Dear State and Local Public Health Laboratory Directors:

The following message is being shared with you because public health laboratories may be impacted by proposed changes to the Centers for Disease Control and Prevention (CDC) Laboratory Response Network for Biological Threats Preparedness (LRN-B). The Association of Public Health Laboratories (APHL) has been working with CDC to ensure any potential impacts to public health laboratories are clearly communicated with you and we continue to encourage your participation on the LRN-B Quarterly Calls where CDC provides more details on this and other network activities.

As you know, the LRN was established in 1999 through a collaborative effort involving CDC, APHL, the Federal Bureau of Investigation (FBI) and the Department of Defense (DoD). The initial focus of the LRN was to ensure an effective laboratory response to bioterrorism. Since this time the LRN has evolved and is poised to detect biological and chemical threats as well as some emerging infectious diseases. In 1999, the LRN-B began with only 17 laboratories and has since expanded to approximately 160 member facilities that include public health, military, veterinary, international, environmental and food laboratories providing reference testing for a wide array of sample types including environmental and clinical specimens. The network has many critical partners which allows for coordination among federal, state and local public health agencies, clinical laboratories, first responders and law enforcement. The foundation of the LRN is a unified operational plan and standardization of laboratory testing, where a test result generated from one LRN member laboratory is equivalent to a result generated from another network laboratory. LRN member laboratories provide for rapid, high confidence results to inform public health decisions.

Following strategic planning in 2012, the LRN identified strategic goals for the next five years. One of those goals encompasses defining the best network configuration to meet the functional needs of the LRN-B while considering resource limitations.

**Why Change**

- **Improved Efficiencies**
  - Focused implementation of initiatives such as LIMS integration (ELR) and standardized testing technologies
  - More focused membership base allows CDC LRN-B Program Office to more efficiently prioritize and provide critical services (e.g. test reagents, instrumentation, and training for specialized confirmatory identification methods)

- **Maintain Relevance and Sustainability of Critical Infrastructure for Core Missions**
  - Must be a multi-purpose utility for future needs beyond bioterrorism detection so as to include capabilities in areas of emerging infectious disease, bio-surveillance, invitro diagnostic use and improved surge capacity

CDC engaged APHL, selected public health laboratories and other strategic partners to determine the best network configuration to sustain the LRN while enhancing its capability to detect emerging threats. The feedback led to a proposal to reconfigure the LRN-B Reference Laboratories by further tiering them based on capability. While the naming convention is not yet finalized, the proposed reference level sub tiers are: limited, standard and advanced. At this point, APHL and CDC are focusing on defining the requirements for the “standard” reference level and ensuring that there is corresponding language in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. **The intent of aligning this change with the PHEP Cooperative Agreement is to ensure that (1) there are uniform requirements for standard level laboratories; (2) high risk population areas are covered either by a public health**
laboratory located in the area or by the state public health laboratory ensuring that there is coverage for LRN-B testing; and (3) existing LRN PHLs in each state and sub-awardees in high risk population areas meet the standard requirements. The main change to the LRN-B standard requirements is that laboratories must demonstrate proficiency in performing rapid detection and confirmatory methods for clinical and high risk environmental samples to identify high priority threat agents. The specific requirements for the standard level are included in a separate checklist and accessible by LRN member laboratories on the restricted access website.

Proposed Language for PHEP Cooperative Agreement Budget Period 3 FOA
- All State Public Health Laboratories funded under PHEP Cooperative Agreement must meet new minimum LRN testing requirements for a Standard Reference Level Laboratory
- LRN-B member laboratories located in or near high risk population areas (e.g. Urban Area Security Initiative (UASI) jurisdictions) that receive PHEP funding must meet Standard Reference Level LRN-B membership requirements
- State level PHEP Program Directors (e.g. DPHPs) must meet with State PH Laboratory Directors to discuss funding allocations commensurate with performance expectations
- Laboratories that receive PHEP funding would have until June 30, 2015 (end of BP 3) to adhere to updated LRN-B policy for membership.

Anticipated Impact on Laboratories: Minimal
- Mapping of LRN-member state public health laboratory facilities against new minimum requirements and 25 funded UASI jurisdictions shows high congruence.
- Awardee must assess/reassess how to best allocate funding to cover public health laboratory testing in support of priority risk based population centers (e.g. UASI) between potentially competing state and local (city/county) laboratory facilities.

Current LRN-B Model
If you have any comments or see any major impacts of these proposed changes, please share your feedback directly with APHL at emergency.preparedness@aphl.org or with CDC/LRN at lrn@cdc.gov.