

### **PHLs: early warning system for diseases and other health threats**

- PHLs in every state and most major urban areas have the capability to definitively identify the H1N1 virus.
- State lab budgets were cut by an average of about \$400,000 each in 2008; cuts have deepened in 2009.
- The PHL workforce cannot be built overnight: it takes time to hire and train a molecular scientist.
- Demand for testing is increasing, ability to respond is decreasing: In a typical year, PHLs receive an average of 120,000 flu samples; they received approximately 100,000 in the first month of the H1N1 outbreak.

### **Antiquated systems delay PHL test results**

- PHLs report results using a manual process that delays reporting and can introduce errors.
- Test results are usually transmitted by fax or mail between CDC and the states.
- Instrument-to-instrument transmission of test results would speed delivery and free up critical lab staff resources.
- The public is better protected if lab data reach CDC faster.

**Need:** *\$100 million in federal funding to build an electronic system for delivery of test results.*

**The public's health depends on fast, accurate test results from public health labs, but PHLs are operating on life support. Lack of funding has led to workforce cuts and reliance on antiquated data transfer systems that delay delivery of test results.**

### **Federal funding would help to stabilize the PHL workforce.**

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### **Declining PHL workforce**

- Because of declining funding, the PHL workforce has declined.
  - PHLs lost 10% of their workforce last year. More cuts are anticipated.
  - Lab furloughs delay testing; state budget cuts have led to elimination of entire programs.
- Need:** *Federal funding for staff retention and education of lab professionals.*