

September 2021

Shalanda Young
Acting Director
Office of Management & Budget
725 17th Street, NW
Washington, DC 20503

Dear Ms. Young,

As you prepare the President's fiscal year (FY) 2023 budget, the undersigned organizations respectfully submit our updated recommendations on funding levels for tuberculosis (TB) programs at the Centers for Disease Control and Prevention (CDC). 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, we recommend a funding level of **\$225 million in FY 2023 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 U.S. 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 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 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 2019, the U.S. had 1,615 cases of MDR-TB and 39 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.

The aforementioned 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. We welcome the opportunity to work with you and your staff on efforts to halt the global TB pandemic and protect U.S. communities from this disease. Please contact Elizabeth Lovinger (elizabeth.lovinger@treatmentactiongroup.org) or Kate O'Brien (ms.kate.obrien@gmail.com) if you have any questions or need more information.

Sincerely,

American Lung Association
American Thoracic Society
Friends of the Global Fight Against AIDS, TB and Malaria
Global Health Technologies Coalition
Harvard Medical School Center for Global Health Delivery
IAVI
Infectious Diseases Society of America
National Tuberculosis Controllers Association
Partners in Health
RESULTS
Stop TB USA
TB Alliance
Treatment Action Group
We Are TB