

07-03

## STATEMENT OF POLICY

### FEDERAL FUNDING FOR TUBERCULOSIS PREVENTION AND CONTROL

#### **Policy**

National Association of County and City Health Officials (NACCHO) strongly opposes any reduction in categorical federal funding for the tuberculosis control activities of state and local health departments and supports increasing categorical federal funding for the tuberculosis control activities of state and local health departments.

#### **Justification**

Tuberculosis control efforts are labor intensive, requiring the recruitment, training and retention of highly skilled health care workers. Tuberculosis remains the leading cause of preventable infectious disease deaths worldwide due to inadequate governmental commitments to sustain necessary funding.<sup>1,2</sup> Today, the challenges of multi-drug resistant tuberculosis and newly emergent and recently recognized extensively resistant tuberculosis pose imminent public health threats.<sup>3</sup>

In the United States, tuberculosis elimination is a national public health goal to be accomplished by effective tuberculosis control efforts carried out by state and local health departments. These efforts have been responsible for a marked and sustained decrease in the number tuberculosis cases reported since the early 1990s.<sup>4</sup> Past resurgences in tuberculosis cases have been directly attributed to decreases in funding for tuberculosis control and infrastructure and have taken billions of dollars to correct.<sup>5,6</sup>

Increased funding of tuberculosis control programs at the state and local level is essential to avoid losing the ground recently gained in successfully controlling tuberculosis, to pursue the goal of tuberculosis elimination and to adequately protect the public from the threat posed by multi-drug resistant and extensively resistant strains of tuberculosis.

#### **Record of Action**

*Proposed by the Infectious Disease Control and Prevention Workgroup*

*March 8, 2007*

*Approved by NACCHO Board of Directors*

*May 1, 2007*

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<sup>1</sup> Ending Neglect: The Elimination of Tuberculosis in the United States, Institute of Medicine, National Academy Press, 2000.

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<sup>2</sup> Presentation by Dr Paul Nunn, WHO, Geneva. Urgent Issues in the Developing World Transmission of XDR-TB in South Africa: Discussion of the Global Implications. February 2007. Available at: [http://www.who.int/tb/features\\_archive/croi\\_feb07.pdf](http://www.who.int/tb/features_archive/croi_feb07.pdf).

<sup>3</sup> Castro KG. Extensively Drug-Resistant Tuberculosis (XDR TB) – Update. CDC. October 2006. Available at: <http://www.cdc.gov/nchstp/tb/xdrtbupdate.htm>.

<sup>4</sup> CDC. Reported Tuberculosis in the United States, 2005. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2006. Available at: <http://www.cdc.gov/nchstp/tb/surv/surv2005/default.htm>

<sup>5</sup> A Clinician's Guide to Tuberculosis, Michael D. Iseman, Lippincott, Williams & Wilkins, 2000, pages103-106.

<sup>6</sup> For example, in 1968 New York City spent \$40,000,000 on tuberculosis control activities. By 1978 expenditures were reduced to \$18,000,000. Tuberculosis case rates began to rise in the 1980s and in it is estimated that it cost \$1,000,000,000 in the early 1990s to regain control of tuberculosis.