March 2022

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Chairwoman
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
U.S. Senate
Washington, DC 20510

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Roy Blunt
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
U.S. Senate
Washington, DC 20510

Dear Honorable Chairs and Ranking Members,

Thank you for your leadership on the Labor, Health and Human Services, Education, and Related Agencies Subcommittee and your dedication to public health. We recognize that the Subcommittee faces many difficult funding decisions again this year, but we must spotlight an important public health infrastructure need due to the COVID-19 pandemic. We respectfully request **$225 million for the Division of Tuberculosis Elimination (DTBE) at the Centers for Disease Control and Prevention (CDC).** This funding will help recoup lost staff time and resources due to the pandemic, focus on identifying and treating latent tuberculosis (TB), and strengthen national, state, and local efforts to detect, treat, and prevent all forms of TB, including drug-resistant TB. As you know, the CDC also plays an important frontline role in addressing TB globally, and we separately request **$21 million in direct support for global TB efforts at the CDC's Division of Global HIV and TB**.

TB was the world's most deadly infectious disease until November 2020, now second only to COVID-19, and still ranking ahead of HIV/AIDS, killing 1.5 million people annually. In the United States, TB remains a serious problem with an estimated 7,174 new cases of people with TB reported in the United States during 2020. These thousands of cases are still likely an underestimate, as the COVID-19 pandemic severely impacted TB case notifications due to TB program staff and hospital units being reassigned to COVID-19 and patients being unable or unwilling to seek testing and care under stay-at-home orders and similar policies. In addition, many 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. In addition, the COVID-19 emergency in the U.S., 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 addition to these active cases, there are up to 13 million individuals in the U.S. with latent TB infection (LTBI), an asymptomatic form of tuberculosis that can progress to symptomatic contagious disease when the immune system is compromised, often by conditions common in the US such as diabetes. These 13 million people represent the reservoir of future active TB cases in the absence of a targeted prevention program for those at greatest risk of their LTBI 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. The diagnosis and treatment of individuals with latent TB could prevent an estimated 650,000 to 1,300,000 new cases of active TB in future years. New and expanded approaches in surveillance and control will be required to restore program infrastructure and achieve TB elimination in the United States.

Furthermore, between 2005 and 2020, there were 1,664 cases of multidrug-resistant TB (MDR-TB) and 40 cases of extensively drug-resistant TB (XDR-TB) reported in the United States. 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. CDC also estimated that the costs resulting from all forms of TB in the US totaled over $503 million in 2020.

Current diagnostic, treatment and prevention tools are inadequate for halting the TB epidemic. There is no point of care diagnostic for TB, treatment of active disease takes months to years of intense daily antibiotic use with difficult side effects, and as stated earlier prevention efforts are insufficiently resourced. In response to the need for new tools, programmatically-relevant research being done through CDC's TB Trials Consortium (TBTC) within DTBE has led to monumental breakthroughs in new and better short-course treatment regimens for active and latent TB. Other studies focus on such critical priorities as pediatric safety and dosage. Despite TBTC's tremendous value and the dire need for the benefits of its research, funding constraints recently forced TBTC to cut several trial sites at Johns Hopkins University, the University of California-San Francisco, Columbia University, Vanderbilt University, and their global partner sites from the current list of grantees. The requested $225 million could restore funding for these TBTC trial sites conducting vital TB clinical drug trials that are critical to halting the 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. TB programs provided much needed expertise and resources to the country's battle with COVID, and many state programs are still supporting these efforts in addition to tuberculosis on budgets set almost 10 years ago. 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, and would move us forward on the path to TB elimination. 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 TB prevalence in the U.S. such as Mexico, Vietnam, and the Philippines.

The aforementioned funding levels will restore TB program capacity lost during the COVID-19 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. We welcome the opportunity to work with you and your staff on efforts to halt the TB pandemic and protect U.S. communities from this disease. Please contact Kate O'Brien (ms.kate.obrien@gmail.com) or Elizabeth Lovinger (elizabeth.lovinger@treatmentactiongroup.org), co-chairs of the Tuberculosis Roundtable, if you have any questions or need more information.

Sincerely,

American Thoracic Society

Association for Professionals in Infection Control and Epidemiology

Elizabeth Glaser Pediatric AIDS Foundation

Fast-Track Cities Institute

Fund for Global Health

Global Health Technologies Coalition

Harvard Medical School Center for Global Health Delivery

IAVI

International Association of Providers of AIDS Care

John Snow, Inc. (JSI)

Medical Impact

Partners In Health

Stop TB USA

TB Alliance

Treatment Action Group

We Are TB