

April 9, 2018

The Honorable Roy Blunt
Chairman
Labor-HHS-Education Subcommittee
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Labor-HHS-Education Subcommittee
Committee on Appropriations
U.S. Senate
Washington, DC 20510

Dear Chairman Blunt and Ranking Member Murray:

Thank you for your ongoing leadership in supporting domestic and global public health programs and research at the Centers for Disease Control and Prevention (CDC) through the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee. As you may know, the CDC plays an important frontline role in addressing the tuberculosis (TB) epidemic both at home through the domestic Division of TB Elimination program (DTBE), and globally through its Division of Global HIV and TB. In order to put the U.S. back on the path to TB elimination, the undersigned organizations recommend a funding level of \$195.7 million in FY 2019 for the CDC's domestic DTBE program. In addition, we separately request \$21 million in direct support for global TB efforts at the CDC's Division of Global HIV and TB.

TB causes more deaths than any other single infectious disease agent, with 1.7 million deaths in 2016. Domestically, every state reports cases of TB annually and there are up to 13 million people in the U.S. with latent TB infection, many unaware of being infected. These individuals represent the reservoir of future active TB cases in the absence of a targeted prevention program for those at greatest risk of progressing to disease. TB outbreaks continue to occur across the country in schools, workplaces, prisons and other congregate settings.

Emergence of drug resistant TB poses a particular challenge to elimination efforts in the U.S. due to the high costs of treatment and intensive health care resources, including hospitalization. Treatment costs for multidrug-resistant (MDR) TB range from \$100,000 to \$300,000 per case and can be over \$1 million for treatment of extensively drug resistant (XDR) TB, which can outstrip state and local public health department budgets. Between 2005 and 2016, the U.S. had 1,292 cases of MDR-TB and 32 cases of XDR-TB.

Current funding for CDC DTBE is at the FY 2005 level. We are deeply concerned that this stagnant funding level is eroding state TB programs' capacity to effectively protect the public's health, leaving communities vulnerable to this airborne disease and evolving epidemic. The requested \$195.7 million, an increase of \$53.5 million, would enable CDC's domestic TB program to pursue its core functions—including programmatically-relevant research and supporting domestic TB programs—as well as fulfill the National Action Plan to Combat MDR-TB (NAP). The increased funding would critically support a national prevention initiative prioritizing those who are latently infected and are at highest risk for progressing to active disease.

Additionally, current diagnostic, treatment and prevention tools are antiquated and inadequate for halting the TB epidemic. For example, treatment regimens for MDR-TB are lengthy with multiple pills, daily injections and can have severe side effects such as psychosis and hearing

loss. In response to the need for new tools, programmatically-relevant research being done through CDC's TB Trials Consortium (TBTC) under DTBE has resulted in breakthroughs such as shortening prevention treatment for latent TB and pioneering studies on treatment optimization for better health outcomes among vulnerable groups impacted by TB. Continued support for TB research undertaken by TBTC at DTBE remains critical to fill research gaps for new tools and eliminating TB in the U.S, with global implications.

Moreover, CDC's mandate is to protect Americans from public health threats at home and abroad. Yet its work on global TB is underfunded at just \$7 million. Increasing CDC's Division of Global HIV and TB funding by \$14 million, for a total of \$21 million, would allow the agency to use its unique technical expertise to directly address the nexus between the global TB epidemic and the TB epidemic in the U.S. We request that this funding be provided not through the DTBE, or out of that Division's funding, but rather through a new budget line for CDC's work in global TB. This direct funding stream and increase would help strengthen TB elimination programs in highly burdened countries, focusing on countries contributing to the TB burden in the U.S. such as Mexico, Vietnam and the Philippines.

In summary, for FY 2019, through Labor, Health and Human Services Appropriations, we ask you to provide the following:

- \$195.7 million for CDC's domestic Division of TB Elimination program, and
- \$21 million for global tuberculosis efforts at the CDC's Division of Global HIV and TB

With these funding streams, we would intensify implementation of the National Action Plan for Combating Multidrug-Resistant Tuberculosis, put the U.S. back on the path to TB elimination, and maintain our role as a leader in the fight against TB globally. Thank you for your consideration.

Sincerely,

American Lung Association
American Thoracic Society
Association for Professionals in Infection Control and Epidemiology
Association of Public Health Laboratories
Association of State and Territorial Health Officials
Council of State and Territorial Epidemiologists
Elizabeth Glaser Pediatric AIDS Foundation
Georgia AIDS Coalition
Infectious Diseases Society of America
National Alliance of State and Territorial AIDS Directors
National Association of County and City Health Officials
National Coalition of STD Directors
National Tuberculosis Controllers Association
Stop TB USA
TB Alliance
Treatment Action Group
RESULTS
We Are TB