

The Honorable Alex M. Azar II
Secretary, U.S. Department of Health and Human Services (HHS)

The Honorable ADM Brett P. Giroir, M.D.
Assistant Secretary for Health, HHS Office of the Secretary

Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar and Admiral Giroir:

We the undersigned organizations of the Tuberculosis (TB) Roundtable coalition are encouraged by the recent State of the Union announcement made by the administration about HHS initiatives to end the HIV epidemic in the United States by 2030. However, we urge HHS and the administration to similarly include and commit resources to realize TB elimination nationally. While we have the tools to end the HIV epidemic, we also can in parallel eliminate TB in the U.S. with additional resources for programs and research.

As you know, TB has become the world's largest infectious killer, and the leading cause of death among people living with HIV. In many jurisdictions in the United States, especially in the Pacific Northwest, HIV infection is one of the largest reasons that latent TB infection (LTBI) develops into active TB disease.¹ An estimated 13 million people in the U.S. have LTBI, and if left untreated, risk transitioning into active disease.

While rates of active TB in the U.S. are relatively low at less than 10,000 cases per year due to the success of CDC's national TB elimination program and resourceful state TB control programs, worrisome trends in states, eroded federal TB program funding issues, aging public health tools, and the rise of drug-resistant TB places tremendous strain on programs in continuing to effectively control TB in the U.S. Even in low burdened states like Oklahoma – which saw an increase in multidrug resistant TB (MDR-TB) with 4 new cases in 2017 – a small increase in new infections can mean a significant depletion of resources. According to the CDC, it can cost upwards of \$164,000 to treat a single case of MDR-TB, and over \$525,000 to treat extensively drug-resistant TB (XDR-TB) – and much of these resources are coming at the expense of scarce public health resources and shrinking TB program budgets.

Moreover, an aging arsenal of diagnostic, treatment, and prevention tools limit the ability of public health to address outbreaks, but also ensure optimal treatment and health outcomes for individuals with TB. Compounding this issue is the instability of procuring TB medicines by programs in the U.S., which are often prone to unpredictable stock-outs and price spikes. Resources are needed to advance research on new, innovative diagnostics, treatments, and prevention tools, including vaccines. Further specific measures to stabilize supply and demand for TB products are also needed.

The TB community stands ready and committed to work with the administration in taking crucial steps to address these myriad of issues, and HHS should leverage its globally renowned research and public health institutions to achieve TB elimination within our borders. For example, the U.S. is the largest funder of TB research globally, and its investments through the CDC's Tuberculosis Trials Consortium (TBTC) have resulted in critical breakthroughs in shortening latent TB treatment from 9 months of daily treatment to 3 months of once weekly treatment. With additional resources for the domestic TB program, these interventions can be adequately scaled-up to target those most at-risk among the 13 million people in the U.S. with TB infection and realize the full potential of these initial investments. Increasing TB R&D investments to several research agencies under HHS – including NIH/NIAID, CDC, and BARDA – would ensure a pipeline full of new innovations that continue to come online and be implemented by public health programs.

Therefore, we urge HHS to extend similar commitments in funding increases, which are being considered for the CDC's Division of HIV/AIDS Prevention, to all domestic programs within the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). This would allow these programs to work in tandem with increased resources to prevent, test, and treat infectious diseases which impact and overlap among many of the same communities. Advancements in the fight against one of these infections will be an improvement overall. At minimum, an additional \$53.5 million to the current flat-funded \$142.2 million for the domestic TB program in FY20 can go a long way in addressing issues in TB drug supply, supporting strapped programs, and beginning a national TB infection testing initiative that implements the gains made from our research investments. Small specific investments in TB research for NIH/NIAID, CDC, and BARDA can greatly support these agencies in the coordination of TB basic sciences research, clinical trials, and later stage product development for TB.

In conclusion, we urge HHS to bolster its efforts to end the HIV epidemic by incorporating similar funding and strategies against TB and other infectious diseases. The Act Now End AIDS coalition and AIDS United created a comprehensive and community-driven blueprint to end the HIV epidemic by 2025 and has included TB. The administration's plan would be strengthened by consulting the community plan and its recommendations for TB, viral hepatitis, and STIs, which can be found [here](#).

Thank you for your attention to this letter, and we hope that you commit to further action and ensure TB is not forgotten. We look forward to further dialogue and partnership with the administration in the shared goals of eliminating TB, HIV, viral hepatitis, and STIs in the U.S. Should you have any questions, please do not hesitate to contact the co-chairs of the TB Roundtable, Nuala Moore at nmoore@thoracic.org and David Bryden at dbryden@results.org. Thank you.

Respectfully submitted,

American Thoracic Society (ATS)

The Americas TB Coalition

California Tuberculosis Controllers Association (CTCA)

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

HIV Medicine Association

Infectious Diseases Society of America (IDSA)

International Union Against Tuberculosis and Lung Disease

Management Sciences for Health

National Tuberculosis Controllers Association (NTCA)

RESULTS

TB Alliance

Treatment Action Group (TAG)

We Are TB

Public Health – Seattle & King County Prevention Division. Tuberculosis Control Program 2017 Report.
Seattle, WA. 2018.