2020 ANNUAL REPORT

Highlighting the real-world impact of the association’s work in the United States and around the world, through the voices of our members.

https://aphlannualreport.org
INTRODUCTION

The COVID-19 pandemic defined the course of public health in 2020. On January 22, APHL established its Incident Command System to oversee organizational priorities, identify and respond to member needs, manage staffing and resources, and coordinate with the US Centers for Disease Control and Prevention (CDC) and other federal agencies and external partners.

APHL also made a wholesale pivot from in-person trainings, professional development and conferences to new virtual platforms. Fortunately, APHL’s long-standing expertise with remote training opportunities and resources guided the transition of the remaining training programs—as well as six in-person conferences—to fully online platforms in just a few months.

But even as the pandemic continues, the critical day-to-day work of our members persists. Infectious disease samples continue to arrive in our laboratories. Babies continue to be born and screened. Natural and manmade disasters continue to occur with urgent implications for testing. Air, water and food quality continues to require monitoring. As we continue this critical work, we are profoundly grateful for the support of our members and federal partners—including (but not limited to) CDC, the US Food and Drug Administration, the Health Resources and Services Administration and the US Environmental Protection Agency—and all of our public and private collaborators.

We know that the days, weeks and months to come will be different from anything we have ever experienced as public health professionals. Our highest priority is still to do our jobs to the best of our ability, continue to educate our communities about what we do, and ensure a healthier world through quality laboratory systems.
## 2020 By the Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congressional committees and member offices to whom APHL served as a resource</td>
<td>45</td>
<td></td>
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<tr>
<td>Media stories where APHL was quoted or mentioned in a single day</td>
<td>1,135</td>
<td></td>
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<tr>
<td>Lab Alerts distributed to members with COVID-19 updates</td>
<td>96</td>
<td></td>
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<tr>
<td>$15.1 million</td>
<td></td>
<td>Awarded to APHL to bolster ongoing recovery efforts in Puerto Rico and the US Virgin Islands</td>
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<tr>
<td>Direct funding awards to newborn screening programs to maintain essential system functions</td>
<td>39</td>
<td></td>
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<tr>
<td>APHL-CDC COVID-19 Associates were placed in laboratories</td>
<td>13</td>
<td></td>
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<tr>
<td>Jurisdictions utilizing COVID-19 Electronic Laboratory Reporting (CELR)</td>
<td>42</td>
<td></td>
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<tr>
<td>Indonesian biosafety officers who participated in virtual training to implement COVID-19 testing capacity</td>
<td>430</td>
<td></td>
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<tr>
<td>Survey data points collected to support COVID-19 response</td>
<td>97,784</td>
<td></td>
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<td>Informatics help desk tickets completed as of December 31, 2020</td>
<td>28,500+</td>
<td></td>
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<tr>
<td>Attendees for four webinars developed around COVID-19 biosafety and biosecurity</td>
<td>5,000+</td>
<td></td>
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<td>Provided by FDA to state laboratories under a new Laboratory Flexible Funding Model</td>
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<td>$31.7 million</td>
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Even as the COVID-19 pandemic shut down in-person meetings, it bolstered APHL’s presence on Capitol Hill.

APHL communicated with more than 45 committee and member offices in both the House and Senate and representing both sides of the aisle, roughly a four-fold increase over a typical year. The interactions, which centered around the COVID-19 response, took on a different tenor as well, with APHL serving as a resource more than an advocate. Legislative staff approached APHL with repeated requests for subject matter expertise and input on proposed legislation. APHL staff and members briefed staff from multiple House and Senate committees on COVID-19 testing, public health infrastructure and data management.

“”
For the first time, federal funds designated for public health in each of the pandemic response bills can be used to construct, modify or renovate non-federal properties such as state and local public health laboratories, setting the stage for stronger public health systems for years to come.”
As the COVID-19 response continues, APHL has expanded and deepened its relationships with many federal agencies and programs, improving the flow of information, advocating for the importance of public health laboratories and data and laying the groundwork for potential future collaborations. Early in the pandemic response, before federal funding became available, APHL secured $700,000 from the CDC Foundation and other partners and quickly pushed those funds out to laboratories in need of staffing and procurement support. Coordination with a range of external partners has facilitated communication among commercial, clinical, epidemiological and public health laboratories, while new connections with state and local entities, foundations, universities, corporations and other non-public health organizations have helped direct funding, supplies and other support to member laboratories.
Over the past 12 years, APHL has built up the APHL Informatics Messaging Services (AIMS) Platform into a crucial data exchange platform for public health data. When COVID-19 hit, the APHL informatics team was able to build on the existing infrastructure and relationships to quickly accommodate new reporting partners and testing data. Terminologists developed a new standardized vocabulary for COVID-19 information. The Public Health Laboratory Interoperability Project (PHLIP) was reconfigured to handle COVID-19 data, and in a matter of weeks public health laboratories were in production and sending coronavirus testing data to CDC.

With nearly all US public health laboratory COVID-19 testing data routed through AIMS, message volume in PHLIP between January and November was 9500% higher in 2020 than during the same period in 2019.
To maintain the national newborn screening program, which saves thousands of lives every year in the U.S., APHL coordinated efforts with member laboratories to identify challenges and needs associated with adapting screening practices to pandemic conditions and compiled strategies on a COVID-19 newborn screening website and in a series of webinars. APHL also developed creative approaches to maintain testing capabilities for infectious diseases other than COVID-19. Staff developed processes for home collection of samples to test for sexually transmitted diseases and worked around supply chain disruptions for tuberculosis reagents by routing those samples to a handful of designated laboratories able to continue tuberculosis testing.

**ENSURE ESSENTIAL PUBLIC HEALTH SERVICES**

*Even as laboratories grappled with the overwhelming demands of COVID-19 testing, other public health needs continued*

With long-standing expertise in delivering remote training opportunities and resources, APHL was well positioned to develop a wide variety of new online training options during the pandemic. Some addressed ways to continue to provide essential services during the pandemic, such as a series of hot topic webinars on how to adapt and maintain newborn screening programs and a webinar on conducting food laboratory operations during pandemic events. Other programs helped guide local COVID-19 responses. A webinar series on education and outreach around biosafety helped train more than 5,000 laboratorians on safety practices during the pandemic, covering how to safely work with several assays and technologies.
2020 Financials (unaudited figures)

**TOTAL REVENUE**
(unaudited figure by category)

- Grants and Contracts: 62,360,902
- Membership Dues: 1,088,171
- Conferences and Exhibits: 393,787
- Other: 1,033,268
- Total: 64,876,128

**TOTAL EXPENSES**
(unaudited figure by category)

- Domestic Programs: 52,959,937
- Global Programs: 8,722,875
- Total: 61,682,812

**DOMESTIC PROGRAMS**

- Informatics: 12,814,894
- Infectious Diseases: 11,920,787
- Public Health Preparedness: 7,642,282
- Newborn Screening: 5,998,833
- APHL Consulting/Services: 4,614,976
- Food Safety: 2,627,462
- Lab Strengthening/Leadership: 2,285,928
- Environmental Health: 1,504,672
- Workshops: 1,280,429
- Leadership Dev: 787,096
- Member Services: 621,868
- Laboratory Systems and Standards: 498,974
- Conferences: 361,736
- **Domestic Programs Total**: 52,959,937

**GLOBAL PROGRAMS**

- Angola: 12,288
- Ethiopia: 187,488
- Ghana: 491,870
- India: 274,472
- Indonesia: 362,919
- Kazakhstan: 13,902
- Kenya: 553,424
- Mozambique: 1,622,578
- Other Global Health: 1,173,948
- Program Management: 116,589
- Senegal: 96,935
- Tanzania: 540,505
- Thailand: 18,628
- Ukraine: 248,366
- Vietnam: 1,158,982
- Zambia: 1,833,593
- Zimbabwe: 16,388
- **Global Programs Total**: 8,722,875

**CY20 OPERATIONAL EFFICIENCY RATIO**

- General & Administration: 12.96%
- Program Services: 87.04%
- Total: 100%