

November 10, 2016

The Honorable Roy Blunt  
Chairman  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. Senate

The Honorable Patty Murray  
Ranking Member  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. Senate

The Honorable Tom Cole  
Chairman  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. House of Representatives

The Honorable Rosa DeLauro  
Ranking Member  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
U.S. House of Representatives

Dear Chairman Blunt and Ranking Member Murray and Chairman Cole and Ranking Member DeLauro:

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. As you work to finalize FY2017 LHHS appropriations, the undersigned organizations urge you to adopt the **House funding level of \$142.2 million for the Centers for Disease Control and Prevention's (CDC) Division of Tuberculosis (TB) Elimination.**

TB, an airborne infectious disease, is now 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 and in 2015, the nation reported the first national TB increase since 1992. TB outbreaks continue to occur across the country in schools, workplaces and prisons. Alabama continues to deal with a TB outbreak that has resulted in 3 deaths since 2011.

However, Alabama is not alone in struggling to address the human and economic resource challenges presented by TB. Missouri, Washington, Connecticut and Oklahoma are among the 27 states that reported increased numbers of TB in 2015, including cases of TB resistant to our current drugs. As a communicable disease, every case of TB requires extensive work by public health employees; work to track down and test everyone who may have been exposed. A recent study by the National TB Controllers Association indicates that, as a result of reduced funding, 60 percent of the TB programs have eliminated staff and 25 percent have restricted some of the essential activities considered the core of TB public health efforts.

In its 2013 report on antibiotic resistance threats to the U.S., the CDC identified drug resistant TB as a "serious antibiotic resistance threat to the U.S." 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. reported over 1,000 cases of MDR-TB since 2005 and 17 cases of extensively XDR- TB between 2008 and 2015.

The U.S. has taken important steps to address TB, both globally and domestically. In December 2015, President Obama released the National Action Plan (NAP) to Combat Multi-Drug Resistant (MDR) Tuberculosis, a comprehensive plan to address drug resistant TB in the U.S. and abroad and accelerate MDR-TB research and development. Unfortunately, no funding was provided to implement this important public health initiative. Without adequate funding, the NAP is doomed to failure and the U.S. will miss an opportunity to address, and eliminate, this preventable and curable disease.

Exacerbating the overall impact of the decline in federal funding for TB public health programs, current TB diagnostic, treatment and prevention tools are antiquated and inadequate for halting the epidemic. 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 are deeply concerned that state TB programs have been eroded due to funding reductions and these decreases are leaving communities vulnerable to TB, including drug resistant TB. We urge you to adopt the House funding level of \$142.2 million for CDC's TB program in final FY2017 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 Thoracic Society  
Association of Public Health Laboratories  
Association of State and Territorial Health Organizations  
Council of State and Territorial Epidemiologists  
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria  
Global Health Council  
Infectious Diseases Society of America  
Management Sciences for Health  
National Association of County and City Health Officials  
National Alliance of State & Territorial AIDS Directors  
National Tuberculosis Controllers Association  
RESULTS  
TB Alliance  
The AIDS Institute  
Treatment Action Group