






Public Health Emergency Preparedness (PHEP) Program

Protecting America's health, safety, and security to save lives.



The PHEP Program allows our nation to invest in the people, plans, training, and equipment needed to effectively respond to emerging public health threats.

PHEP-Built Capability	Return on PHEP Investment
 Staff Capacity	Trained first responders who reduce health effects of death and illnesses during public health emergencies
 Public Health Emergency Management Infrastructure	Standardized, scalable response systems that can effectively manage public health responses
 Rapid Threat Detection	Quick detection of life-threatening agents, viruses, and other pathogens
 Supplies & Logistics	Delivery of life-saving medicines and medical supplies during an emergency
 Coordinated Responses	Maximizes effectiveness of responses, use of resources, and the number of lives saved

A Lifesaving Investment

The PHEP Program, managed by the Division of State and Local Readiness (DSLRL) within the Centers for Disease Control and Prevention, allows our nation to invest in the critical public health resources that contribute to our overall national security. State and local public health departments are uniquely positioned as the first line of defense - as responders, outbreak investigators, and agents of recovery. Investing in public health preparedness before an emergency occurs saves lives.

The Challenge

Since 9/11, critical federal preparedness funding has declined by 42%. Cuts to PHEP Program funding has forced PHEP Program awardees to cut specialized positions, staff trainings and exercises, and equipment. A lack of continued, stable, and adequate funding directly diminishes state and local health department capacity to prepare for and respond to emerging threats in the communities they serve.

Improvements in Public Health Preparedness Since 9/11

PHEP Awardees Who:	Then	Now
Can mobilize staff during an emergency	20%	98%
Have an Incident Command System with pre-assigned roles in place	5%	100%
Include collaboration with healthcare agencies in their preparedness plans	8%	92%
Have sufficient storage and distribution capacity for critical medicines and supplies	0%	98%



The Opportunity

Now is the time to renew the federal commitment to the state and local public health departments responsible for safeguarding the public's health.

PHEP Program funding must be maintained to continue advancing our nation's health security.



Stories from the Field

2013 Tornadoes

Situation

A tornado outbreak occurred May 20, 2013, and was the last day of a three-day stretch of significant severe weather from May 18-20, 2013. This event produced the most deadly and devastating tornado of the year in the United States - an EF5 tornado with peak winds estimated at 210 mph, killing 24 people and injuring over 500.



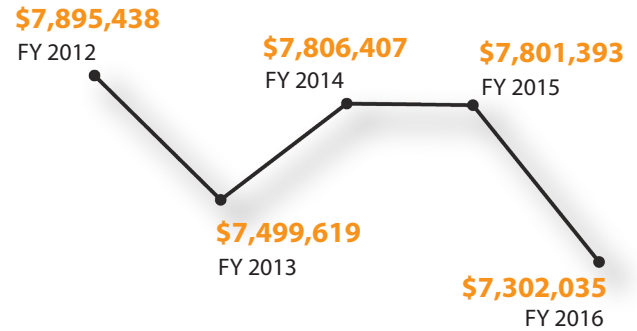
Intervention

PHEP Program support allowed state and local health departments to deploy "strike teams" in affected areas. Strike teams provided vaccinations, food vendor inspections, EMS transport, and other functions critical for effective disaster relief.

Impact

State and local health departments administered more than 7,400 tetanus vaccinations to storm victims and over 240 inspections to ensure food storage and preparation processes did not inadvertently place storm victims and volunteers at risk.

PHEP Program Funding Received



The PHEP Program in Action

Key responses that saved lives due to PHEP Program support:

- 2016-2017 Mumps & Zika Virus
- 2010 Winter Weather
- 2014-2015 Ebola Virus Disease
- 2009 Winter Weather & H1N1 Flu
- 2014 Oklahoma City Ricin & Wildfire
- 2008 Hurricane Gustav & E.coli 0111
- 2013 Tornadoes & Tulsa Dental Healthcare-Associated Infections
- 1999 Tornado
- 2012 Wildfire & West Nile Virus
- 1995 Federal Building Bombing

Critical Needs

The PHEP Program supports the following public health and safety functions that are jeopardized when funding is cut.



Biosurveillance

Biosurveillance allows health departments to monitor for and detect potential biological threats and respond in a timely manner. Ongoing resources are required to ensure that public health lab personnel are regularly trained and exercised, and sufficient staff is available 24/7/365 to test for bio-threat agents, high consequence pathogens (like Ebola and pandemic influenza), and other public health threats. Automated lab systems also need to be maintained and upgraded in a timely fashion to rapidly detect and minimize the spread of diseases.



Countermeasures & Mitigation

The PHEP cooperative agreement allows for a robust response to pandemics, such as H1N1, and other emergencies and disasters. Sustained PHEP Program funding is needed to support and improve the plans and processes necessary to get lifesaving medicines and supplies to the public during a public health emergency.



Incident Management

Maintaining a permanent state of readiness and surge capacity is essential to ensure communities are ready to respond to any emergency. A reduction in funds will result in inability to maintain this state of readiness and impact our ability to quickly activate preparedness plans and mobilize our trained response staff.