February 18, 2026

Dear Public Health Laboratory Directors:
APHL is pleased to provide a guidance tool to assist you in responding to the "***Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)***" notice of funding opportunity (NOFO) (CDC-RFA-CK24-0002CONT26), which was released on February 4, 2026. The NOFO solicits applications for Budget Period 3 (August 1, 2026-July 31, 2027). The application must be submitted by 2:00 PM ET on April 6, 2026**.**

Your responses should include requests for projects that are cross-cutting (non-categorical) ELC projects (Section 1), emerging infectious disease programs (Section 2) and disease specific projects (Section 3).

APHL encourages our members to be highly involved in the ELC application writing process. Laboratory Directors and appropriate technical staff should contribute to the relevant sections of the proposal. Laboratory Directors are asked to share this guidance with appropriate technical staff. Once the application process is complete, summary comments and the budget markups will be sent to the ELC Governance Team members in each state/jurisdiction. If you are not the laboratory representative on the ELC Governance Team, please ensure that your laboratory representative shares this information with you.

If you need assistance, please feel free to contact the APHL staff below.

Sincerely,

Scott J. Becker

Scott Becker, MS
Executive Director

APHL Staff Contacts

Subject Area	Staff Contact	Email	Telephone
Infectious Diseases	**Kelly Wroblewski**	**kelly.wroblewski@aphl.org**	**240-485-2728**
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General Highlights

- *As you develop work plans and budgets, APHL suggests that your laboratory budget reflects the true need of funding required to implement ELC activities. While the NOFO includes estimated award amounts for each ELC section, it is still helpful to provide full budget requests. ELC cannot fund what recipients do not request.*
- *As you consider your need to update extraction and molecular testing platforms, APHL has compiled a list of Automated Extraction and PCR Platforms for which CDC assays have been cleared and evaluated and their current marketing status and service/reagent support. Only platforms with current CDC Assays are included.*
- *CDC continues to evaluate nucleic acid extraction platforms for inclusion in their FDA authorized and cleared assays as existing platforms are discontinued.*
    - *Refer to this Nucleic Acid Extraction Platform Brief for information on extraction platforms under consideration.*
    - *APHL suggests that public health laboratories consider the QIAGEN EZ2 Connect MDx, the ThermoFisher Scientific KingFisher™ Apex Dx and the Roche Diagnostics MagNA Pure 96 or 24 Dx when purchasing new extraction platforms.*
- *CDC continues to evaluate platforms to replace the ABI 7500 fast Dx (Sales Discontinued 12/2022, Service and support expected through 2029).*
    - *Refer to this Nucleic Acid Amplification Platform Brief for information on platforms under consideration.*
    - *CDC's Influenza Division and LRN-B are actively evaluating performance of CDC assays on the ThermoFisher Scientific Applied Biosystems QuantStudioTM 7 Pro Real-Time PCR System, the ThermoFisher Scientific Applied Biosystems QuantStudio™ 5 Dx Real-Time PCR System and BioRad CFX™ Opus 96 Dx System/CFX™ Opus 384 Dx System.*
    - ***APHL strongly urges public health laboratories who have not yet replaced their ABI7500 fast Dx instruments, to do so with the QuantStudio™ 5 Dx Real-Time PCR System and/or the BioRad CFX™ Opus 96 Dx System/CFX™ Opus 384 Dx System.*** *Laboratories that have remaining ELC Enhancing Detection or Enhancing Detection expansion funds should use those funds first as they expire in July 2026.*
- *APHL maintains a list of manufacturer discounts for public health on our website: Public Health Pricing List. Please note only APHL members can access this list.*
- *A summary of changes from Budget Period 2 to Budget Period 3 has been provided on pages 10-17 of the NOFO.*
- *Please note: A minimum of one (1) success story submission is required as part of the BP3 Continuation Application (page 7)*
- *The guidance provided focuses on sections that are relevant to the laboratory.*

Section 1: Cross-cutting Emerging Infectious Disease Capacity, Systems and Leadership

Program A: Cross-cutting Epidemiology and Laboratory Capacity (p. 18-27)

65 awards; average of $369,000 per award

Area A: Surveillance, Detection, and Response

1) Enhance Workforce Capacity
   - *Consider your laboratory's training needs and request support through Activity 1c or Activity 1d (peer-to-peer visits) to facilitate those trainings.*
   - *ELC Workforce Capacity Assessment is due to be completed no later than the end of Quarter 2 (January 31, 2027).*

2) Enhance investigation and outbreak response
   - *Consider the costs associated with setting up or supporting an existing courier system for the transport of ELC-funded organisms. This could also be considered in Strategy 4.*
   - *Consider costs associated with packaging and shipping surveillance specimens to CDC. This could also be considered in Strategy 4*

4) Strengthen laboratory testing for surveillance, detection, preparedness, and response

- ***Implement, sustain or enhance testing to support infectious disease surveillance or outbreak response.*** *When developing these activities consider the following:*
  - *Prioritize staff that perform and/or support infectious disease testing across ELC funded areas.*
  - *Consider establishing partnerships with clinical and commercial laboratories to develop or enhance cross-cutting specimen and data sharing networks to enhance and create efficiencies amongst existing surveillance activities. Especially consider the benefit for influenza and other respiratory pathogens, antimicrobial resistant isolates, culture independent diagnostic tests, and foodborne specimens/ isolates. Consider including activities that will enhance partnership across multiple pathogens. This can also be included in Strategy 11.*
  - *Consider your need for general laboratory supplies such as packaging and shipping containers (plus shipping costs), viral transport media, culture media, PPE (including N-95s), commercial PCR reagents, nucleic acid extraction chemistries, pipettes/pipet tips.*
  - *Consider your need to purchase new thermocyclers in the coming years as the ABI 7500 Fast Dx will no longer be supported by ThermoFisher in 2029.*
  - *Consider your need to update extraction platforms and consult this table for information on which platforms are sun-setting and which CDC assays have been cleared or evaluated on various models and this CDC memo for which new platforms are under consideration.*
  - *APHL maintains a list of manufacturer discounts for public health on our website: Public Health Pricing List.*
  - *Recipients are required to update the Laboratory Capacity Assessment by the end of Q2.*
  - *While funding may not be available to support covering the following items, please consider including them in your application to demonstrate ongoing need:*
    - *Maintenance and service agreements*
    - *Staff such as biosafety officers, quality managers or specimen processing staff*

5) Improve efficiency of laboratory operations
   - *A gap analysis for at least one cross-cutting laboratory process or subject area not previously assessed during BP2 is required.*

- *For gap analyses conducted in BP2, a plan to mitigate findings must be reported in ELC CAMP no later than the end of Q3 (April 30, 2027)*
- *For gap analyses conducted in BP1, the effectiveness of mitigation measures must be assessed and reported in ELC CAMP by the end of the Budget Period.*
- *APHL will continue to work with the ELC program office to provide additional suggested approaches or gap analysis tools that could be used.*

11) Improve coordination and outreach among laboratory partners

- *Update and/or expand the "laboratory landscape analysis" conducted in BP2. Consider leveraging existing information gathered from similar efforts (e.g. LRN sentinel lab outreach), focusing the analysis on a subset of laboratories in your region and/or utilizing APHL's PHL Systems Database to identify potential testing partners in neighboring jurisdictions.*
- *Consider requesting funds for staff time to conduct the assessment.*

Project B: ELC Leadership, Management, and Administration (p. 28-32)

43 awards; average of $125,953 per award

Consider requesting funds to support a Lab-Epi Connector (an epidemiology liaison) that is based in your laboratory. This person would enhance and help support ongoing communication between laboratory, epidemiology and clinical laboratory partners. (Strategy 1b)

Travel support for the 2027 ELC Annual Meeting.

65 awards; average of $6,000 per award

Funds should be requested to support travel for all ELC Governance Team members which may include a daily contact representative. If only requesting travel support to the ELC Annual Meeting, the full Work Plan does not need to be submitted.

Project C: Health Information System (HIS) Capacity (p. 33-52)

65 awards; average of $338,000 per award

CDC Requests the Following:

- *Include ALL technical staff in your application that are needed to support laboratory data exchange. Please consider:*
  - *Staff needed to support all aspects of the LIMS (i.e. admin, configuration/maintenance support)*
  - *Integration engineers and vocabulary specialists*
  - *Web portal and network administrators*
- *Ensure access to CDC Specimen Test Order and Reporting (CSTOR) web portal for at least two representatives from the laboratory.*
- *Please show how you are splitting funding up across ELC and other sources of funding such as Public Health Emergency Preparedness (PHEP) Cooperative Agreement and the Public Health Infrastructure Grant (PHIG). This should be included in the budget justification for each requested line item.*
- *Considerations around performance measures:*
  - *Please ensure you have a method to collect and track any shared services like Tableau or other data visualization platforms (CDC or partner provided, internal to laboratory or jurisdiction)*

- *Active ETOR Performance measures PM.11 (formerly PM.12) and PM.12 (formerly PM.13) are important measures tied to the PH data strategy and help to show progress.*

Key Changes:

- *Activity 9e: AR Lab Network ETOR Web Portal has been removed from Project C. APHL and CDC will continue to discuss ETOR strategy for the AR Lab Network.*

APHL Suggested Activities:

- *Consider requesting funds for informatics staff to attend the following conferences or meetings:*
  - *Request additional funds (above those required under Project B) for laboratory informatics leads to attend the 2027 ELC Annual meeting in Atlanta.*
  - *2027 APHL Annual Meeting*
  - *Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition*
  - NACCHO 360 *in July 2026, either in-person or virtual, and including PHI*CON beforehand.*
  - APHL Newborn Screening Symposium *in October 2026*
  - Healthcare Information and Management Systems Society (HIMSS) Global Conference & Exhibition *in March 2027*
  - APHL Annual Meeting *in May 2027*
  - Council of State and Territorial Epidemiologists (CSTE) Annual Meeting *in June 2027*

- *APHL hosts Laboratory User Groups for StarLIMS, Clinisys LIMS, and Rhapsody. These user groups allow public health laboratory informaticians to connect and share knowledge on these systems. Laboratory staff can join these groups by filling out the online form here:* https://app.smartsheet.com/b/form/49d69cec198e47a39b82e82324ad99b8

- *Consider allocating 10-20% of a leadership staff position to monitor new rules, regulations and standards that have an impact on informatics, system and infrastructure requirements and data exchange. This time would include participation in policy-related workgroups; reviewing and commenting on draft rules from CMS, CDC, ASTP, FDA and other federal agencies; and liaising with APHL, CSTE and the Joint Public Health Informatics Task Force (JPHIT) and other associations that advocate for robust and sustainable public health policies and standards.*

Technical Assistance Support:

- *APHL Technical Assistance is available to support message implementation, updates, enhancements and data transport efforts for the following laboratory surveillance messaging feeds to CDC. Contact the Informatics Help Desk at informatics.support@aphl.org to request technical assistance for the following:*
  - ***Antimicrobial Resistance Laboratory Network (AR Lab Network):*** *Technical assistance is available to support onboarding HL7 reporting to the Data for Action on Antimicrobial Resistance Threats (DAART) platform on 1CDP vis AIMS. Please request technical assistance to migrate reporting from RedCap/CSV to HL7 messaging, to implement new result reporting to DAART, or to support revalidation of production HL7 messaging for a major LIMS upgrade or migration. Refer to AR Lab Network informatics activities under Area C, Program I.*

- ***Animal Rabies ELR**: Please request technical assistance to support the electronic submission of rabies laboratory data to CDC. Refer to Rabies informatics activities under Area A, Project R.*
- ***Public Health Interoperability Message (PHLIP) TA** supports adoption and expansion of the PHLIP message to enhance laboratory surveillance reporting to CDC for influenza, SARS-CoV-2, and other respiratory virus results. Technical assistance is available for laboratories implementing new HL7 v2.5.1 messaging via AIMS. Reporting to the U.S. World Health Organization Collaborating Laboratories System, National Respiratory and Enteric Virus Surveillance System (NREVSS), and related surveillance reporting can be consolidated using PHLIP messaging. Refer to Area A, PM.6 and PI.11, Program J for PHLIP reporting activities. PHLIP TA can also be requested using ELC CAMP (see below).*

- *PHLs can request CDC data modernization technical assistance (DM TA) support for a number of informatics use cases through their DM TA request form in ELC CAMP (Technical Assistance tab): https://camp.cdc.gov/s/login/?ec=302&startURL=%2Fs%2F*
  - ***ELR Technical Assistance** covers a broad range of support to enable and enhance ELR. More information about services in scope can be found at APHL's ELR Technical Assistance Overview: https://aphlinformatics.atlassian.net/wiki/spaces/EETAR/pages/1228472432/ELR+Technical+Assistance+ELRTA+Overview*
  - ***Cross Jurisdictional Data Exchange TA** supports enabling ELR between any two trading partners on AIMS. Find more information on the InterPartner Technical Assistance Overview: https://aphlinformatics.atlassian.net/wiki/spaces/EETAR/pages/1157988690/InterPartner+Technical+Assistance+Overview*
  - ***Electronic Test Orders and Results (ETOR) TA** supports adoption and expansion of ETOR. See Activity 9 below for ETOR guidance.*

8) Sustain and Enhance PHL Laboratory Information Management Systems (LIMS)

Level 1: Enhance existing information system(s) by adding or improving functionality.

- *Enhance existing LIMS to be able to create electronic orders and accept electronic results. This is essential to order reference testing from another laboratory and CDC as well as strengthening surge capacity. See ETOR-specific activities in Activity 9.*
- *Prioritize the interfacing of laboratory instruments with the LIMS to reduce/eliminate data entry of test results, as appropriate. APHL suggests identifying instruments that support the CLSI-AUTO-16 (IHE LAW) standard, which supports LOINC and SNOMED CT encoding as well as instrument and test kit identification. PHLs should work with their LIMS vendor to support storing the full UDI for both the instrument and test kit that allows for incorporation into reporting outside of the laboratory.*
- *Electronic reporting is required for at least two CDC-sponsored laboratory networks. Technical assistance is available to support implementation of PHLIP, AR Lab Network DAART, and Rabies messaging to CDC (see Technical Assistance section above).*
- *CDC maintains a helpdesk, to assist with Laboratory Response Network Data Exchange requirements LRNITServices@cdc.gov.*
- *Consider developing a strategic roadmap to identify priority improvements and value-add initiatives that target specific needs within the context of other national, interstate and intrastate modernization efforts.*
- *Work with LIMS vendor to implement LIVD import functionality for improved LOINC/SCT mappings and the R-based tool for creating value sets for LOINCs in the Reportable Condition Trigger Codes.*

- *Work with LIMS vendor to support storing code system identifiers to reduce the amount of hard coding for value sets drawing from multiple code systems.*
- ***CDC asks that you submit an implementation plan to CDC before you go into procurement for any new LIMS (see "required tasks" for more info) as soon as possible, preferably when drafting the RFP.***

Level 2: Enhance existing information system(s) by adding or improving functionality.

- *Consider requesting funds to conduct or expand a comprehensive analysis to assess the function, utility, and application of information systems, IT infrastructure, software packages, standards adoption, and tools across all laboratory workflows and business processes:*
    - *Test Requests and Sample Receiving*
    - *Detailed specimen attributes (type, source site, collection method and additives)*
    - *Specimen and Sample Tracking/Chain of Custody*
    - *Lab Information Management Systems (LIMS) across the enterprise- Legacy and new technologies*
    - *Test Results and Instrument Interfacing/Integration*
    - *Report Preparation and Distribution*
    - *Data Analysis, Knowledge Management*
    - *Interoperability and Data Exchange*
    - *Data Repositories*
- *Consider building FHIR functionality into base infrastructure to allow different applications to plug-in and interface with the LIMS. This allows all future tools (instrument interfacing, web portals, etc.) to use the standard FHIR API and negates the need to continually build and develop non-standard APIs.*

Level 3: Enhance existing information system(s) by adding or improving functionality.

- *Ensure that laboratory recruits and retains essential personnel for the ongoing maintenance and enhancements to the LIMS.*
- *Consider the evaluation of third-party solutions for specialized functions and capabilities that may not currently be available in-house.*
- *Participate in workgroups and Communities of Practice such as CSTE's ELR Workgroup and HL7's Orders & Observations and Public Health workgroup, and Lab Messaging Community of Practice.*
- *Expand acceptable and allowable data exchange formats, when appropriate, to receive laboratory data, e.g., csv from non-traditional testing sites. Consider integration with environmental testing, including testing used for sentinel surveillance.*

9) Sustain and Enhance PHL Electronic Data Exchange: Electronic Test Orders and Results (ETOR)

- *For low-volume or infrequent submitters a web portal can be a vast improvement over paper test orders and results. Additional suggestions on ETOR implementation are included below.*

Level 1: Implement or enhance a web portal for ETOR.

- *Consider enhancing a web portal solution to allow ordering of laboratory tests and retrieval of discrete laboratory results. Consider building an interface to support batched ordering and resulting.*
- *Include costs for web portal licensing and enhancements, as well as the addition of new tests and maintenance.*
- *CDC requests an implementation plan prior to beginning procurement of an ETOR system.*

Level 2: Implement or enhance a web portal for ETOR.

- *Consider requesting support for dedicated staff to maintain active list of web portal users, serve as primary point of contact and provide troubleshooting/help desk support.*

Level 1: Implement an integrated ETOR solution.

- *Laboratories may have to expand services with LIMS vendors and/or IT/informatics staff to 1) accommodate enhanced data exchange functionality and/or 2) support ETOR implementation. Include these contractual/staffing costs in your ELC request and consider whether the programs prioritized for ETOR connections have differing LIMS.*
- *Consider requesting funds to specifically incentivize healthcare partners and/or local public health laboratories to engage in ETOR implementations with the state public health laboratory. Be sure to include details about potential mechanisms for dispersing funds to these organizations.*
- *Request funds for implementation(s) and ongoing support of an ETOR intermediary solution, such as Detor on the AIMS Platform, which would reduce the need for disparate direct connections between the laboratory LIMS and external partners while also leveraging shared/centralized services.*

Level 2: Implement an integrated ETOR solution.

- *Consider funding for an initial intermediary solution implementation with an identified healthcare system, public health laboratory, and/or health department clinic, then expansion funds to onboard additional partners.*
- *Consider expanding use cases leveraging the intermediary solution for ETOR between the public health laboratory and health partners, such as enabling ETOR with another public health laboratory for surge capacity. Ensure LIMS is capable of both initiating and receiving test orders and results for bidirectional ETOR.*
- *Consider funding for a staff ETOR Project Manager, which would work closely with the intermediary vendor, direct the work assigned to the PHL, and collaborate with the healthcare organization team(s) to align goals and tasks. This role would also conduct outreach to data exchange partners to expand onboarding and implementation.*
- *Consider additional staff roles such as those defined for Detor, APHL's ETOR intermediary solution, for both implementation and ongoing maintenance of an ETOR intermediary https://aphlinformatics.atlassian.net/wiki/x/BoDrdQ (includes full descriptions of required roles, time allocations, project calendar, and detailed project activities).*

10) Implement and maintain sustainable enterprise infrastructure

Level 1: Explore and migrate systems to cloud-based/hosted environment

- *Consider funding to conduct an existing inventory of information systems, data sources, pipelines, and integration tools to assess existing hosting and cloud readiness.*
- *Identify candidate systems for cloud migration starting with lower risk or lower volume systems.*
- *Cloud vendors may provide reduced cost for public health initiatives, be sure to inquire about possible cost reductions.*
- *Consider managed services or Software-as-a-Service (SaaS) options as a strategic, cost-effective alternative to self managed cloud-based/hosted environments.*
- *Ensure security and compliance requirements are considered in migration planning.*

Level 2: Explore and migrate systems to cloud-based/hosted environment

- *Consider staffing or outsourcing a cloud SME to support migration to a cloud infrastructure.*
- *Consider supporting staff in obtaining relevant cloud certifications to build foundational knowledge and ensure in-house expertise for ongoing cloud operations.*

Level 3: Explore and migrate systems to cloud-based/hosted environment

- *Ensure routine cost optimization reviews are conducted to optimize costs and eliminate unused infrastructure.*
- *Consider replacing custom scripts or manual processes with managed cloud native services (serverless functions, managed ETL, etc).*

Project D: Advanced Molecular Detection (AMD) (p. 53-64)

Total funds $6,000,000, 65 awards, average award varies by activity; to support: awards, average award varies by activity; to support:

- *Summary of Awards- See Details in relevant sections below.*
    - *Applicants should apply either to be an AMD 'Training Lead' or 'Participant':*
        - *Training Lead: approximately ten awards, average of $300,000-$500,000 per award based on demonstrated need.*
        - ***NEW: Additional training lead applications may include Regional Genomic Epidemiology Training Leads with approximately seven awards, averaging $75,000 to $150,000.***
        - *Training Participant: approximately 65 awards to attend regional training, average of $3,000-$10,000 per award based on demonstrated need to attend regional training. National conference/workshop attendance with approximately 30 awards for up to two staff per award, with approximate average award of $5,000.*
    - *AMD Bioinformatics Regional Resource (BRR) Lead: approximately 10 awards, averaging $200,000-$350,000 per award based on demonstrated need, if these costs have already been covered via the AMD Sequencing & Analytics 1 or AMD Sequencing & Analytics 2, or 2+ award, please do not request them to be covered under this award.*
- *Applicants are encouraged to request the full amount of funding needed, understanding that requests will be awarded based on funding availability.*

1. AMD Training and Workforce Development

AMD Training Lead:

- *Applicants can apply to be an AMD 'Training Lead' to provide training based on the needs for training in their region.*
- *Training Lead: Approximately ten awards, average of $300,000-$500,000 per award based on demonstrated need. OAMD may consider funding multiple training leads per region.*
- ***NEW: Additional funding for training lead applications may include Regional Genomic Epidemiology Training Leads with up to eight awards (in BP2 five genomic epidemiology training leads were funded), average award $75,000 to $150,000.***
    - *This can include support for up to 0.5 FTE.*
    - *The addition of this activity is in recognition of the ongoing genomic epidemiology training work that the AMD Training leads have begun with the goal of expanding this*

type of training and assistance. This training should relate to the work of the AMD training lead work plan.

- ***NEW: This year additional language around competencies and potential job titles for these roles were included. The job titles are not restrictive but do include information in your proposal how you meet the proposed competencies listed.*** *For staffing requests, please highlight how requests for staffing will meet the competencies outlined in ELC camp. Applicants do not need to meet all competencies but should write how they meet the minimum competencies.*
- *Request resources needed for training, including licenses for Zoom, laboratory and reagent supplies for wet-bench training, computing and software needs for training, etc.*
    - ***NEW: Laboratories can request for instructional design resources****.*
    - *Request travel funds for on-site training with laboratories in your region, to serve as faculty at trainings outside of your region and/ or to attend trainings and conferences.*
    - *Request funds for staff time to conduct the needs assessments and training.* ***NEW: This needs assessment may be done in collaboration with other AMD training leads and regional resources across the country.***
- ***NEW: If a training lead proposes using an external resource such as an academic or industry partner for training, the lead should make clear on their work plan how they will direct and lead the training, while using the partner as support. More information about how recipients can utilize academic and industry partners on p.58 in the ELC guidance.***
    - *Refer to the AMD Workforce Development Regions map for currently funded Training Leads and Bioinformatics Regional Resources.*

AMD Training Participant:

- *Training Participant: approximately 65 awards to attend regional training, average of $3,000-$10,000 per award based on demonstrated need to attend regional training. National conference/workshop attendance with approximately 30 awards for up to two staff per award, with approximate average award of $5,000.*
- ***NEW: Separate training requests between AMD Regional training and AMD -related conferences and workshops***
    - ***AMD regional training includes participation in one of the trainings held by the AMD training leads.***
    - ***You may request funding to attend a training outside of your region, however, it would still need to be hosted by an AMD regional training lead.***
    - ***Funding priority will be given to AMD regional training requests and funding for AMD-related requests must be IN ADDITION to the requests for AMD regional training.***
- *Training participants requests can expand beyond sequencing staff to any staff that doing sequencing, bioinformatics, or genomic epidemiology as part of their role.*
- *The upper limit of funding request is in recognition of the states and territories that are not part of the contiguous United States may require higher costs for travel.*
- *Request funding for staff to attend training for in-person, virtual, workshops and other professional development activities. These may include attending regional trainings offered by the regional training lead(s) but can also be expanded to other trainings. Applicants should especially consider requesting funding for training for the staff funded under the AMD Sequencing and Analytics 1 or AMD Sequencing and Analytics 2.*
- *Applicants should NOT request funding for participation in trainings such as AMD Academy, AMD day, AR Lab network meetings, INFORM and PulseNet, APHL and CSTE annual conferences, ELC meeting or DataCamp subscriptions as those are funded through other mechanisms. However, CDC*

will consider requests for travel support to other conferences including ID Lab Con, ASM Microbe, Cold Spring Harbor Laboratory Genome Informatics meeting, and others.

AMD Bioinformatics Regional Resource (BRR):

- *Approximately ten awards, averaging $200,000-$350,000 per award based on demonstrated need. If these costs have already been covered via the AMD Sequencing and Analytics 1 or AMD Sequencing and Analytics 2, or 2+ award, please do not request them to be covered under this award. OAMD may consider funding multiple BRRs per region.*
- *Applicants can apply to be an AMD bioinformatics regional resource to provide technical support and assistance to their region.*
- ***NEW: This year additional language around competencies and potential job titles for these roles were included. The job titles are not restrictive but do include information in your proposal how you meet the proposed competencies listed.** For staffing requests, please highlight how requests for staffing will meet the competencies outlined in ELC camp. Applicants do not need to meet all competencies but should write how they meet the minimum competencies.*
- *Applicants should plan to work with the AMD Regional Training Lead to perform an annual needs assessment to determine the needs of the region. **NEW: This needs assessment may be done in collaboration with other AMD training leads and regional resources across the country.***
- *Request funding for personnel, computing resources and capacity needs, as well as travel costs associated with providing technical assistance in your region and attending regional or national conferences.*

Other Expenses:

- *Requests for personnel for laboratories that are not AMD Regional Training Leads or Bioinformatics Regional Resources will not be funded.*
- *Do not include requests for increasing sequencing capacity, software or computing infrastructure unless they are related to activities under applications for AMD training lead and/or AMD bioinformatics regional resource.*
- *AMD platform extended, core and domain leadership activities were funded through AMD Sequencing & Analytics 2 in the lab ELC cycle which were extended through July 31, 2027. Requests should NOT be made for those activities. However, personnel funded through those activities can be named as leads/responsible parties for activities under AMD training lead, participant, or bioinformatics regional resource.*
    - ***NEW: If you do plan to move personnel from the supplemental awards to Project D, please specify in your budget justification which award the staff person is already funded through (if applicable) and the plan is to move them over for a certain level of effort to Project D.***
- *Funding from AMD Sequencing and Analytics 1 and construction funding is extended through July 31, 2026.*

*2. **NEW:** AMD special projects (15 awards - $100K - $750K/award)*

- *Special projects should include use of metagenomics and pathogen agnostic approaches. Research projects will not be considered, however, projects related to diagnostic strategies or surveillance systems will be.*
- *Requests can include both the validation and implementation of these assays. Projects could be related to wastewater sequencing or respiratory pathogens or other subsets of pathogens, but should be a pathogen agnostic test within that subset.*

- *Requests can include reagents, supplies, instrumentation, staff time, maintenance contracts, software, hardware, and cloud computing costs. All requests should be clear on how the resources and time will directly relate to the project and expanding AMD capacity.*
- *For contracting requests, please highlight how these contractors will enhance and grow public health laboratory AMD capacity.*

Project E: National Wastewater Surveillance System (p. 65-75)

65 awards; average of $500,000-$1,000,000 per award

- *The BP3 Continuation Application increases the average amount per award from $500,000 to $500,000-$1,000,000 and remains at 65 awards. Applicants are encouraged to apply for the maximum funding your jurisdiction truly needs to sustain a wastewater surveillance program that provides optimal public health protection and can include allocating funds to scale programs when needed, even if it exceeds the estimated total.*
- *For BP3, the only required pathogen to conduct epidemiologic surveillance for is SARS-CoV-2. Pathogens of high priority beyond SARS-CoV-2 include Influenza A and its subtypes, Influenza B, RSV, and measles. Conducting surveillance for these and other pathogens based on the recipient's interest is encouraged. Sequencing for SARS-CoV-2 and other pathogen targets is encouraged but optional.*
- *Awarded funds are not to be used for non-infectious disease surveillance targets, including chemical targets or illicit substances*
- *APHL WWS program implementation resources include:*
    - *SARS-CoV-2 Wastewater Surveillance Testing Guide for Public Health Laboratories*
    - *National Trends in Wastewater Surveillance: 2023 Survey Report*
    - *National Trends in Wastewater Surveillance: 2025 Survey Dashboard*

Tier 1: National Wastewater Surveillance System (NWSS)

- *Tier 1 strategies and activities include both laboratory and epidemiology components for dedicated support staff for coordinating wastewater surveillance activities, sample collection, planning and implementing laboratory workflows (inclusive of equipment and supplies), data reporting, and coordinating & partnering to optimize national wastewater surveillance.*

Tier 2: National Wastewater Surveillance System Centers of Excellence (NWSS CoEs):

- ***National Wastewater Surveillance System Centers of Excellence (NWSS CoEs):*** *CDC-required activities for CoE funding is to enhance workforce capacity, develop surveillance metrics, transfer knowledge, evaluate laboratory workflows, determine effective scales of WWS, enhance public health communication, and improve wastewater utility data collection and sharing. Evaluating laboratory workflows includes improving current target organisms to improve data quality, assay sensitivity and inter-lab comparability and conducting pilot implementation of laboratory methods under consideration for inclusion in core NWSS surveillance testing. NWSS CoE activities should not be research-based. If research activities are described for the purpose of providing program context, please clearly indicate that no ELC funds are requested to support such activities.*

Area A: Surveillance, Detection and Response

1) Surveillance data management (Tier 1)

a) Data Coordination

- *Consider requesting funds to purchase a secure data management system implementing standardized processes for sample accessioning.*

b) Submit wastewater data

- *Consider development of detailed protocols and timelines in collaboration with partners, to ensure your jurisdiction is meeting or exceeding project requirements.*

3) Enhance laboratory capacity for wastewater testing (Tier 1)

a) Plan and implement laboratory workflows

- *Request funds to cover the staff needed to fully support NWSS activities. Administrative support costs will also be considered.*
- *Consider including travel funds for scientists to attend, technical trainings, peer-to-peer visits, and other wastewater surveillance and laboratory conferences.*
- *Consider general laboratory safety, biosafety and waste disposal requirements for your laboratory, including but not limited to personal protective equipment (gloves, glasses, shields, respiratory protection, disposable lab coats/coverings) waste disposal (sharps containers, biohazard containment materials, autoclave supplies.*
- *Samples:*
    - *Request funds to support utility and other partners through stipends and contracts to ensure the safe collection and transport of samples to the testing laboratory. Funds to pay for sample couriers could be an option as well.*
    - *Consider materials required for proper transport and storage of samples, such as coolers, consumable materials, cold packs, thermometers and laboratory refrigerators. Sample processing equipment to consider purchasing could include a bar code scanner, label printers, etc.*
- *Consider equipment, supplies and consumables for processing wastewater samples. This will vary by method/workflow. The National Trends in Wastewater Surveillance: 2025 Survey Dashboard may be a resource to understand a variety of approaches.*
    - *Storage - laboratory refrigeration at 4° C*
    - *Sample homogenization (i.e., sonicators, mixers, bead bashers)*
    - *Sample clarification (i.e., filtration systems, centrifuges)*
    - *Sample concentration (i.e., nano beads, ultracentrifugation, membrane filtration, polyethylene (PEG) precipitation)*
    - *Sample extraction (i.e., automated extraction systems to increase throughput and extraction kits specific to your workflow)*
    - *Laboratory controls (matrix control, human fecal normalization, quantitative measurement controls, inhibition assessment and negative controls)*
    - *Detection and quantification: Digital PCR is the preferred method*
        - *Subject matter experts at the National Center for Emerging and Zoonotic Infectious Diseases, centers of excellence, and/or vendor user groups through APHL are able to provide technical support for select digital PCR platforms.*

b) Automated data transfer

- *APHL recommends collaboration with health department and informatics partners to assess instrument interface to the facility Laboratory Information Management System (LIMS) and from the LIMS to the 1 CDP portal.*
- *Considering funding needs for automating LIMS and supporting LIMS staff.*

4) Wastewater Sequencing (Tier 1)

a) Prospective Sequencing

- *APHL recommends including funds for the laboratory and informatics personnel, equipment and supplies necessary to be successful.*

b) Link Sequencing data

- *Consider collaborations and public health partnerships required to link the various sources of sequencing data.*

c) Metadata Completeness

d) Data Timeliness

6) Coordinate & partner to optimize national wastewater surveillance (Tier 1)

- *Join the APHL Wastewater Surveillance Laboratory Community of Practice (CoP). All public health and environmental laboratories in NWSS are strongly encouraged to participate. Join by sending a request to erin.morin@aphl.org.*
- *Engage with all APHL community of practice activities and resources (monthly calls, digital ColLABorate platform, vendor technical user groups and APHL's Public Health Pricing List). Email erin.morin@aphl.org*
- *Include health departments, laboratories and utilities in all discussions related to testing.*

7) Enhance workforce capacity (Tier 2)

- *Request funds for staffing required to successfully implement and maintain a WWS program.*
- *Consider funds for site visits (both travelling to others and planning your own).*

8) Surveillance metric development (Tier 2)

- *APHL recommends collaboration with wastewater utilities, public health laboratories and other partners and subject matter experts to develop metrics that prioritize sites for public health action.*
- *APHL recommends collaboration with laboratory scientists, epidemiologist and informatics staff to identify and link relevant public health data sources to guide actions of wastewater surveillance data.*

9) Knowledge transfer (Tier 2)

- *Consider funds and personnel to collaborate with/travel to other health departments/laboratories for training, acquisition of resources and dashboard development.*

10) Evaluate laboratory workflows (Tier 2)

- *See 3)a.*

- *Consider laboratory equipment, supplies and consumables needed for implementation of laboratory methods.*

11) Effective scales of wastewater testing (Tier 2)
- *APHL recommends collaboration among utilities, laboratory scientists, epidemiologists and other subject matter experts to determine sampling plans/frequency and geographic scale (sewer shed, sub-sewer shed, building level) for different targets that will increase data utility.*

Area C: Communication, Coordination, and Partnerships

13) Public health communication (Tier 2)
- *Consider collaborating with health departments, laboratories and wastewater utilities to develop communication tools that will best help translate wastewater data to civic leadership and the public.*
- *Consider including the personnel and funds needed to develop these resources.*

14) Improve wastewater utility data collection and sharing (Tier 2)
- *Work with wastewater utilities and WEF to identify effective, efficient, and timely ways to capture and share wastewater treatment and wastewater collection metadata with health departments.*
- *Consider offering utilities stipends for their contributions (personnel, equipment (autosamplers and/or flow meters).*

Project F: Emerging Issues (p. 76-78)

Funds will only be available in the event of a local or national infectious disease outbreak. All proposals should request $5,000,000 (small jurisdictions may request less while very large jurisdictions may request more). This request will likely be marked "approved but unfunded" in your initial budget markup, but it will expedite the release of funds should outbreak conditions warrant.

Section II: Emerging Infectious Disease Programs

Program G: Enteric, Foodborne, Waterborne, and Zoonotic Diseases: Surveillance, Detection, Response, Reporting, and Prevention (p. 79-99)

56-59 approximate awards, approximate average award is $575,000

Tier 1 includes CaliciNet, CryptoNet, InFORM, NARMS, National Case Surveillance, NORS, One Health Harmful Algal Bloom System (OHHABS), Outbreak Detection, Response and Control, PulseNet and SEDRIC.
- *Complete, sign, and return Memorandum of Understanding (MOU) and Terms of Reference (TOR) documents for PulseNet, Cyclospora genotyping, and CaliciNet.*
- *Key participation for Tier 1 includes: PulseNet 50-state calls/office hours and Area Lab calls, NARMS partner calls, InFORM Quarterly calls and bi-monthly waterborne disease state partner calls.*
- *Key laboratory training courses, certifications, and tasks include reading bi-weekly PulseNet Quick Tips, using the PulseNet SharePoint site, ensuring PulseNet personnel are lab and/or analysis certified.*

- *Ensure staff/mechanisms are in place to collect and culture samples from animal, pet food, or environmental sources during outbreak investigations, perform whole genome sequencing (WGS), analyze isolate data and collect a standard set of data elements with the samples.*

Tier 2 includes *Cyclospora* genotyping, Environmental Microbiology (EM), FoodCORE, FoodNet, Harmful Algal Bloom (HAB) Surveillance, Response, and Mitigation, National Respiratory and Enteric Virus Surveillance System (NREVSS) Enhanced, NoroSTAT, OutbreakNet Enhanced, PulseNet Area Labs, PulseNet Metagenomics.

- *Tier 2 PulseNet Area Labs and Food Safety CoEs are expected to support travel for more than one representative to InFORM.*

Tier 3 includes Integrated Food Safety Centers of Excellence (Food Safety CoEs).

Area A: Surveillance, Detection, and Response

Tier 1: Improve lab surveillance, detection, preparedness, and response

Model practices for laboratory activities can be found via the PulseNet SharePoint site, FoodCORE model practices, the CIFOR Guidelines for Foodborne Disease Outbreak Response and CIFOR Toolkit, and APHL.

2a) Improve laboratory activity coordination, workflows and information flow

- *Request funds so that staff are trained in the protocols used by all projects under Program G, and when necessary, support training at a PulseNet Area lab, at another peer PHL, at a FS Center of Excellence or at CDC.*
- *Consider packaging and shipping costs for sending outbreak-related and NARMS-requested isolates to CDC for antimicrobial susceptibility testing. Outbreak isolates should be submitted as soon as possible and should not be batched with NARMS routine surveillance isolates.*
- *Request funding for equipment, supplies and personnel to support isolate recovery of CIDT positive specimens.*
    - *Consider costs for implementing CIDT workflows (such as the Isolation and Identification of Salmonella Species in Public Health Laboratories) intended to isolate and identify key PulseNet pathogens from CIDT+ stool specimens as efficiently as possible.*
    - *Consider requesting support to measure cost savings after implementing the aforementioned workflows.*
- *Consider costs for implementing the Salmonella Highly Multiplexed Amplicon Sequencing (HMAS) protocol intended to provide a means of sequencing directly from stool specimens.*
    - *Current HMAS pilot sites should consider the costs needed to develop protocols for additional PulseNet pathogens, e.g., STEC.*
- *Request funding to enhance/maintain courier services for specimen transport from clinical laboratories to public health laboratories.*
- *Consider all costs for conducting laboratory-based surveillance, diagnostics and subtyping for PulseNet, CryptoNet, CaliciNet, NARMS and general surveillance and outbreak investigation functions, including waterborne diseases.*
- *Consider all costs to support certifications and proficiency tests required for PulseNet participation.*
- *Consider all costs to support validations, if required, for updated laboratory or analysis protocols*

- *Refer to the PulseNet SharePoint site or APHL's PulseNet site for SOPs on instrumentation and reagents kits supported by the PulseNet network and analysis of molecular subtyping data.*
- *Request funding to travel at least one laboratorian to a regional InFORM meeting.*

NARMS

- Include costs to package and ship clinical isolates from humans to CDC for antimicrobial susceptibility testing (AST) based on the Enteric Diseases Isolate Submission Table guidance (available by emailing entericbacteria@cdc.gov) or according to additional requests from CDC.

CaliciNet

- *Include requests for personnel, reagents and consumables (outbreak and sporadic cases) and typing using DNA sequencing (Sanger or NGS)*
- *Consider including funds for freezer purchase for storing positive norovirus specimens and norovirus negative specimens with viral epidemiology for three years.*
- *Include specimen collection costs including providing kits, shipping and/or courier systems.*
- *Request travel for 1 CaliciNet certified laboratorian to attend the Annual User Meeting.*

CryptoNet

- *Include costs for collecting, screening and/or shipping Cryptosporidium positive clinical specimens to the CryptoNet Reference Laboratory at CDC for subtyping.*

Tier 2: Improve lab surveillance, detection, preparedness, and response

For CryptoNet certified sites:

- *Include costs for personnel, equipment and maintenance, software upgrades and laboratory supplies in order to 1) conduct near real-time subtyping for Cryptosporidium using CryptoNet protocols; 2) actively participate in evaluating and/or validating new methods, software modules and scripts.*
- *Consider training and certification costs including travel to in-person workshops.*

For CryptoNet Regional Laboratories:

- *Include costs for personnel to provide troubleshooting, training and analysis assistance for participants in your respective region.*
- *Include personnel, equipment and maintenance, software upgrades and lab supply costs in order to provide surge capacity for participants in your respective region.*

a) Sustain and enhance laboratory diagnostic/subtyping capacity

Same as above

Cyclospora Genotyping

- *Consider the costs of reagents, supplies, and equipment to implement or continue amplicon-based multilocus sequence typing methods to provide genotyping information for Cyclospora cayetanensis. CDC protocols are available upon request.*
- *Submit NGS sequence data to CDC and conduct outreach with PHLs in PulseNet region for NGS of C. cayetanensis*

- *Consider requesting funding to travel for training either at CDC or another public health laboratory.*

Environmental Microbiology (EM)

- *Consider establishing a more formalized environmental microbiology outbreak response program that provides funding and support for laboratory testing.*
- *Consider travel costs for environmental microbiology training at partner laboratories (CDC, public health, environmental or academic laboratories) and registration and travel to technical conferences to enhance skills and share knowledge.*
- *Participate in the APHL Environmental Microbiology Outbreak Response Community of Practice through bi-monthly calls and the digital platform to connect to other jurisdictions also building up their environmental microbiology outbreak response programs.*
- *Consider joining the EPA Water Laboratory Alliance and participating in relevant exercises to assess response capabilities and identify areas for improvement.*
- *Consider the staffing and training requirements for sampling and testing, cost of reagents, supplies and equipment for environmental microbiology test kits and culture. Consider the cost of and training for equipment necessary to measure physiochemical water quality parameters (temperature, pH, electrical conductivity and dissolved oxygen).*
- *APHL recommends working with subject matter experts at CDC and local and state partners to develop metrics for environmental assessments associated with waterborne disease investigations.*
- *Consider resource needs for reporting and sharing of laboratory results.*
- *Jurisdictions may also contract with laboratories for this testing to provide response capacity.*

FoodCORE

- *Ensure laboratory participation on monthly FoodCORE calls and in program site visits.*
- *Implement model FoodCORE practices that improve laboratory activity coordination, workflows, and information flow (Model Practice: Laboratory Timeliness and Completeness) including:*
    - *ensure routine transport of clinical specimens and specimens from outbreak-associated cases to the public health laboratory.*
    - *conduct real-time subtyping of Salmonella, STEC, and Listeria per current PulseNet Standard Operating Procedures (SOPs) and protocols for whole genome sequencing (WGS).*
    - *conduct real-time testing/diagnostics of parasitic identification and calicivirus characterization*
    - *collect samples from persons with hepatitis A virus infection linked to a foodborne disease outbreak for molecular characterization.*
- *Report annual metrics in a timely and thorough manner*
- *Travel to the annual FoodCORE vision meeting and an InFORM regional meeting.*
- *Contribute to FoodCORE success stories and model practices*
- *Assist with the operationalization of updated FoodCORE goals to advance FoodCORE program goals and priorities*

FoodNet

- *Participate in the monthly steering committee and work group calls.*
- *Participate in ad-hoc site visits.*
- *Attend annual vision meeting*

- *Help achieve FoodNet's goals to inform national-level surveillance and antimicrobial resistance as well as evaluate the effectiveness of regulations and interventions aimed at reducing the burden of select foodborne illnesses including:*
    - *Enhance laboratory capacity to isolate and confirm FoodNet pathogens from CIDT+ specimens as quickly and efficiently as possible*
    - *work with epidemiologists to link laboratory (e.g., WGS, species, serotype, etc.) and epidemiologic data for FoodNet cases*
    - *work with epidemiologists to prioritize sequencing of isolates with exposure and antimicrobial use*
    - *conduct real-time subtyping and molecular characterization of FoodNet pathogens.*
    - *work with epidemiologists to ensure the accuracy and thoroughness of laboratory data variables requested by FoodNet.*
    - *store/preserve isolates for future characterization especially those with exposure and antimicrobial epidemiologic information*

NoroSTAT

Note: Laboratory requests for CaliciNet testing should primarily be included in the CaliciNet Tier 1 section. Additional areas to consider are included under NoroSTAT and NREVSS.

- *Ensure adequate personnel to:*
    - *sequence and report all laboratory-confirmed norovirus outbreaks, due to any mode of transmission, to CaliciNet within 7 business days (10 days for NGS)*
    - *include a unique outbreak identifier in CaliciNet reports enabling linkage of those records with the appropriate NORS outbreak report*

National Respiratory and Enteric Virus Surveillance System (NREVSS) Enhanced

- *Ensure adequate personnel to sequence and report all laboratory-confirmed norovirus samples to CaliciNet to improve sporadic enteric virus surveillance/testing. Refer to Project C for guidance on NREVSS reporting Technical Assistance.*

PulseNet Area Laboratories

a) Enhanced outbreak investigation response and reporting

- *Request funding to purchase reagents and supplies to assist with sequencing PulseNet pathogen requests within the region. This includes:*
    - *Personnel necessary to support PulseNet Area laboratory duties*
    - *Reagents/supplies*
    - *Equipment*
- *Request funding to support equipment, supplies and personnel for isolate recovery of CIDT positive specimens within the region.*
- *Request funding to enhance/maintain courier services for specimen transport from public health laboratories within the region.*

b) Enhance coordination among laboratory partners: Improve surveillance to drive public health action

Same as above

c) Enhance coordination among epi, lab and HIS: Improve laboratory coordination and information flow between PHLs

- *Request funding to purchase resources for a regional training (supplies, reagents)*

PulseNet Metagenomics: Participate in metagenomic method development

a) Advanced PulseNet metagenomics methods

- *Highly Multiplexed Amplicon Sequencing (HMAS) project: For SPHLs already participating in the HMAS pilot project, please request funds for reagents and service contract agreements under Program G.*
- *Oxford Nanopore Technologies (ONT) project: For SPHLs already participating in the ONT pilot project, please request funds for reagents and service contract agreements under Program G.*

Program H: Healthcare-associated Infections, Antimicrobial Resistance, and Antibiotic Stewardship (p. 100-109)

There is no laboratory funding associated with this project. AR Lab Network Activities have moved to Program I.

Program I: Antimicrobial Resistance Laboratory Network (AR Lab Network) (p. 110-142)

Notable Points

- *Numerous language changes were made to bring consistency to testing activities across pathogens. Additional changes to activities highlight updated priorities and guidance documents, such as reducing duplicated tests that were previously performed at submitting facilities. Links to guidance documents are included in the continuation application.*
- *A no-cost extension was granted for SHARP funding, with SHARP 2 funding going through July 31, 2027. Some activities that were funded under SHARP have been moved to ELC to prepare PHLs for BP4 and beyond. Laboratories should continue utilizing SHARP funds during BP3 in addition ELC core funding and prioritize spending down any remaining SHARP funds.*
- *Budgets*
    - *Assign a priority level of 1-10 (with 1 being the highest) to communicate the highest needs*
    - *Delineate funds for personnel, equipment, laboratory reagents and supplies, contractual support and travel.*
    - *Include travel requests for 3 staff to attend the Program I Participants meeting in Atlanta, GA.*
    - *Applicants should detail the cost per test in their budgets; this calculation can include all consumables as a single budget line item, the estimated number of samples and the cost to run each test (which should consider personnel and other resources).*
    - *PHLs should separate budget line items for each activity and each type of test (i.e. pathogen + type of testing)*

Tier 1: Basic Funding; all activities required for all applicants. Approximately 57 awards, $48,000 approximate average award

- *All activities under Tier 1 are required for all applicants.*
- *Shipping costs for the AR Lab Network are funded. If funding is needed for courier services, provide details and justification.*

Tier 2: Enhanced Laboratory Capacity. Optional, number of awards and average awards may vary depending on the number of awards given

- *Tier 2 activities are all optional. PHLs are encouraged to apply for Tier 2 activities only if needed and feasible and should consider applying for the activities for which there already exists laboratory capacity and needed resources. Priority will be given to PHLs who demonstrated progress during BP2 and who explain how performance measures will be reported.*
- *Regional laboratories **must** apply for Tier 2 activities that are intended to be done within their state; Tier 3 activities are for the whole region, whereas Tier 2 allocations are specific to their own jurisdiction.*

Tier 3: AR Lab Network Regional Laboratories; 7 awards, approximate average award of $1,430,000

- *CDC previously selected seven PHLs to serve as regional labs. However, all PHLs are eligible to apply to serve as regional laboratories. Existing AR Lab Network regional laboratories that are reapplying should consider including requests for funds required to maintain and sustain existing services as well as provide enhanced testing or other services.*
- *All activities except those under Strategy 6 and Strategy 10 are required.*
- *When applying, regional laboratories should identify what percentage of testing will be done for the jurisdiction in their region, and share plans on how funding will impact the jurisdictions in the region.*

National TB Molecular Surveillance Center: Up to 5 awards across Tier 2 (n=4) and Tier 3 (n=1), estimated total awards of $1,800,000.

- *Tier 2 activity 3e: Mycobacterium tuberculosis WGS. Up to 4 awards, average award varies with testing volume (up to $100 per isolate). PHLs in states with > 400 cases of TB in 2023 are eligible to apply. Awardees will conduct WGS for M. tuberculosis isolates from culture positive tuberculosis (TB) cases within their jurisdictions using any Illumina sequencer. Note that when the legacy MiSeq system is used it must be run with v3 chemistry. The WGS method must be CLIA-compliant so that results can be used to predict drug resistance.*
- *Tier 3 activity: CDC will fund 1 National TB Molecular Surveillance Center that will perform WGS for M. tuberculosis isolates from culture positive tuberculosis (TB) cases inside AND outside of their jurisdictions. The NextSeq is the preferred sequencing platform. Implementation of CLIA-compliant testing for drug resistance prediction of M. tuberculosis and implementation of electronic test ordering and resulting of data were previously optional activities and are now required.*
- *APHL works with CDC to fund the National TB Drug Susceptibility Testing Reference Center, which is separate from the work described here. PHLs that are eligible to submit specimens to the National TB Drug Susceptibility Testing Reference Center will continue to do so.*

Notable Activity Changes

Area A: Surveillance, Detection, and Response

1) Enhance and sustain laboratory testing for surveillance and reporting (Tier 1)

- *As part of the three AST Programs on CRE/CRPA/CRAB (Activity 1d, pg. 117), AST should not be repeated for antimicrobials that were already tested at submitting clinical laboratories. PHLs should speak with CDC SMEs before implementing any changes to their selected AST Program.*
- *Laboratories should sustain or increase capacity to perform CLIA-compliant routine organism identification for yeast without confirmed MALDI-ToF based identification from clinical sites (activity 1e, pg. 117). However, specimens with previous identification that meet prioritization criterion should not have identification repeated.*

Sustain AR capacity to implement AR Lab Network Activities (Tier 1)

- *PHLs should include the estimated cost per test for both CPO and C. auris isolate testing (activity 2a.v (pg. 118). This is required for the application and should be reviewed with CDC SMEs at least once annually.*

Expand and sustain AR Lab testing and reporting (Tier 2)

- *PHLs applying for activity 3c (Conduct WGS for Carbapenemase-Producing Organisms, pg. 119) and/or activity 3d (Conduct WGS for C. auris Isolates, pg. 120) must submit work plans that define how the activity parameters will be met. Additionally, PHLs applying for activity 3c must support enhanced investigation of resistant specimens by sending and encouraging the completion of the CDC FungiSurv C. auris CRF when Clade II is identified.*
- *Activity 3f (Establish Laboratory Capacity for N. gonorrhoeae Gradient Strip AST, pg. 121) is a new activity in ELC, but was previously included in SHARP. Labs that were previously funded through SHARP should apply but continue to spend down any remaining SHARP funds before they expire. Ensure that BP3 request does not duplicate work funded via SHARP, although the work can be complimentary.*

Expand and sustain AR lab testing and reporting for surveillance (Tier 3)

- *Activities 4a-4e (pg. 122-123) are required for the regional laboratories. Continue to request funds to maintain and sustain capacity for activities.*
- *Activity 4b (AST, pg. 122) denotes that regional labs must be at the AST Response Program level.*

Expand and sustain AR lab testing for response (Tier 3)

- *Activities 5a-5c (pg. 123-124) are required for the regional laboratories. Continue to request funds to maintain and sustain capacity for activities.*
- *PHLs applying for activity 5b (Perform WGS for CPOs, pg. 124) and activity 5c (Perform WGS for C. auris Isolates, pg. 125) must submit work plans that define how the activity parameters will be met.*

Implement or maintain additional laboratory capacity (some regional laboratories) (Tier 3)

- *Activities 6a-6h (pg. 125-129) are optional for regional laboratories. If applying, describe any existing capacity to support the testing activity and justification as to why the testing is needed and feasible.*
    - *Former activities 6e (Implement C. difficile Culture Capacity) and 6h (Surveillance of Antimicrobial Resistant Mycoplasma genitalium) have been removed and are not anticipated to be funded in future BPs in this cycle.*
- *Laboratories applying for activity 6b (Sustain Laboratory Capacity for N. gonorrhoeae, pg. 126) should note the removal of penicillin, gentamicin, doxycycline and eTest for ertapenem. CDC will provide guidance and updates to this panel as priorities and funding dictate.*
- *N. gonorrhoeae 6b and 6c: Ensure that funding requests include the necessary equipment and materials to allow for efficient specimen collection and transport, and completion of the various test*

methods described in the NOFO. As there may be overlap in the testing methodologies related to this activity and those previously funded via SHARP and requested in Project Q (CARGOS), laboratories should detail differences in the specimen types or populations that will be tested using funds from the applicable Program/Project area.

- *Laboratories applying for activity 6e (Surveillance of Antimicrobial Resistant Dermatophytes, pg. 127) should send and encourage the completion of the CDC FungiSurv dermatophytes CRF; this is a new requirement to define reporting needs.*
- *Activity 6h (National Colonization Screening for ESBLs, pg. 129) is a new optional activity. One funded regional laboratory will be expected to provide national laboratory support for extended-spectrum beta-lactamases colonization screening. The funded laboratory should be prepared to validate and implement a CLIA-compliant ESBL-colonization screening protocol in BP3, and maintain readiness for 1-2 large requests (100+ swabs) per year in BP4 and BP5.*

Implement or maintain additional laboratory capacity (National TB Molecular Surveillance Center) (Tier 3)

- *Applying to be the National TB Molecular Surveillance Center is optional, but some activities in Strategy 7 are required for applicants.*
- *Public Health Laboratories interested in applying to be the National TB Molecular Surveillance Center must be able to perform prospective WGS for up to of 8,000 isolates per year, preferably with the NextSeq sequencer. Applicants are also required to maintain Mtb sample inventory system.*
- *Activities 7c and 7d (pg. 130) were previously optional activities in BP1 but are now required.*

Area B: Prevention and Intervention

Expand and sustain AR Lab testing and reporting (Tier 2)

- *Activity 8a (CLIA-Compliant C. auris Colonization Screening Testing, pg. 131) was rewritten to ensure consistency with activity 8b (Perform CLIA-Compliant CPO Colonization Screening, pg. 132). PHLs should review to ensure all activity requirements are met.*
- *If this will be the first time applying for colonization screening activities, consider supplies, reagents, equipment and personnel when developing proposals. In addition to testing, PHLs should consider staffing needs to support outreach and coordination activities and informatics requirements. If possible, include the utilization of a high-throughput testing platform that can also be utilized for additional AR Lab Network testing, such as the Hologic Panther Fusion or the Roche Cobas 5800, for C. auris colonization screening.*

Expand and sustain AR lab testing for response (Tier 3)

- *Activity 9a (Support State-led Investigations, pg.132) is required for the regional laboratories. Continue to request funds to maintain and sustain capacity for activities.*

Implement or maintain additional laboratory capacity (some regional laboratories) (Tier 3)

- *Tier 3 laboratories interested in applying for Activity 10a (CRE and CRPA in Companion Animals, pg. 133) should demonstrate:*
    - *Existing connections and collaborations with their public health HAI/AR coordinators and state or local veterinarian laboratories.*
    - *The capability to perform testing on non-human samples.*
    - *The ability to track that non-human samples.*
    - *Excellence in CPOs screening capacity*

    - *The ability to participate in activity-building discussions specific to this new activity, as the methods, processes and data transfer process will need to be finalized.*
- *Tier 3 laboratories interested in applying for Activity 10b (Wastewater Surveillance, pg. 133) should demonstrate:*
    - *Existing communication channel between state HAI/AR epidemiologist and local groups that are doing environmental sampling.*
    - *Existing collaboration with a local NWSS program*
    - *Laboratory capacity to take on any additional colonization screening samples without using surge capacity at other regional labs.*

Area C: Communication, Coordination, and Partnerships

Sustain AR capacity to implement AR Lab Network Activities (Tier 1)

- *Activity 11a (Appoint and Support an AR Lab Coordinator, pg. 135) expands on the requirements of the AR Coordinator to include facilitation of the submission of isolates and staying informed of updated activity guidance. These tasks were originally listed under SHARP.*
- *Activity 11c (Identify AR Informatics Expert, pg. 136) is a new ELC activity but was previously funded through SHARP. Labs should apply to switch funding to ELC but continue to prioritize spending down SHARP funds.*
- *The names of the AR Coordinator, the AR Lab Expert (activity 11b) and the AR Informatics Expert, and a brief description of their tasks anticipated throughout the year must be included in the Work Plan.*

Improve laboratory and epidemiology coordination and outreach (Tier 1)

- *Activities 12a-f are required for all laboratories. Continue to request funds to maintain and sustain capacity for activities.*
- *For activity 12a (Coordinate Epidemiology and Laboratory Functions, pg. 136), PHLs should include that the AR Coordinator will monitor lab capacity and coordinate the need for colonization screening with the jurisdictional or regional laboratory.*

Advance electronic information exchange implementation (Tier 1)

- *Activities 13a-b are required for all laboratories. Continue to request funds to maintain and sustain capacity for activities.*
- *For activity 13a (Develop Protocols per CDC Guidance, pg. 138), PHLs include how they will ensure that results are shared routinely between laboratory and state health department(s).*
- *Plan to work closely with CDC and APHL to implement new or sustain data requirements. APHL Technical Assistance for HL7 implementation and updates to AR reporting streams is available (see Project C, Technical Assistance above).*
    - *PHLs who currently report via RedCap/CSV upload should prioritize adoption of HL7 2.5.1 messaging via AIMS to the Data for Action on Antimicrobial Resistance Threats (DAART) platform on 1CDP.*
    - *Funding requests should include staff time for implementation and ongoing monitoring, vendor support, and system updates needed to complete the HL7 migration.*

Sustain workforce capacity to implement AR Lab Network regional laboratory activities (Tier 3)

- *Activity 14a (Train Personnel, pg.138) is required for the regional laboratories. Funding requests should consider supplies, reagents and personnel needed for training. Regional laboratories are encouraged to include funding for travel to assist other laboratories in their region with training.*

Improve laboratory and epidemiology coordination and outreach (Tier 3)

- *Activities 15a-b (pg.139) are required for the regional laboratories. Regional laboratories should demonstrate existing collaboration and communication channels with CDC and state HAI/AR programs, and include personnel time needed for relevant activities.*

Advance electronic information exchange implementation (Tier 3)

- *Activities 16a-b are required for regional laboratories. Continue to request funds to maintain and sustain capacity for activities.*

Program J: Enhanced Surveillance for Vaccine-Preventable Disease (VPD) and Respiratory Diseases (p. 143-169)

- *For Tier 1 funds, laboratories should consider activities that were previously successful/funded in past NOFOs under activities O, P, Q and R.*
- *Laboratories should focus on the integration of testing and testing personnel for the tier 1 pathogens/gaining efficiencies in testing particularly for respiratory viruses.*
- *For required activities, APHL strongly suggests that you that you place a high priority on personnel. At a minimum, be sure to include staff that was funded on ELC last year. Funding is expected to support a minimum of 0.5 FTE personnel to conduct influenza diagnostic testing.*
- *Consider requesting funding for 0.5 FTE personnel to conduct SARS-CoV-2, RSV and other respiratory virus testing.*
- *As most reagents and many consumables used for influenza testing are provided by the International Reagent Resource (IRR), those budget items are not likely to be funded.*
- *Consider requesting funds for the maintenance, implementation or expansion of non-influenza respiratory virus tests including non-IRR reagents and personnel. Funding can be used to support staffing, supplies, reagents, shipping and outreach to support testing, surveillance and informatics.*
- *Consider specimen collection and packaging and shipping supplies and/or implementing a courier network to increase specimen submissions to your laboratory. Do NOT describe these items as submitter incentives. Submitter incentives are unlikely to be funded.*
- *Most jurisdictions do not receive laboratory specific ELC funding for vaccine preventable disease testing. However, APHL suggests coordinating with your epidemiology or immunizations partners to ensure that adequate testing services are in place to meet your jurisdictional surveillance and outbreak response needs. In order to improve efficiencies and offer a broader range of testing services some services are available through shared service models including the Vaccine Preventable Disease Reference Centers.*
- *Consider budgeting for reporting of non-influenza respiratory pathogen laboratory results to CDC programs including NREVSS, NESS and NATRS. If your laboratory performs typing of adeno and/or enteroviruses, APHL strongly encourages you propose reporting subtype/genotype results to NESS and/or NATRS. For NREVSS reporting, reporting non-influenza respiratory virus surveillance data automatically through PHLIP can replace manual reporting to the National Respiratory and Enteric Virus Surveillance System. Review APHL ELC guidance language included under Project C: Health Information Systems Capacity for general Informatics guidance and additional information that are applicable to these activities.*
- *For Tier 2 influenza related activities, it is required to submit some epidemiologically important information including level of care (inpatient or outpatient) via PHLIP. Consider funding for staff,*

LIMS and/or integration engine vendor do to integrate this information into your PHLIP feed if not already included. Technical assistance is available through APHL for PHLIP: Review ELC guidance under Project C above.

Tier 2 Legionnaires' Disease Activities:

Core Capacity

- *APHL suggests submitting proposals that will improve surveillance and testing capacity and fill gaps in core capacity for Legionella* spp*. Suggested activities include developing or maintaining proficiency and expertise in Legionella culture, PCR and NGS methods as well as increasing the number of lower respiratory specimens submitted to PHLs.*
- *Laboratories should consider requesting funding for at least a portion of FTE to maintain basic testing capacity for Legionella testing in their jurisdiction.*
- *Laboratories should request funds for reagents to provide culture and molecular testing for Legionella. Request funding for equipment (including service/maintenance), consumables and reagents not provided by CDC.*
    - *For PCR specifically, note that there are several LDT protocols publicly available. Laboratories should consider including expenses (e.g., validation testing expenses and consumables) related to the onboarding of a PCR method to detect Legionella in clinical specimens and/or isolates.*
- *If a lab is seeking to participate in the Environmental Legionella Isolation Techniques Evaluation (ELITE) program or receive accreditation in environmental testing, consider budgeting for associated expenses.*

Enhanced Capacity

- *Enhanced capacity includes core capacity activities. Propose projects with measurable outcomes. Describe activities that have the potential for public health impact beyond recipient's jurisdiction. Collaborate with epidemiologists to develop projects.*
- *Activities may include bringing in new testing capabilities or optimizing current assays. Consider budgeting for reagents and supplies to conduct validation studies.*

Area A: Surveillance, Detection, and Response

3. Enhance laboratory testing for surveillance and reporting

- *Request funding to support laboratory testing for each disease within jurisdiction (culture, typing, PCR, sequencing or other characterization). If testing is not done in jurisdiction, support packaging and shipping to reference center.*
- *Request funding to support influenza detection and subtyping year-round.*
- *Request funding to support testing for respiratory viruses (Influenza, SARS-CoV-2 and RSV at a minimum) including laboratory supplies and reagents for PCR detection, typing and subtyping methods.*

4. Collect isolates from meningococcal disease cases

- *Request funding for packaging and shipping supplies.*
- *Request funding to enhance/maintain courier services for specimen transport from clinical laboratories to public health laboratories.*
- *Request funding to enhance relationships with clinical lab partners to encourage specimen submission.*
    - *Aim for isolates from a diverse and representative population*

5. Improve laboratory coordination and outreach to increase efficiency

- *Consider outreach activities (webinars, submitter incentives, etc.) that would enhance relationships with clinical laboratories and hospital networks to encourage specimen submission. Work with epidemiologists to build or enhance relationships with submitters to increase respiratory virus specimen submissions.*
- *Engage with a diverse group of clinicians, clinical laboratories, hospital laboratories, local public health and other partners appropriate for each jurisdiction to encourage specimen submission to PHLs.*

6. Enhance epi-lab-HIT (Health Information Technology) partner coordination
   - *Request funding to support collaboration with Epi and informatics to ensure laboratory submission form is collecting appropriate demographic and socioeconomic data.*
   - *Request funding to support collection of complete socioeconomic data (e.g., race and ethnicity, location/residence, industry and occupation) to advance health equity.*

9) Engage in targeted optional surveillance activities
- *For optional activities, laboratories should budget for one-time expenses related to achieving the goals set forth the Tier 2 activities. This may include items such as laboratory and specimen collection supplies or funding for LIMS enhancements to meet the data requirements.*
- *For all optional enhanced surveillance activities consider requesting packaging and shipping costs for sending specimens or isolates to CDC or another public health laboratory for further characterization.*

n) Enhance influenza, COVID, RSV, & respiratory virus surveillance and reporting
- *Request funding to support pan-respiratory virus testing. Work with clinical laboratory network to collect specimens from patients with viral respiratory illness and test for at least influenza/SC2 multiplex assay and consider a broader respiratory panel, including RSV.*
  - *Funding to support laboratory supplies and reagents not provided through IRR. Note that reagents and consumables for influenza and SARS-CoV-2 testing will not be funded but reagents for testing of other respiratory viruses will be considered.*
  - *Funding to support validation studies to expand and enhance diagnostic testing and characterization of non-influenza respiratory viruses.*

Area C: Communication, Coordination, and Partnerships

b) Communicate and coordinate with multi-sector/diverse public health partners
- *Consider funds to support outreach, newsletters, webinars, conferences and other forms of educational opportunities.*

Program K: Vector-borne Diseases and Tick-Associated Conditions Building Comprehensive Programs to Identify, Diagnose, Report, Prevent, and Respond (p. 170-181)

Estimated awards are 65; estimated average award is $233,000.

General Notes:
- *One budget is to be submitted for the whole program. Be sure to communicate with the epidemiologists and/or entomologists in your program to strategize and align funding requests.*

- *A National Public Health Strategy to Prevent and Control Vector-Borne Diseases in People has been published here.*
- *Alpha-gal syndrome is listed among conditions for surveillance but there is no laboratory testing component.*
- *In this five-year cycle, funding levels are delineated as basic and enhanced rather than tiers 1-3.*
    - ***Basic core capacity** for locally relevant vector-borne disease surveillance, laboratory testing, and response across all recipients receiving funds (Required Activities)*
    - ***Enhanced capacity** for advanced vector-borne disease surveillance, laboratory testing, and response, in addition to coordination with multiple external partners (Optional Activities)*
- *Required tasks include maintaining communication with DVBD including a BP3 kick off call, hiring and training staff and reporting of results to appropriate surveillance networks such as ArboNet or ArboNet Tick Module. Travel funds to the ELC annual meeting and Vector Week (held bi-annually) should be included here.*

Area A: Surveillance, Detection, and Response

2) **Improved ecological and vector surveillance, response, and reporting.**

Basic Capacity:

Collect and report **passive** ecologic surveillance data already being collected

- *Coordinate with partners in your jurisdiction to ensure surveillance data being captured is shared with local vector control programs and reported to ArboNet. If data collection and reporting is an activity managed by lab staff, funding can be requested to support salary related to that function.*

Enhanced Capacity:

Conduct/coordinate **active** ecologic/vector surveillance and vector pathogen testing

- *If data collection and reporting is an activity managed by lab staff, funding can be requested to support salary related to that function.*

4) Strengthen human laboratory testing for vector-borne diseases of relevance.

Basic Capacity

*Maintain core capacity to perform **human diagnostic** testing for vector-borne diseases*

Participate in annual proficiency testing for human vector-borne disease diagnostics

- *Laboratories should request funding for staff typically supported under this activity to maintain basic testing capacity for endemic vector-borne diseases significant to their jurisdiction. At least 0.5 FTE is recommended.*
- *Laboratories should request funds for reagents to provide molecular and serologic testing for at least one vector-borne disease but are encouraged to maintain testing for more vector-borne diseases. Funds can be requested funding for equipment (including service/maintenance), consumables and reagents not provided by CDC. It is important to ensure the supply budget matches the expected number of tests that are planned.*
- *Laboratories should participate in annual proficiency testing for vector-borne disease diagnostic testing.*

Enhanced Capacity:

Enhanced capacity for human diagnostic testing

- *Laboratories applying for enhanced activities should plan to maintain broader capacity to detect and respond to an expanded number of jurisdictionally significant imported and travel-*

associated vector-borne diseases. This can include arboviral panels, additional real time assays or IFA IgG for Rickettsia, Ehrlichia and Anaplasma species.

Provide support to other states and jurisdictions for vector-borne disease diagnostics

- *Laboratories should consider performing testing for laboratories in their region. Funds should be requested to support additional testing due to a broader test menu or for offering testing support to neighboring laboratories. Funds can be requested to support the additional staff needed to conduct the increased testing and coordination as well as costs for reagents and supplies.*

5) **Enhance workforce capacity for VBD surveillance and response.**
Enhanced Capacity:
Workforce training on vector-borne diseases

- *Funds can be requested to support travel to training courses and workshops offered by CDC, APHL, Vectorborne Centers of Excellence (COEs) and Technical and Evaluation Centers (TECs) or 1:1 training in a neighboring jurisdiction.*

Section III: Disease-Specific Projects

Project L: Prion Surveillance (p. 182-187)

There is no laboratory funding associated with this project.

Project M: Mycotics: Detecting and Preventing Fungal Infections (p. 188-194)

Estimated Number of awards is 40;
Estimate 15 awards up to $10,000
Estimate 10 awards of $10,000-$25,000
Estimate 10 awards of $25,000-$50,000
Estimate 5 awards of more than $50,000

Area A: Surveillance, Detection, and Response

3) Enhance laboratory testing for surveillance and reporting

- *Maintain staff, reagents, supplies and equipment to identify pathogenic yeasts and molds from clinical and environmental samples using MALDI-ToF technologies. Funds can be requested to support the purchase of MALDI-ToF libraries and reagents and supplies needed for validation.*

4) Enhance workforce capacity

- *Consider requesting funds for travel for travel to CDC or a neighboring public health laboratory for peer-to-peer training or assistance.*

Area C: Communication, Coordination, and Partnerships

6) Enhance communication, promote coordination, and develop partnerships

- *Maintain communication with other laboratory sections performing diagnostics for mycotic diseases and surveillance activities including section I, AR Laboratory Network.*

Project N: Binational Border Infectious Disease Surveillance (BIDS) (p.195-201)

There is no laboratory funding associated with this project.

Project O: Global Migration, Border Interventions, and Migrant Health (p. 202)

Not supported

Project P*:* Parasitic Diseases Surveillance (p. 202-204)

Approximate number of awards is 6; approximate average award is $15,000

Area A: Surveillance, Detection, and Response

Improvements in diagnostic testing for parasitic diseases.

1) Strategy: Expand the number of assays for parasitic disease diagnosis offered at PHLs
   - *Funds should be requested to purchase and fully validate and implement available FDA-cleared in-vitro diagnostic assays for Leishmaniasis and Trichinellosis from clinical specimens. Funded laboratories are expected to provide testing to other PHLs (Following PulseNet Regions.)*
2) Strategy: Expand the use of telediagnosis for morphology parasite identification
   - *Awarded labs will be expected to implement or increase the submission of digital images submitted for telediagnosis of parasites. PHLs may request funds to update microscopes or cameras; to maintain or train parasitologists/microscopists in morphological diagnosis and imaging. Funds/activities may also focus on assisting primary submitters with ensuring appropriate CDC processes for ordering and accessing telediagnosis services.*
3) Strategy: Increase the number of specimens successfully accessioned at CDC
   - *Awarded laboratories should work with CDC and submitters in their jurisdiction to improve specimen submissions and reduce the specimen rejection rate. PHLs may request funds to meet CDC specimen acceptance criteria including appropriate storage conditions (i.e. -20°C freezers) and successful applications will describe a strategy for coordination and communication with local submitters to reduce the time between collection and receipt of specimens at CDC.*

4) Address parasitic disease diagnostic needs that are unique for specific PHLs
   - *Funding can be requested to meet specific jurisdictional needs. If a jurisdiction has a high incidence of a parasitic disease and would benefit from funding to support detection and response, that should be described in this section. Ensure the proposal aligns with the requested budget.*

Area C: Communication, Coordination, and Partnerships

Tier I:

5) Expand parasitic disease testing capacity by supporting other PHL (Tier I)
   - *If funded, laboratories are expected to support neighboring states in the appropriate PulseNet region supporting sero-diagnosis of trichinosis and visceral leishmaniasis as requested.*

Project Q: Combating Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS) (p. 205-215)

Estimated number of awards is 25; Estimated average award of $520,000 (range $180,000-$770,000)

- *Note that the funding strategy was updated to include specific language related to presentation of budget requests. Applicants should ask for the personnel, travel, trainings, reagents, IT, supplies and equipment required to address all aspects of the testing described in the NOFO, this includes requests related to specimen collection and local shipping. Requests for diagnostic testing reagents (e.g.: diagnostic NAATs) and shipping to DSTDP or the ARLN regional laboratory are NOT appropriate.*
- *Public health laboratories should collaborate with jurisdictional STD prevention and surveillance programs during the application process. Public health laboratories should contribute to applications by describing current capability and capacity to perform gonorrhea culture and susceptibility testing, ability or willingness to validate additional specimen types, methods, or approaches as well as any current collaborations with clinical laboratories and providers, current data collection, reporting and storage mechanisms and strategies for expanding capacity if necessary.*
- *Required tasks 4 (monthly submission of laboratory performance metrics via REDCap) and 5 (communicate "alert" test results within one business day to CDC) are new.*
- *The optional activity related to monitoring of Neisseria meningitidis male urethral isolates (previously 1g) has been deleted and is discontinued as an activity for the project.*
- *Optional Activity 3biii (pilot the development and / or implementation of a molecular assay…) was modified with the goal of expanding molecular surveillance activities.*
- *Ensure that applications for Project Q address the required specimen types. As there may be overlap between the testing methodologies associated with Project Q and those previously funded via SHARP or requested in Program I (AR Lab Network), laboratories should detail differences in the specimen types and/or populations that will be tested using funds from the applicable Program or Project areas. The intent is to eliminate duplicative requests and ensure that funds are utilized for the appropriate activities.*

Project R: Rabies Surveillance and Laboratory Capacity (p. 216-219)

Estimated number of awards is 20; Estimated average award of $10,000.

Area A: Surveillance, Detection, and Response

1. Enhance laboratory testing for surveillance and reporting.

- *It is expected that funded laboratories will maintain the necessary equipment and supplies to conduct rabies testing in accordance with the National Standard Protocol in their jurisdiction.*
- *Ensure equipment used in DFA is up to date. Consider upgrading fluorescence microscopes if needed.*
- *Priority should be given to maintain staff qualifications and proficiency; recommendations can be found in the National Standard Protocol. This includes travel for attendance at national training course if they have not attended within the last 6 years.*
- *Awards are limited and requests for training and maintaining DFA capability will be prioritized. However, laboratories may consider request reagents for implementation of the LN34 assay or another NAAT. APHL can assist with providing the LN34 protocol upon request.*

2. Enhance coordination between epi-lab-HIT.

- *Review APHL ELC guidance language included under Attachment C: Health Information Systems Capacity for general Informatics guidance, technical assistance options and additional information that may be useful when developing ELC activities.*
- *Consider requesting funds to deploy a new or upgrade/expand an existing animal Rabies LIMS module to facilitate data sharing.*

- *Complete mapping of Animal Rabies LIMS data to the HL7 2.5.1 Animal Rabies Message Mapping Template.*

3. Advance Electronic Information Exchange Implementation

- *Ensure transport mechanisms are in place to send data to APHL Informatics Messaging Services Platform, which will allow the CDC Rabies program to access PHL animal rabies data and replace legacy reporting mechanisms.*

Project T: Human Papillomavirus Surveillance Among Men (p. 231-235)

Estimated number of awards is 3; Estimated average award of $100,000.

Area A: Surveillance, Detection, and Response

Surveillance and reporting of anal HPV prevalence among MSM

b) Obtain anal specimens from sexually active adult MSM (n=500 annually)

d) Coordinate submission of specimens and epidemiologic data to CDC

- *Coordinate with program staff in your jurisdiction and consider requesting funds to support maintaining packaging and shipping materials and costs associated with the transfer of specimens to CDC.*