

May 7, 2020

Roy Blunt
Chair
Subcommittee on Labor-HHS-ED
U.S. Senate
Washington, DC 20510

Rosa DeLauro
Chair
Subcommittee on Labor-HHS-ED
U.S. House of Representatives
Washington, DC 20515

Patty Murray
Ranking Member
Subcommittee on Labor-HHS-ED
U.S. Senate
Washington, DC 20510

Tom Cole
Ranking Member
Subcommittee on Labor-HHS-ED
U.S. House of Representatives
Washington, DC 20515

Dear Honorable Chairs and Ranking Members:

The rapid global spread of COVID-19 has illustrated the importance of having robust local and state public health programs to reduce the impact of such pandemics. The undersigned organizations urge Congress to provide \$30 million for the Centers for Disease Control and Prevention's (CDC), state and local tuberculosis (TB) programs and \$20 million for CDC's global TB program in the next COVID-19 response legislation.

Prior to the emergence of the COVID-19 global pandemic, tuberculosis (TB) was the world's leading infectious killer. Although the U.S. is a low incidence country, every state reports cases of this airborne infectious disease annually and in 2019, 21 states reported TB increases. The high costs and intensive public health resources required to treat and prevent drug resistant TB are a significant challenge for many state public health departments around the country, and an immediate funding increase is urgently needed. In addition to active TB disease cases, the U.S. has up to 13 million people with latent TB infection (LTBI).

Individuals with active TB are more vulnerable to additional respiratory infections, and it is expected they will be more vulnerable to COVID-19. In addition, people who have survived TB often have permanent lung damage and this may predispose them to COVID-19 infection or worse outcomes. Several state and local TB programs are reporting co-infections of TB and COVID-19, and several deaths have been attributed to the co-infection. Speculation about the vulnerability of those with LTBI to COVID-19 is also a concern. A top fear is that home isolation policies around the world, including here in the U.S., are causing delays in TB diagnosis and treatment and increased transmission of this airborne disease.

The National Tuberculosis Controllers Association (NTCA) recently found that local and state TB programs have played a significant role in the public health response to COVID-19 by applying their expertise in addressing this airborne infection through contact tracing, surveillance, infection control, and isolation procedures to this new pandemic. However, NTCA also found in some counties and cities, 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.

We are concerned that this transfer of many TB program staff and resources away from urgent TB-related services is increasing the risk of greater transmission of TB infection and untreated active disease, posing a danger to communities. For example, officials at the New York City Department of Health have stated that while they have modified many TB services in response to the COVID-19 emergency, critical services may suffer. They report: “There is concern from doctors and nurses about missing early signs of adverse reactions to medication that can lead to serious complications or even death. We also worry about patients not completing treatment, and that delays in testing contacts could result in these individuals developing active TB. TB transmission may go undetected for prolonged periods.”

The CDC is a key partner in providing critically needed direct and indirect support for program implementation, evaluation, and collation of national data on disease surveillance and program performance. The CDC’s domestic TB program also houses critically important research that helps prevent and treat multi-drug resistant TB and will be essential for our understanding of co-infection between TB and COVID-19. Increased federal funding in response to the COVID-19 pandemic should include specific funding for ongoing COVID-19 activities and planning for future threats. But we urge Congress to not overlook the need to provide a strategic increased investment in our basic public health programs that are and will continue to provide critical components in this infectious disease response.

In addition to strengthening our domestic public health response, we urge increased funding for CDC’s global TB program to implement and ensure effective programs to identify, treat and prevent TB in national TB programs in intermediate and high TB burden countries. A recent Stop TB Partnership survey found that at least 40% of TB programs reported that TB facilities including hospitals and dispensaries are being used for the COVID-19 response. All programs indicated that they observe a decrease in the number of people presenting/accessing services for TB. The TB diagnostic network, including Xpert machines, is being utilized for COVID-response. There is also great concern that TB treatment interruptions could amplify drug resistance and create virtually untreatable drug resistant TB patterns.

The rate of new cases of TB has recently increased in the Americas region, and disruptions as a result of COVID-19 can be expected to worsen this trend. In El Salvador, for instance, where TB incidence increased 59% from 2014 to 2018, the Ministry of Health has stated that COVID-19 is impacting services and it expects to see a lower rate of TB case finding, a risk of patients abandoning treatment, and less access to necessary medications and diagnostic supplies.

CDC’s global TB program, through the Division of HIV and TB, is well-positioned to assist countries, including in our hemisphere, given the agency’s close relationships with ministries of

health and its mandate to address international health risks in countries with close US ties. This includes Mexico, which recently used assistance from CDC to refine and revise its estimate of TB prevalence, which is now understood to be nearly three times higher than had previously been estimated. CDC is working with Mexico to improve its use of rapid TB diagnostics in a few areas of the country, and with greater support this could be expanded nationally.

We ask Congress to provide \$30 million for CDC's domestic TB program and \$20 million for the global TB program. Thank you for your consideration.

Sincerely,

American Association of Physicians of Indian Origin
American Lung Association
American Thoracic Society
Americas TB Coalition
Association of Public Health Laboratories
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria
Infectious Diseases Society of America
Global Health Technologies Coalition
HIV Medicine Association
International Union Against Tuberculosis and Lung Disease
Management Sciences for Health
Medical IMPACT
National Tuberculosis Controllers Association
Partners in Health
RESULTS
Stop TB USA
TB Alliance
Treatment Action Group
We are TB
Zero TB Initiative