

March 30, 2017

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

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

Dear Chairman Blunt and Ranking Member Murray:

Thank you for your ongoing leadership in supporting public health programs through the Labor, Health and Human Services, Education, and Related Agencies (L-HHS) Appropriations Subcommittee. In order to put the U.S. back on the path to TB elimination, the undersigned organizations recommend a funding level of \$243 million in FY2018 for the Centers for Disease Control and Prevention's (CDC) Division of Tuberculosis Elimination.

TB, an airborne infectious disease, is the leading global infectious killer, ahead of HIV/AIDS, causing 1.8 million deaths annually. In the U.S., every state reports cases of TB annually. There are up to 13 million people in the U.S. with latent TB infection. These infection cases are the reservoir of future active TB cases. TB outbreaks continue to occur across the country in schools, workplaces and prisons. Alabama is currently dealing with a TB outbreak that has resulted in 3 deaths.

Drug resistant TB poses a particular challenge to TB control due to the high costs of treatment and intensive health care resources required. 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 2015, the U.S. had 1,195 cases of MDR TB and 31 cases of extensively drug resistant (XDR) TB.

Funding for CDC's national TB program has been cut back to the FY2005 level. We are deeply concerned that this funding level is eroding state TB programs and leaving communities vulnerable to this airborne disease, including drug resistant TB. Flat funding is really falling funding; a recent analysis concluded that \$89 million is needed to account for the effects of historical inflation. Although the interagency National Action Plan to Combat Multi-Drug Resistant TB was finalized in late 2015, no funding was attached to implement critical components of this important plan. The requested \$243 million would put the U.S. on the path to eliminating TB.

Current diagnostic, treatment and prevention tools are antiquated and inadequate for halting the global epidemic. The treatment regimen for MDR-TB uses drugs with severe side effects such as psychosis. There is an urgent need for new, shorter anti-TB drug regimens to prevent the development of drug resistance. The TB vaccine, BCG, provides some protection to children, but it has little or no efficacy in preventing pulmonary TB in adults. Research being done to develop new TB drugs, diagnostics and vaccines at the

National Institutes of Health (NIH) and the CDC is critical to eliminating TB and we urge your continued support for these efforts.

We ask you to provide \$243 million for CDC's TB program in FY2018 through Labor-HHS Appropriations in order to begin implementation of the National Action Plan and put the U.S. back on the path to TB elimination. Thank you for your consideration.

Sincerely,

American Association of Physicians of Indian Origin
American Lung Association
American Medical Student Association
American Thoracic Society
Association of Public Health Laboratories
Council of State and Territorial Epidemiologists
Georgia AIDS Coalition
Global Health Council
Infectious Diseases Society of America
International Union Against Tuberculosis and Lung Disease
National Alliance of State and Territorial AIDS Directors
National Association of County and City Health Officials
National Tuberculosis Controllers Association
RESULTS
TB Alliance
TB Photovoice
Treatment Action Group