

BACKGROUND:

The Epidemiology and Laboratory Capacity (ELC) cooperative agreement is the US Centers for Disease Control and Prevention (CDC)'s national funding strategy to support state, local and territorial capacities for emerging infectious disease control. In FY2016, ELC funding reached all 50 states, 8 US territories and 6 US cities. Investments strengthen public health workforce, disease detection systems, laboratory capacity and health information capacity. Recently, ELC has been utilized to help with emergency response to emerging infectious diseases such as Zika and Ebola.

Public health laboratories rely on ELC funding in two ways:

1. Flexible funding

- The Prevention and Public Health Fund (PPHF), established through the Affordable Care Act (ACA), provides \$40 million annually to support a highly trained laboratory workforce, develop modern and well-equipped public health laboratories and assist with integrating laboratory and epidemiology functions
- Health information system infrastructure is supported through ELC and allows for timely exchange of data between public health laboratories and CDC to help make decisions that impact the public's health

2. Categorical or disease-specific funding

- Emergency funding for Zika and Ebola helped public health laboratories deal with the increased demand in testing by allowing them to purchase necessary laboratory equipment and supplies



- Allows for rapid testing in outbreak response such as foodborne diseases and influenza
- Monitors antimicrobial resistance
- Supports testing capacity for healthcare-associated infections, tickborne diseases, West Nile virus, dengue fever, parasitic diseases and vaccine preventable diseases such as measles, mumps, pertussis and rubella

PREVENTION AND PUBLIC HEALTH FUND SUPPORTS LAB STRENGTHENING

The portion of the ELC's funding that comes from PPHF funds cross-cutting and flexible support for infectious disease epidemiology, laboratory and health information systems.

Investments made by PPHF funds have allowed state and local health departments to strengthen and integrate their capacity to detect and respond to infectious disease and other public health emergencies. For example, ELC funds have made it possible to increase the use of electronic laboratory reporting, improved information technology infrastructures, streamlined program coordination and expanded training activities.

PPHF funds have supported around 561 full-and part-time public health professionals to state and local health departments since 2010. Additionally, funds have allowed for the modernization of public health laboratories and electronic information systems. As a result, almost 70% of grantees indicated that they achieved more complete and timely reporting of electronic surveillance data from public health partners.

Cross-cutting positions funded by ELC also support state and local health departments' ability to quickly respond to unanticipated infectious disease threats, like Ebola or Zika. These PPHF-funded positions can be flexed or re-directed early in a response to work on new or never before seen threats. ■

CDC FUNDING

EPIDEMIOLOGY AND LABORATORY CAPACITY (PPHF + CATEGORICAL)

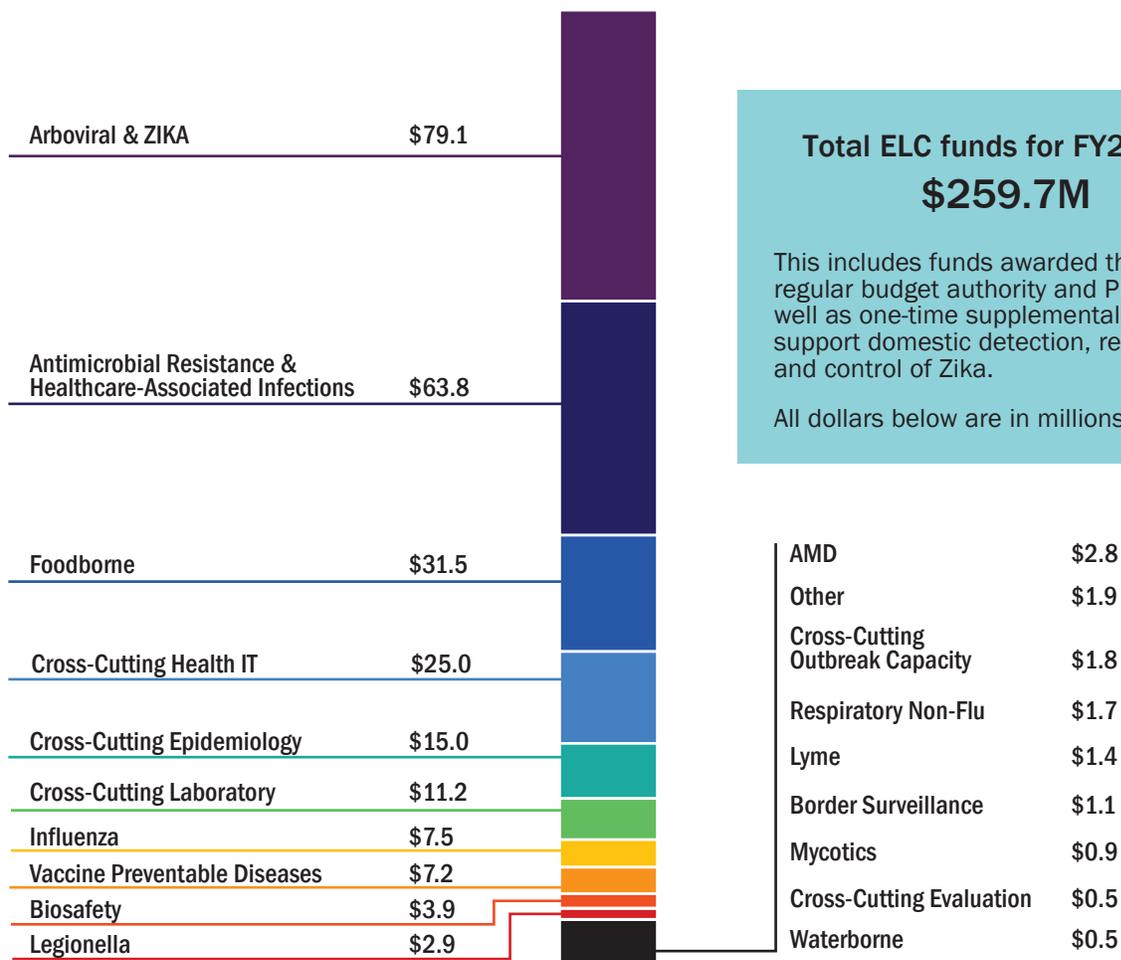
FY 2016: \$195
FY 2017: \$195 (requested)
FY 2017/18: \$195 (necessary)

(Dollars in millions)

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FY 2016 ELC FUNDING PROGRAM DISTRIBUTION



Total ELC funds for FY2016 = \$259.7M

This includes funds awarded through regular budget authority and PPHF, as well as one-time supplemental funds to support domestic detection, response, and control of Zika.

All dollars below are in millions.



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