

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM

STORIES FROM THE FIELD



SEVERE TORNADOS IN ALABAMA

In 2011, Alabama responded to the largest emergency in state history—a severe weather outbreak with 62 confirmed tornadoes. Two hundred forty-seven people died, hundreds were injured, and thousands were left homeless in this disaster. The Alabama Department of Public Health (ADPH) integrated public health into emergency response and, in collaboration with partners, led and coordinated the public health and healthcare sectors. The ADPH used PHEP funding to provide much-needed medical resources to help alleviate the huge surge in patients with acute and chronic health conditions.

Immediately following the tornado outbreak, ADPH used PHEP funds to activate two medical needs shelters, providing 10 staff members to care for people with health conditions that required professional observation but not inpatient hospital care. They also deployed six public health nurses, three of which were PHEP funded, to a local hospital to triage patients and provide outpatient care, allowing hospital nurses to care for more critically ill patients.



THE INCIDENT

In 2011, an outbreak of 62 tornadoes killed 247 people and injured hundreds more. Thousands were left homeless.



THE RESPONSE

ADPH used PHEP funds to open two medical needs shelters, provided public health nurses to support a local hospital, established a mobile pharmacy, and collaborated with partners to process more than 200 human remains.



THE OUTCOMES

These measures increased access to medical care and allowed hospitals and emergency responders to focus on acute needs and coordinate mass fatality needs.

After a local pharmacy was destroyed, ADPH deployed a mobile pharmacy to support pharmacists and provide them with medication to refill prescriptions. They also purchased additional oxygen to ensure continuity of care for those with supplemental oxygen requirements.

ADPH coordinated mass fatality response functions among coroner offices, public health departments, hospitals, and others to ensure adequate staffing and equipment were in place. For instance, ADPH deployed refrigeration units, staff, and volunteers to Tuscaloosa and established a family assistance center to process more than 200 human remains without the need for federal assistance.

These measures increased access to medical care during the incident and allowed hospitals and emergency responders to be able to focus on acute needs. The PHEP-funded activities also ensured mass fatality functions were conducted efficiently and sensitively.



CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement program is a critical source of funding, guidance, and technical assistance for state, local, tribal, and territorial public health departments to strengthen their public health preparedness capabilities. Since 9/11, the PHEP program has saved lives by building and maintaining a nationwide public health emergency management system that enables communities to rapidly respond to public health threats.

To learn more about the PHEP program, visit www.cdc.gov/phpr/readiness.