



Highlights of [GAO-03-1176T](#), testimony before the Subcommittee on Emergency Preparedness and Response, Select Committee on Homeland Security, House of Representatives

## Why GAO Did This Study

Recent challenges, such as the SARS outbreak and the anthrax incidents in the fall of 2001, have raised concerns about the nation's preparedness for a large-scale infectious disease outbreak or bioterrorism event. In order to be adequately prepared for such a major public health threat, state and local public health agencies need to have several basic capabilities, including disease surveillance systems, laboratory facilities, communication systems and a sufficient workforce.

GAO was asked to examine the capacity of state and local public health agencies and hospitals to detect and report illnesses or conditions that may result from a large-scale infectious disease outbreak or bioterrorism event.

This testimony is based largely on recent work, including a report on state and local preparedness for a bioterrorist attack; preliminary findings from current work on updates of bioterrorism preparedness at the state and local levels; and findings from a survey GAO conducted on hospital emergency department capacity and emergency preparedness.

[www.gao.gov/cgi-bin/getrpt?GAO-03-1176T](http://www.gao.gov/cgi-bin/getrpt?GAO-03-1176T).

To view the full testimony, including the scope and methodology, click on the link above. For more information, contact Janet Heinrich at (202) 512-7119.

## INFECTIOUS DISEASES

# Gaps Remain in Surveillance Capabilities of State and Local Agencies

## What GAO Found

The efforts of public health agencies and health care organizations to increase their preparedness for infectious disease outbreaks and bioterrorism have improved the nation's ability to recognize such events. However, gaps remain in state and local disease surveillance systems, which are essential to public health efforts to respond to disease outbreaks or bioterrorist attacks. Other essential elements of preparedness include laboratory facilities, workforce, and communication systems. State and local officials report that they are addressing gaps in communication systems. However, there are still significant workforce shortages in state and local health departments. GAO also found that while contingency plans are being developed at the state and local levels, planning for regional coordination for disease outbreaks or bioterrorist events was lacking between states.

The disease surveillance capacities of many state and local public health systems depend, in part, on the surveillance capabilities of hospitals. Whether a disease outbreak occurs naturally or due to the intentional release of a harmful biological agent by a terrorist, much of the initial response would occur at the local level, particularly at hospitals and their emergency departments. Therefore, hospital personnel would be some of the first healthcare workers with the opportunity to identify an infectious disease outbreak or a bioterrorist event. Most hospitals reported training their staff on biological agents and planning coordination efforts with public health entities; however, preparedness limitations may impact hospitals' ability to conduct disease surveillance. In addition, hospitals still lack the capacity to respond to large-scale infectious disease outbreaks. Also, most emergency departments across the country have experienced some degree of overcrowding, which could be exacerbated during a disease outbreak or bioterrorist event if persons with symptoms go to emergency departments for treatment.