

February 24, 2016

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 public health programs through the Labor, Health and Human Services, Education, and Related Agencies (L-HHS) Appropriations Subcommittee. In December, 2015, President released the National Action Plan to Combat Multi-Drug Resistant (MDR) Tuberculosis (National Action Plan), a comprehensive plan to address drug resistant TB in the U.S. and abroad and accelerate MDR-TB research and development. In order to fund the National Action Plan and put the U.S. back on the path to TB elimination, the undersigned organizations recommend a funding level of \$243 million in FY2017 for the Centers for Disease Control and Prevention's (CDC) Division of Tuberculosis Elimination.

TB, an airborne infectious disease, is now the leading global infectious killer, ahead of HIV/AIDS, causing 1.5 million deaths annually. In the U.S., every state reports cases of TB annually, with California, Texas, Hawaii and Alaska having the highest burdens. 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. The U.S. had 17 cases of extensively XDR-TB between 2008 and 2015.

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 TB, including drug resistant TB.

Current diagnostic, treatment and prevention tools are antiquated and inadequate for halting the global epidemic. The treatment regimen for MDR-TB is a long and arduous two years, using 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 FY2017 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,

Aeras

American Association of Physicians of Indian Origin

American Lung Association

American Medical Student Association

American Thoracic Society

Asian and Pacific Islander American Health Forum

Association for Professionals in Infection Control and Epidemiology

Association of Public Health Laboratories

Council of State and Territorial Epidemiologists

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Georgia AIDS Coalition

Global Health Council

Infectious Diseases Society of America

National Association of County and City Health Officials

National Alliance of State & Territorial AIDS Directors

National Tuberculosis Controllers Association

RESULTS

TB Alliance

Stop TB USA

Treatment Action Group