

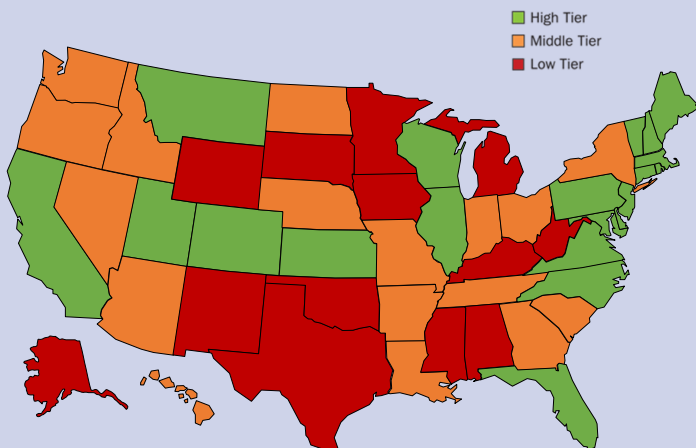
Ready or Not 2026: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism

Ready or Not 2026 finds wide variation in state preparedness and warns that federal disruption could weaken emergency readiness nationwide

A new report from Trust for America's Health (TFAH) finds wide variation in states' readiness for disease outbreaks, natural disasters, and other emergencies amid major changes to the federal public health system. **Ready or Not 2026** assesses preparedness across 10 indicators, including state public health funding, public health laboratory planning, and water system safety. The report warns that national readiness depends on stable federal systems, expertise, coordination, and sustained investment—now threatened by workforce reductions and funding instability.

Recent crises, including a severe flu season, rising measles cases, and extreme weather, have strained an already destabilized system. The report calls for stronger federal leadership and investment and ranks states into three tiers: 20 high-performing, 17 plus DC in the middle, and 13 in the lowest performance tier.

2026 State Emergency Preparedness Rankings: High, Middle, and Low



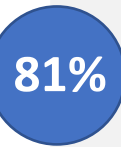
Seasonal Flu Vaccination



Flu vaccination rates continued to decline from pre-pandemic levels, while the 2024–25 season had the highest hospitalizations since 2010–11



Access to Paid Sick Leave



On average, 81% of state residents had access to paid sick leave in 2025.



Avoidable Mortality



The U.S. has an avoidable death rate under age 75 of 278 per 100,000, with state rates varying more than twofold; racial and ethnic disparities further widen these gaps.



State Public Health Funding



Most states increased or maintained their public health funding in fiscal year 2025. At least 12 states reduced state public health funding.

Policy Recommendations for Improving Emergency Preparedness:

- Ensure **stable, flexible funding and modernized systems** for public health preparedness, including workforce and data infrastructure.
- **Rebuild federal public health capacity and reauthorize key programs** like the Pandemic and All-Hazards Preparedness Act.
- Strengthen emergency readiness through **immunization, surveillance, medical countermeasures, and healthcare system** preparedness.
- Strengthen outbreak response by supporting **immunization, disease detection, and antimicrobial resistance** efforts.

For the full report, please go to:

<https://www.tfah.org/report-details/ready-or-not-2026/>

Priorities for Congressional Action



Congress should provide at least \$11.5 billion for Centers for Disease Control and Prevention (CDC) in FY2027. An estimated 80 percent of CDC's budget goes to external partners, underpinning preparedness for health threats across the country.



Congress should reauthorize the *Pandemic and All-Hazards Preparedness Act*, providing the needed authorities for health emergency preparedness.



Congress should invest in the Public Health Emergency Preparedness program and Hospital Preparedness Program, which support every state and territory to have a baseline level of readiness for disasters.



Congress should support funding and workforce for CDC's National Immunization Program, expand vaccine access for uninsured adults, and conduct oversight of changes to recommended federal immunization schedules that impact health coverage.



Congress should speed detection and response to emerging threats by supporting public health data modernization, public health infrastructure, advanced molecular detection, and wastewater surveillance.



Congress should create a national standard for job-protected paid sick, family, and medical leave to contain the spread of outbreaks and protect health.



Congress should accelerate medical countermeasures (MCM) research, development, stockpiling, and distribution for known and unknown threats.

Additional policy recommendations can be found in the report at:
<https://www.tfah.org/report-details/ready-or-not-2026/>

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