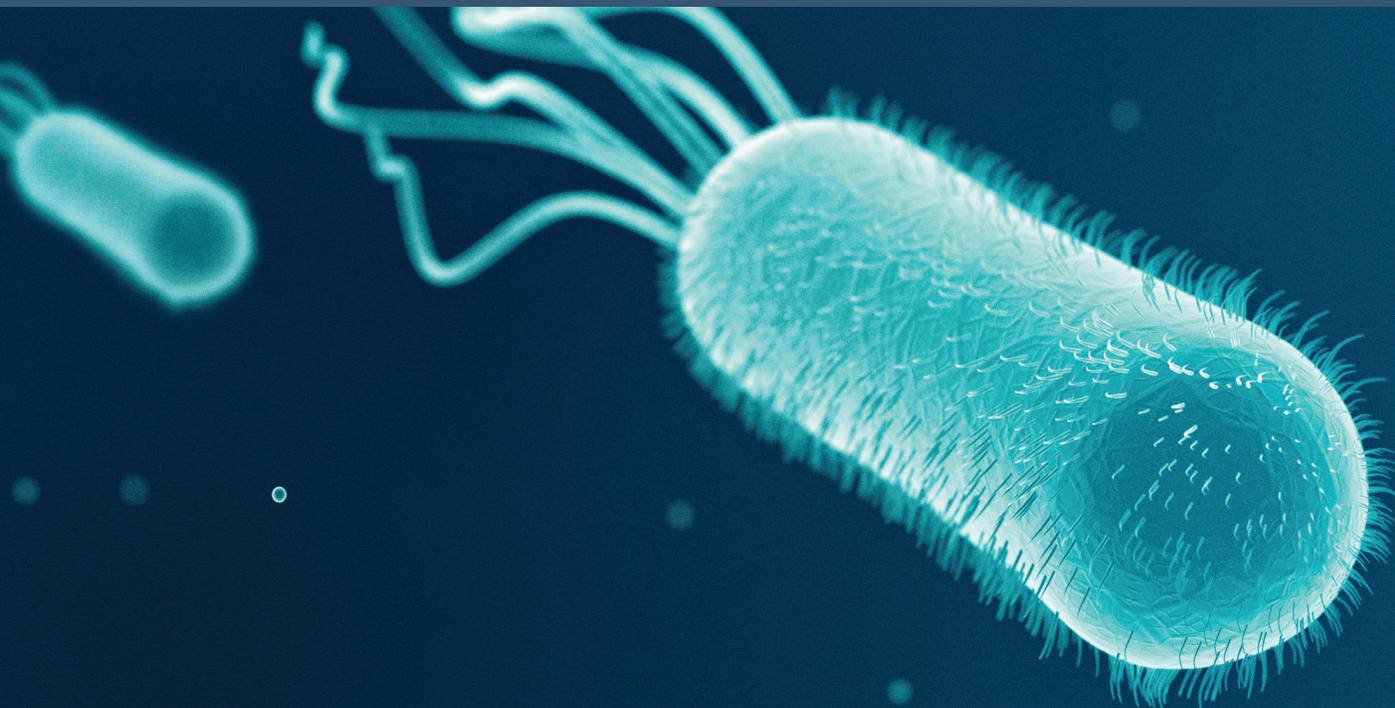


PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM

STORIES FROM THE FIELD



SURVEILLANCE SUCCESS IN OREGON

In 2015, a foodborne outbreak associated with Chipotle Mexican Grill restaurants caused 13 cases of E.coli in Oregon, four of which required hospitalization. The same year, an outbreak of meningitis B at the University of Oregon resulted in seven cases and one fatality. Using PHEP-funded surveillance systems and response staff, the Oregon Public Health Division maintained a laboratory and epidemiological surveillance system capable of faster detection and identification of public health threats, and rapidly distributed lifesaving medication and emergency medical supplies to the public.

Under normal conditions, a PHEP-funded team of surveillance experts routinely conducts outbreak investigations and other response activities in Oregon. During the E.coli outbreak, this team also provided supervisory support and used syndromic surveillance for enhanced case finding through a PHEP-funded program called Oregon ESSENCE (Electronic Surveillance System for the Early Notification of Community-Based Epidemics). PHEP staff also conducted telephone interviews with infected persons to determine how they were exposed and conducted an after-action evaluation following the outbreak to identify opportunities for improvement.



THE INCIDENT

E.coli and meningitis B outbreaks in Oregon resulted in 20 total cases and one fatality.



THE RESPONSE

PHEP-funded surveillance systems allowed health officials to track and contain the spread of the diseases, and PHEP staff supported response efforts in epidemiology, vaccination, and risk communication.



THE OUTCOMES

Existing PHEP-funded infrastructure and personnel allowed for a quick response to the outbreaks, reducing morbidity and mortality.

During the meningitis outbreak, the state health department worked with the Lane County Public Health Department and the University of Oregon staff to educate students and faculty about the outbreak and prevent further cases. A PHEP-funded Epi Strike Team consisting of 10 epidemiologists and one research analyst was deployed to the mass vaccination clinic that vaccinated approximately 5,000 students to support operations and data collection. PHEP staff served as the Oregon Health Authority incident manager, health intelligence section chief, planning chief, mass vaccination field staff, and public information officer for the incident management team and Joint Information Center.

In both of these outbreak scenarios, existing emergency response systems and personnel the state established and maintained using PHEP funds allowed public health staff to respond quickly to the incidents and reduce the spread and impact of the diseases.

According to Dr. Collette Young, an administrator at the Oregon Health Authority, “PHEP funding is what we rely on most for putting the infrastructure in place to respond to major public health emergencies.”



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.