

# 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 for a Quarter-Century

Since 1995, the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Program has been critical to U.S. health departments' ability to combat infectious diseases. While beginning with only 10 recipients, that number incrementally grew, reaching the current complement of 64 jurisdictions in 2012. For a quarter-century, the ELC cooperative agreement has provided hundreds of millions each year to all 50 states, several cities, and U.S. territories and affiliates to detect, respond to, control, and prevent infectious diseases. The ELC program celebrate 25 Years of service to U.S. public health agencies across America in 2020.



In August 2019, ELC launched 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
- Improve surveillance and reporting
- Sustain and/or enhance information systems
- Enhance workforce capacity
- Enhance coordination between surveillance and laboratories
- Advance electronic information exchange implementation
- Strengthen laboratory testing for surveillance and response
- Improve laboratory coordination and outreach



#### Prevention and Intervention

- Implement public health interventions and tools
- Implement health promotion strategies
- Implement public health best practices, guidelines, programs, and policy
- Surveillance data used to inform and prepare intervention strategies



#### Communications, Coordination, and Partnerships

- Facilitate information exchange dissemination to the public regarding infectious disease surveillance and prevention strategies
- Enhance collaborations between state epidemiology and laboratory as well as regional/local public health departments
- Strengthen partnerships collaborations between public health, hospital infection control, and clinical labs

# 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

The ELC Program 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, ELC 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**