



APHL Position Statement

The Need for Sustained Funding of Public Health Laboratories to Ensure All-Hazard Preparedness

A. Statement of Position

To ensure PHL's remain at the frontline to respond to all-hazard public health threats, it is essential to our Nations' preparedness that public health laboratories receive sustained funding to acquire and maintain sophisticated instrumentation, highly trained technical staff and essential infrastructure necessary to ensure their ability to respond to all-hazard emergencies quickly and reliably at any time.

B. Implementation

1. APHL will collaborate with the Centers for Disease Control and Prevention (CDC) and association members to develop a plan and identify supporting material to inform Congress of the need to provide reliable, adequate levels of sustained funding of the Laboratory Response Network (LRN) through the Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
2. APHL will work with CDC and other federal agencies to develop a comprehensive program to analyze environmental samples and clinical specimens for hazardous biological, chemical and radiological agents, as well as provide support to sentinel clinical laboratories (e.g. hospital laboratories).

C. Background/Data Supporting

With the introduction of anthrax into the U.S. Postal System in October 2001, the role of public health laboratories in emergency preparedness and response was established as vitally important. Since the events of 2001, the nature and scope of

analytical testing done by public health laboratories has evolved to include emerging threats such as Ebola and Zika viruses and toxic chemical contamination. Additionally, the number of official entities that depend on the analytical support provided by these laboratories has markedly increased. Today, these public health laboratories provide the essential data needed for decision-making to protect the health of the public and emergency responders.

The ability of public health laboratories to begin meeting this new emergency response challenge was made possible in large part by funds appropriated through the U.S. Congress to the Department of Health and Human Services for distribution by the CDC in the form of cooperative agreements with the states.¹ Through the use of these funds, a robust Laboratory Response Network (LRN) was developed and strengthened to serve as a national and international, inter-laboratory system for emergency response. Originally founded by CDC, APHL and FBI, the LRN is a national security asset that develops, maintains and strengthens an integrated domestic and international network of laboratories to respond quickly to biological, chemical and radiological threats and other high-priority public health emergencies. The LRN connects each state and local public health laboratory with jurisdiction-wide sentinel clinical laboratories as well as the national laboratories at CDC and the Department of Defense.² Within the LRN, the state and some large city and county public health laboratories serve as essential LRN reference laboratories that have the ability to perform routine surveillance and the analytical capabilities necessary to rapidly and accurately

detect, identify or confirm the presence of biological, chemical and radiological threat agents in clinical and environmental specimens. Development of these capabilities has required a major investment of cooperative agreement funds to build the requisite infrastructure by recruiting and training qualified staff, purchasing, operating and maintaining costly instrumentation, transferring standardized technology from the CDC to the states, and training first responders.

Despite the demonstrated effectiveness of the LRN, there remain significant gaps in the ability of public health laboratories to respond to all-hazard emergencies. In today's world, there are rising expectations by state and local officials that the public health laboratories that serve as LRN reference laboratories within their jurisdictions have the ability to quickly and accurately identify any and all biological, chemical or radiological threat agents. Public health laboratories have analyzed thousands of samples annually from potential threats.³ When such incidents occur at the local level, there are questions that must be answered with gripping urgency and absolute reliability. While the public health laboratories that serve as LRN reference facilities are increasingly expected by these officials to rapidly provide the answers they need, these laboratories cannot always do so because of the gaps that still remain in their overall preparedness. Among these gaps are the need for (i) highly skilled workforce (ii) standardized testing methods for a broader range of biological, chemical and radiological agents, (iii) additional resources to purchase and maintain required analytical instrumentation and (iv) common protocols for electronic data exchange.

The current trend to decrease federal funding of state and local emergency preparedness and response efforts is of great concern to APHL and its members. Consistently, the base amount of PHEP Cooperative Agreement available to public health laboratories for their LRN activities has been reduced.⁴ Public health laboratories rely heavily on federal funding to support preparedness and response activities. In fact, more than 80% of public health laboratory preparedness funding comes from the CDC PHEP Cooperative Agreement.⁵

If this negative trend continues, the past investments made by Congress to develop and strengthen the networks will be lost. The remarkable laboratory infrastructure that is now in place nationwide to respond to biological, chemical or radiological threats is already threatened, and the gaps that currently exist in our ability to respond to these threats will remain as dangerous or even worse, if they go unresolved.

Consequently, APHL strongly believes it is essential that public health laboratories receive sustained federal funding to maintain and improve the various response networks to appropriately address all-hazard emergencies. Additionally, APHL believes such sustained funding must be at levels that go beyond the initial purchase of expensive instrumentation and the hiring of analytical personnel. To actually sustain the networks, consistent, continuous funding must be available to state, large city and county public health laboratories to pay for annual preventative maintenance of complex instrumentation, replacement of equipment as technology advances, recruitment and retention of qualified staff, testing supplies and materials, reliable statewide specimen/sample transport systems, development and transfer of technology from the CDC to these laboratories, continuous education and training of public health and sentinel clinical laboratorians and first responders, and planning and execution of exercises and drills. With sustained funding to cover these on-going costs, the nation will be assured that state and local communities will be prepared to respond effectively to all-hazards.

D. References

1. "Public Health Emergency Preparedness Cooperative Agreement, Budget Period 10 Extension Guidance," Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, available at http://emergency.cdc.gov/cdcpreparedness/coopagreement/10/PHEP%20BP10%20Extension%20Guidance_Instructions_Appendices_05-13-2010_FINAL.pdf, accessed August 4, 2010.

2. CDC: The Laboratory Response Network, Partners in Preparedness, available at <http://www.bt.cdc.gov/lrn/>, accessed August 4, 2010.

3. APHL: Public Health Laboratories: Diminishing Resources in an Era of Evolving Threats, June 2010, available at <http://www.aphl.org/aphlprograms/ep/ahr/Documents/DiminishingResourcesEvolvingThreats.pdf>, accessed August 4, 2010.

4. APHL: 2009 APHL All-Hazards Laboratory Preparedness Survey Data, June 2010, available at <http://www.aphl.org/aphlprograms/ep/ahr/Documents/APHLAllHazWhitePaperEPR.pdf>, accessed August 4, 2010.

5. APHL: Protecting the Public's Health: Laboratories on the Frontline to Detect the Next Threat, APHL. 2017, available at <https://www.aphl.org/aboutAPHL/publications/Documents/PHPR-2016-All-Hazards-52017.pdf> Accessed October 2, 2017

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