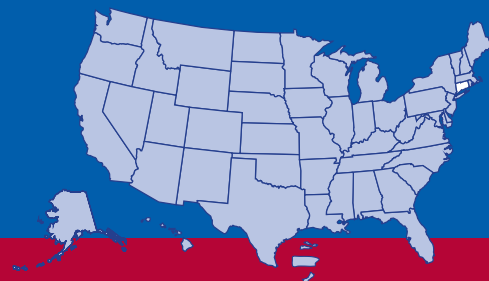


# PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT (PHEP) PROGRAM



## CONNECTICUT

### PHEP Then

In response to the deadly events of September 11, 2001, and the subsequent anthrax attacks, Congress established a new program to help health departments across the nation prepare for emergencies. Since then CDC's [Public Health Emergency Preparedness \(PHEP\) program](#) has partnered with state, local, and territorial public health departments to prepare for, withstand, and recover from potentially devastating public health emergencies.

Every year since, the PHEP program has provided vital resources to ensure communities can effectively respond to infectious disease outbreaks, natural disasters, and chemical, biological, radiological, or nuclear events.

### PHEP Now

In 2018, PHEP provided \$620 million across public health departments to improve response readiness. Funds are also used to support epidemiologists (disease detectives), lab staff, planners, and other preparedness staff on the ground.

In the future, CDC will continue supporting PHEP recipients by sharing technical expertise, best practices, and lessons learned, along with tools and resources to identify and address gaps.

### Learn More

For more information about the PHEP Program, visit [www.cdc.gov/cpr/map.htm](http://www.cdc.gov/cpr/map.htm).

## AT A GLANCE

### In Connecticut

- ▶ **3.6 million residents**
- ▶ **58%** reside in Cities Readiness Initiative metropolitan statistical areas (CRI MSA). A federally funded program, CRI helps cities effectively respond to large-scale public health emergencies requiring life-saving medications and medical supplies.
- ▶ **68** local public health departments

### Frequent Public Health Emergencies

- ▶ Tropical Storms/Hurricanes
- ▶ Blizzards
- ▶ Infectious Disease Outbreaks

### Key Emergency Operations Center Activations

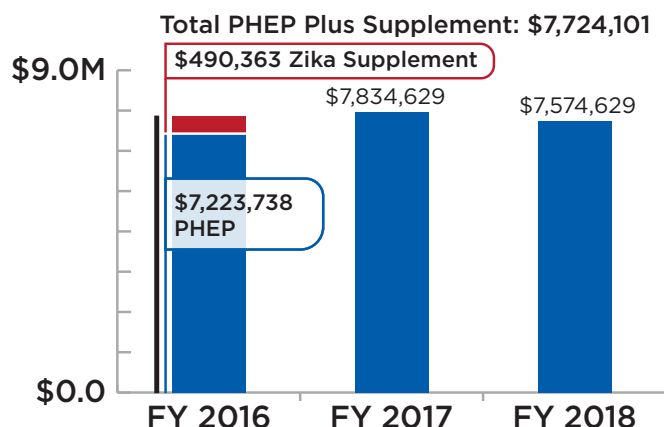
- ▶ 2016: Severe Winter Storm
- ▶ 2016: Statewide Radiological Drill

PHEP funds programs and activities that build and strengthen the nation's preparedness for public health emergencies.

### Preparedness and Response Funding Snapshot

**FY 2018 PHEP \$7,574,629**

Base Plus Population \$7,037,812  
Cities Readiness Initiative \$536,817  
Level 1 Chemical Lab \$—



Centers for Disease Control and Prevention  
Center for Preparedness and Response

# CONNECTICUT

## PHEP IN ACTION—PHEP HELPS CONNECTICUT PROTECT THOUSANDS FROM FLU



In Connecticut, PHEP supports the development and exercising of systems to ensure that staff are available and trained to dispense medical supplies during an emergency. The 2017-2018 influenza season was particularly severe across the country. In Connecticut, 3,550 people were hospitalized and 165 people died. To prevent further illness and death, Connecticut set up and coordinated weekend clinics where residents could receive free flu vaccines. This required working with local partners to rapidly obtain and deliver vaccines, stand up points of dispensing, and develop messaging promoting the vaccination clinics. As a result, the state vaccinated more than 3,000 people against flu over two weekends.

CDC identified 15 public health preparedness capabilities critical to public health preparedness.

### 2018 CONNECTICUT TOP PHEP CAPABILITY INVESTMENTS

1. Medical Countermeasure Dispensing
2. Public Health Laboratory Testing
3. Public Health Surveillance & Epidemiologic Investigation
4. Information Sharing
5. Emergency Operations Coordination

For a complete list of all 15 public health preparedness capabilities, visit <https://www.cdc.gov/cpr/readiness/capabilities.htm>.

**Medical Countermeasure Readiness: Ensuring that medicine and supplies get to those who need them most during an emergency.**

#### KEY STRENGTH

Long-term receiving, staging, and storage partnerships with both a commercial warehouse and the Connecticut Air National Guard

#### KEY CHALLENGE

Large number of Cities Readiness Initiative jurisdictions. The state is looking to consolidate jurisdictions to streamline dispensing planning and response

**States, territories, and localities are required to develop emergency plans covering children, pregnant women, and other vulnerable populations.**

Population	2017
Households included children	35%
Respondents who know they are pregnant	4%
Respondents 65 or older	21%
Respondents who reported having diabetes	10%
Respondents who reported a condition that limits activities	—
Respondents who reported a health problem that required the use of specialized equipment	—

**PHEP funds support staff who have expertise in many different areas.**

PHEP-Funded Staff	2017
CDC Field Staff	1
Educators	2
Epidemiologists	5
Health Professionals	—
Laboratorians	5
Other Staff	10

# CONNECTICUT

## PHEP PROGRAM—KEY PERFORMANCE MEASURE RESULTS

In an emergency, it is critical that staff can meet quickly to plan for, lead, and manage a public health response. Public health staff serve as Incident Commanders, Public Information Officers, Planning Section Chiefs, Operations Section Chiefs, and other response roles.

Emergency Operations Coordination	2015	2016	2017
Number of minutes for public health staff with incident management lead roles to report for immediate duty	60	N/A	60

Timely and effective communication between lab and epidemiologic staff can reduce death and injuries in a public health emergency.

Public Health Laboratory Testing	2017
Results of communication drills between laboratory and epidemiological staff completed within 45 minutes	Drill 1: Completed drill in time Drill 2: Completed drill in time

Laboratory Response Network biological (LRN-B) and PulseNet labs rapidly identify and notify CDC of potential biological health threats to minimize disease outbreaks. CDC manages the LRN-B, a group of public health labs with testing capabilities to detect and confirm biological health threats. CDC also manages PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to identify outbreak sources.

Current number of LRN-B public health labs: 1

Public Health Laboratory Testing: LRN-B	2015	2016	2017
Proportion of LRN-B proficiency tests passed	2/2	2/2	2/2
Public Health Laboratory Testing: PulseNet	2015	2016	2017
Percentage of <i>E. coli</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	100% (target: 90%)	92% (target: 90%)	94% (target: 90%)
Percentage of <i>Listeria</i> -positive tests analyzed and uploaded into PulseNet national database within four working days	100% (target: 90%)	88% (target: 90%)	100% (target: 90%)

LRN chemical (LRN-C) labs rapidly identify exposures to toxic chemicals, aid diagnoses, and minimize further human exposures. CDC manages the LRN-C, a group of labs with testing capabilities to detect and confirm chemical health threats. LRN-C labs are designated as Level 1, 2, or 3, with Level 1 labs demonstrating the most advanced capabilities.

Current number and level of LRN-C Labs: 1 (Level 2)

Public Health Laboratory Testing: LRN-C	2015	2016	2017
Proportion of core chemical agent detection methods demonstrated by Level 1 or Level 2 labs	8/9	9/9	9/9
Number of additional chemical agent detection methods demonstrated by Level 1 or Level 2 labs	0	0	0
Result of LRN exercise to collect, package, and ship samples	Passed	Passed	Passed



For more information on  
CDC's Public Health Emergency Preparedness Program, visit  
[www.cdc.gov/cpr/map.htm](http://www.cdc.gov/cpr/map.htm)