



EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES

ESSENTIAL FUNDING FOR PUBLIC HEALTH LABORATORY RESPONSE

ELC PROGRAM OVERVIEW

For nearly a quarter-century, the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement program has provided direct financial support in all 50 states, several large metro areas, and US territories and affiliates to detect, respond to, control and prevent infectious diseases.

Applications for Fiscal Year 2019 (FY19) ELC funding greatly exceeded the funds available; requests totaled more than \$493 million for Year 1, compared to the \$231 million awarded.

ELC FUNDING GAPS

CROSS-CUTTING EPIDEMIOLOGY AND LABORATORY PROGRAM & HEALTH INFORMATION SYSTEMS

Health Information System (HIS): Needs far outweighed available FY19 funds, with over \$67 million requested vs. \$42 million awarded throughout the cross-cutting sections. More than a third (39%) of the requests remained unfunded for HIS, despite awarding over \$8 million in one-time end-of-year funding.

- Nearly 73% of end-of-year funding benefited public health laboratories by providing significant investments to improve aging Laboratory Information Management systems (LIMS). Significant gaps for improving health information technology remain.
- The FY19 the cross-cutting HIS section was expanded to include syndromic surveillance. This section also included activities supporting integrated systems that support both epidemiology and public health laboratory, electronic case reporting, electronic health records, electronic laboratory reporting, contracts to maintain surveillance systems, and cloud data storage.

Leadership, Management and Administration: New requests were 70% unfunded with \$15.75 million requested and \$4.79 million funded. This largely included requests for new personnel to support leadership, coordination and financial functions in jurisdictional health departments.

Personnel: In general, personnel support was the most significant unfunded need, specifically:

- Epidemiologists (over \$111 million requested with 45% remaining unfunded)
- Laboratorians (over \$75 million requested with 50% remaining unfunded)
- Health Information Systems Analysts (over \$45 million was requested in the Cross-cutting sections with 32% remaining unfunded)

Cross-cutting Equipment and Supplies: Needs were underfunded by nearly 60%, this includes requests for whole genome sequencing, lab reagents, PCR equipment and supplies, and MALDI/VITEK equipment and supplies.

VECTOR-BORNE DISEASES

Recipients requested more support for vector-borne disease activities (\$49 million) than CDC was able to fund (~\$17 million). Over 65% of requested needs went unfunded.

FOOD- & WATERBORNE DISEASES

Recipients requested more support for foodborne, waterborne, enteric and other environmentally-transmitted disease activities (over \$70 million) than CDC was able to fund (nearly \$33 million). More than half (53%) of the requested support went unfunded.

HEALTHCARE-ASSOCIATED INFECTIONS & ANTIMICROBIAL RESISTANCE

Recipients requested more support for healthcare associated infections and antimicrobial resistance program activities (\$108.5 million) than what CDC was able to fund (\$55 million). Requests for funding have steadily increased each year and many good proposals and important work remain unfunded. Nearly half (49%) of the requested support went unfunded.



ASSOCIATION OF PUBLIC HEALTH LABORATORIES

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