

March 2021

The Honorable Rosa DeLauro  
Chairwoman  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

Thank you for your ongoing leadership in supporting domestic and global public health programs and research at the Centers for Disease Control and Prevention (CDC) through the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee. As you know, the CDC plays an important frontline role in addressing the tuberculosis (TB) epidemic both at home through the domestic Division of TB Elimination program (DTBE), and globally through its Division of Global HIV and TB. In order to put the U.S. back on the path to TB elimination, the undersigned organizations recommend a funding level of **\$225 million in FY2022 for the CDC's domestic DTBE program**. In addition, we separately request **\$21 million in direct support for global TB efforts at the CDC's Division of Global HIV and TB**.

The COVID-19 pandemic has had a significant effect on US TB programs. TB clinics have closed, leading to a significant reduction in diagnosis and evaluation of this airborne disease and fewer contact investigations for active TB cases. And most TB programs around the country report that TB program staff and TB hospital units have been moved to focus almost exclusively on the COVID-19 response. In addition, the COVID-19 emergency in the US, and its economic impact, has put enormous strain on state and local budgets that fund the majority of TB services, putting TB funding at risk.

In the U.S., every state reports cases of TB annually and many also report deaths from TB. There are also up to 13 million people in the U.S. with latent TB infection (LTBI). These individuals represent the reservoir of future active TB cases in the absence of a targeted prevention program for those at greatest risk of progressing to disease. This is particularly concerning during the current pandemic, while many questions remain about the impact of COVID-19 infection on LTBI's progression to active disease and TB morbidity and mortality. TB also has a disproportionate impact on certain racial and ethnic communities, including African Americans, Latinos, and Asian Americans and Pacific Islanders.

Drug resistant TB poses a particular challenge to elimination efforts in the U.S. due to the high costs of treatment and intensive health care resources, including hospitalization. Treatment costs for multidrug-resistant (MDR) TB range from \$100,000 to \$250,000 per case and can be up to \$1 million for treatment of extensively drug resistant (XDR) TB, which can outstrip state and local public health department budgets. Between 2005 and 2018, the U.S. had 1,518 cases of MDR-TB and 35 cases of XDR-TB.

Current diagnostic, treatment and prevention tools are inadequate for halting the TB epidemic. In response to the need for new tools, programmatically-relevant research being done through CDC's TB Trials Consortium (TBTC) within DTBE has resulted in breakthrough new short-

course treatment regimens for active and latent TB. But due to reduced funding, the DTBE was recently forced to cut funding for trial sites at Johns Hopkins University, the University of California-San Francisco, Columbia University, and Vanderbilt University. The requested \$225 million could restore funding for these TBTC trials sites that are conducting vital TB clinical drug trials that are critical to halting the global TB pandemic.

Funding for CDC's DTBE has been flat for almost a decade. We are deeply concerned that this stagnant funding level is eroding state TB programs' capacity to effectively protect the public's health, leaving communities vulnerable to this airborne disease. The requested \$225 million would enable the restoration of state and local TB program capacity lost during the COVID-19 pandemic, including programmatically-relevant research. The increased funding requested would support a critically needed national prevention initiative prioritizing those who are latently infected and are at highest risk for progressing to active disease.

Moreover, CDC's mandate is to protect Americans from public health threats at home and abroad. Increasing CDC's Division of Global HIV and TB funding to \$21 million would allow the agency to use its unique technical expertise to address the nexus between the global TB epidemic and the incidence of TB in the U.S. This funding would help strengthen TB elimination programs in highly burdened countries, focusing on countries contributing to the TB burden in the U.S. such as Mexico, Vietnam and the Philippines.

In summary, for FY2022, through Labor, Health and Human Services Appropriations, we ask you to provide the following:

- \$225 million for CDC's domestic Division of TB Elimination program, and
- \$21 million for global tuberculosis efforts at the CDC's Division of Global HIV and TB

These funding levels will restore TB program capacity lost during the COVID pandemic, put the U.S. back on the path to TB elimination, and maintain our role as a leader in the fight against TB globally. Thank you for your consideration.

Sincerely,

American Lung Association

American Thoracic Society

Americas TB Coalition

Association for Professionals in Infection Control and Epidemiology

Association of Asian Pacific Community Health Organizations

Association of Public Health Laboratories

Association of State and Territorial Health Officials

AVAC

Elizabeth Glaser Pediatric AIDS Foundation

FIND

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Georgia AIDS Coalition

Global Health Technologies Coalition

Health GAP

Harvard Medical School Center for Global Health Delivery

Infectious Diseases Society of America

Medical IMPACT

National Alliance of State and Territorial AIDS Directors

National Association of County and City Health Officials

National TB Controllers Association

Planet Aid Inc.

RESULTS

Stop TB USA

TB Alliance

Treatment Action Group

We Are TB