

April 4, 2014

The Honorable Jack Kingston
Chairman,
Labor-HHS-Education Subcommittee
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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

Dear Chairman Kingston and Ranking Member DeLauro:

Thank you for your ongoing leadership in supporting important public health programs through the Labor, Health and Human Services, Education, and Related Agencies (L-HHS) Appropriations Subcommittee. The undersigned organizations recommend a funding level of \$243 million for the Centers for Disease Control and Prevention's (CDC) Division of Tuberculosis Elimination in FY2015. The global tuberculosis (TB) pandemic, including the spread of drug resistant TB, poses a serious health threat to the U.S.

The FY2014 omnibus cut funding for CDC's national TB program back to the FY2005 level of \$135 million. We are deeply concerned that this funding level is eroding state TB programs and leaving communities vulnerable to TB, including drug resistant TB.

TB, an airborne infectious disease, is the second leading infectious disease in the world, killing 1.3 million people a year. Every state in the U.S. reports cases of TB annually. TB outbreaks continue to occur across the country in schools, workplaces and prisons and the disease is a serious problem for border states such as California, Texas, Florida, New York and others. Outbreaks of TB, particularly drug resistant TB, can quickly outstrip local public health capacity. In 2013, the state of Wisconsin had to spend \$4.6 million to control a TB outbreak in one county.

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 cause a significant strain on state and local public health budgets.

Current diagnostic, treatment and prevention tools antiquated and are 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. 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 put the U.S. back on the path to TB elimination by providing \$243 million for CDC's TB program through FY2015 Labor-HHS Appropriations. Thank you for your consideration.

Sincerely,

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American Association of Physicians of Indian Origin

American Lung Association

American Thoracic Society

Association of Public Health Laboratories

Association of State and Territorial Health Officials

Council of State and Territorial Epidemiologists

Infectious Diseases Society of America

Migrant Clinicians Network

National Association of County and City Health Officials

National Alliance of State and Territorial AIDS Directors

National Tuberculosis Controllers Association

RESULTS

Sanofi U.S.

TB Alliance

Treatment Action Group

TB Proof