

July 13, 2010

The Honorable Tom Harkin  
Chairman  
Subcommittee on Labor-HHS-Education Appropriations  
United States Senate  
Washington, D.C. 20510

The Honorable Thad Cochran  
Ranking Minority Member  
Subcommittee on Labor-HHS-Education Appropriations  
United States Senate  
Washington, D.C. 20510

RE: Projected Impact on States and Large City Zoonotic Disease Infrastructure and Programs of Proposed cuts to CDC's Vectorborne Disease Program

Dear Senators Harkin and Cochran:

The undersigned governmental public health organizations are very concerned about the proposed reduction of CDC's entire vectorborne disease line in the 2011 President's Budget totaling approximately \$26 Million. Of this amount, approximately \$13 Million is provided to the state and local health departments through CDC grant programs to support surveillance, assessments, evaluation and prevention efforts around zoonotic diseases, including all vectorborne diseases associated with morbidity and mortality in the U.S. These funds support an enormously successful program launched in 1999 in response to West Nile virus (WNV) disease introduction into the United States. Over the years, CDC and states have expanded the effort to include other vectorborne diseases and created a platform for addressing other zoonotic diseases. Table 1 (attached) demonstrates the broad scope of activities supported by national surveillance systems (ArboNET). During the past 20 years, the global and domestic emergence of new or re-emerging diseases have been almost exclusively zoonotic diseases and others such as Japanese Encephalitis, Rift Valley Fever, Yellow Fever, Dengue and Chikungunya Virus have been identified as potential threats. The progress in developing this important public health infrastructure can be primarily attributed to congressionally appropriated funding and technical guidance from CDC, which gave states the tools and personnel to develop strong arboviral disease programs. The elimination of this funding in 2011 will completely eliminate state and local capacity to contribute to any significant active efforts as described in Table 1 and attached 2007 Impact Summary.

The original efforts were launched as part of the response to the introduction of West Nile Virus in the U.S. in 1999. The strategy employed by CDC was to expand their core laboratory and epidemiology infrastructure and that of state and large city health departments' infrastructure. Included in these core efforts was funding for West Nile virus (WNV) response activities; establishment of a national reporting system, ArboNETt; and funding for core laboratory capacity to support the testing of specimens for vectorborne diseases.

According to an assessment conducted by the Council of State and Territorial Epidemiologists in 2007, when West Nile virus funding was threatened by a reduction of \$10 million, 85 percent of respondents from the states were 'very or extremely' concerned about the potential negative impacts budget reduction would have on their continued ability to perform WNV related activities.

Based on the 2007 assessment and a follow up assessment in 2009, the following will be major and immediate effects of budget elimination on efforts in states and localities:

- Staff (approximately two per state), supported with CDC vectorborne disease grants, would be released, furloughed or reassigned (including epidemiologists, veterinarians, laboratory scientists, and IT specialists).
- Laboratory capacity (e.g., staff, trainings, supplies and tests) for vectorborne diseases at state health departments, supported through CDC grant funds, will be eliminated.

- The ArboNET reporting system that produces national surveillance data will be non- functional.
- Surveillance activities in state health departments regarding equine diseases, avian mortality and mosquito surveillance will be eliminated.
- Current prevention efforts employed by health departments will be eliminated.
- The ability to adequately identify and respond to an emerging vectorborne disease outbreak will be eliminated.
- Existing prevention programs and activities at state and local levels for WNV and other vectorborne diseases will be eliminated.
- The ongoing interdisciplinary collaboration between epidemiology, entomology, neurology, laboratory, and veterinary sciences will be lost.
- Surveillance for primarily veterinary cases, mosquitoes, and avian mortality will be eliminated.
- The following capabilities for states' use of arboviral surveillance data will be eliminated: 1) making decisions about implementing public health interventions during the transmission season; 2) monitoring national/regional arboviral epidemiology during the transmission season; 3) summarizing national/regional arboviral epidemiology at the end of the transmission season; 4) providing information to government officials, health care providers, the media and/or the public; and 5) preparing presentations and publications.

The above comments relate only to the impact of the elimination of funding at the state and local levels of public health. CDC's ability to address the reduction of \$13 Million in their budget is beyond our scope to provide comment. However, if CDC's capacity and capability in this area is diminished or eliminated, it would directly affect states and localities.

The undersigned governmental public health organizations strongly urge the reinstatement of full funding for vectorborne diseases. Public health cannot lose all that has been developed in the way of dedicated surveillance for important vectorborne diseases that have direct impacts on the health of the public. The consequences of such budget elimination will result in a passive system for surveillance, laboratory, prevention and activities related to vectorborne diseases.

Sincerely,

Association of Public Health Laboratories  
 Association of State and Territorial Directors of Nursing  
 Association of State and Territorial Health Officials  
 Council of State and Territorial Epidemiologists  
 National Association of County and City Health Officials

Table 1. How states/jurisdictions use arboviral surveillance data (n=45)

	Response Percent	Response Count
Make decisions about Implementing public health Interventions during the Transmission season	80	36
Monitor national/regional Arboviral epidemiology during the transmission season	93	42
Summarize national/regional Arboviral epidemiology at the end of the transmission season	78	35
Cross-check the surveillance data reported on our state/jurisdiction website	64	29
Provide information to government officials, health care providers, the media and/or the public	96	43
Determine the allocation of funds and resources	49	22
Prepare presentations and publications	89	40
Conduct arboviral research	33	15
Do not use ArboNET data	2	1