

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

Preventing Infectious Disease Threats by Strengthening U.S. Health Departments

Strengthening the Nation's Capacity to Respond to Domestic Infectious Diseases

The Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) program provides strategic investments through its cooperative agreement with U.S. health departments aimed at reducing domestic infectious disease-related illnesses and death. Financial resources and technical assistance are provided each year to 64 jurisdictions to support activities related to surveillance, detection, response, and prevention of infectious diseases.



During ELC's previous cooperative agreement (2014-2018), ELC-funded work grew from 15 to 45 discrete projects and funding tripled from approximately \$100 million to \$300 million. This growth coincided with expanded responsibility in state and local public health agencies for prevention and control of various infectious diseases (e.g., antibiotic-resistant bacterial diseases, Ebola, and Zika).

In August 2019, ELC launches a new 5-year cooperative agreement (CoAg). The portfolio of ELC activities represented in this new CoAg illustrates a stronger focus on public health programs (e.g., cross-cutting epidemiology and laboratory, food and water, healthcare-acquired infections/antimicrobial resistance, and vector-borne) while retaining the ability for recipients to work on discrete projects important to the health and wellness of their populations (e.g., mycotics, *Legionella*, parasitic diseases, rabies).

All ELC-funded programs have activities representing work from the three core areas listed below, although ELC-funded projects may only focus on one or two of the areas. This new framework for the ELC CoAg offers enhanced opportunities to implement prevention and intervention activities within programs, improved coordination throughout the ELC portfolio, and an increased emphasis on communication and partnerships.

ELC Core Areas:



Surveillance, Detection, and Response

- Enhance investigation and outbreak response
- Enhance coordination between surveillance and laboratories
- Improve surveillance and reporting
- Advance electronic information exchange implementation
- Sustain and/or enhance information systems
- Strengthen laboratory testing for surveillance and response
- Enhance workforce capacity
- Improve laboratory coordination and outreach



Prevention and Intervention

- Implement public health interventions and tools
- Implement health promotion strategies



Communications, Coordination, and Partnerships

- Coordinate and engage with partners
- Facilitate information exchange

By *the* Numbers



ELC awards approximately \$200 million annually to all 50 state health departments, six of the nation's largest local health departments (Chicago, the District of Columbia, Houston, Los Angeles County, New York City and Philadelphia), and eight territories or U.S. affiliates (America Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Commonwealth of Puerto Rico, Republic of Palau, and U.S. Virgin Islands).



ELC awards

~ \$200 Million to recipients annually

By providing direct support to state, local, and territorial public health agencies for nearly a quarter-century, the ELC serves as an integral part of the nation's infectious disease-related infrastructure. Jurisdictions face unique infectious disease challenges because of their varied organizational capacities, geographic differences, and diverse populations. Often, unanticipated events require the diversion of resources to address a specific emerging or re-emerging disease. Through the CoAg, the ELC program provides support for jurisdictions that are not categorically bound to any one disease area and may rapidly be directed to address unanticipated infectious disease threats.

ELC Impacts

"Without ELC funds, Alaska Public Health could not have supported necessary changes to avoid burdens not only on our health care system, but also our public health workers who struggled to find better ways to route specimens and communicate during the [2017-18 mumps] outbreak." ~ **Alaska**

... "Can you imagine hearing about [an] outbreak from an Illinois Department of Public Health (IDPH) press release, realizing that you ate a salad from [a fast food restaurant] the week before you became ill, and relaying this information to your physician who prescribes you the right antibiotic? It was a reality for hundreds of people in 2018, and the ELC-funded team at IDPH worked diligently to find the cause and prevent more illnesses." ~ **Illinois**

... "ELC funding has allowed Rhode Island to build capacity to rapidly respond to outbreaks by hiring, training, and cross-training staff. ELC-funded activities have also fostered collaboration and helped build relationships with staff in other programs. The flexible funding in the cross-cutting epidemiology and laboratory section allowed staff who are not funded specifically with Foodborne funds to participate in investigations when additional resources are needed." ~ **Rhode Island**

"Strategically placed resources for items like the modular lab units underscore the immediate and long-term impact ELC funding has in terms of strengthening our Department of Health's capability to prevent, detect, respond to, and control known and emerging infectious diseases." ~ **U.S. Virgin Islands**