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States again score well in CDC preparedness report

Robert Roos, News Editor

Sep 26, 2012 (CIDRAP News) – State and local public health departments generally maintained or improved their capabilities for testing and identifying biological agents and coordinating emergency responses in 2011, according to an annual report from the Centers for Disease Control and Prevention (CDC) on state public health preparedness.

In two key findings, more than 90% of public health labs included in the evaluation passed tests for identifying biological agents in unknown samples, and the median time it took for state health departments to assemble their staffs for an emergency response was 30 minutes, says the report.

This year's report marks the fifth time the CDC has detailed progress that states have made with the help of funds they get through the CDC Public Health Emergency Preparedness cooperative agreements. Besides the 50 states, the funds go to four urban areas and eight territories, commonwealths, and freely associated states.

The evaluation covers just three of 15 public health preparedness capabilities that the CDC has identified: laboratory, emergency operations coordination (EOC), and emergency public information and warning (EPIW). As performance measures are developed for the other capabilities, they will be included in future reports, the CDC says.

Meanwhile, a more comprehensive tool to measure public health preparedness is currently being developed by the CDC and several partner groups, the report reveals. The agency is working with the Association of State and Territorial Health Officials and others to create a "National Health Security Preparedness Index" (NHSPI). The report does not say how soon the index may be unveiled.

According to a recent report from the National Association of County and City Health Officials (NACCHO), the NHSPI will "combine various criteria with different scales or units of measurement into one composite metric," with appropriate weighting of the criteria. The article, published May 21 in NACCHO's *Preparedness Brief* newsletter, said development of the index is in its early stages.

Developers of the NHSPI plan to launch a Web site that will enable public health workers to follow its progress and provide comments and suggestions, according to the NACCHO article.

Lab preparedness

In the CDC report, the lab preparedness evaluation focused on the Laboratory Response Network (LRN), which includes local, state, federal, and international labs that can test for important biological and chemical agents.

Ninety-three percent (370 of 398) of LRN labs passed proficiency tests for identifying biological agents in 2011, the CDC reported. That compares with 95% (312 of 327) in 2010 and 96% (195 of 204) in 2009.

The CDC also examined the ability of labs to identify two foodborne pathogens, *Escherichia coli* O157:H7 and *Listeria monocytogenes*, and submit test results to the PulseNet database of subtyping information within 4 working days.

In 2011, 73% of labs submitted at least 90% of *E coli* tests results to the CDC within 4 days, down slightly from the 75% level in 2010 but well above the 62% recorded in 2009, according to the report.

For *Listeria*, 65% of labs forwarded results within 4 days in 2011, compared with 64% in 2010 and 60% in 2009, the report says.

The agency also reported that the 10 Level 1 (most advanced) labs shortened the time it took to prepare samples for chemical analysis in 2011. In a surge-capacity exercise, the labs processed each sample in an average of 5 minutes, versus 7 minutes in 2010 and 12 minutes in 2009.

In addition, Level 1 and Level 2 chemical labs increased the number of core chemical analysis methods at their command from six in 2009 to nine in 2011, according to the report.

Coordination and communication

For emergency coordination, the CDC looked at states' ability to quickly gather their staffs for an emergency response, with a goal of 60 minutes or less. Forty-seven of 50 states met that standard, and the median time was 30 minutes. That compares with a median of 31 minutes in 2010 and 57 minutes in 2009.

The 60-minute goal, set by the Department of Health and Human Services, does not apply to localities. But the median staff assembly time for localities in 2011 was 55 minutes. That compared with 45 minutes in 2010 and 60 minutes in 2009.

Another EOC criterion was having an "approved incident action plan" describing an agency's emergency response strategy. In 2011, 57 of 62 (92%) jurisdictions had a plan, which was up from 55 of 62 in 2010 and 54 of 62 in 2009. In addition, all 62 areas prepared an after-action report and improvement plan after an exercise or a real incident, the CDC found.

In the communication realm, all 62 states and localities developed a first risk-communication message for the public after an exercise or a real incident, the report says. Previous tallies on this criterion were 61 of 62 in 2010 and 60 of 62 in 2009. Most jurisdictions prepared their messages for disease outbreaks and natural disasters.

Besides providing overall results, the CDC report includes a separate list of results for each state or jurisdiction.

See also:

[CDC state preparedness report](#) (150 pages)

May 21 [NACCHO newsletter article](#) on National Health Security Preparedness Index

Sept 20, 2011, [CIDRAP News story](#) on 2011 state preparedness report

Sep 21, 2010, [CIDRAP News story](#) on preparedness report covering 2008 and part of 2009