APHL
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Impact of CDC ELC COVID-19 Funding Loss on Public Health Laboratories

In early 2025, significant cuts were made to federal COVID-19 emergency funding, provided via the US Centers for Disease Control and Prevention's (CDC) Epidemiology and Laboratory Capacity (ELC) grant. This funding was a significant source of support for many of the nation's public health laboratories, and its loss is already impacting their testing capacity and capabilities.

To assess the consequences of rescinded or reduced COVID-19 emergency funding on public health laboratory operations, the Association of Public Health Laboratories (APHL) conducted a survey of its member laboratories in April 2025. The initial survey was supplemented with follow-up interviews to validate findings and collect additional responses. A total of 52 laboratories across 25 states, 13 local jurisdictions and one territory reported significant and ongoing challenges due to the cuts, ranging from staffing losses to halted infrastructure improvements.

COVID-19 Funding Supported Essential Functions

Key Impacts of Cuts

Cumulative Reported Financial Loss:
$1.15 Billion

Staff Lost: 439 Full-time Employees (FTEs)

- 248 Permanent FTEs
- 191 Contract/Temporary FTEs

> *"We lost 11.75 staff for a laboratory with nine permanent staff—eliminating COVID WGS, reducing test services, and increasing turnaround times."*

Top Areas Affected

By reported financial impact:

Affected Areas	Amount Lost
Essential Contracts	$95.6 Million
Supplies and Reagents	$78.3 Million
Equipment and Instrumentation	$77.4 Million
Construction, Renovation, Improvements	$61.8 Million
Data Modernization and LIMS	$31.6 Million
Maintenance Agreements	$27.1 Million
Other Impacts (Courier, Travel, Dues)	$72.0 Million

Most Impacted Projects and Activities

- New **laboratory information management system (LIMS)** and **electronic laboratory reporting (ELR)** systems halted mid-implementation
- **Replacement or maintenance contracts for essential laboratory equipment**, including replacements for the PCR platform ABI 7500 FAST Dx, a critical instrument for detecting infectious diseases.
- **Construction or renovation of laboratory facilities**, some 50–70% complete
- **Supplies and reagents** for respiratory and outbreak testing and sequencing
- **Preventive maintenance and equipment calibration contracts**
- **IT and data modernization tools**

> *"The construction of our new lab was 70% complete. Now it may never finish."*

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7700 Wisconsin Avenue, Suite 1000, Bethesda, MD 20814 | www.aphl.org | 240.485.2745 | info@aphl.org

Widespread Operational Disruptions

Courier Services

Funding cuts have led to the cancellation or reduction of statewide courier networks. Laboratories now rely on personal vehicles, reduced pickup schedules or ask local health departments to deliver samples—delaying turnaround and increasing outbreak risk.

> *"We will no longer be able to pay for courier to bring wastewater samples from the Wastewater Treatment Plant to the lab and will have to resort to staff transporting them in their personal vehicles."*

Testing Capacity

Several laboratories paused wastewater surveillance, respiratory panel testing and COVID/influenza sequencing, with staff or instrument loss cited as the reason.

> *"We've paused all RPP and SARS-CoV-2 WGS testing while we determine what other funding may cover a small amount of this essential testing."*

Workforce Stability

While some laboratories temporarily reallocated staff to other funding steams, most note these stopgap solutions are not sustainable and expect further workforce reductions.

Software and Data Tools

Many laboratories lost funding for cloud migration, portal development or system interfaces, and had to revert to manual Excel-based systems.

> *"We were planning on paying for a replacement for the ABI 7500 using COVID funding. Without that funding, we will not be able to replace these instruments when the manufacturer ceases support in a few years."*

Conclusion

This snapshot reflects the early consequences of public health funding withdrawal in 2025. Public health laboratories experienced sudden and unexpected loss of federal funding that quickly manifested itself in a reduction in staff and programmatic changes. The funding loss impacts not only public health laboratories' readiness to respond to specific infectious disease outbreaks, but also long-term ability to sustain laboratory testing and data exchange infrastructure.

Data Limitations:

- The data is self-reported and includes both verified and estimated losses.
- Some jurisdictions were unable to respond due to pending legal action.
- Impacts are still unfolding, and long-term effects are likely to grow more severe.
- Financial categories may overlap.
- The analysis includes responses from only 52 laboratories, not all APHL members.

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