# Rhode Island



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**All response begins at the local level.** Being prepared to prevent, respond to, and recover from all types of public health threats requires that states and localities improve their capabilities in surveillance, epidemiology, laboratories, and response readiness. Facts on laboratories and response readiness activities appear below. See appendices 1 and 7 for a more detailed description of data points and data sources.

**A healthy population is more resilient in public health emergencies.** People with chronic conditions may require additional care such as specialized medications, equipment, and other assistance. To develop an effective response plan, a state or locality must consider the unique needs of its own population. In Rhode Island, 10.6% of adults reported having asthma, 7.4% diabetes, 6.1% heart disease, and 2.3% had a stroke. In addition, 18.9% reported a limiting disability and 60.0% were overweight or obese.*

*CDC, ONCDIEH (NCCDPHP) Behavioral Risk Factor Surveillance System, 2008

## Laboratories: General

| | | |
|---|---|---|
| *Maintaining core laboratory functions during an emergency* | Status of continuity of operations plan (COOP):[1] COOP was under development | |
| *Ensuring availability of Laboratory Response Network (LRN) laboratory results for decision making* | State had a standardized electronic data system capable of messaging laboratory results between LRN laboratories and also to CDC[2]<br><br>Note: For a description of LRN laboratories, see appendix 1. | Yes |

## Laboratories: Biological Capabilities

| | | |
|---|---|---|
| *Participation in LRN for biological agents* | LRN reference and/or national laboratories that could test for biological agents[3] | 1 reference lab |
| *Assessing if laboratory emergency contacts could be reached 24/7* | LRN laboratories successfully contacted during a non-business hours telephone drill[3] | 1 out of 1 lab |
| *Evaluating LRN laboratory capabilities* | Proficiency tests passed by LRN reference and/or national laboratories[3] | 3 out of 3 tests |
| *Rapid identification of disease-causing bacteria by PulseNet laboratories* | Rapidly identified *E. coli O157:H7* using advanced DNA tests (PFGE)[4]<br>▪ Samples for which state performed tests<br>▪ Test results submitted to PulseNet database within 4 working days (target: 90%) | 7<br><br>71% |
| | Rapidly identified *L. monocytogenes* using advanced DNA tests (PFGE)[4]<br>▪ Samples for which state performed tests<br>▪ Test results submitted to PulseNet database within 4 working days (target: 90%) | —<br><br>N/A |
| *Assessing laboratory competency and reporting through exercises* | State public health laboratory conducted exercises to assess competency of sentinel laboratories to rule out bioterrorism agents[1] | Yes |
| | CDC-funded LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours during LRN notification drill[3]<br><br>Note: There is one CDC-funded LRN laboratory in DC and in each state, with the exception of CA, IL, and NY, which have two. | Passed |

## Laboratories: Chemical Capabilities

| | | |
|---|---|---|
| *Participation in Laboratory Response Network for chemical agents (LRN-C)* | LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents[5]<br><br>Note: There are three levels, with Level 1 having the most advanced capabilities. See appendix 1. | One Level 2 lab |
| *Evaluating LRN-C laboratory capabilities through proficiency testing* | Core methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[5] | 2 out of 6 methods |
| | Additional methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents[5] | 0 out of 0 methods |
| *Assessing LRN-C laboratory capabilities through exercises* | LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise[5] | Passed |
| | Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise[6] | Not eligible |
| | Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise (range was 71 to 126 hours)[5] | N/A |

## Response Readiness: Communication

| | | |
|---|---|---|
| *Communicating emerging health information* | State public health department had a 24/7 reporting capacity system that could receive urgent disease reports any time of the day[7] | Yes |
| | Responded to Health Alert Network (HAN) test message within 30 minutes[8] | Yes |
| | State public health laboratory used HAN or other rapid method (blast email or fax) to communicate with sentinel laboratories and other partners for outbreaks, routine updates, training events, and other applications[1] | 40 times |
| | Epidemic Information Exchange users responded to system-wide notification test within 3 hours[9] | 63% |

[1]APHL; 2008 [2]CDC, OSELS; 2008 [3]CDC, OID (NCEZID); 2008 [4]CDC, OPHPR (DSLR); 2008 [5]CDC, ONDIEH (NCEH); 2009 [6]CDC, ONDIEH (NCEH); 2008 [7]State data; 2008 [8]CDC, OPHPR (DEO); 2009 [9]CDC, OPHPR (DEO); 2008

| Response Readiness: Communication (continued) | | |
|---|---|---|
| *Improving public health information exchange* | Participated in a Public Health Information Network forum (community of practice) to leverage best practices for information exchange[10] | Yes |

| Response Readiness: Planning | | |
|---|---|---|
| *Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile and other sources* | CDC technical assistance review (TAR) state score [11, 12]<br><br>Scoring Note: A score of 69 or higher indicates performance in an acceptable range in plans to receive, distribute, and dispense medical assets. | 2007-08: 93<br><br>2008-09: 99 |
| | Cities Readiness Initiative (CRI) location and 2007-08 TAR score[11]<br><br>*Cohort I: No sites<br>*Cohort II: Providence, RI: 89<br>*Cohort III: No sites<br>See Scoring Note above.<br>CRI locations can consist of multiple jurisdictions, some located in more than one state. See appendix 6.<br><br>*Cohort I, II or III refers to the year when the location was added to CRI. See appendix 1. | |
| *Enhancing response capability for chemical events* | CHEMPACK nerve-agent antidote containers[11] | 8 |
| *Meeting preparedness standards for local health departments* | Local health departments meeting voluntary Project Public Health Ready preparedness standards[13] | 0 |

| Response Readiness: Exercises and Incidents | | |
|---|---|---|
| *Notifying emergency operations center staff* | Pre-identified staff notified to fill all eight Incident Command System core functional roles due to a drill, exercise, or real incident[14]<br>Note: State must report 2 and could report up to 12 notifications. | 4 times |
| | Pre-identified staff acknowledged notification within the target time of 60 minutes[14] | 4 out of 4 times |
| | Conducted at least one unannounced notification outside of normal business hours[14] | Yes |
| *Activating the emergency operations center (EOC)* | Public health EOC activated as part of a drill, exercise, or real incident[14]<br>Note: State must report 2 and could report up to 12 activations. | 2 times |
| | Pre-identified staff reported to the public health EOC within the target time of 2.5 hours[14] | 2 out of 2 times |
| | Conducted at least one unannounced activation[14] | Yes |

| Response Readiness: Evaluation | | |
|---|---|---|
| *Assessing response capabilities through after action report/ improvement plans (AAR/IPs)* | AAR/IPs developed following an exercise or real incident[14]<br>Note: State must report 2 and could report up to 12 AAR/IPs. | 0 AAR/IPs |
| | AAR/IPs developed within target time of 60 days[14] | 0 out of 0 AAR/IPs |
| | Re-evaluated response capabilities following approval and completion of corrective actions identified in AAR/IPs[14] | Yes |

[10]CDC, OSTLTS; 2008 [11]CDC, OPHPR (DSNS); 2008 [12]CDC, OPHPR (DSNS); 2009 [13]NACCHO; 2008 [14]CDC, OPHPR (DSLR); 2008

In addition to the activities listed above, CDC supported other projects and activities to enhance preparedness efforts. Snapshots of these CDC efforts are provided below.

| Research, Training, Education, and Promising Demonstration Projects | | |
|---|---|---|
| **Project** | **Location/Project Name** | **Amount** |
| Centers for Public Health Preparedness[15] | — | N/A |
| Preparedness and Emergency Response Research Centers[15] | — | N/A |
| Advanced Practice Centers[16] | — | N/A |
| Centers of Excellence in Public Health Informatics[17] | — | N/A |
| Pandemic Influenza Promising Practices Demonstration Projects[14] | Addressing Vulnerabilities in Populations;<br>Electronic Laboratory Data Exchange | $370,000<br>$303,415 |

| Additional CDC Resources Supporting Preparedness in States and Localities | |
|---|---|
| Epidemic Intelligence Service<br>• Epidemic Intelligence Service Field Officers[17]<br>• Investigations conducted by Epidemic Intelligence Service Field Officers[17] | —<br>— |
| Deployments<br>• Type of Incident (number of CDC staff)[18] | — |
| Career Epidemiology Field Officers[15] | — |
| Quarantine Stations[19] | — |

[14]CDC, OPHPR (DSLR); 2008 [15]CDC, OPHPR (OD); 2008 [16]NACCHO; 2008 [17]CDC, OSELS; 2008 [18]CDC, OPHPR (DEO); 2008 [19]CDC, OID (NCEZID); 2008