

March 2, 2020

The Honorable Rosa DeLauro  
Chairwoman  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

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 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 2021 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 1.5 million deaths in 2018. In the U.S., every state reports cases of TB annually and many also report deaths from TB. There are also up to 13 million people in the U.S. with latent TB infection. 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 requiring labor intensive efforts by public health TB program staff to cure those with the disease, identify anyone exposed to the disease and protect the public's health by stopping transmission of TB to others. TB also has a disproportionate impact on many racial and ethnic communities, including African Americans, Latinos, and Asian Americans and Pacific Islanders.

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 \$250,000 per case and can be up to \$1 million for treatment of extensively drug resistant (XDR) TB, which can outstrip state and local public health department budgets. Between 2005 and 2018, the U.S. had 1,518 cases of MDR-TB and 35 cases of XDR-TB.

Current funding for CDC's DTBE is at the FY2005 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. The requested \$195.7 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 for Combating MDR-TB. The increased funding requested would support a critically needed 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 inadequate for halting the TB epidemic. For example, treatment regimens for MDR-TB are lengthy 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) within DTBE has resulted in breakthroughs such as shortening preventive treatment for latent TB and pioneering studies on treatment optimization among vulnerable groups. Continued support for TB research undertaken by TBTC at DTBE remains critical to fill research gaps for new tools to eliminate TB in the U.S, with global impact for treatment and elimination.

Moreover, CDC's mandate is to protect Americans from public health threats at home and abroad. Increasing CDC's Division of Global HIV and TB funding to \$21 million would allow the agency to use its unique technical expertise to address the nexus between the global TB epidemic and the incidence of TB in the U.S. This funding 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 2021, 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

These funding levels will implement the National Action Plan for Combating MDR-TB, 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 Medical Student Association  
American Thoracic Society  
Americas TB Coalition  
Association for Professionals in Infection Control and Epidemiology  
Association of State and Territorial Health Officials  
AVAC  
Elizabeth Glaser Pediatric AIDS Foundation  
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria  
Fund for Global Health  
Georgia AIDS Coalition  
Global Health Technologies Coalition  
IAVI  
Infectious Diseases Society of America  
International Union Against Tuberculosis and Lung Disease  
Management Sciences for Health  
Medical IMPACT  
National Alliance of State and Territorial AIDS Directors  
National Association of County and City Health Officials  
National Tuberculosis Controllers Association  
RESULTS  
Stop TB USA

TB Alliance  
The AIDS Institute  
TINPSWALO Association to Fight AIDS and TB  
Treatment Action Group  
We Are TB