperation among responders, including state and local public health officials, has helped shape the nation to be better prepared to respond to such attacks. Health departments are now recognized as essential partners in emergency response, and have increased their capacity to identify and communicate public health threats.

Innovative approaches to challenges and resource maximization are critical to continuously improving emergency preparedness and response. This report highlights how CDC strengthens the nation's health security to save lives and protect against public health threats within the context of CDC's three overarching priorities:

1. Improving health security at home and around the world,
2. Protecting people from public health threats, and
3. Strengthening public health through collaboration.

Legislative Authority

National health security preparedness is a shared responsibility. 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.

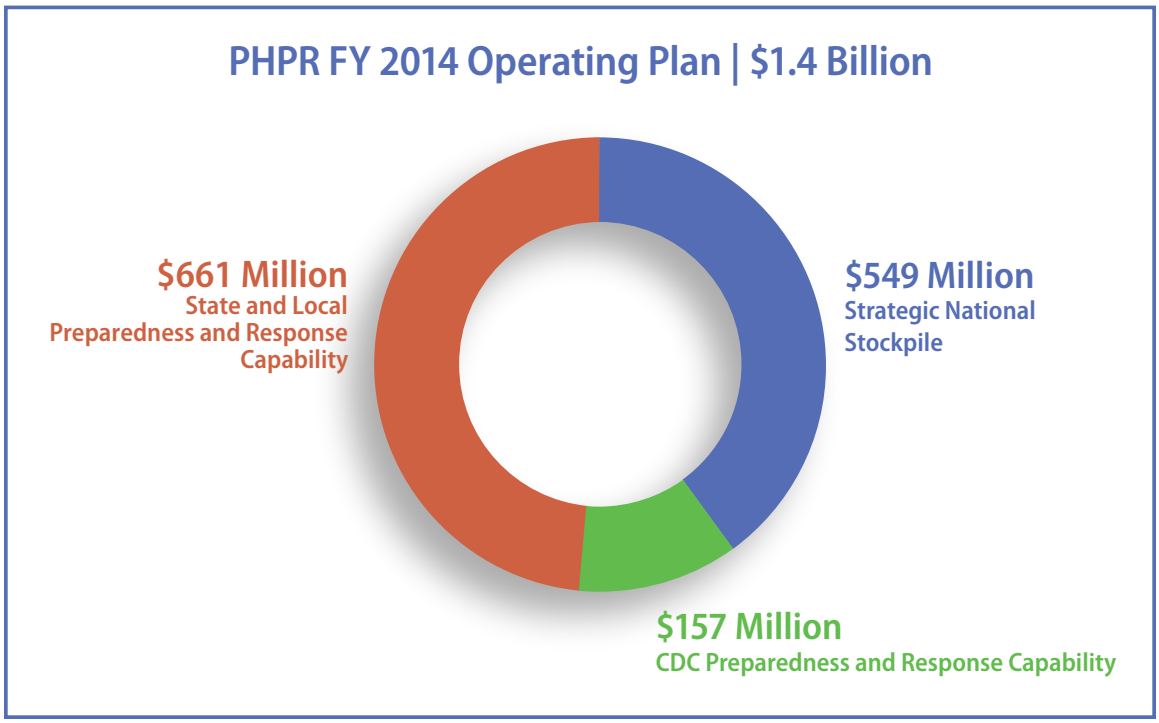
Under the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), HHS is the lead agency for the National Response Framework (NRF) Emergency Support Function 8 (ESF 8). The NRF guides how the United States conducts all-hazards response. It is intended to define specific authorities and best practices for managing incidents that range from serious local emergencies 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.

HHS public health preparedness and response activities, including implementing ESF 8 responses to emergencies and disasters, are coordinated by the Assistant Secretary for Preparedness and Response (ASPR). ASPR is the principal advisor to the HHS Secretary on all matters related to public health emergencies, and provides leadership 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 response capabilities of hospitals and healthcare systems during emergencies and disasters that impact health and medical infrastructure.

- ASPR's Hospital Preparedness Program (HPP) supports the development of a comprehensive national preparedness and response healthcare system that is scalable and coordinated to meet local, state, and national needs through leadership, funding, evaluation, and technical assistance.
- Through the National Disaster Medical System, ASPR provides federal support, including healthcare professionals, to augment state and local capabilities during an emergency or disaster response.
- ASPR also leads the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), a coordinated federal effort to enhance preparedness for chemical, biological, radiological, and nuclear threats and emerging infectious diseases from a medical counter-measure perspective. CDC is a key HHS partner in PHEMCE, as are the Food and Drug Administration and the National Institutes of Health.

Preparedness Investments and Capabilities

CDC strategically invests in public health preparedness to improve the ability of federal, state, and local public health agencies to prepare for and respond to all types of public health threats. In fiscal year 2014, Congress appropriated approximately $1.4 billion to CDC's Office of Public Health Preparedness and Response (PHPR).[1, 2]



Through the Public Health Emergency Preparedness Cooperative Agreement (PHEP), CDC funds the State and Local Preparedness and Response Capability. PHEP "awardees"— 50 states, 4 localities, and 8 insular areas (consisting of territories and freely associated states) — participate in emergency preparedness activities, as do Academic Centers for Public Health Preparedness. Since 2001, the PHEP cooperative agreement has provided $10 billion to public health departments across the nation to upgrade their ability to effectively respond to a wide range of public health threats. State and Local Preparedness and Response Capability funding also supports training, technical expertise, and consultation to state and local public health departments.

The Strategic National Stockpile (SNS) program manages and delivers life-saving medical countermeasures (MCMs) during a public health emergency. The SNS is the largest federally-owned repository of pharmaceuticals, vaccines, critical medical supplies, and medical equipment available for rapid delivery to support federal, state, and local response to health security threats. If a biological, chemical, or nuclear event happened tomorrow and threatened U.S. public health

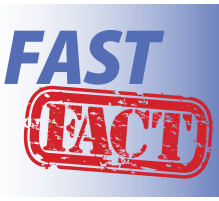
[1] The federal fiscal year begins on October 1 and ends on September 30 of the following year. Fiscal year 2014 began October 1, 2013, and ended on September 30, 2014.

[2] The fiscal year 2014 amount reflects the realignment of CDC's Business Services Support appropriation.

security, the SNS is the only federal resource readily available to provide MCMs once local supplies are depleted.

The CDC Preparedness and Response Capability supports critical infrastructure and cross-cutting research to facilitate rapid response to public health emergencies. These funds maintain programs such as the Emergency Management Program (EMP), Laboratory Response Network (LRN), and regulation of select agents and toxins.

PHEP awardees protect their communities by implementing a framework of capabilities based on national standards. This framework, developed by PHPR, assists state and local health departments with their all-hazards planning. PHPR prioritized these into two tiers, with an emphasis on those that provide a strong basic foundation for public health preparedness (Tier 1). PHEP awardees are encouraged to develop the Tier 1 capabilities prior to significantly investing in Tier 2 public health preparedness capabilities. The 15 public health preparedness capabilities noted below (grouped below in their corresponding domains) are the basis for state and local public health preparedness.[3]



Using the SNS, CDC can provide emergency medicines to protect the nation against the highest-risk threats for under $2 per person, per year.

15 Public Health Preparedness Capabilities

Biosurveillance

- Public Health Laboratory Testing (Tier 1)
- Public Health Surveillance and Epidemiological Investigation (Tier 1)

Community Resilience

- Community Preparedness (Tier 1)
- Community Recovery (Tier 2)

Countermeasures and Mitigation

- Medical Countermeasure Dispensing (Tier 1)
- Medical Materiel Management and Distribution (Tier 1)
- Non-Pharmaceutical Interventions (Tier 2)
- Responder Safety and Health (Tier 2)

Incident Management

- Emergency Operations Coordination (Tier 1)

Information Management

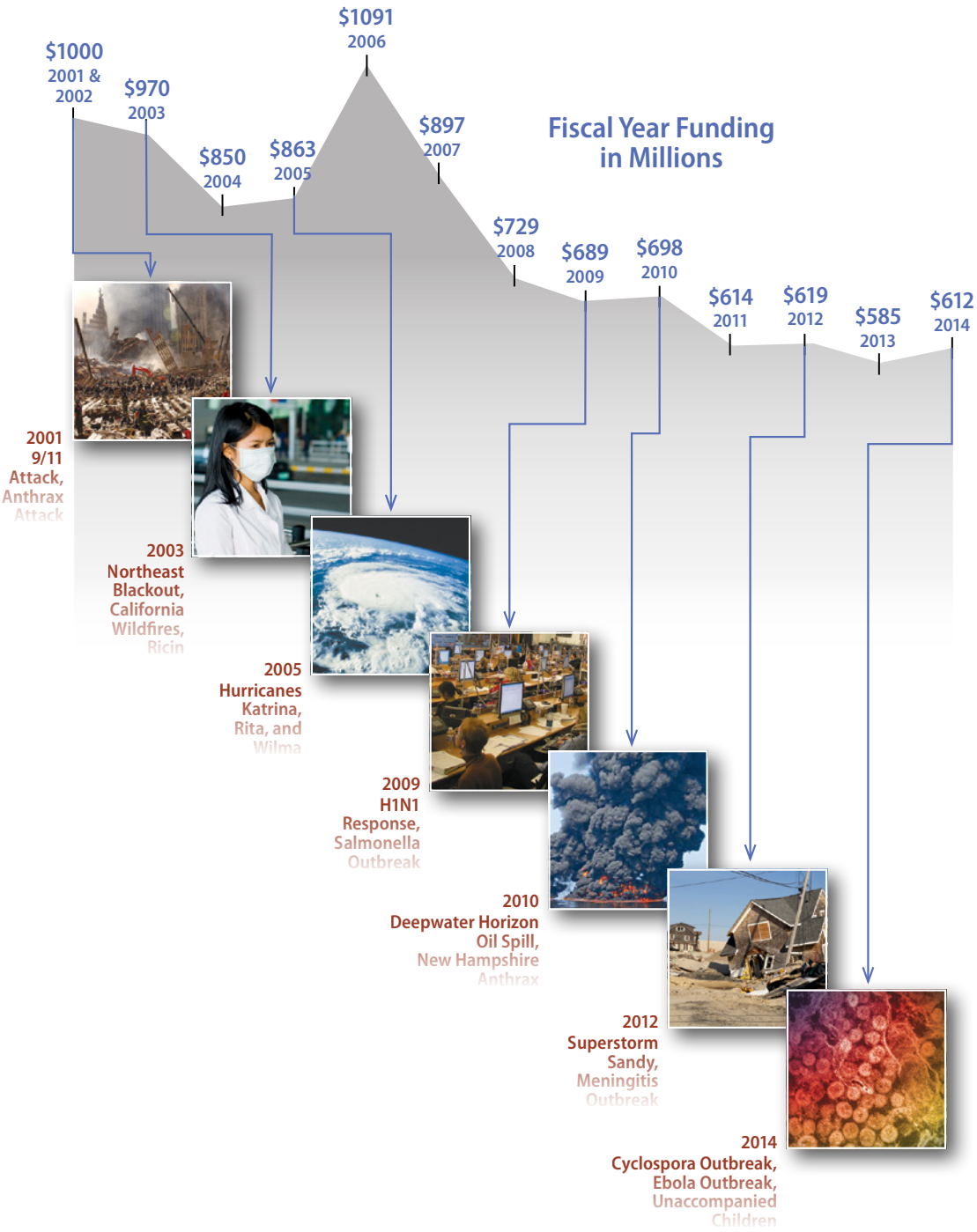
- Emergency Public Information and Warning (Tier 1)
- Information Sharing (Tier 1)

Surge Management

- Fatality Management (Tier 2)
- Mass Care (Tier 2)
- Medical Surge (Tier 2)
- Volunteer Management (Tier 2)

[3] Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011. Accessed on June 13, 2014 at URL http://www.cdc.gov/phpr/capabilities/DSLR_capabilities_July.pdf.

Public Health Emergency Preparedness (PHEP) Cooperative Agreement Funding



Source: CDC, PHPR, Division of State and Local Readiness
Totals include the following: PHEP Base Funding, Cities Readiness Initiative, Chemical Laboratory Capacity, Early Warning Infectious Disease Surveillance (EWIDS), Real-Time Disease Detection, Risk Funding, Smallpox, Pan Flu Supplement—Phase I, Pan Flu Supplement—Phase II, and Pan Flu Supplement—Phase III Funding. The FY2008 totals include $24 million for pandemic influenza preparedness projects that were from a different funding opportunity announcement.

Priority 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 to the possibility of chemical or biological terrorism—and mobilizes essential resources to affected communities. CDC also works with PHEP awardees to develop response capabilities and create resilient communities in the face of emergencies and disasters. CDC's Emergency Operations Center (EOC), with support from PHPR's Emergency Management Program (EMP), serves as the command center for monitoring and coordinating CDC's response to both domestic and international public health emergencies.[4]

20,000
INCOMING CALLS

Clinicians, public health agencies, and the general public report potential health threats to CDC's EMP. In 2013, EMP staff facilitated responses to over 20,000 inquiries by connecting the callers with the appropriate CDC subject matter experts, such as epidemiologists or laboratorians. Public health threats originating in other countries are also monitored by PHPR. PHPR requires states that border Mexico and Canada to pursue activities that specifically enhance cross-border public health emergency preparedness and response capabilities at the borders. CDC is also launching an initiative with American Samoa, Guam, the Commonwealth of Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia to strengthen communicable disease

Did You Know?

During both real incidents and drills across the U.S. in 2013, more than 14,000 medical response personnel requested information from their local public health departments to increase incident knowledge and effective resource management.

During 2013–2014, over 1,400 staff from 41 PHEP awardee jurisdictions received SNS training.

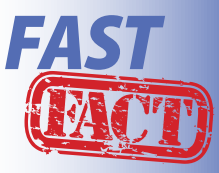
[4] The EMP applies emergency management principles to public health practice. PHPR's EMP can access all of CDC's organizational resources to coordinate public health emergency response activities and communications with international, federal, and state partners.

surveillance in the Pacific Region. This region receives over a million international travelers each year and surveillance is critical to preventing disease outbreaks in the U.S.

Mobilizing necessary resources for an effective public health emergency response requires timely and accurate communication between state and local health departments and CDC. During 2013, CDC conducted two emergency notification drills with PHEP awardees to test whether CDC's EOC and awardees' laboratorians and epidemiologists could contact each other regarding potential public health threats, such as an infectious disease outbreak, in a timely manner. The target response time was 45 minutes for each drill. Overall, awardees successfully completed the drills, with 83% of awardees meeting the target in the first drill and 94% meeting the target in a subsequent drill.

All PHEP awardees have the capability to rapidly and securely share critical health information via health alerting network (HAN) systems. HAN systems were originally designed for emergency response purposes and have also been incorporated into routine public health and healthcare operations. HAN systems facilitate public health information sharing to partners including hospitals, healthcare systems, long-term care institutions, individual providers, professional partner organizations, emergency management, and law enforcement.

The EMP, which applies emergency management principles to public health, manages both training exercises and real public health emergency responses in the U.S. and abroad. During 2013, the EMP conducted 585 global activities, including 65 EOC activations for infectious disease outbreaks in 28 countries (including the U.S.) and 135 exercises. Global activities occurred in 27 countries outside the U.S. Examples of domestic and international engagements included laboratory response drills, providing reports on suspicious mail incidents, and alerting healthcare networks about topics such as drug allocations and preparing for bomb threats. See Appendix A for a list of all domestic and international EMP activities during 2013.



During the 2013 Boston Marathon bombing response, the Massachusetts HAN sent 106 messages across 6 days which reached a total of 61,114 recipients. The first alert went out nine minutes after the initial explosion quickly followed by two other alerts to every hospital within 30 miles of the Marathon finish line.

PHPR also conducts training and exercises to prepare state and local health departments to respond effectively during an emergency when Strategic National Stockpile assets are deployed. The SNS is a national repository of medical countermeasures, vaccines, and other medical supplies stored in strategic locations around the U.S. These assets, including medical countermeasures that may not be commercially available, are designed to supplement state and

FAST FACT

Prior to receiving PHEP funding, the Republic of Palau had no documented plan or system to notify and assemble staff in an Emergency Operations Center. Now the health department has the capacity to activate and staff an EOC within 1 hour.

local public health departments in the event of a large-scale public health emergency that causes local supplies to run out. In 2013, CDC supported 28 federal, state, and local exercises to improve medical countermeasure distribution and dispensing capabilities.

New York City's Health Department Improves Capabilities Post-9/11

New York City: Some 8.4 million people call it home. Daily commuters generate a net gain of 608,000 additional people each weekday, and tens of millions of people visit every year. Protecting a city of such magnitude can be a daunting task, and with new risks emerging every day, the NYC Department of Health and Mental Hygiene (NYC Health Department) is constantly improving how it protects citizens and visitors alike.

On September 11, 2001, the United States experienced one of the most violent terrorist attacks in its history. In New York City, the World Trade Center's twin towers were destroyed, and emergency responders quickly deployed to assist victims. Along with traditional first responder agencies, the NYC Health Department provided key short- and long-term services in response to the World Trade Center attacks, such as assessing hospital resources, assuring mental health services, issuing public health advisories, assessing injuries and loss of life, and maintaining essential public health services amidst the chaos. Working closely with CDC, NYC's Health Department also assessed the extent of worker injuries at the World Trade Center site, monitored the environment for possible health threats, and implemented hospital emergency department syndromic surveillance systems to quickly identify disease outbreaks.

Post 9/11 Changes Identified During Comprehensive Review

A robust response structure

- a primary and back-up Emergency Operations Center (EOC) to manage response efforts
- comprehensive response plans

A robust exercise and training program

Improved communication and surveillance

Enhanced information technology infrastructure to support emergency response activities

Expanded and enhanced response staffing

- an expanded pool of leaders to run a complicated response
- pre-identified and trained staff to respond
- an automated notification system to rapidly contact staff

Expanded capability to communicate with healthcare providers

Automated syndromic surveillance systems to identify potential outbreaks

Guidance to address significant environmental issues

Since 2001, the NYC Health Department has responded to many emergencies, including the 2003 Blackout, H1N1 influenza, Hurricane Irene, and smaller disease outbreaks. Using PHEP funds, the main source of public health preparedness funds in NYC, the Health Department enhanced all aspects of its emergency response infrastructure. In doing so, it has dramatically improved its capabilities to meet public health preparedness and response needs.

Perhaps the biggest test of the city's enhanced response capabilities was Superstorm Sandy in 2012. This storm is the largest Atlantic tropical storm on record, responsible for loss of life, record flooding, power outages, and the destruction of thousands of homes.

During the response to Superstorm Sandy, the NYC Health Department collaborated with the New York State Department of Health and other partners to coordinate the evacuation and subsequent return of more than 6,000 patients from 46 healthcare facilities in New York City. The NYC Health Department also developed a tracking mechanism to facilitate family reunification for approximately 1,800 long term care patients transferred to alternate locations throughout the city. Additionally, and unexpectedly, the NYC Health Department led a multi-agency response in which teams canvassed door-to-door over 175,000 households to identify those in need of power, water, heat, and medical attention and made appropriate service referrals.

The NYC Health Department continues to expand its capabilities by developing community engagement tools. A new public health emergency preparedness website and a much anticipated online portal will be launched, connecting more than 600 partners working on public health priorities across the city. This will allow partners to communicate frequently and quickly in preparation for and in response to public health emergencies.

The NYC Health Department is ever mindful of its mission to protect the health of all New Yorkers by preventing illness and saving lives. By using PHEP funds to expand its capabilities, NYC is significantly better positioned to respond to public health emergencies than it was more than a decade ago. Sustained PHEP funding will ensure these capabilities are maintained and that known gaps can be addressed in the context of a broad range of emergencies.

FAST FACT

NYC has been the target of 16 known terrorist plots since September 11, 2001.

North Dakota Uses PHEP and HPP Funds to Transform Public Health and Healthcare Preparedness Capabilities

The North Dakota Department of Health's Emergency Preparedness and Response Section (EPR) is no stranger to responding to public health emergencies. Since 2001, North Dakota has endured 22 Presidentially-declared weather-related disasters and emergencies—all while responding to other public health threats, such as communicable disease and foodborne illness outbreaks.[5] The demand for EPR response to emergencies has remained constant over the years, but with the help of PHEP and HPP funding and CDC and ASPR guidance, EPR's ability to respond has improved significantly.

[5] Upon request from a state or insular area's Governor, the President may declare that a major disaster or emergency exists, which activates Federal programs to assist in the response and recovery effort.

Prior to receiving PHEP and HPP funding, North Dakota's EPR lacked comprehensive response plans and communication, transportation, shelter, and medical resources to provide adequate care for North Dakota's citizens during an emergency. North Dakota's response to the Grand Forks flood of 1997 highlighted these shortcomings. Hospitals were unaware of the severity of the flood and did not have effective evacuation plans. Appropriate care was not available for citizens with pre-existing medical conditions. Communication systems did not have the needed bandwidth.

The infusion of PHEP and HPP funds in 2001 significantly improved North Dakota's emergency preparedness and response capabilities. EPR overhauled its planning and response framework, with a strong emphasis on system design (such as communication, transportation, and accountability systems). Public health and healthcare were integrated, along with state and local public health and emergency response organizations. EPR standardized and simplified processes across the state and acquired significant resources, such as medical supplies and evacuation vehicles to accommodate vulnerable populations. The state developed plans to help EPR respond to multiple types of emergencies and trained staff to support responses.

"We would not have the communication, transportation, shelter, and medical resources needed to treat our citizens without PHEP and HPP funding. Continued funding is needed to maintain our infrastructure, systems, and skills to successfully respond to future public health emergencies."

Tim Wiedrich, EPR Section Chief

By 2009, North Dakota had the necessary infrastructure, resources, and skills to better respond to public health emergencies. The new systems were tested when the Red River flooded in Fargo, which was further complicated by a simultaneous, massive snowstorm. EPR successfully evacuated over 1,600 people from medical facilities to locations across four states. On the heels of this disaster, North Dakota was hit with the H1N1 influenza outbreak. Tim Wiedrich, EPR Section Chief, stated, "These simultaneous responses crystallized the overlap of resources and systems needed for multiple types of emergencies." North Dakota is now better prepared to respond to and recover from public health emergencies. Wiedrich credits PHEP and HPP funding and guidance with these improved outcomes.

Exercising to Ensure Administrative Emergency Preparedness

CDC's response to the 2009 H1N1 influenza pandemic was complex, multifaceted, and long term, lasting more than a year. In addition to CDC's epidemiological and public health surveillance work for H1N1 influenza, CDC distributed $1.4 billion in Public Health Emergency Response (PHER) grant funds to 62 state, local, and territorial health departments to assist in their response efforts.

CDC issued PHER funding to awardees in four phases, a process that federal, state, and local agencies found difficult and inefficient. Many state health departments encountered hurdles such as:

- Complex funding cycles
- Burdensome legal requirements
- Inefficient procurement and allocation methods
- Difficulties working with local health departments to meet federal funding timeframes
- Problems with contracting and hiring

Upon concluding its formal response to the H1N1 influenza pandemic in June 2010, CDC partnered with ASPR, the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO) to identify administrative preparedness successes, challenges, and promising practices.

Administrative preparedness, a term coined during the H1N1 influenza response, is the process of ensuring that fiscal and administrative authorities and practices (*e.g.*, funding, procurement, contracting, hiring, and legal capabilities) used in public health emergency response and recovery are effectively managed throughout all levels of government. Administrative functions are the foundation of emergency response.

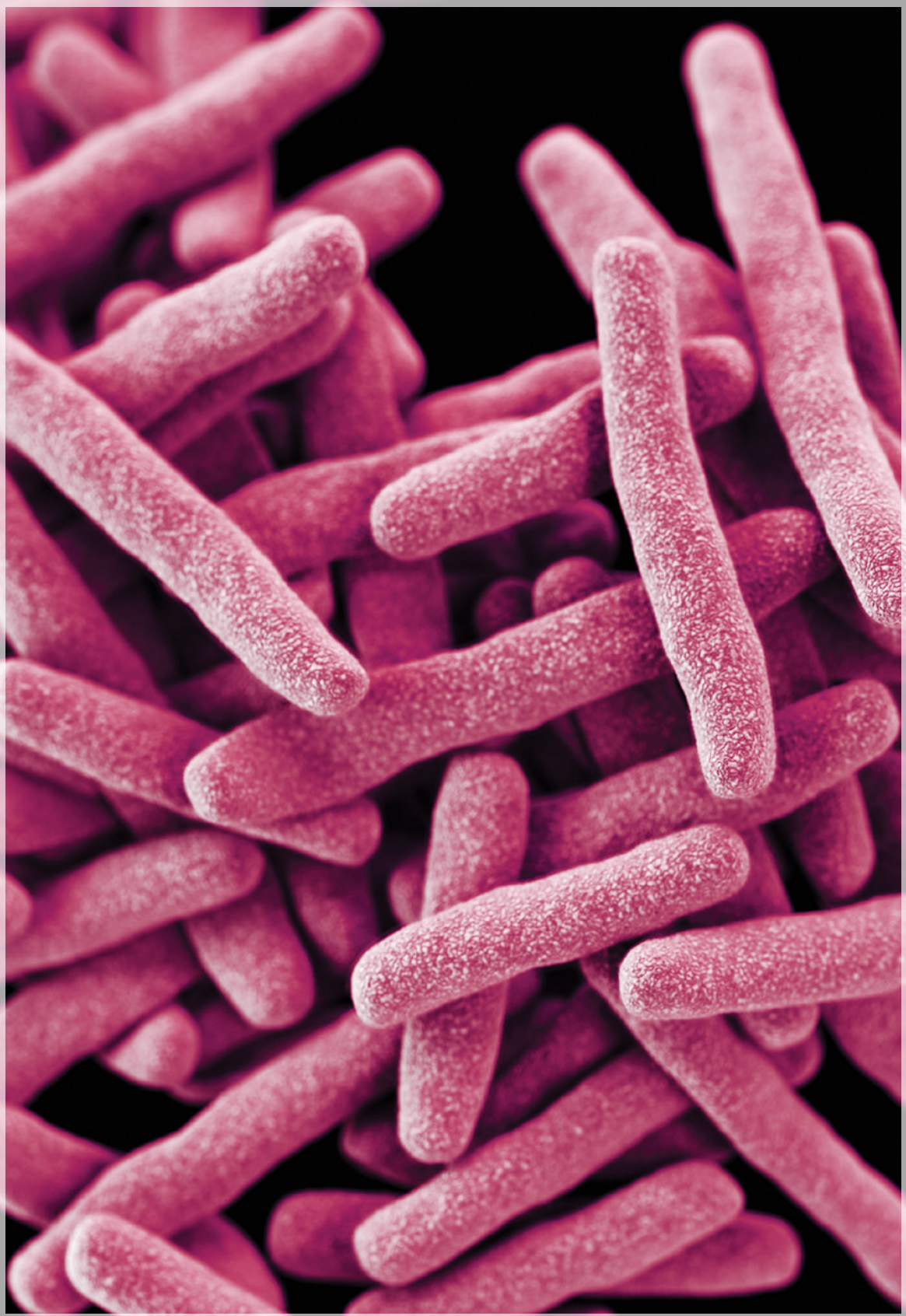
Partners implemented several strategies to address challenges. CDC developed a public health emergency response funding mechanism to streamline the funding process. In addition, ASPR and CDC required HPP and PHEP awardees to develop administrative operating procedures and emergency response plans, report administrative preparedness gaps, and develop administrative preparedness improvement plans.

CDC also worked with ASTHO and NACCHO to develop solutions, promising practices, and models that state and local public health departments can use to expedite the administrative preparedness process. ASTHO conducted a focus group of selected states to find out if and how selected practices would work in their states. NACCHO developed assessment tools to assist HPP and PHEP awardees in developing administrative preparedness processes.

In May 2014, HHS held an administrative preparedness tabletop exercise to examine processes associated with receiving and disbursing funds during a public health emergency. This was the first HHS exercise for administrative functions. More than 45 planners and staff from across HHS gathered to assess these processes, including representatives from budget and finance, contracts and grants, program, and operations.

State and local health departments now incorporate administrative and fiscal processes into emergency response plans. These processes include emergency procurement, contracting, and hiring and must define how they differ from normal operations. HPP and PHEP awardees are required to establish procedures for efficiently allocating emergency funds to local health departments. Awardees must also develop reporting and monitoring methods to ensure accountability.

Together, CDC, ASPR, other federal and national partners, and state and local health departments continue to address administrative preparedness gaps. These efforts help ensure that the necessary administrative and fiscal procedures will be in place and resources will be provided efficiently to aid in response and recovery during future public health emergencies.

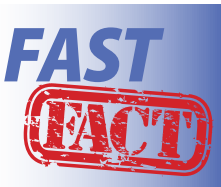


Priority 2: Protecting People

PHPR protects people from public health threats by providing strategic direction, coordination, and support for all of CDC's preparedness and emergency response activities. Three essential components of this work include:

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

Through its Select Agent Program, PHPR 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 core function of the Select Agent Program is to prevent access to or possession of select agents and toxins by individuals who intend to misuse them. The Select Agent Program currently regulates 65 select agents and toxins. During 2013, 284 entities were registered with the Select Agent Program to possess select agents and toxins. Though inspections are generally conducted every three years, nearly 60 percent of the registered entities had inspections by the Select Agent Program in 2013. Inspections ensure registered entities comply with laboratory safety and security measures and regulations.



Delaware's Public Health Lab can screen for more than 10 potential biothreat agents and more than 30 potential chemical terrorism agents. The lab was unable to conduct this screening before receiving PHEP funding.

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 the right treatment faster. Specifically, laboratories identify and characterize disease agents, toxins, and other health threats found in clinical specimens, food, or other substances.

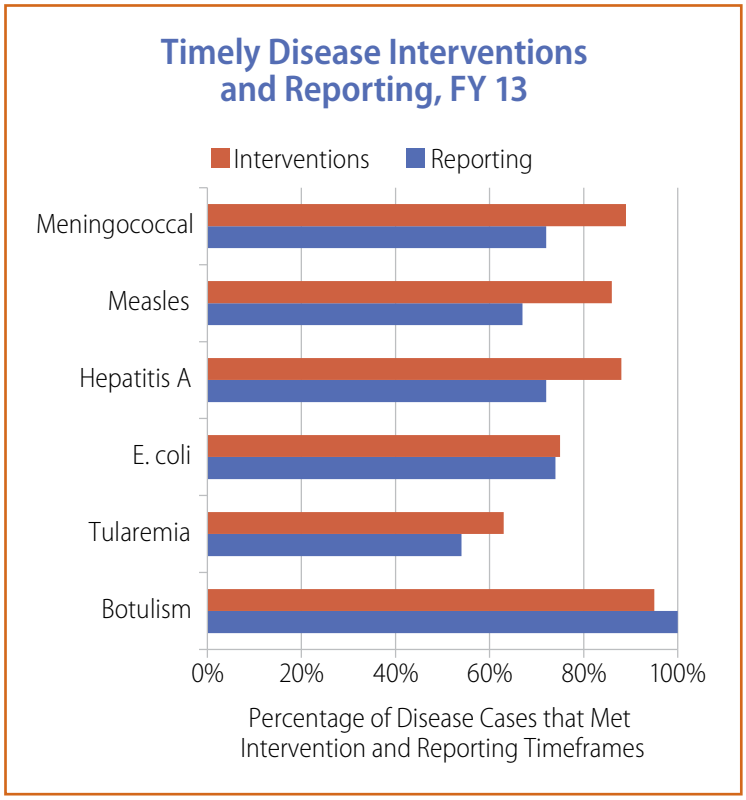
CDC coordinates the Laboratory Response Network (LRN) which provides timely, highly reliable laboratory tests on biological (B)

FAST FACT

More than 150 laboratories nationwide participate in the LRN. CDC funds a subset of LRN laboratories through the PHEP cooperative agreement.

and chemical (C) public health threats. The LRN was launched in 1999 when CDC, the Federal Bureau of Investigation, and the Association of Public Health Laboratories recognized the need for an expanded, coordinated public health and law enforcement capability to respond to both intentional and non-intentional biological and chemical threats. After the domestic terrorist attacks of 2001, the LRN grew rapidly to a full national collaboration of federal, state, and local governmental laboratories, coordinated by CDC, and including veterinary, environmental, and human health laboratories.

The LRN provides 24/7/365 access to testing and subject matter expertise. Funded in part by CDC through the PHEP cooperative agreement, LRN member laboratories (LRN labs) significantly contribute to their state's or locality's ability to detect, characterize, and communicate threat agents. LRN labs can perform standardized tests yielding reliable results within hours. CDC regularly collaborates with other federal agencies, such as the Food and Drug Administration, the Department of Homeland Security, the Biomedical Advanced Research and Development Authority, and the Department of Defense, on the development of these highly specialized laboratory tests.



Timely reporting and intervention are essential for effective response to infectious disease outbreaks. Quickly beginning investigations and recommending meaningful interventions protects the health of individuals and communities by limiting the spread of disease and eliminating or reducing sources of infection. Hospitals, labs, and other healthcare providers must report cases of certain diseases to a public health department within established timeframes. Following notification, public health authorities must in turn initiate infection control measures (interventions) within an appropriate timeframe. The chart above shows the percentage of selected disease cases for which PHEP awardees met required reporting and intervention timeframes during 2013.

Public health emergency responses begin at the local level, with state and federal governments providing support as needed. CDC enhances local- and state-level response capabilities and mitigates workforce gaps through a robust field staff program. During 2013, 131 CDC field staff were assigned to 50 different PHEP awardee locations.[6] Field staff fill critical roles in epidemiology, medical countermeasure management, and technical assistance. In addition to their daily job functions, CDC field staff can be called upon to assist during public health emergencies.

FAST FACT

Approximately 90% of the U.S. population lives within 100 miles of an LRN laboratory, decreasing the time needed to respond to biological and chemical threats.

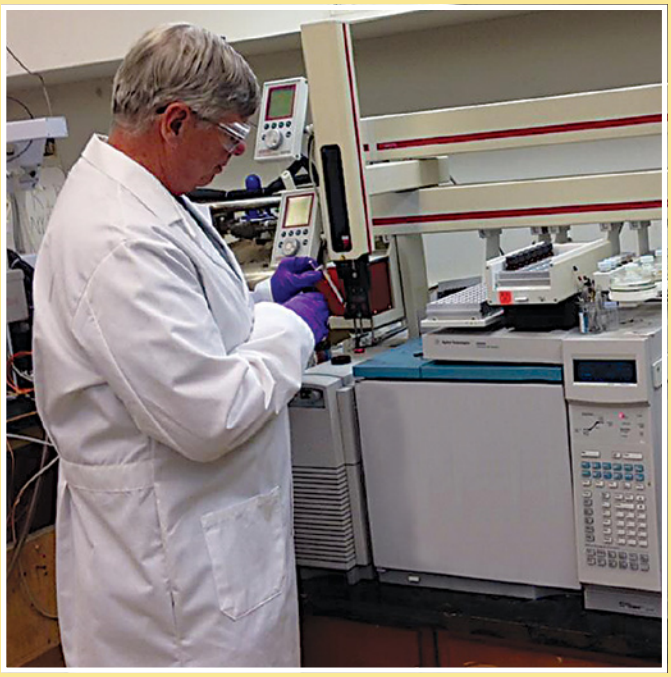
[6] Field staff include Career Epidemiology Field Officers, Epidemic Intelligence Service Officers, Public Health Associate Program fellows and graduates, Public Health Prevention Service fellows, and Public Health Associates. See Appendix B for more information.

Innovations in Labs Demonstrate Increases in Efficiency and Effectiveness

Environmental health is an important component of public health, but it takes creativity and vision to recognize a new opportunity to bring the two together in the laboratory.

Maine's Division of Public Health Systems maintains its LRN-C laboratory within its Health and Environmental Testing Laboratory (HETL). As part of the LRN, they have the capacity to test for chemical agents in environmental and biological samples, including testing for cyanide in blood. However, the bulk of the lab's work involves testing for contaminants in water. Dr. Jim Eaton, a chemist with the HETL, recognized the potential environmental application of the CDC methods for analyzing cyanide in blood. Dr. Eaton began hypothesizing, testing, adapting, and developing a new procedure.

But changing laboratory methods is no small feat, particularly when the testing is part of federally required reporting to ensure the health of citizens. Dr. Eaton and the HETL staff worked with the Environmental Protection Agency (EPA) to develop a data validation plan. Part of that validation included testing the method at three different labs. Through his LRN-C training, Dr. Eaton had established good relationships with scientists from other network labs. He reached out to colleagues in two other states and both were very willing to help test the new method. After analyzing the data, Dr. Eaton and his colleagues determined that not only was the new method effective, it produced less waste and required less time and money than other methods approved by EPA.



Dr. Jim Eaton analyzes samples in the Health and Environmental Testing Laboratory

Once the validity of the method was established, EPA accepted and published it, allowing adoption by other states, and enabling them to more efficiently use their resources as they strive to protect public health and the environment.

Preparing for a Chemical Threat Event through Practice

Rapid communication and open collaboration are essential components to successfully respond to chemical threat events that can impact public health. The 2014 Florida Chemical Exposure Full Scale Exercise provided the Florida Department of Health (DOH), Bureau of Public Health Laboratories (BPHL), an opportunity to practice these skills with various partner agencies throughout the state. In the exercise scenario, people were theoretically exposed to sarin, a dangerous nerve agent, at Florida malls and shopping centers. This exercise offered a learning environment for many agencies to work together to prepare for effective responses to a chemical exposure event.

Twenty-three Florida counties participated in the exercise, including representatives from Florida DOH, 30 hospitals, Florida Fusion Center (a federal and state collaboration for gathering and sharing information), the U.S. Federal Bureau of Investigation, Florida Highway Patrol, and Florida Department of Law Enforcement. This exercise tested a variety of capabilities including communication, specimen packing, shipping, analysis, surge capacity, and results reporting. The exercise activities allowed Florida's Chemical Threat Program to successfully measure and validate the selected public health preparedness target capabilities, information sharing and public health laboratory testing.

The 2014 Florida Chemical Exposure Full Scale Exercise encouraged additional "spin-off" exercises and training opportunities. Several participating hospitals evaluated their decontamination protocols, extending participation beyond employees to community volunteers. Thirteen hospitals collaborated with Florida Poison Information Centers (Jacksonville, Tampa, and Miami regions) by reporting symptoms from several mock patients via the toll free number. This enabled the Florida Poison Information Centers to enter and monitor case data and assess staff response capabilities. In addition, toxicologists evaluated the symptoms and provided feedback concerning patient exposure. The level of participation enabled the Chemical Threat Program to extend Chemical Threat Preparedness Training to several hospitals in the Miami, Tampa, and Jacksonville regions.

Exercise participants are now aware of possible issues that may occur during a chemical exposure event and the scope of agency interaction during a response. Exercises are invaluable tools for disaster preparedness and for fulfilling the Florida Department of Health's mission "to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts."

Priority 3: Strengthening Collaboration

Ensuring the nation is prepared to respond to public health emergencies cannot be accomplished by CDC alone. Collaboration with state and local health departments, other federal agencies, the healthcare delivery system (i.e., hospitals, doctors, and other healthcare providers and facilities), and private industry is essential to preparing for and responding to health threats. CDC also works with other countries to help prevent global public health threats from reaching the U.S.

A critical collaboration between CDC and state and local public health departments to enhance public health preparedness and response capabilities is the PHEP cooperative agreement. This collaboration ensures that states and localities across the country are following the same guidance and recommended practices to improve their abilities to prevent, prepare for, and respond to emergencies.

PHEP awardees can choose how to allocate their funding across the 15 public health preparedness capabilities within their state, locality, or insular area. Nationally, the five capabilities with the largest PHEP investments during 2013 were:

- Public Health Surveillance and Epidemiologic Investigation
- Public Health Laboratory Testing
- Community Preparedness
- Information Sharing
- Emergency Operations Coordination

Awardees use annual PHEP funds to build and improve their public health preparedness capabilities. Over the past 3 years PHEP awardees have reported a high level of preparedness in the Tier 1 PHEP capabilities, as demonstrated in the following chart on the next page.[7]

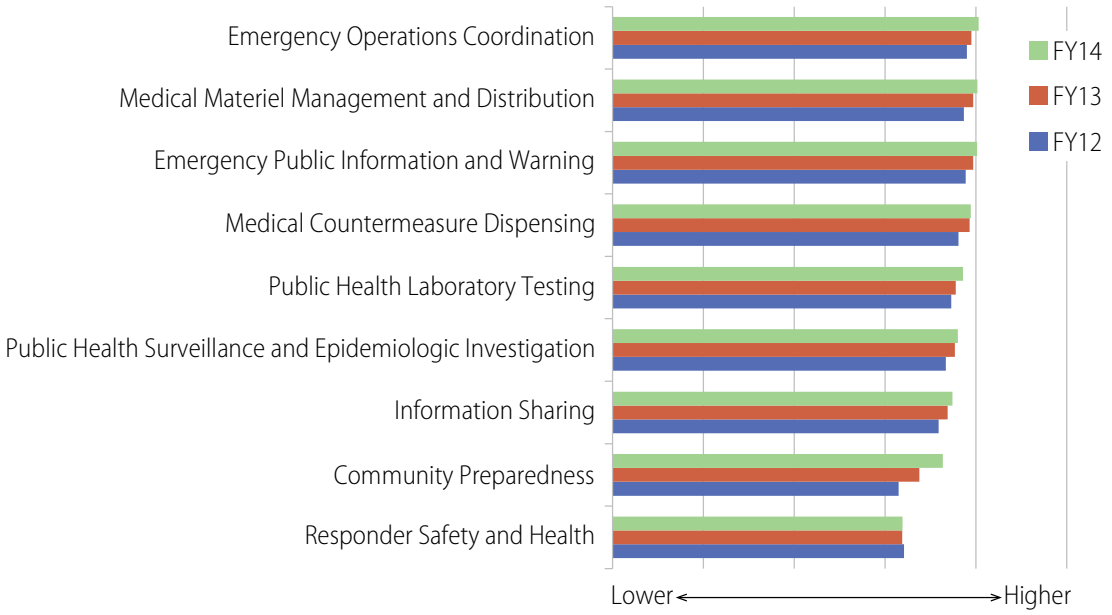
At the federal level, CDC partners with ASPR to align administrative and programmatic aspects, such as the capabilities framework, of the HPP and PHEP cooperative agreements. HPP supports the development of a comprehensive national preparedness and response healthcare system that is scalable and coordinated to meet local, state, and national needs through leadership, funding, evaluation, and technical

Did You Know?

PHPR collaborates with ASPR and the Department of Transportation, including the National Highway Traffic Safety Administration Office, to improve pre-hospital emergency services during medical surge and crisis conditions.

[7] Tier 1 capabilities provide the foundation for public health preparedness.

Tier 1 Public Health Preparedness Capabilities: 3-Year Trends



assistance. The cooperative agreement alignment strengthens the nation's ability to respond to major health events and connects public health and healthcare during emergencies.

In July 2014, ASPR and CDC together awarded more than $840 million in HPP and PHEP funds to continue improving preparedness and health outcomes for a wide range of public health threats across the country. The close alignment of the two preparedness programs not only improves efficiency in grant administration, but also fosters enhanced coordination between the nation's public health and healthcare systems at the federal, state, and local levels. Such program coordination supports whole community planning to improve national preparedness efforts.

CDC also facilitates partnerships with other federal agencies and the private sector to expand available community resources for a public health response. Specifically, CDC's Community Resilience Activity (CRA) serves as point of contact for federal agencies, non-governmental organizations, and private-sector partners for medical countermeasure distribution and dispensing planning. CRA develops strategies and solutions to reduce the distribution and dispensing burden on state and local public health agencies.

CDC established effective partnerships with other countries to promote emergency preparedness and response globally and to protect the U.S. from international health threats. PHPR's EMP provided critical assistance and support to two countries—Uganda and Vietnam—that are developing EOC capabilities and their own emergency management programs. Staff from Uganda and Vietnam also received training on EOC operations and planning. This training was followed by two exercises in 3 months.

Additionally, CDC created a fellowship program during which international fellows participate in a series of meetings, observations, site visits, and other activities to improve their knowledge of public health emergency management. The program—Public Health Emergency Management Fellowship—builds public health emergency management capacity among members of the international public health community who work in preparedness and response. The first 6 month cycle began in March 2013, and included five participants from Kenya, China, and Korea. Fellows from China applied skills learned through this program by serving as liaisons to China for the CDC's H7N9 influenza response.

FAST FACT

Wisconsin public health officials use PHEP funding to strengthen partnerships with emergency management, law enforcement, emergency medical services, and other key response partners. These relationships have resulted in more unified and coordinated responses to public health emergencies.

Did You Know?

PHPR established partnerships with two major national retailers to identify and plan for opportunities to support local medical countermeasure dispensing plans through their stores. This would reduce the burden on public health department dispensing locations during an emergency requiring widespread medical countermeasure distribution.

Government and Community Organizations Band Together to Build Resilience

A unique partnership between CDC, the Georgia Department of Public Health, Cobb and Douglas County Public Health Departments, and the Transfiguration Catholic Church has resulted in a closed point of dispensing (POD), which will help keep the community safer in the event of a public health emergency. CDC's Community Resilience Activity (CRA) facilitates partnerships between State and local public health departments and community-based organizations to dispense needed Federal resources (such as medication) in the event of an emergency. Community organizations that participate in this program are called closed PODs, such as the one created at the Transfiguration Catholic Church in metro Atlanta.

Closed PODs serve their organizations' populations to relieve some of the medical countermeasure dispensing burden on open PODs run by local public health departments during a public health emergency. Closed PODs can quickly provide resources to the populations they serve in a familiar and comfortable environment. Other examples of community organizations with closed PODs include large retail corporations, hotel chains, and academic institutions.

Donna McNulty, a critical care nurse and Transfiguration Catholic Church volunteer is leading the church's efforts to become a closed POD location. McNulty said, "When CDC first approached me about making our church a closed POD location, I honestly had no idea what a closed POD was! I did tons of research and through that I was able to determine what would work for our parish. From that, we developed our closed POD plan."

Church members formed a closed POD team under McNulty's leadership to develop the plan in 2013. "We have a parish of 15,000 which means we would be dispensing medicine to about 4,500 parish households and we needed a plan to account for all of our members," said McNulty.

McNulty realized that for a 48 hour period the church would need over 800 volunteers to support a response. She was skeptical that she could recruit this many church members to volunteer, but she currently has over 1,300 volunteers! This partnership is serving as a model for other faith-based and community organizations around metro Atlanta and across the country.

By fostering relationships throughout the community, CDC is helping state and local partners strengthen their response capabilities. Collaboration between Federal, State, local and community partners help ensure that Federal resources are successfully dispensed to the affected population during an emergency.

Collaborating to Focus on Priority Risks in Southern California

High-population, high-threat urban areas face unique public health emergency risks. Recognizing this, PHPR awarded 10 major urban areas, including Los Angeles (L.A.) County, additional PHEP funds for a risk-based initiative—an all-hazards public health risk reduction pilot project. The goal of this project was to promote and accelerate the development of strategies and methodologies that lead to health hazard assessment and planning in order to mitigate the public health risks associated with higher population areas.

L.A. County's 10 million residents live in 88 cities spread across a little over 4,000 square miles of urban, suburban, and remote rural communities. It is also extremely diverse with 36% of the county's population born outside of the United States, over 200 different languages spoken, and more than half of residents speaking a language other than English at home. In addition, 17% of the population lives below the poverty level, and approximately 60,000 people are homeless.

The risk-based initiative involved the four public health departments (L.A. and Orange Counties, Long Beach, and Pasadena) that made up the Los Angeles-Long Beach-Anaheim (SoCal) metropolitan statistical area (MSA). The SoCal MSA Planning Collaborative worked extensively to:

- assess and prioritize its risks across government, communities, health care, businesses, responders, schools, and volunteer agencies and
- jointly plan how best to mitigate those hazards to protect southern California's diverse population.

Using the risk-based initiative funds, the SoCal MSA developed the Health Hazard Assessment and Prioritization (hHAP) tool to conduct a whole-community, public health focused assessment of 62 potential hazards facing southern California. The hHAP tool was built using an existing Kaiser Permanente tool and was designed to be flexible, adaptive, and applicable to any other health jurisdiction. It creates risk scores by multiplying probability, health severity, and health system impacts, adjusted by agency and community resources. This assessment is to improve public health readiness, response, and recovery plans and PHEP capability development for prioritized risks.

Using the hHAP tool, L.A. County narrowed the 62 health hazards to a priority list of 20 that they will be completing hazard-specific plans for over the next 5 years. Inspired by FEMA's Whole Community Planning focus, the County will be using this prioritized list to engage and partner with stakeholder agencies and organizations from across the community to develop readiness, response, and recovery plans and systems to improve the County's emergency capabilities. Using hHAP, in conjunction with existing all-hazards plans, will help ensure Southern California is prepared to respond to and recover from its highest risks, ultimately preventing disease and saving lives.


INFLUENZA PANDEMIC
FULL FUNCTIONAL (INTERNAL) EXERCISE
CDC
DEOC Staff Rhythm
January 31
ARC LNO
7541
DELL

Looking Forward

Public health threats are constantly changing and safeguarding America's health and security is more important than ever. CDC remains committed to maximizing the impact of every dollar entrusted to the agency by improving health security and protecting people.

CDC ensures program performance by measuring preparedness using the public health preparedness capabilities and the National Health Security Preparedness Index (NHSPI™). The NHSPI™ was developed through a cooperative agreement between CDC and the Association of State and Territorial Health Officials (ASTHO). ASTHO worked with CDC and over 40 stakeholder partners from the preparedness community to develop the NHSPI™.

The NHSPI™ is an annual measure of health security and preparedness at the national and state levels. It provides the best available evidence to date on the current health emergency preparedness levels. The NHSPI™ is a resource to:

- Get a more complete picture of health emergency preparedness nationwide,
- Make more informed decisions on the best use of health security preparedness resources,
- Show progress and assess changes in preparedness levels over time,
- Identify strengths and gaps in health security preparedness, and
- Aid continuous quality improvement.

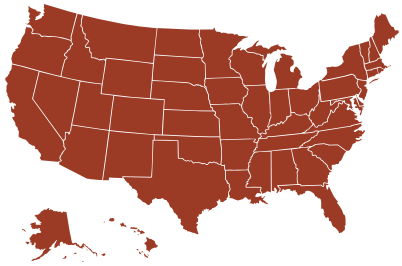
The second iteration of the NHSPI™ improves and expands the assessment of national and state preparedness. In 2014, the NHSPI™ grew to include more and stronger measures in the areas of Healthcare, Environmental, and Occupational Health. Version 2.0 was released in December 2014. Check out your state's results and see ideas for using the data at www.nhspi.org.

Fact Sheets

- National fact sheet
- Fact sheets for the 50 states and 4 localities
- Fact sheets for the 8 insular areas (territories and freely associated states)

National

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, 35.8% of households included children and 18.2% included older adults. In addition, 9.7% of adults reported having diabetes, 20.7% a condition that limits activities, and 8.1% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Public Health Laboratory Testing
3. Community Preparedness
4. Information Sharing
5. Emergency Operations Coordination

Laboratory Response Network biological (LRN-B) laboratories (labs) and PulseNet labs independently and rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks.
CDC manages the LRN-B network, a group of 141 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Total number of LRN-B labs[4]	141	143	141
Total proportion of LRN-B proficiency tests passed[5]	370 / 398	309 / 335	86 / 98
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Total number of PulseNet labs[6]	72	71	72
Total percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	89% (target: 90%)	94% (target: 90%)	91% (target: 90%)
Total percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	88% (target: 90%)	92% (target: 90%)	90% (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. In 2013, 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	2011	2012	2013[3]
Total number of Level 1 LRN-C labs[7]	10	10	10
Total number of Level 2 LRN-C labs[7]	37	37	36
Total number of Level 3 LRN-C labs[7]	9	10	11
National proportion of **core** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	8/9	7/9	8/9
Average number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	1	1	1
Percentage of states and localities that passed the LRN-C exercise to collect, package, and ship samples[8]	98%	100%	100%
National proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing[9]	38/39	69/72	69/72

National

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	2011	2012	2013
National average number of minutes for state public health staff with incident management lead roles to report for immediate duty[10]	36 (target: 60)	27 (target: 60)	39
National average number of minutes for localities and insular area public health staff with incident management lead roles to report for immediate duty[10]	81	50	57
Percentage of states, localities, and insular areas that prepared an after-action report and improvement plan following a real or simulated response[10]	100%	89%	94%

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
National percentage of awardees that implemented all or part of administrative preparedness plan[11]	92%
National percentage of awardees that received legal authority to spend emergency funds[11]	97%
National percentage of awardees that reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	74%

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
Total CDC PHEP cooperative agreement funding provided[12]	$619,447,806
Total CDC preparedness field staff[13, 14, 15]	131
Total CDC Emergency Management Program activities[16]	544
Total public health personnel who received CDC Strategic National Stockpile training[17]	1397

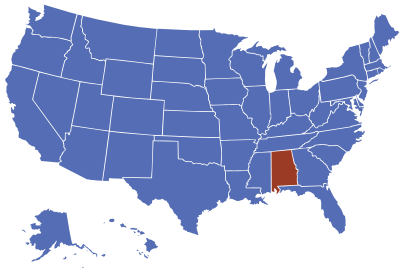
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

TAR Scores (100-point scale)	2010–2011	2011–2012	2012–2013
Median State TAR score[10]	97	98	99
Median CRI Metropolitan Statistical Area TAR Score[10]	91	93	95
Median Directly Funded Locality TAR Score[10]	96	100	98
Median Island TAR Score[10]	62	67	71

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

Alabama

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, 34.8% of households included children and 19.3% included older adults. In addition, 12.3% of adults reported having diabetes, 28% a condition that limits activities, and 11.1% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Community Preparedness
3. Public Health Laboratory Testing
4. Information Sharing
5. Medical Countermeasure Dispensing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	4 / 4	1 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	8 / 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 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]	1 / 1	2 / 2	2 / 2

Alabama

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	18 (target: 60)	8 (target: 60)	3
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	No

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$9,103,210
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	6
Public health personnel who received CDC Strategic National Stockpile training[17]	33

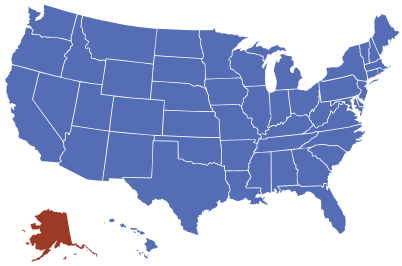
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	91	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Birmingham-Hoover, AL (100-point scale)[10]	90	97	99

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

Alaska

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, 40.7% of households included children and 12.3% included older adults. In addition, 7% of adults reported having diabetes, 20.5% a condition that limits activities, and 7.2% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Mass Care
3. Public Health Surveillance and Epidemiological Investigation
4. Non-Pharmaceutical Interventions
5. Community Preparedness

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	5 / 5	5 / 5	1 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	53% (target: 90%)	N/A	100% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	2 / 2	2 / 2

Alaska

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	58 (target: 60)	35 (target: 60)	10
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,197,971
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	47

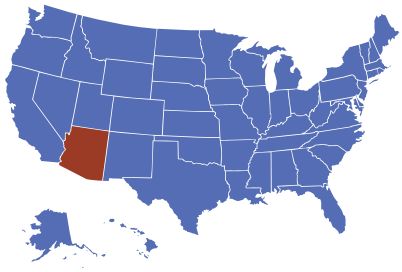
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	89	87	96
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Anchorage, AK (100-point scale)[10]	55	79	88

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

Arizona

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, 40% of households included children and 19.5% included older adults. In addition, 10.6% of adults reported having diabetes, 21.1% a condition that limits activities, and 8.1% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Community Preparedness
3. Public Health Surveillance and Epidemiological Investigation
4. Information Sharing
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	37% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	25% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	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 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]	1 / 1	2 / 2	2 / 2

Arizona

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	43 (target: 60)	19 (target: 60)	7
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$11,931,236
CDC preparedness field staff[13, 14, 15]	6
CDC Emergency Management Program activities[16]	10
Public health personnel who received CDC Strategic National Stockpile training[17]	72

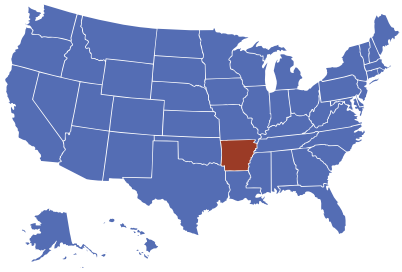
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	98	92	93
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Phoenix-Mesa-Scottsdale, AZ (100-point scale)[10]	98	95	99

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

Arkansas

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, 36.2% of households included children and 20.2% included older adults. In addition, 11.3% of adults reported having diabetes, 25% a condition that limits activities, and 10.2% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Information Sharing
2. Community Preparedness
3. Public Health Surveillance and Epidemiological Investigation
4. Public Health Laboratory Testing
5. Medical Countermeasure Dispensing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 exercise to collect, package, and ship samples[8]	Did not participate*	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing[9]	Not eligible	2 / 2	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.

Arkansas

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	48 (target: 60)	14 (target: 60)	5
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

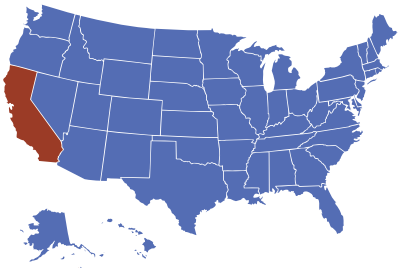
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$6,741,223
CDC preparedness field staff[13, 14, 15]	2*
CDC Emergency Management Program activities[16]	7
Public health personnel who received CDC Strategic National Stockpile training[17]	1

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	99	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Little Rock-North Little Rock, AR (100-point scale)[10]	89	92	92
Memphis, TN-MS-AR (100-point scale)[10]	92	94	96

*One EIS Officer is funded by the U.S. Army.
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

California



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, 41.9% of households included children and 16.1% included older adults. In addition, 9.8% of adults reported having diabetes, 19.5% a condition that limits activities, and 6.9% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Emergency Operations Coordination
3. Public Health Surveillance and Epidemiological Investigation
4. Information Sharing
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	19	19	19
Proportion of LRN-B proficiency tests passed[5]	47 / 51	39 / 44	12 / 13
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	6	6	6
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	59% (target: 90%)	90% (target: 90%)	97% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	88% (target: 90%)	90% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	8 / 9	8 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN exercise to collect, package, and ship samples[8]	Did not pass	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing[9]	1 / 1	1 / 2	1 / 2

California

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	6 (target: 60)	8 (target: 60)	7
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

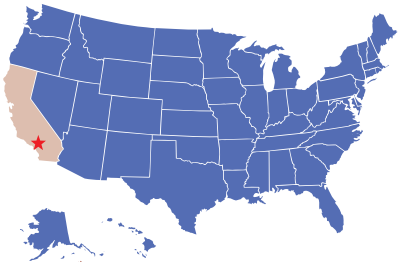
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$42,839,937
CDC preparedness field staff[13, 14, 15]	8*
CDC Emergency Management Program activities[16]	14
Public health personnel who received CDC Strategic National Stockpile training[17]	3

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	100	98
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Fresno, CA (100-point scale)[10]	86	87	79
Los Angeles-Long Beach-Santa Ana, CA (100-point scale)[10]	95	100	98
Riverside-San Bernardino-Ontario, CA (100-point scale)[10]	93	94	95
Sacramento-Arden-Arcade-Roseville, CA (100-point scale)[10]	96	98	97
San Diego-Carlsbad-San Marcos, CA (100-point scale)[10]	98	92	98
San Francisco-Oakland-Freemont, CA (100-point scale)[10]	90	96	98
San Jose-Sunnyvale-Santa Clara, CA (100-point scale)[10]	93	95	94

*One EIS Officer is funded by the Department of Veterans Affairs.
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Los Angeles County



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, 32.4% of households included children and 11.7% included older adults. In addition, 10.6% of adults reported having diabetes, 17.7% a condition that limits activities, and 6.7% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness. The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]	1. Community Preparedness 2. Public Health Surveillance and Epidemiological Investigation 3. Medical Countermeasure Dispensing 4. Emergency Operations Coordination 5. Emergency Public Information and Warning

Laboratory Response Network biological (LRN-B) laboratories (labs) and PulseNet labs independently and rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks.
CDC manages the LRN-B network, a group of 141 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	**2011**	**2012**	**2013[3]**
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	79% (target: 90%)	94% (target: 90%)	96% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	77% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	**2011**	**2012**	**2013[3]**
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	0	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]	1 / 1	2 / 2	2 / 2

Los Angeles County

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	49	90	25
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$20,059,493
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	5
Public health personnel who received CDC Strategic National Stockpile training[17]	—

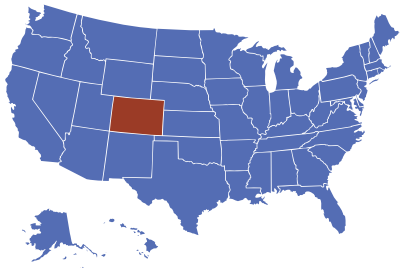
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below 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 TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	95	100	96

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

Colorado

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, 37.7% of households included children and 15.8% included older adults. In addition, 7.4% of adults reported having diabetes, 19.6% a condition that limits activities, and 6.4% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Information Sharing
2. Community Preparedness
3. Public Health Laboratory Testing
4. Community Recovery
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	6	6	6
Proportion of LRN-B proficiency tests passed[5]	5 / 7	6 / 7	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	95% (target: 90%)	100% (target: 90%)	98% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	91% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	2 / 2	2 / 2

Colorado

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	10 (target: 60)	25 (target: 60)	60
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

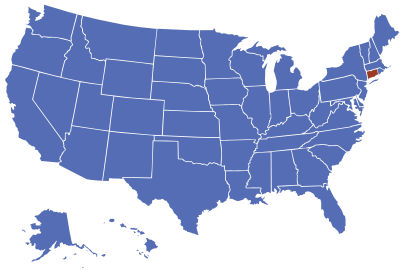
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$9,810,527
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	9
Public health personnel who received CDC Strategic National Stockpile training[17]	5

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	93	94	93
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Denver-Aurora, CO (100-point scale)[10]	69	68	81

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

Connecticut



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, 36% of households included children and 19.4% included older adults. In addition, 9.2% of adults reported having diabetes, 18.6% a condition that limits activities, and 8.5% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Information Sharing
3. Public Health Surveillance and Epidemiological Investigation
4. Emergency Operations Coordination
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	3 / 5	3 / 3	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	96% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	94% (target: 90%)	95% (target: 90%)	96% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	2 / 2	2 / 2

Connecticut

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	70 (target: 60)	52 (target: 60)	53
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$7,916,637
CDC preparedness field staff[13, 14, 15]	2
CDC Emergency Management Program activities[16]	10
Public health personnel who received CDC Strategic National Stockpile training[17]	1

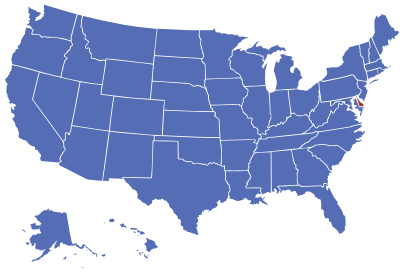
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	92	97	97
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Hartford-West Hartford-East Hartford, CT (100-point scale)[10]	77	87	92
New Haven-Milford, CT (100-point scale)[10]	78	89	91

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

Delaware

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, 36.1% of households included children and 19.9% included older adults. In addition, 9.6% of adults reported having diabetes, 17.5% a condition that limits activities, and 8.4% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Community Preparedness
3. Emergency Operations Coordination
4. Medical Materiel Management and Distribution
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 5	3 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	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 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*	2 / 2	2 / 2

*Instrument not operational on date of exercise.

Delaware

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	44 (target: 60)	45 (target: 60)	34
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	—

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,409,756
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	6
Public health personnel who received CDC Strategic National Stockpile training[17]	1

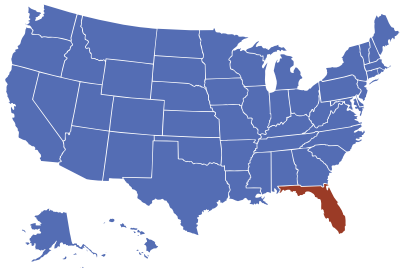
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	98	94	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Dover, DE (100-point scale)[10]	98	89	96
Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE (100-point scale)[10]	95	97	98

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

Florida

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, 32.7% of households included children and 23.2% included older adults. In addition, 11.4% of adults reported having diabetes, 22.4% a condition that limits activities, and 8.9% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Community Preparedness
3. Public Health Laboratory Testing
4. Information Sharing
5. Medical Countermeasure Dispensing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	5	5	5
Proportion of LRN-B proficiency tests passed[5]	15 / 17	11 / 13	4 / 4
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	2	2	3
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	1	1	1
Proportion of **core** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN exercise to collect, package, and ship samples[8]	Level 1 lab: did not participate; Level 3 lab: passed	Level 1 lab: passed; 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]	1 / 1	2 / 2	2 / 2

Florida

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	53 (target: 60)	43 (target: 60)	11
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$29,547,908
CDC preparedness field staff[13, 14, 15]	4
CDC Emergency Management Program activities[16]	13
Public health personnel who received CDC Strategic National Stockpile training[17]	13

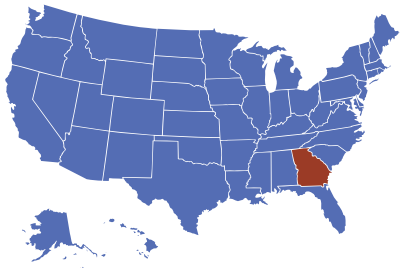
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	95	97
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Miami-Fort Lauderdale-Pompano Beach, FL (100-point scale)[10]	94	97	93
Orlando-Kissimmee, FL (100-point scale)[10]	88	93	89
Tampa-St. Petersburg-Clearwater, FL (100-point scale)[10]	95	92	96

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

Georgia

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, 38.1% of households included children and 15.6% included older adults. In addition, 9.9% of adults reported having diabetes, 20.1% a condition that limits activities, and 7.9% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Information Sharing
4. Medical Countermeasure Dispensing
5. Community Preparedness

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	7	9	8
Proportion of LRN-B proficiency tests passed[5]	8 / 10	7 / 8	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	3	3	3
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	88% (target: 90%)	92% (target: 90%)	81% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	92% (target: 90%)	88% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	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 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]	1 / 1	2 / 2	2 / 2

Georgia

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	23 (target: 60)	23 (target: 60)	30
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

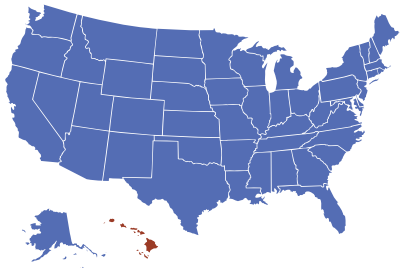
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$16,224,868
CDC preparedness field staff[13, 14, 15]	2
CDC Emergency Management Program activities[16]	23
Public health personnel who received CDC Strategic National Stockpile training[17]	110

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	95	96	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Atlanta-Sandy Springs-Marietta, GA (100-point scale)[10]	92	97	94

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

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, 35.8% of households included children and 19.7% included older adults. In addition, 7.8% of adults reported having diabetes, 16.3% a condition that limits activities, and 6.8% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Information Sharing
3. Emergency Operations Coordination
4. Public Health Surveillance and Epidemiological Investigation
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	6 / 6	5 / 5	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	88% (target: 90%)	93% (target: 90%)	95% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	91% (target: 90%)	95% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	8 / 9	8 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	0	1	1
Result of LRN 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]	1 / 1	2 / 2	2 / 2

Hawaii

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	221 (target: 60)	51 (target: 60)	651
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,918,135
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	9
Public health personnel who received CDC Strategic National Stockpile training[17]	—

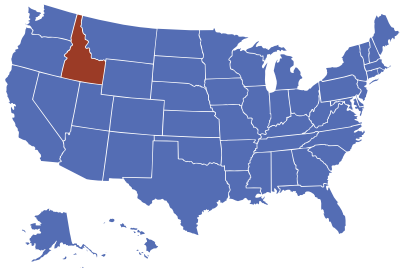
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	89	89	92
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Honolulu, HI (100-point scale)[10]	83	82	91

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

Idaho

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, 41.6% of households included children and 18.1% included older adults. In addition, 8.5% of adults reported having diabetes, 24% a condition that limits activities, and 7.4% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Information Sharing
4. Medical Surge
5. Volunteer Management

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	3 / 5	2 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	89% (target: 90%)	74% (target: 90%)	73% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 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 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]	1 / 1	1 / 2	1 / 2

Idaho

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	5 (target: 60)	53 (target: 60)	33
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$5,072,309
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	10
Public health personnel who received CDC Strategic National Stockpile training[17]	—

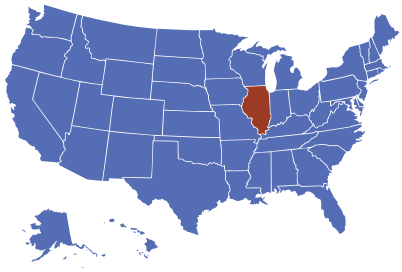
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	96	97	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Boise City-Nampa, ID (100-point scale)[10]	90	88	95

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

Illinois

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, 37.3% of households included children and 17.6% included older adults. In addition, 9.4% of adults reported having diabetes, 19% a condition that limits activities, and 7.9% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Information Sharing
4. Emergency Public Information and Warning
5. Community Preparedness

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	4	4	4
Proportion of LRN-B proficiency tests passed[5]	10 / 12	7 / 9	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	2	2	2
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	98% (target: 90%)	96% (target: 90%)	92% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	88% (target: 90%)	88% (target: 90%)	87% (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. In 2013, 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	2011	2012	2013[3]
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 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

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	25 (target: 60)	6 (target: 60)	—
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$17,315,437
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	14
Public health personnel who received CDC Strategic National Stockpile training[17]	—

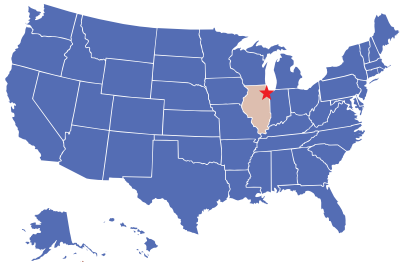
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	99	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Chicago-Naperville-Joliet, IL-IN-WI (100-point scale)[10]	96	95	95
Peoria, IL (100-point scale)[10]	88	93	93
St. Louis, MO-IL (100-point scale)[10]	89	95	97

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

Chicago

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, 34.9% of households included children and 11.2% included older adults. In addition, 8% of adults reported having diabetes, 16.7% a condition that limits activities, and 7.5% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Medical Materiel Management and Distribution
3. Community Preparedness
4. Information Sharing
5. Community Recovery

Laboratory Response Network biological (LRN-B) laboratories (labs) and PulseNet labs independently and rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks.
CDC manages the LRN-B network, a group of 141 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	Lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.		
Proportion of LRN-B proficiency tests passed[5]	—	—	—
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	—	—	—
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	—	—	—
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	—	—	—

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. In 2013, 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	2011	2012	2013[3]
Number of Level 1 LRN-C labs[7]	—	—	—
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]	—	—	—

Chicago

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	61	60	69
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$9,847,147
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	5
Public health personnel who received CDC Strategic National Stockpile training[17]	—

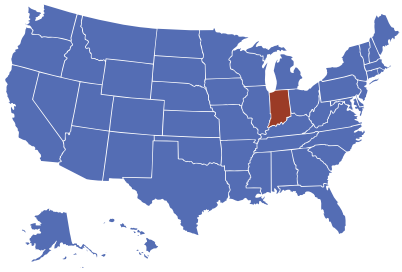
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below 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 TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	100	100	100

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

Indiana

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, 37.1% of households included children and 18.3% included older adults. In addition, 10.9% of adults reported having diabetes, 21.3% a condition that limits activities, and 8.5% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Public Health Laboratory Testing
3. Information Sharing
4. Volunteer Management
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	0 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	98% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	89% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	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 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]	1 / 1	2 / 2	2 / 2

Indiana

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	23 (target: 60)	38 (target: 60)	52
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$11,641,890
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	12
Public health personnel who received CDC Strategic National Stockpile training[17]	43

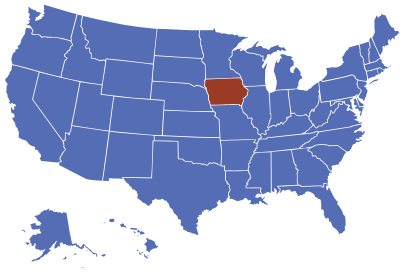
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	99	99	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Chicago-Naperville-Joliet, IL-IN-WI (100-point scale)[10]	96	95	95
Cincinnati-Middletown, OH-KY-IN (100-point scale)[10]	87	90	92
Indianapolis-Carmel, IN (100-point scale)[10]	95	93	93
Louisville, KY-IN (100-point scale)[10]	87	87	89

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

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, 36.9% of households included children and 20.5% included older adults. In addition, 9.7% of adults reported having diabetes, 18.6% a condition that limits activities, and 7.2% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Recovery
4. Emergency Operations Coordination
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	4 / 4	5 / 5	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	2	2	2
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	60% (target: 90%)	89% (target: 90%)	88% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	8 / 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 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]	1 / 1	2 / 2	2 / 2

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

Iowa

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	55 (target: 60)	53 (target: 60)	17
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$6,888,712
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	—

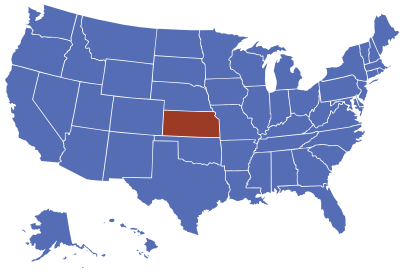
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	98	98	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Des Moines-West Des Moines, IA (100-point scale)[10]	93	89	90
Omaha-Council Bluffs, NE-IA (100-point scale)[10]	96	88	95

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

Kansas

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, 33.5% of households included children and 18.6% included older adults. In addition, 9.4% of adults reported having diabetes, 20.3% a condition that limits activities, and 7.9% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Medical Materiel Management and Distribution
4. Emergency Public Information and Warning
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	3 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	95% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	2 / 2	2 / 2

Kansas

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	56 (target: 60)	59 (target: 60)	60
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$6,871,271
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	9
Public health personnel who received CDC Strategic National Stockpile training[17]	1

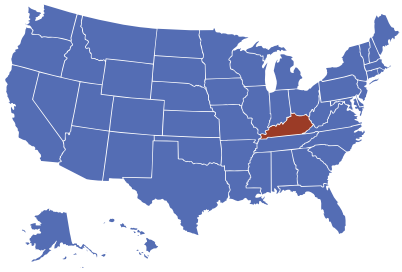
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Kansas City, MO-KS (100-point scale)[10]	94	97	97
Wichita, KS (100-point scale)[10]	87	89	94

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

Kentucky

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, 34.5% of households included children and 18.8% included older adults. In addition, 10.7% of adults reported having diabetes, 26.2% a condition that limits activities, and 11.6% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Medical Materiel Management and Distribution
4. Information Sharing
5. Medical Countermeasure Dispensing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	6 / 6	5 / 5	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	90% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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 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

Kentucky

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	14 (target: 60)	16 (target: 60)	12
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$8,664,857
CDC preparedness field staff[13, 14, 15]	5
CDC Emergency Management Program activities[16]	6
Public health personnel who received CDC Strategic National Stockpile training[17]	—

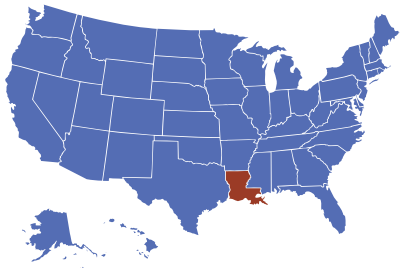
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	97	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Cincinnati-Middletown, OH-KY-IN (100-point scale)[10]	87	90	92
Louisville, KY-IN (100-point scale)[10]	87	87	89

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

Louisiana

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, 37.3% of households included children and 17.5% included older adults. In addition, 12.3% of adults reported having diabetes, 23.1% a condition that limits activities, and 9.2% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Information Sharing
2. Medical Materiel Management and Distribution
3. Medical Countermeasure Dispensing
4. Public Health Surveillance and Epidemiological Investigation
5. Public Health Laboratory Testing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	3 / 4	2 / 3	0 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	0% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	0% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	0 / 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 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]	1 / 1	Not eligible	Not eligible

Louisiana

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	25 (target: 60)	30 (target: 60)	50
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$9,046,664
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	10
Public health personnel who received CDC Strategic National Stockpile training[17]	60

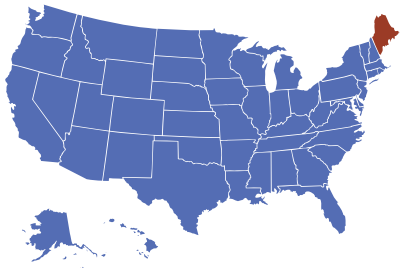
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	97	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Baton Rouge, LA (100-point scale)[10]	96	96	98
New Orleans-Metairie-Kenner, LA (100-point scale)[10]	98	98	99

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

Maine

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, 31.5% of households included children and 21.5% included older adults. In addition, 9.7% of adults reported having diabetes, 23% a condition that limits activities, and 8.4% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Information Sharing
4. Medical Countermeasure Dispensing
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	82% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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 / 9	9 / 9	8 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	1	1	1
Result of LRN 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]	1 / 1	Did not participate	Did not participate

Maine

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	26 (target: 60)	24 (target: 60)	53
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	No
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,775,927
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	—

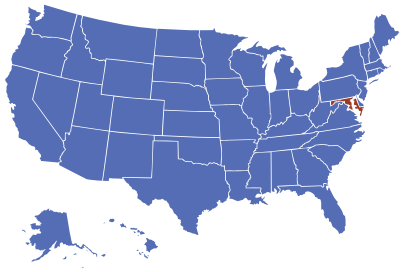
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	94	96	98
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Portland-South Portland-Biddeford, ME (100-point scale)[10]	94	96	97

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

Maryland

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, 36.5% of households included children and 17.3% included older adults. In addition, 10.2% of adults reported having diabetes, 16.7% a condition that limits activities, and 7% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Information Sharing
3. Medical Countermeasure Dispensing
4. Public Health Surveillance and Epidemiological Investigation
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	6	6	6
Proportion of LRN-B proficiency tests passed[5]	14 / 15	7 / 8	4 / 4
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	3	3	3
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	91% (target: 90%)	100% (target: 90%)	97% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	92% (target: 90%)	92% (target: 90%)	93% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	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 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]	1 / 1	2 / 2	2 / 2

Maryland

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	18 (target: 60)	15 (target: 60)	19
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

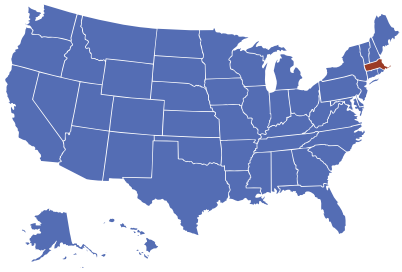
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$11,447,761
CDC preparedness field staff[13, 14, 15]	2
CDC Emergency Management Program activities[16]	11
Public health personnel who received CDC Strategic National Stockpile training[17]	91

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	97	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Baltimore-Towson, MD (100-point scale)[10]	93	97	99
Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE (100-point scale)[10]	95	97	98
Washington-Arlington-Alexandria, DC-VA-MD-WV (100-point scale)[10]	92	94	96

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

Massachusetts



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, 36.1% of households included children and 18.7% included older adults. In addition, 8.3% of adults reported having diabetes, 18.1% a condition that limits activities, and 6.9% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Preparedness
4. Medical Countermeasure Dispensing
5. Emergency Operations Coordination

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	8 / 8	6 / 6	3 / 3
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	85% (target: 90%)	98% (target: 90%)	78% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	8 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN 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]	1 / 1	2 / 2	2 / 2

Massachusetts

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	22 (target: 60)	15 (target: 60)	11
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

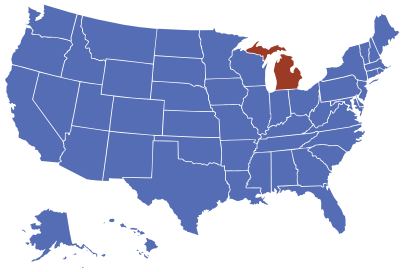
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$13,215,674
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	12
Public health personnel who received CDC Strategic National Stockpile training[17]	69

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	90	89	91
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Boston-Cambridge-Quincy, MA-NH (100-point scale)[10]	71	76	85
Providence-New Bedford-Fall River, RI-MA (100-point scale)[10]	86	85	90

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

Michigan



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, 34.5% of households included children and 19.2% included older adults. In addition, 10.5% of adults reported having diabetes, 22.3% a condition that limits activities, and 8.7% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	7	7	6
Proportion of LRN-B proficiency tests passed[5]	7 / 9	5 / 7	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	2	2	2
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	97% (target: 90%)	87% (target: 90%)	86% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	96% (target: 90%)	84% (target: 90%)	82% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN 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]	1 / 1	2 / 2	2 / 2

Michigan

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	41 (target: 60)	56 (target: 60)	62
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

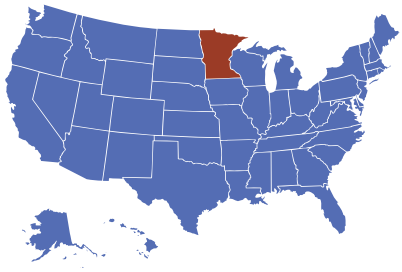
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$17,122,558
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	12
Public health personnel who received CDC Strategic National Stockpile training[17]	1

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	100	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Detroit-Warren-Livonia, MI (100-point scale)[10]	98	98	97

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

Minnesota



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, 36% of households included children and 18% included older adults. In addition, 7.3% of adults reported having diabetes, 16.2% a condition that limits activities, and 5.8% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Community Preparedness
3. Public Health Surveillance and Epidemiological Investigation
4. Medical Countermeasure Dispensing
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	91% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	3	3	3
Result of LRN 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]	1 / 1	2 / 2	2 / 2

Minnesota

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	45 (target: 60)	7 (target: 60)	39
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$11,303,489
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	13
Public health personnel who received CDC Strategic National Stockpile training[17]	—

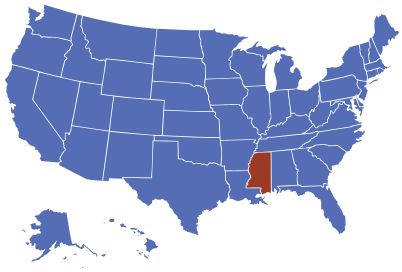
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	91	93	98
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Fargo, ND-MN (100-point scale)[10]	97	99	99
Minneapolis-St. Paul-Bloomington, MN-WI (100-point scale)[10]	90	90	91

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

Mississippi

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, 37.9% of households included children and 18.3% included older adults. In addition, 12.5% of adults reported having diabetes, 24.6% a condition that limits activities, and 10.2% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Emergency Operations Coordination
4. Medical Countermeasure Dispensing
5. Community Preparedness

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	94% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 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 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]	1 / 1	2 / 2	2 / 2

Mississippi

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	11 (target: 60)	3 (target: 60)	9
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$6,826,045
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	9
Public health personnel who received CDC Strategic National Stockpile training[17]	—

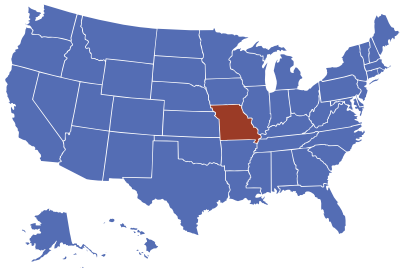
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	99	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Jackson, MS (100-point scale)[10]	95	93	95
Memphis, TN-MS-AR (100-point scale)[10]	92	94	96

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

Missouri

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, 34.7% of households included children and 19.4% included older adults. In addition, 10.7% of adults reported having diabetes, 23.7% a condition that limits activities, and 10.4% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Preparedness
4. Medical Materiel Management and Distribution
5. Emergency Operations Coordination

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	99% (target: 90%)	98% (target: 90%)	97% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	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 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]	1 / 1	2 / 2	2 / 2

Missouri

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	39 (target: 60)	34 (target: 60)	54
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$11,189,315
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	7

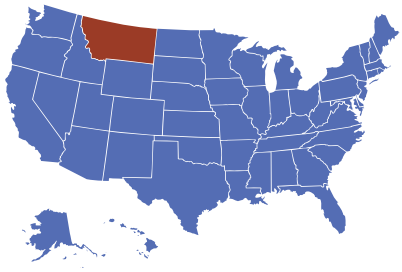
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	99	92	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Kansas City, MO-KS (100-point scale)[10]	94	97	97
St. Louis, MO-IL (100-point scale)[10]	89	95	97

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

Montana

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, 33.6% of households included children and 20.5% included older adults. In addition, 7.2% of adults reported having diabetes, 23.2% a condition that limits activities, and 7.9% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Information Sharing
3. Medical Materiel Management and Distribution
4. Medical Countermeasure Dispensing
5. Community Preparedness

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 5	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	33% (target: 90%)	N/A	85% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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 / 9	5 / 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 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]	1 / 1	Not eligible	Not eligible

Montana

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	16 (target: 60)	9 (target: 60)	12
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,366,055
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	27

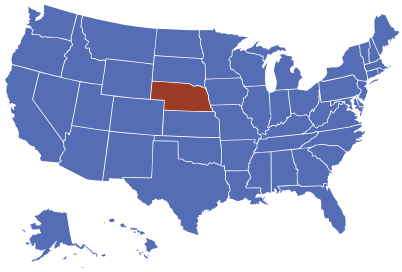
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	90	87	93
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Billings, MT (100-point scale)[10]	73	75	92

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

Nebraska

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, 37.3% of households included children and 19% included older adults. In addition, 8.1% of adults reported having diabetes, 18.4% a condition that limits activities, and 6.8% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Emergency Operations Coordination
3. Community Preparedness
4. Medical Countermeasure Dispensing
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	3 / 4	3 / 3	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	90% (target: 90%)	95% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	70% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	2 / 2	2 / 2

Nebraska

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	45 (target: 60)	37 (target: 60)	65
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$5,421,224
CDC preparedness field staff[13, 14, 15]	2
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	1

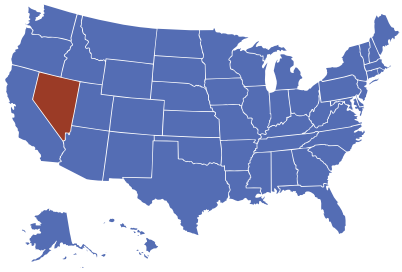
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	97	98	92
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Omaha-Council Bluffs, NE-IA (100-point scale)[10]	96	88	95

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

Nevada

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, 38.8% of households included children and 17.4% included older adults. In addition, 8.9% of adults reported having diabetes, 19.2% a condition that limits activities, and 7.7% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 4* capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Emergency Public Information and Warning
2. Public Health Surveillance and Epidemiological Investigation
3. Emergency Operations Coordination
4. Community Preparedness

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	9 / 9	5 / 7	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	2	2	2
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	3 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	2	2	1
Result of LRN 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]	1 / 1	2 / 2	2 / 2

*Nevada invested in four capabilities in 2013

Nevada

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	14 (target: 60)	36 (target: 60)	6
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

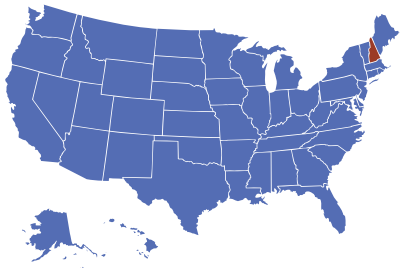
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$6,824,877
CDC preparedness field staff[13, 14, 15]	2
CDC Emergency Management Program activities[16]	9
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	94	90	95
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Las Vegas-Paradise, NV (100-point scale)[10]	96	99	100

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

New Hampshire



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, 33.2% of households included children and 18.8% included older adults. In addition, 9.1% of adults reported having diabetes, 21.3% a condition that limits activities, and 7.1% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Preparedness
4. Information Sharing
5. Emergency Operations Coordination

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	Not eligible	Not eligible

New Hampshire

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	46 (target: 60)	20 (target: 60)	35
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	No	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

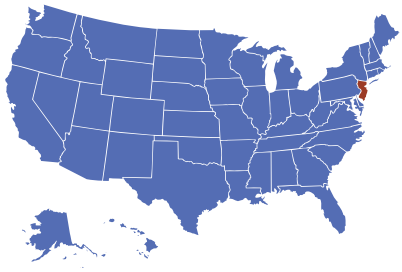
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,881,449
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	10
Public health personnel who received CDC Strategic National Stockpile training[17]	6

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	92	100	92
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Boston-Cambridge-Quincy, MA-NH (100-point scale)[10]	71	76	85
Manchester-Nashua, NH (100-point scale)[10]	72	80	81

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

New Jersey



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, 38.8% of households included children and 18.7% included older adults. In addition, 9.3% of adults reported having diabetes, 15.4% a condition that limits activities, and 6.4% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Emergency Operations Coordination
4. Community Preparedness
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	79% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	71% (target: 90%)	26% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	6 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	0	1	1
Result of LRN 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]	1 / 1	2 / 2	2 / 2

New Jersey

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	32 (target: 60)	45 (target: 60)	44
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$16,033,232
CDC preparedness field staff[13, 14, 15]	2
CDC Emergency Management Program activities[16]	13
Public health personnel who received CDC Strategic National Stockpile training[17]	5

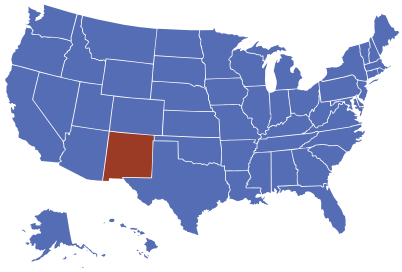
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
New York-Northern New Jersey-Long Island, NY-NJ-PA (100-point scale)[10]	93	93	95
Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE (100-point scale)[10]	95	97	98
Trenton-Ewing, NJ (100-point scale)[10]	98	100	100

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

New Mexico

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, 37.6% of households included children and 18.9% included older adults. In addition, 10.3% of adults reported having diabetes, 22.6% a condition that limits activities, and 9.6% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Preparedness
4. Medical Countermeasure Dispensing
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	94% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN 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]	1 / 1	2 / 2	2 / 2

New Mexico

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	32 (target: 60)	37 (target: 60)	30
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

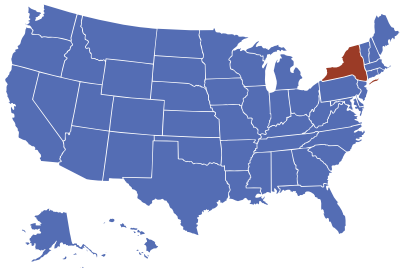
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$6,716,529
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	94	100	94
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Albuquerque, NM (100-point scale)[10]	49	96	92

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

New York



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, 36% of households included children and 18.5% included older adults. In addition, 9.7% of adults reported having diabetes, 19.2% a condition that limits activities, and 8.3% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Information Sharing
4. Medical Countermeasure Dispensing
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	4	4	4
Proportion of LRN-B proficiency tests passed[5]	12 / 12	10 / 10	3 / 3
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	2	2	2
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	96% (target: 90%)	100% (target: 90%)	99% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	97% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN 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]	1 / 1	2 / 2	2 / 2

New York

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	72 (target: 60)	41 (target: 60)	20
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

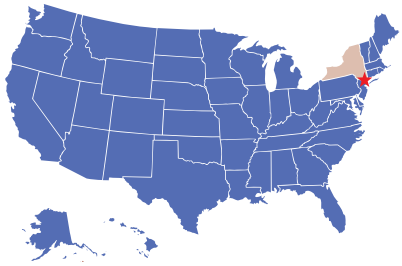
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$19,926,605
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	14
Public health personnel who received CDC Strategic National Stockpile training[17]	130

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Albany-Schenectady-Troy, NY (100-point scale)[10]	99	99	98
Buffalo-Niagara Falls, NY (100-point scale)[10]	83	88	98
New York-Northern New Jersey-Long Island, NY-NJ-PA (100-point scale)[10]	93	93	95

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

New York City



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, 33.2% of households included children and 13.6% included older adults. In addition, 9.9% of adults reported having diabetes, 17.1% a condition that limits activities, and 8.2% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Emergency Operations Coordination
4. Information Sharing
5. Medical Materiel Management and Distribution

Laboratory Response Network biological (LRN-B) laboratories (labs) and PulseNet labs independently and rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks.
CDC manages the LRN-B network, a group of 141 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	3 / 3	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	78% (target: 90%)	72% (target: 90%)	94% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	69% (target: 90%)	91% (target: 90%)	98% (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. In 2013, 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	2011	2012	2013[3]
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

New York City

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	45	48	60
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$18,657,853
CDC preparedness field staff[13, 14, 15]	7
CDC Emergency Management Program activities[16]	5
Public health personnel who received CDC Strategic National Stockpile training[17]	—

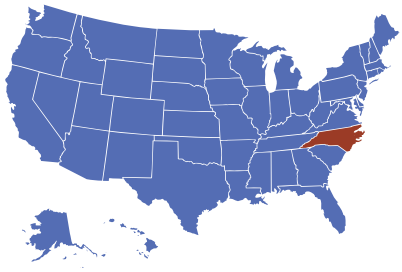
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below 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 TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	97	100	100

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

North Carolina

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, 34.2% of households included children and 18.3% included older adults. In addition, 10.4% of adults reported having diabetes, 19.7% a condition that limits activities, and 8% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Public Health Laboratory Testing
3. Information Sharing
4. Emergency Operations Coordination
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	5	5	4
Proportion of LRN-B proficiency tests passed[5]	12 / 13	14 / 14	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	2	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	71% (target: 90%)	100% (target: 90%)	97% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	50% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 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 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]	1 / 1	2 / 2	2 / 2

North Carolina

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	44 (target: 60)	16 (target: 60)	10
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

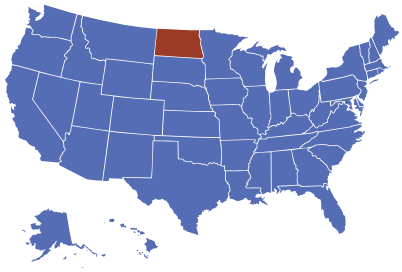
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$14,976,630
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	13
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	99	92	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Charlotte-Gastonia-Concord, NC-SC (100-point scale)[10]	89	95	96
Virginia Beach-Norfolk-Newport News, VA-NC (100-point scale)[10]	91	90	90

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

North Dakota



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, 32.6% of households included children and 19.6% included older adults. In addition, 8.6% of adults reported having diabetes, 16.2% a condition that limits activities, and 5.8% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Medical Materiel Management and Distribution
3. Public Health Surveillance and Epidemiological Investigation
4. Information Sharing
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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]	—	1	1
Proportion of **core** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	3 / 9*	N/A	N/A
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	0	N/A	N/A
Result of LRN 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]	Not eligible	N/A	N/A

*State reported three core methods meet its preparedness needs.

North Dakota

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	15 (target: 60)	25 (target: 60)	14
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,197,971
CDC preparedness field staff[13, 14, 15]	2
CDC Emergency Management Program activities[16]	6
Public health personnel who received CDC Strategic National Stockpile training[17]	1

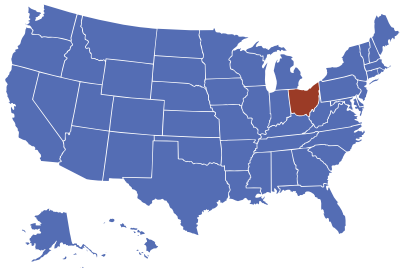
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	100	97
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Fargo, ND-MN (100-point scale)[10]	97	99	99

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

Ohio

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, 35.1% of households included children and 19.6% included older adults. In addition, 11.7% of adults reported having diabetes, 20.3% a condition that limits activities, and 8% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Public Health Laboratory Testing
3. Medical Materiel Management and Distribution
4. Emergency Operations Coordination
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	3	3	3
Proportion of LRN-B proficiency tests passed[5]	6 / 6	5 / 5	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	99% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	1 / 9	2 / 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 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]	Not eligible	Not eligible	N/A

Ohio

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	56 (target: 60)	39 (target: 60)	30
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	No
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$18,538,073
CDC preparedness field staff[13, 14, 15]	5
CDC Emergency Management Program activities[16]	13
Public health personnel who received CDC Strategic National Stockpile training[17]	235

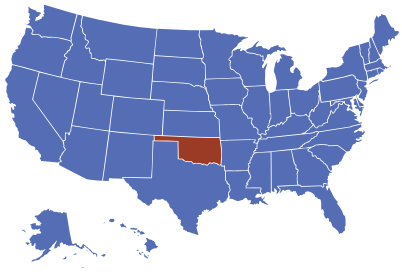
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	96	99	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Cincinnati-Middletown, OH-KY-IN (100-point scale)[10]	87	90	92
Cleveland-Elyria-Mentor, OH (100-point scale)[10]	79	94	96
Columbus, OH (100-point scale)[10]	80	85	94

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

Oklahoma

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, 37.1% of households included children and 19% included older adults. In addition, 11.5% of adults reported having diabetes, 25.7% a condition that limits activities, and 9.2% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Public Health Laboratory Testing
3. Community Preparedness
4. Community Recovery
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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 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

Oklahoma

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	16 (target: 60)	8 (target: 60)	15
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	No
Received legal authority to spend emergency funds[11]	No
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$7,895,438
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	12

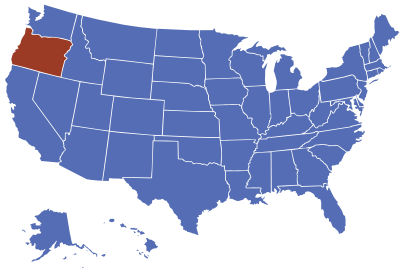
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Oklahoma City, OK (100-point scale)[10]	95	97	97

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

Oregon

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, 32.5% of households included children and 19.3% included older adults. In addition, 9.9% of adults reported having diabetes, 26.4% a condition that limits activities, and 9.1% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Community Preparedness
2. Public Health Laboratory Testing
3. Public Health Surveillance and Epidemiological Investigation
4. Information Sharing
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	3 / 3	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	61% (target: 90%)	38% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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 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

Oregon

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	49 (target: 60)	15 (target: 60)	55
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

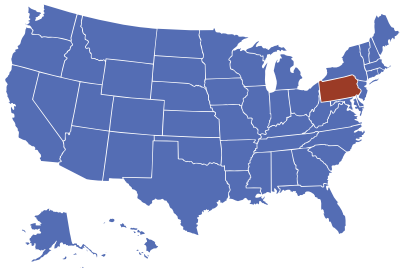
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$8,145,629
CDC preparedness field staff[13, 14, 15]	4
CDC Emergency Management Program activities[16]	9
Public health personnel who received CDC Strategic National Stockpile training[17]	2

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	92	98	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Portland-Vancouver-Beaverton, OR-WA (100-point scale)[10]	91	93	88

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

Pennsylvania



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, 34.7% of households included children and 20.9% included older adults. In addition, 10.2% of adults reported having diabetes, 20.1% a condition that limits activities, and 8.6% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Public Health Laboratory Testing
3. Information Sharing
4. Responder Safety and Health
5. Community Preparedness

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	4 / 4	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	2	2	2
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	93% (target: 90%)	100% (target: 90%)	91% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	91% (target: 90%)	56% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	2	2	1
Result of LRN 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]	1 / 1	2 / 2	2 / 2

Pennsylvania

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	36 (target: 60)	42 (target: 60)	45
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

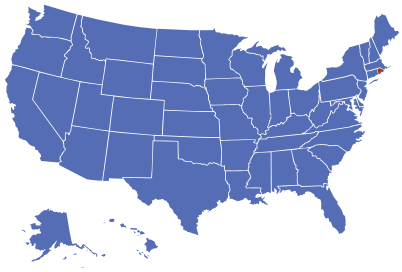
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$20,201,109
CDC preparedness field staff[13, 14, 15]	5
CDC Emergency Management Program activities[16]	14
Public health personnel who received CDC Strategic National Stockpile training[17]	3

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	94	97	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
New York-Northern New Jersey-Long Island, NY-NJ-PA (100-point scale)[10]	93	93	95
Philadelphia-Camden-Cecil-Wilmington, PA-NJ-MD-DE (100-point scale)[10]	95	97	98
Pittsburgh, PA (100-point scale)[10]	90	98	99

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

Rhode Island



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, 33.9% of households included children and 19.4% included older adults. In addition, 9.8% of adults reported having diabetes, 20% a condition that limits activities, and 8.7% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Medical Countermeasure Dispensing
4. Medical Surge
5. Emergency Operations Coordination

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	0 / 1	Not eligible	Not eligible

Rhode Island

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	10 (target: 60)	4 (target: 60)	7
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	No
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	N/A

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,574,482
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	12
Public health personnel who received CDC Strategic National Stockpile training[17]	1

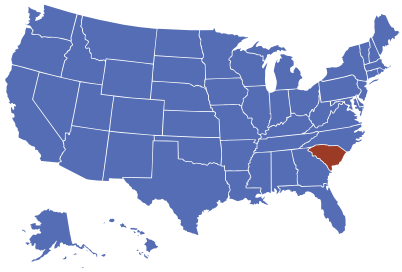
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	97	99	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Providence-New Bedford-Fall River, RI-MA (100-point scale)[10]	86	85	90

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

South Carolina

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, 34.4% of households included children and 19.3% included older adults. In addition, 11.6% of adults reported having diabetes, 23% a condition that limits activities, and 9.6% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Public Health Laboratory Testing
3. Emergency Operations Coordination
4. Community Preparedness
5. Medical Countermeasure Dispensing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	56% (target: 90%)	67% (target: 90%)	80% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	83% (target: 90%)	88% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN 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]	1 / 1	2 / 2	2 / 2

South Carolina

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	49 (target: 60)	55 (target: 60)	7
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

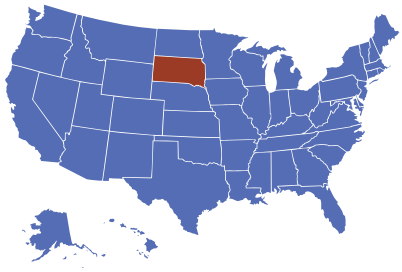
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$9,764,874
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	11
Public health personnel who received CDC Strategic National Stockpile training[17]	134

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	92	87	90
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Charlotte-Gastonia-Concord, NC-SC (100-point scale)[10]	89	95	96
Columbia, SC (100-point scale)[10]	84	86	89

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

South Dakota



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, 35.2% of households included children and 20% included older adults. In addition, 7.8% of adults reported having diabetes, 20% a condition that limits activities, and 7.2% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Information Sharing
3. Public Health Surveillance and Epidemiological Investigation
4. Medical Countermeasure Dispensing
5. Community Preparedness

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	1 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	61% (target: 90%)	61% (target: 90%)	89% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A

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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	2 / 2	2 / 2

South Dakota

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	30 (target: 60)	35 (target: 60)	15
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,197,971
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	—

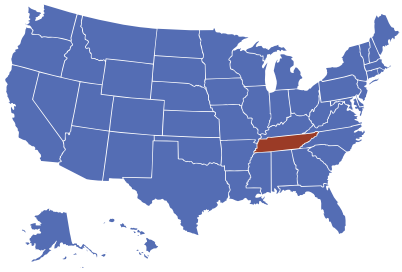
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	89	87	89
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Sioux Falls, SD (100-point scale)[10]	93	93	94

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

Tennessee

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, 31.7% of households included children and 18.9% included older adults. In addition, 11.9% of adults reported having diabetes, 23.1% a condition that limits activities, and 9.3% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Emergency Operations Coordination
4. Community Preparedness
5. Medical Materiel Management and Distribution

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	4	4	4
Proportion of LRN-B proficiency tests passed[5]	10 / 10	9 / 9	1 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	96% (target: 90%)	99% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	86% (target: 90%)	100% (target: 90%)	89% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	2 / 9	3 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	0	0	0
Result of LRN 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]	Not eligible	Not eligible	Not eligible

Tennessee

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	59 (target: 60)	15 (target: 60)	52
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$11,424,097
CDC preparedness field staff[13, 14, 15]	4
CDC Emergency Management Program activities[16]	12
Public health personnel who received CDC Strategic National Stockpile training[17]	1

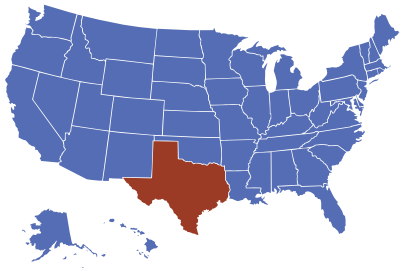
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	95	94	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Memphis, TN-MS-AR (100-point scale)[10]	92	94	96
Nashville-Davidson-Murfreesboro, TN (100-point scale)[10]	92	90	92

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

Texas

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, 43.1% of households included children and 15.2% included older adults. In addition, 10.6% of adults reported having diabetes, 17.9% a condition that limits activities, and 7.3% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Community Preparedness
2. Public Health Surveillance and Epidemiological Investigation
3. Medical Countermeasure Dispensing
4. Public Health Laboratory Testing
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	14	14	14
Proportion of LRN-B proficiency tests passed[5]	31 / 33	28 / 31	5 / 7
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	3	3	3
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	86% (target: 90%)	97% (target: 90%)	75% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	47% (target: 90%)	90% (target: 90%)	68% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	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 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]	1 / 1	2 / 2	2 / 2

Texas

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	59 (target: 60)	45 (target: 60)	4
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$37,551,857
CDC preparedness field staff[13, 14, 15]	2
CDC Emergency Management Program activities[16]	14
Public health personnel who received CDC Strategic National Stockpile training[17]	27

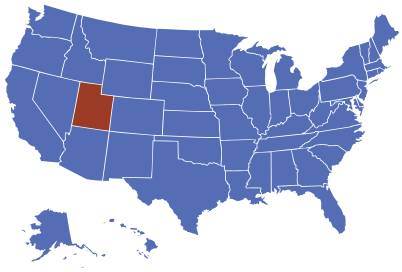
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	94	96	97
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Dallas-Fort Worth-Arlington, TX (100-point scale)[10]	94	98	96
Houston-Baytown-Sugar Land, TX (100-point scale)[10]	88	87	88
San Antonio, TX (100-point scale)[10]	83	89	89

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

Utah

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, 47.3% of households included children and 13.8% included older adults. In addition, 7.2% of adults reported having diabetes, 19.1% a condition that limits activities, and 5.8% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Emergency Public Information and Warning
4. Medical Materiel Management and Distribution
5. Emergency Operations Coordination

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 5	4 / 4	1 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	87% (target: 90%)	98% (target: 90%)	96% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	86% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	6 / 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 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

*Attended CDC training on date of exercise.

Utah

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	10 (target: 60)	5 (target: 60)	9
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

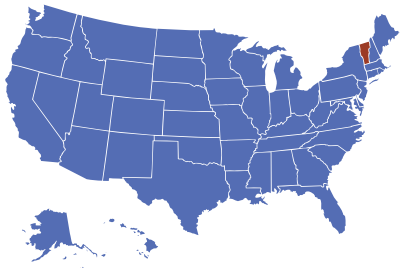
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$6,664,430
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	10
Public health personnel who received CDC Strategic National Stockpile training[17]	6

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	99	99
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Salt Lake City, UT (100-point scale)[10]	81	97	96

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

Vermont



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, 31.7% of households included children and 19.8% included older adults. In addition, 7.3% of adults reported having diabetes, 19.7% a condition that limits activities, and 6.6% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Community Preparedness
3. Public Health Surveillance and Epidemiological Investigation
4. Medical Materiel Management and Distribution
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	4 / 4	0 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	50% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	2 / 2	2 / 2

Vermont

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	30 (target: 60)	18 (target: 60)	28
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,197,971
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	9
Public health personnel who received CDC Strategic National Stockpile training[17]	4

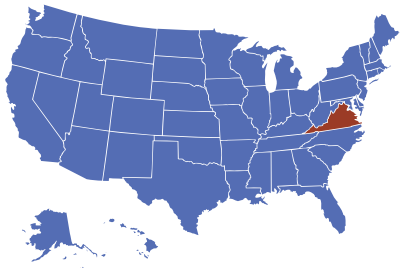
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	99	97	97
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Burlington-South Burlington, VT (100-point scale)[10]	98	98	95

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

Virginia

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, 36.1% of households included children and 17.2% included older adults. In addition, 10.6% of adults reported having diabetes, 19% a condition that limits activities, and 7.9% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Public Health Laboratory Testing
3. Community Preparedness
4. Emergency Public Information and Warning
5. Volunteer Management

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	5 / 5	4 / 4	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	94% (target: 90%)	100% (target: 90%)	98% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	92% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN 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]	1 / 1	1 / 2	1 / 2

Virginia

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	26 (target: 60)	28 (target: 60)	25
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

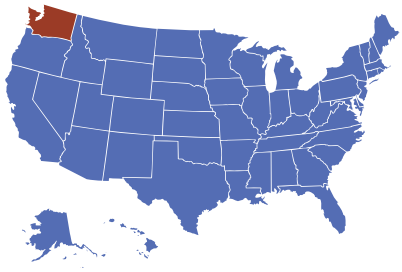
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$15,098,787
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	12
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	100	100	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Richmond, VA (100-point scale)[10]	89	89	82
Virginia Beach-Norfolk-Newport News, VA-NC (100-point scale)[10]	91	90	90
Washington-Arlington-Alexandria, DC-VA-MD-WV (100-point scale)[10]	92	94	96

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

Washington



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, 35.2% of households included children and 17.4% included older adults. In addition, 8.8% of adults reported having diabetes, 23.7% a condition that limits activities, and 8.1% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Preparedness
4. Information Sharing
5. Emergency Public Information and Warning

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	6	6	6
Proportion of LRN-B proficiency tests passed[5]	9 / 9	8 / 8	3 / 3
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	97% (target: 90%)	91% (target: 90%)	93% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	94% (target: 90%)	72% (target: 90%)	87% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	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 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]	1 / 1	2 / 2	2 / 2

Washington

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	8 (target: 60)	29 (target: 60)	6
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

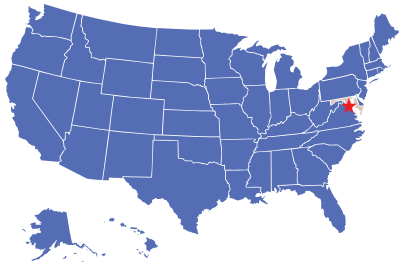
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$12,242,591
CDC preparedness field staff[13, 14, 15]	4
CDC Emergency Management Program activities[16]	10
Public health personnel who received CDC Strategic National Stockpile training[17]	1

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	90	94	98
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Portland-Vancouver-Beaverton, OR-WA (100-point scale)[10]	91	93	88
Seattle-Tacoma-Bellevue, WA (100-point scale)[10]	87	90	96

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

Washington, D.C.



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., 27.1% of households included children and 14.9% included older adults. In addition, 8.2% of adults reported having diabetes, 18.1% a condition that limits activities, and 9.2% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Medical Materiel Management and Distribution
2. Public Health Laboratory Testing
3. Medical Countermeasure Dispensing
4. Emergency Operations Coordination
5. Community Preparedness

Laboratory Response Network biological (LRN-B) laboratories (labs) and PulseNet labs independently and rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks.
CDC manages the LRN-B network, a group of 141 labs with testing capabilities to confirm the presence of biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	1 / 1	1 / 2	Did not participate
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	N/A
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	0% (target: 90%)	0% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	0 / 9	3 / 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]	Not eligible	Not eligible	Not eligible

Washington, D.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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	30	5	N/A
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

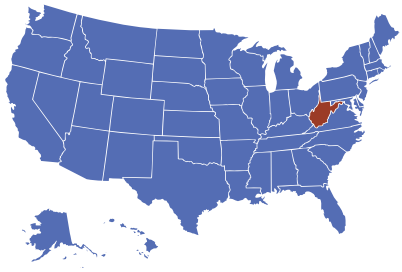
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$6,336,749
CDC preparedness field staff[13, 14, 15]	4
CDC Emergency Management Program activities[16]	10
Public health personnel who received CDC Strategic National Stockpile training[17]	11

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 TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	89	93	96

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

West Virginia



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, 30.6% of households included children and 21.8% included older adults. In addition, 13% of adults reported having diabetes, 28.6% a condition that limits activities, and 11.2% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Preparedness
4. Emergency Public Information and Warning
5. Emergency Operations Coordination

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	1	1	1
Proportion of LRN-B proficiency tests passed[5]	4 / 4	3 / 3	2 / 2
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	N/A	100% (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. In 2013, 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	2011	2012	2013[3]
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 / 9	5 / 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 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]	Not eligible	Not eligible	Not eligible

West Virginia

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	5 (target: 60)	2 (target: 60)	2
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$5,425,674
CDC preparedness field staff[13, 14, 15]	4
CDC Emergency Management Program activities[16]	11
Public health personnel who received CDC Strategic National Stockpile training[17]	33

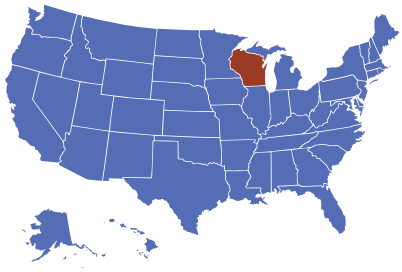
States, localities, and insular areas ensure medicine, vaccines, and medical supplies are available to the public during large-scale public health emergencies by supplementing local supplies with assets from CDC's Strategic National Stockpile (SNS).
The technical assistance review (TAR) scores below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

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	95	93	96
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Charleston, WV (100-point scale)[10]	82	83	93
Washington-Arlington-Alexandria, DC-VA-MD-WV (100-point scale)[10]	92	94	96

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

Wisconsin

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, 36.3% of households included children and 18.9% included older adults. In addition, 8.3% of adults reported having diabetes, 19.2% a condition that limits activities, and 7.3% a health problem that required the use of specialized equipment.[1]



CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Emergency Public Information and Warning
4. Community Preparedness
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	8 / 9	5 / 6	2 / 3
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	93% (target: 90%)	94% (target: 90%)	90% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (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. In 2013, 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	2011	2012	2013[3]
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]	9 / 9	9 / 9	9 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	4	4	4
Result of LRN 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]	1 / 1	2 / 2	2 / 2

Wisconsin

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	8 (target: 60)	17 (target: 60)	40
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

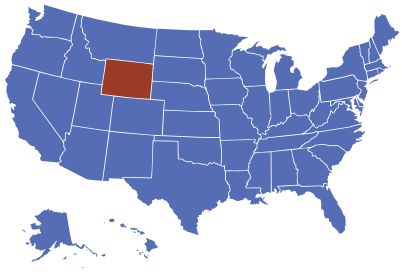
CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$11,727,640
CDC preparedness field staff[13, 14, 15]	3
CDC Emergency Management Program activities[16]	11
Public health personnel who received CDC Strategic National Stockpile training[17]	2

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	89	98	82
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Chicago-Naperville-Joliet, IL-IN-WI (100-point scale)[10]	96	95	95
Milwaukee-Waukesha-West Allis, WI (100-point scale)[10]	85	89	95
Minneapolis-St. Paul-Bloomington, MN-WI (100-point scale)[10]	90	90	91

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

Wyoming



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, 33.1% of households included children and 17.9% included older adults. In addition, 9.1% of adults reported having diabetes, 19.1% a condition that limits activities, and 7.2% a health problem that required the use of specialized equipment.[1]

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Preparedness
4. Emergency Public Information and Warning
5. Information Sharing

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 network, a group of 141 labs with testing capabilities to confirm the presence of hazardous biological agents. CDC also coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate 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	2011	2012	2013[3]
Number of LRN-B labs[4]	2	2	2
Proportion of LRN-B proficiency tests passed[5]	4 / 4	3 / 3	0 / 1
Biological Laboratory Testing: PulseNet	**2011**	**2012**	**2013**
Number of PulseNet labs[6]	1	1	1
Percentage of *E. coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	100% (target: 90%)	100% (target: 90%)	100% (target: 90%)
Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national database within 4 working days[6]	N/A	100% (target: 90%)	N/A

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. In 2013, 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	2011	2012	2013[3]
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 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

Wyoming

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	20 (target: 60)	13 (target: 60)	14
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$4,197,971
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	8
Public health personnel who received CDC Strategic National Stockpile training[17]	13

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 for the state overall and localities in the Cities Readiness Initiative (CRI). See Appendix B for a detailed description of TAR scores.

State TAR Score	2010–2011	2011–2012	2012–2013
TAR score (out of 100-point scale)[10]	98	99	100
CRI Metropolitan Statistical Area (MSA) TAR Score(s)	**2010–2011**	**2011–2012**	**2012–2013**
Cheyenne, WY (100-point scale)[10]	61	82	91

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

American Samoa

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Information Sharing
2. Public Health Surveillance and Epidemiological Investigation
3. Volunteer Management
4. Emergency Operations Coordination
5. Medical Countermeasure Dispensing

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	60	62	N/A
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	No	No

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$380,333
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	—
Public health personnel who received CDC Strategic National Stockpile training[17]	45

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.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	61	65	50

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

Fed States of Micronesia

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness. The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]	1. Community Preparedness 2. Emergency Operations Coordination 3. Medical Countermeasure Dispensing 4. Emergency Public Information and Warning 5. Information Sharing

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	420	30	N/A
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	—

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$429,576
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	—
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	60	60	50

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

Guam

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation
3. Community Preparedness
4. Medical Countermeasure Dispensing
5. Medical Materiel Management and Distribution

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	15	—	197
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	—	No

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	—

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$518,712
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	—
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	64	85	75

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

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Public Health Surveillance and Epidemiological Investigation
2. Emergency Operations Coordination
3. Community Preparedness
4. Non-Pharmaceutical Interventions
5. Medical Countermeasure Dispensing/Medical Materiel Management and Distribution

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	60	—	60
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	—	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	Yes

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$358,428
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	—
Public health personnel who received CDC Strategic National Stockpile training[17]	83

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.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	63	69	50

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

Puerto Rico

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness. The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]	1. Public Health Laboratory Testing 2. Public Health Surveillance and Epidemiological Investigation 3. Information Sharing 4. Community Preparedness 5. Responder Safety and Health

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. In 2013, 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	2011	2012	2013[3]
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]	—	—	—
Proportion of **core** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	—	0 / 9	0 / 9
Number of **additional** chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs[8]	—	0	0
Result of LRN exercise to collect, package, and ship samples[8]	—	Passed	Passed
Proportion of agents correctly identified and quantified from unknown samples during unannounced proficiency testing[9]	—	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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	75	45	4
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	Yes	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	No
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	No

Puerto Rico

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$7,505,428
CDC preparedness field staff[13, 14, 15]	1
CDC Emergency Management Program activities[16]	—
Public health personnel who received CDC Strategic National Stockpile training[17]	56

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.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	91*	97*	100*

*Puerto Rico conducted a state TAR in 2010-2011. In 2011-2012 and 2012-2013, Puerto Rico conducted an island TAR.
Note: All data furnished by the Centers for Disease Control and Prevention. For more detail on specific data sources, see Appendix C.

Republic of the Marshall Islands

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness. The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]	1. Public Health Surveillance and Epidemiological Investigation 2. Public Health Laboratory Testing 3. Community Preparedness 4. Medical Materiel Management and Distribution 5. Mass Care

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	120	—	—
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	—	No

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	—

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$379,640
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	1
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	60	65	67

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

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness. The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]	1. Responder Safety and Health 2. Public Health Surveillance and Epidemiological Investigation 3. Emergency Public Information and Warning 4. Community Preparedness 5. Volunteer Management

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	7	—	27
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	—	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	Yes
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	—

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$325,248
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	—
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	72	66	79

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

U.S. Virgin Islands

CDC identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.
The listing to the right reflects the 5 capabilities with the largest Public Health Emergency Preparedness (PHEP) capability-specific investments during 2013.[2]

1. Medical Countermeasure Dispensing
2. Volunteer Management
3. Information Sharing
4. Medical Materiel Management and Distribution
5. Emergency Operations Coordination

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	2011	2012	2013
Number of minutes for public health staff with incident management lead roles to report for immediate duty[10]	30	60	15
Prepared an after-action report and improvement plan following a real or simulated response[10]	Yes	No	Yes

Administrative preparedness was highlighted as a key challenge during the 2009 H1N1 influenza pandemic.
In response, CDC developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. These processes, which differ from normal operations, include emergency procurement, contracting, and hiring processes. See Appendix B for a detailed description of administrative preparedness.

Administrative Preparedness	2013
Implemented all or part of administrative preparedness plan[11]	Yes
Received legal authority to spend emergency funds[11]	—
Reduced legal conflicts to implementing emergency use authorizations (EUAs)[11]	—

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 PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts. See Appendix B for a detailed description of each CDC resource.

CDC Resources Supporting Preparedness	2012–2013
CDC PHEP cooperative agreement funding provided[12]	$432,716
CDC preparedness field staff[13, 14, 15]	—
CDC Emergency Management Program activities[16]	—
Public health personnel who received CDC Strategic National Stockpile training[17]	—

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.

Island TAR Score	2010–2011	2011–2012	2012–2013
TAR score (100-point scale)[10]	53	67	83

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


DRINKING
WATER ONLY!

Appendix A: Emergency Management Program Activities

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Alabama N=6	International Health Regulations Public Health Emergencies of International Concern (IHR PHEIC) Assess-Multi State Outbreak of Salmonella infections linked to turtles, Health Alert Network (HAN) Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Alaska N=8	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Arizona N=10	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, IHR PHEIC Assess-Multi State Outbreak of Hepatitis A Virus, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Suspected Foodborne Botulism Outbreak In Arizona Prison
Arkansas N=7	IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
California N=14	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, IHR PHEIC Assess-Multi State Outbreak of Hepatitis A Virus, Multi State Cyclospora Outbreak Response Activation, Multi State Outbreak of Salmonella Montevideo/Mbandaka, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Incident Notice-F. Tularensis, Incident Notice-Possible Vaccine Adverse Event, Incident Notice-Rule out Inhalation Anthrax (Naturally Occurring)

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Los Angeles County N=5	HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Colorado N=9	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, IHR PHEIC Assess-Multi State Outbreak of Hepatitis A Virus, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Connecticut N=10	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy
Delaware N=6	IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Florida N=12	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Georgia N=23	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, BioWatch Exercise with Florida DoH, SITREP-Unknown Substance in package at CDC, EOC COOP Exercise, NBIS Protocol Activation Drill, EOC COOP Exercise, NCEH Cert Exercise, Georgia Public Health Lab BioWatch Exercise, EOC COOP Exercise, Ardent Sentry 2013 Exercise, BioWatch Exercise with DHS, EOC COOP Exercise, HHS SOC Devolution to CDC EOC, Vibrant Response Exercise with FDA Advisory Team
Hawaii N=9	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Hepatitis A Virus, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, SITREP-Acute Liver Failure Potentially Associated with a Dietary Supplement
Idaho N=10	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Illinois N=14	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Incident Notice BioWatch for FT, Incident Notice-Cutaneous Anthrax Rule Out
Chicago N=5	HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Indiana N=12	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, IHR PHEIC Assessment-Describing a case of Influenza A H3N2v
Iowa N=8	LRN Emergency Contact Drill (2), Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Kansas N=9	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Kentucky N=6	IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Louisiana N=10	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superbowl XLVII
Maine N=8	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Maryland N=11	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, SITREP-Possible ocular exposure to B. Anthracis in a laboratory, SITREP-Possible rash illness and low risk for small pox
Massachusetts N=12	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy, HAN-Additional Contamination in Medical Products, Boston Marathon Explosion
Michigan N=12	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Minnesota N=13	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, Multi State Outbreak of Salmonella Montevideo/Mbandaka, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Mississippi N=9	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Missouri N=8	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Montana N=8	LRN Emergency Contact Drill (2), HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Incident Notice-Suspicious Package found at tribal Office
Nebraska N=8	LRN Emergency Contact Drill (2), Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Nevada N=9	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, IHR PHEIC Assess-Multi State Outbreak of Hepatitis A Virus, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
New Hampshire N=10	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy
New Jersey N=13	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
New Mexico N=8	IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, IHR PHEIC Assess-Multi State Outbreak of Hepatitis A Virus, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Incident Notice-Y. Pestis Identified in Blood Culture
New York N=14	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, Multi State Outbreak of Salmonella Montevideo/Mbandaka, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy
New York City N=5	HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
North Carolina N=13	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy, Incident Notice-Smallpox Vaccine Adverse Reaction
North Dakota N=6	Multi State Outbreak of Salmonella Montevideo/Mbandaka, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Ohio N=13	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, SITREP-Mediastinitis in a female with Animal Hide Drum
Oklahoma N=8	LRN Emergency Contact Drill (2), HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Severe Weather
Oregon N=9	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Incident Notice-B. Anthracis DNA Equivocal result
Pennsylvania N=14	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy, 2012 investigation of Legionnaires' Disease Outbreak
Rhode Island N=12	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
South Carolina N=11	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, SITREP-Unknown Substance at Coffee Shop, Incident Notice-Naturally Occurring Brucella Isolate
South Dakota N=8	LRN Emergency Contact Drill (2), Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Tennessee N=12	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Texas N=14	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, Multi State Outbreak of Salmonella Montevideo/Mbandaka, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, HAN Notification-Voluntary recall of products for sterile use from Pharmacy
Utah N=10	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, IHR PHEIC Assess-Multi State Outbreak of Hepatitis A Virus, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Incident Notice-F. Tularensis

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Vermont N=9	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Superstorm Sandy
Virginia N=12	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Washington N=10	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, SITREP-Suspicious Mail Incident, Incident Notice-Jar labeled Ricin Discovered at Residence
West Virginia N=11	Multi State Meningitis Outbreak Response Level III Activation, HAN Notification-Multi State Fungal Meningitis Outbreak, HAN Notification-Multi State Fungal Meningitis Outbreak (Update), LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Wisconsin N=11	LRN Emergency Contact Drill (2), IHR PHEIC Assess-Multi State Outbreak of Salmonella infections linked to turtles, IHR PHEIC Assess-Multi State Outbreak of Hepatitis A Virus, Multi State Cyclospora Outbreak Response Activation, Multi State Outbreak of Salmonella Montevideo/Mbandaka, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections

PHEP Awardee	Domestic Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations, Engagements, and Exercises), 2013*
Wyoming N=8	LRN Emergency Contact Drill (2), Multi State Cyclospora Outbreak Response Activation, HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections
Washington, D.C. N=10	HAN Notification-Concerns of Pesticides for Bed Bug Control, HAN Notification-Recommendations for drug allocation, HAN Notification-Preparing for and Responding to Bombing Events, HAN Notification-Human Infections with Avian Influenza A (H7N9), HAN Notification-Investigational drug available for treatment of Ameba Infections, Presidential Inauguration, Presidential State of the Union Address, Ricin Letter Incident, SITREP-Suspicious Mail Incident Joint Base Anacostia-Bolling, SITREP-Suspicious package received at a law firm
Republic of the Marshall Islands N=1	Republic of the Marshall Islands Drought

Source: CDC, Division of Emergency Operations, 2013.
* 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 PHPR Emergency Management Program Activities (Activations and Engagements), 2013*
Afghanistan	Polio Activation
Australia	Botulism Antitoxin Request
Cameroon	Polio Activation
China	SITREP – Unknown substance received by U.S. Embassy, H7N9 - China Level III Activation, SITREP - Unknown Substance at U.S. Consulate
Equatorial Guinea	Polio Activation
Ethiopia	Polio Activation
France	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
India	SITREP- Unknown substance in letter received at US Embassy
Iraq	Polio Activation
Italy	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
Jordan	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
Kuwait	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
Lithuania	SITREP - Unknown substance in letter received at U.S. Embassy
Mexico	Potential PHEIC - XDR TB, Severe Acute Respiratory Syndrome, Cruise Ship Disabled and Adrift - Gulf of Mexico
Nicaragua	SITREP - Unknown Substance at U.S. embassy
Nigeria	Polio Activation
Oman	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
Pakistan	Polio Activation
Qatar	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
Saudi Arabia	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
Somalia	Polio Activation

Country	International Public Health Threat Events Supported by PHPR Emergency Management Program Activities (Activations and Engagements), 2013*
Syria	Polio Activation
Tunisia	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
Uganda	EOC capabilities development exercise
United Kingdom	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
United Arab Emirates	HAN Notification - Guidelines for Severe Respiratory Illness (MERS), Middle East Respiratory Syndrome (CoV) Level III Activation
Vietnam	EOC capabilities development exercise

Source: CDC, Division of Emergency Operations, 2013.
* The two 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.

Appendix B: Explanation of Fact Sheet Data Points

The data points that appear in the national and individual fact sheets are included below with an explanation of their significance.

Public Health Emergency Preparedness Investments

CDC has identified 15 public health preparedness capabilities as the basis for state and local public health preparedness. Each of the public health capabilities identifies priority resource elements that contribute to routine public health activities and essential public health services, as well as preparedness and response functions. CDC prioritized these into two tiers, with an emphasis on those that provide a strong basic foundation for public health preparedness (Tier 1). PHEP awardees are encouraged to develop the Tier 1 capabilities prior to significantly investing in Tier 2 public health preparedness capabilities. The 15 public health preparedness capabilities are noted below (grouped in their corresponding domains):[8]

Biosurveillance

- Public Health Laboratory Testing (Tier 1)
- Public Health Surveillance and Epidemiological Investigation (Tier 1)

Community Resilience

- Community Preparedness (Tier 1)
- Community Recovery (Tier 2)

Countermeasures and Mitigation

- Medical Countermeasure Dispensing (Tier 1)
- Medical Materiel Management and Distribution (Tier 1)
- Non-Pharmaceutical Interventions (Tier 2)
- Responder Safety and Health (Tier 2)

Incident Management

- Emergency Operations Coordination (Tier 1)

Information Management

- Emergency Public Information and Warning (Tier 1)
- Information Sharing (Tier 1)

Surge Management

- Fatality Management (Tier 2)
- Mass Care (Tier 2)
- Medical Surge (Tier 2)
- Volunteer Management (Tier 2)

The fact sheets present information on the public health preparedness capabilities in which awardees are making their largest reported Public Health Emergency Preparedness (PHEP) cooperative agreement investments. Note that these investments include federal PHEP funds only and do not include any additional funds that may be invested in state and local preparedness activities.

[8] For more information about the public health preparedness capabilities, visit http://www.cdc.gov/phpr/capabilities/index.htm.

Biological Laboratory Testing Performance Indicators: LRN-B

The public health 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 funds a subset of LRN laboratories through the PHEP cooperative agreement. The funding is provided to the U.S. states and four localities (Chicago, Los Angeles County, New York City, and Washington, D.C.), enabling these public health laboratories to establish and maintain the capability to respond to biological threats and emerging infectious disease events. (The laboratory located in Chicago is operated by the state of Illinois.) The LRN is not limited to laboratories that receive PHEP funding. Other laboratories that participate include state and locally funded public health laboratories as well as federal, military, international, agricultural, veterinary, food, and environmental testing laboratories. LRN provides a critical laboratory infrastructure to detect, characterize, and communicate about eminent 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 and are responsible for specialized strain characterizations and bioforensics. 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 determine whether to ship to reference or national laboratories for further testing.

The fact sheets present the total number of LRN national and reference laboratories supported by the LRN program office at CDC that have selected to test for one or more biological threat agents. 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. These other laboratories may not participate in the state's preparedness mission but may be involved in the overall federal preparedness mission. 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.

Due to decreases in LRN program funding the number of proficiency tests offered to the laboratories has decreased since 2012. The reduced number of proficiency tests participated in and passed by LRN-B laboratories does not reflect decreased laboratory performance. If a laboratory did not participate in proficiency testing, the result is "Did not participate." Laboratories may not have participated in proficiency testing due to not having the ability to test for the specific agents or being down for scheduled maintenance during the unannounced proficiency test.

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 monitoring and investigating foodborne illness outbreaks, strengthening national efforts to combat infectious disease outbreaks.

- Number of PulseNet labs
- Percentage of *E.coli*-positive tests analyzed and uploaded into PulseNet national database within 4 working days
- Percentage of *Listeria*-positive tests analyzed and uploaded into PulseNet national 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 rapidly 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. The percentages in the report are limited to human isolates. For all samples on

which a state or locality performs tests, the target for this indicator is to submit 90% of tests to the PulseNet national databases within 4 working days. This timeframe 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 samples or did not perform testing, "N/A" is listed in the fact sheets for the percentage of "tests analyzed and uploaded into PulseNet national 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

CDC funds, through the PHEP cooperative agreement, the U.S. states, four localities, and eight insular areas to establish and maintain LRN chemical (LRN-C) public health laboratories. 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. The number of LRN-C labs is limited to those directly funded by the PHEP cooperative agreement (for example, state public health lab).

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 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 to more advanced LRN-C laboratories for testing.

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. To be fully qualified for a method both characterization and a successful proficiency testing challenge are required.

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 - 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.

From 2011 to 2013, CDC identified four additional methods for Level 1 laboratories and up to three additional methods for Level 2 laboratories. A successful demonstration of these methods 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. However, it should be noted that while laboratories may not have demonstrated proficiency in these additional methods, they may have trained and undergone validation for additional methods, which are steps that precede proficiency testing.

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. For states or localities with multiple laboratories, all results are reported.

The fact sheets reflect the outcome of the exercise. If the awardee passed the drill, the result is "Passed." If the awardee failed the drill, the result is "Did not pass." For states or localities with multiple laboratories, the results are listed by lab level.

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 and a validation exercise and passed at least one scheduled PT exercise. To maintain this qualified status, a laboratory must pass two out of three Proficiency Tests per year. 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 (EOC) 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 EOC 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 who 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 a drill, a functional exercise, a full-scale exercise, or a real incident. In addition, the staff assembly must have been unannounced and immediate.

For 2011 and 2012, the ability to assemble staff covering activated public health agency incident management lead roles in a timely manner was 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 2013, the performance target of 60 minutes does not apply; however, state data reflect the quickest reported time. 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.

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.

"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.

Administrative Preparedness

The 2009 H1N1 influenza pandemic highlighted the need to establish efficient and effective methods for distributing emergency response funds from the federal government to state and local health departments where a majority of response activities are managed. This pandemic resulted in the public health preparedness community examining administrative preparedness barriers more closely. Administrative preparedness is the process of ensuring that fiscal and administrative authorities and practices that govern funding, procurement, contracting, hiring, and legal capabilities necessary to mitigate, respond, and recover from public health threats and emergencies can be accelerated, modified, streamlined, and accountably managed. The goal of administrative preparedness is advance planning to remove administrative barriers that prevent

timely distribution and utilization of funds during a public health emergency for the purpose for which they are intended, that being to save lives, reduce morbidity and minimize disruption of the public health and medical system. These processes, a subset of which are found below, include emergency procurement, contracting, and hiring processes and define how they differ from normal operations. If an awardee did not submit data for these data points or were not applicable, a dash is listed in the fact sheet.

Implemented all or part of administrative preparedness plan

CDC has developed standards and requirements for administrative and fiscal processes, which state and local health departments have now incorporated into their incident action plans. PHEP awardees must develop administrative preparedness plans to effectively receive, obligate, and account for PHEP funds.

Received legal authority to spend emergency funds

PHEP awardees are also required to establish procedures for efficient allocation of emergency funds to local health departments as well as reporting and monitoring methods to ensure accountability.

Reduced legal conflicts to implementing emergency use authorizations (EUAs)

PHEP awardees develop waivers or similar legal processes to minimize the potential conflicts between emergency use authorizations (EUA) and state-based pharmaceutical, prescribing, labeling, and other drug-related laws.

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 U.S. 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 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 health care facilities.

Public Information and Communication. During an emergency where medical countermeasure 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 Insular Areas). 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 received 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 health care facilities to successfully respond in an emergency.

Repackaging. Repackaging of bulk medications for public dispensing remains an 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) Scores – States

Using a scale from 0 to 100, a CDC state TAR score of 79 or higher in 2010-11 indicated that a state had an acceptable plan to receive, distribute, and dispense medical assets from the SNS. The acceptable threshold score has increased to 89 or higher for 2011-2012 and 2012-2013.

Technical Assistance Review (TAR) Scores – Insular Areas

The island technical assistance review 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 score of 60 or higher indicated that the awardee had an acceptable plan to receive, distribute, and dispense countermeasures.

Technical Assistance Review (TAR) Scores – CRI Metropolitan Statistical Areas

The Cities Readiness Initiative (CRI) focuses on enhancing preparedness in the nation's metropolitan statistical areas (MSAs), where more than half of the U.S. population resides. A CRI location is a MSA composed of multiple counties based on U.S. Census Bureau data. MSAs can consist of one or more jurisdictions (e.g., counties, cities, and municipalities) and can extend across state borders. CRI TARs are conducted annually in each MSA planning jurisdiction and those scores are then combined to compute an average score for the entire MSA. In its 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 CRI TAR score of 69 or higher indicates that a local jurisdiction has an acceptable plan to receive, distribute, and dispense countermeasures. The four directly funded localities of Chicago, Los Angeles County, New York City, and Washington, D.C. are also included in this local criteria.

CDC Resources Supporting Preparedness in States, Localities, and Insular Areas in 2012-2013

In addition to the activities listed above, 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 U.S. states, four localities, and eight 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 fiscal year 2012 funding CDC provided the awardee through the PHEP cooperative agreement. In addition to PHEP funding, CDC provides training and personnel to support awardee preparedness and response efforts.

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 training modeled on a traditional medical fellowship. EIS officers (epidemiologists) serve as a critical component of CDC's support of states during responses to routine public health incidents and large- scale national emergencies. Officers are assigned to CDC or to state and local health departments.

The mission of the Career Epidemiology Field Officer (CEFO) Program is to strengthen state, local, tribal, and territorial epidemiology capability for public health preparedness and response. CDC places experienced, full-time epidemiologists in state and local public health departments to enhance and build epidemiologic capacity for public health preparedness and response. (States and localities use PHEP funds to support CEFO positions.) 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.

CDC's Public Health Associate Program (PHAP) and Public Health Prevention Service (PHPS) program places 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 associate as well as meet the needs of the host site. Some graduates of the PHAP program continue to work in their states once the 2-year training placement ends. CDC also employs public health advisors (PHA) who provide direct and onsite technical assistance to state and local health departments. Technical assistance ranges from program and/or grant management, strategic and emergency planning, exercise development and implementation, review of MCM readiness at state and local levels, training, and operational response during real-time incidents. The PHAs serve an integral role in providing onsite technical assistance to states to build preparedness and response readiness. The fact sheets present the total number of CDC-funded EIS officers, CEFOs, PHAPs, PHPS fellows, PHAP graduates, and PHAs working in preparedness assigned to each awardee.

CDC Emergency Management Program activities

The CDC Emergency Operations Center (EOC), managed by CDC's Division of Emergency Operations (DEO), functions as the command center for monitoring and coordinating CDC's emergency response to national and international public health threats. Both training exercises and real-event responses are managed by the EOC through the Emergency Management Program. Staffed around the clock and supported by DEO, 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 (activations, engagements, and exercises). 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. Engagements include any assistance in addressing a public health threat that is not expected to require activation. Exercises are simulated emergency situations which allow responders to practice and evaluate use of their emergency response plans.

Public health personnel who received CDC Strategic National Stockpile training

CDC's Division of the Strategic National Stockpile (DSNS) helps prepare state and local health departments 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 public health personnel receiving SNS training for each awardee.

Appendix C: Fact Sheet Endnotes

1. CDC, Office of Surveillance, Epidemiology, and Laboratory Services (OSELS), Behavioral Risk Factor Surveillance System (BRFSS); 2012 BRFSS Annual Survey Data

2. CDC, Office of Public Health Preparedness and Response (PHPR), Division of State and Local Readiness (DSLR); 2013 data: 7/1/2012-6/30/2013

3. 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, 2012, and 2013 reported data

4. CDC, Office of Infectious Diseases (OID), National Center for Zoonotic Infectious Diseases (NCEZID); 2011 data: 12/31/2011; 2012 data: 8/9/2012; 2013 data: 6/30/2013

5. CDC, OID, NCEZID; 2011 data: 1/1/11-12/31/11; 2012 data: 8/10/2011-8/9/2012; 2013 data: 7/1/2012- 6/30/2013

6. CDC, OID, NCEZID; 2011 data: 8/10/10-8/9/11; 2012 data: 8/10/11-8/9/12; 2013 data: 1/1/12-12/31/12

7. CDC, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), National Center for Environmental Health (NCEH); 2011 data: 12/31/2011; 2012 data: 8/9/2012; 2013 data: 6/30/2013

8. CDC, Office of Public Health Preparedness and Response (PHPR), Division of State and Local Readiness (DSLR); 2011 data: 1/1/11-12/31/11; 2012 data: 8/10/11-8/9/12; 2013 data: 7/1/2012-6/30/2013

9. CDC, ONDIEH, NCEH; 2011 data: 7/18/11; 2012 data: 8/6/12; 2013 data: 8/6/12

10. CDC , PHPR, DSLR; 2011 data: 8/10/10-8/9/11; 2012 data: 8/10/11-8/9/12; 2013 data: 7/1/2012-6/30/2013

11. CDC, PHPR, DSLR; 2013 data: 7/1/2012-6/30/2013

12. CDC, PHPR, DSLR; 2012 Public Health Emergency Preparedness Cooperative Agreement Funding Opportunity Announcement, Budget Period 1

13. CDC, PHPR, DSLR; 2012-2013 data: 10/1/13-9/30/14

14. CDC, OSELS, Scientific Education and Professional Development Program Office; 2012-2013 data: 9/30/13

15. CDC, Office for State, Tribal, Local and Territorial Support (OSTLTS), Office of the Director (OD); 2012-2013 data: 10/1/13-9/30/14

16. CDC, PHPR, Division of Emergency Operations (DEO); 2012-2013 data: 10/1/12-9/30/13

17. CDC, PHPR, Division of the Strategic National Stockpile (DSNS); 2012-2013 data: 10/1/12-9/30/13

For more information on CDC's preparedness and emergency response activities, visit the website of the Office of Public Health Preparedness and Response at www.cdc.gov/phpr

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