



2021 World TB Hill Day Asks

COSPONSOR THE COMPREHENSIVE TB ELIMINATION ACT (CTEA)

Reps. Bera (D-CA), Young (R-AK), and Sen. Brown (D-OH) are sponsoring the CTEA which will increase funding for CDC and state TB programs to restore TB capacity following COVID-19 and ensure identification and treatment of latent TB infection, coordinate TB care services between community health centers and state TB programs, and expand TB research and development.

HOUSE ONLY: Sign Reps. Bera and Young's TB Letter

The TB Caucus co-chairs, Reps. Bera and Young are circulating a Dear Colleague letter calling for increased funding for CDC's domestic and USAID's global TB program. Ask your Representatives to sign the Bera-Young TB letter. The letter requests our funding recommendation of \$225 million for CDC's TB program and \$1 billion for USAID's global TB program.

CENTERS FOR DISEASE CONTROL AND PREVENTION

\$225 million for CDC's TB program in FY2022 through Labor-HHS Appropriations.

In the U.S., every state reports cases of TB annually, with California, Texas, Hawaii, and Alaska having the highest burdens. Many states also report deaths from TB, and there are up to 13 million people in the U.S. with latent TB infection. 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.

The COVID-19 pandemic has had a significant effect on US TB programs with many state TB program staff diverted to focus almost exclusively on the COVID-19 response. Some TB clinics closed during COVID-19 restrictions, leading to a significant reduction in diagnosis and evaluation of this airborne disease and fewer contact investigations for active TB cases.

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 half a million for treatment of extensively drug resistant (XDR) TB, which can outstrip state and local public health department budgets. Between 2005 and 2018, the U.S. had 1,518 cases of MDR-TB and 35 cases of XDR-TB.

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 eliminate funding for several long-standing trial sites. The requested \$225 million could restore funding for these TBTC trials sites that are conducting vital TB clinical drug trials critical to halting the global TB pandemic.

\$21 million in dedicated funding for CDC's global TB efforts.

CDC's mandate is to protect Americans from public health threats at home and abroad. Yet its work on global TB is underfunded and is mostly transferred in through other accounts. 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 direct funding stream 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.



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US AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

\$1 billion for bilateral TB efforts in FY2022 State and Foreign Ops Appropriations.

Tuberculosis (TB) is the second leading global infectious killer after COVID-19, causing 1.4 million deaths in 2019. USAID's TB program provides technical assistance to 23 of the world's most highly burdened countries, supports programmatically-relevant research and development and supports the Global Drug Facility, a global TB drug and diagnostic procurement mechanism. COVID-19 is severely impacting tuberculosis services, putting hard-won gains in TB in jeopardy, including in the effort to combat TB drug resistance. Additional funding is needed for USAID's TB program to help countries adapt and restore TB programs, support the development of new TB diagnostic, treatment, and prevention tools, and prevent a dangerous reversal of progress against TB.

BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT AUTHORITY (BARDA)

Include TB in BARDA's work in Emerging Infectious Diseases and Antimicrobial Resistance medical countermeasure development.

Although the medical community has made strides to combat TB, the threat of this epidemic is growing, in part because of the spread of dangerous strains of MDR-TB and XDR-TB around the world, which we are trying to fight with new public health tools. While MDR-TB is resistant to at least two of the key front-line drugs used to treat TB, XDR-TB is resistant to nearly all current drug options. The costs to treat MDR- and XDR-TB are enormous. In the U.S., a case of MDR-TB costs about \$160,000 to treat and a case of XDR can cost as much as \$500,000 and often requires about 20-26 months of treatment. BARDA is uniquely positioned to carry research done by the US government towards the development of new technologies including vaccines, diagnostics, and treatments.

TB RESEARCH & DEVELOPMENT AT THE DEPARTMENT OF DEFENSE

Include TB in the Congressionally Directed Medical Research Program's Peer Reviewed Medical Research Program.

Our military's global footprint means that American military men and women are posted in countries or regions that experience high rates of TB infection. For instance, in Europe, where 80,000 troops and dependents are stationed, there were 320,000 cases of TB and 72,000 cases of MDR-TB in 2014. In the Western Pacific region, 61,000 troops and dependents live amidst 1.4 million cases of TB and 71,000 cases of MDR-TB, according to the most recent WHO estimates.

GLOBAL FUND

\$1.56 billion for the United States' contribution to Global Fund in FY 2022.

The United States' contribution to the Global Fund is a crucial way to leverage more resources to combat TB and MDR-TB. The Global Fund is the largest provider of international donor funding for the fight against TB, providing more than 65 percent of financing for TB programs worldwide. The Global Fund partners with U.S. government agencies, such as the Centers for Disease Control and Prevention and USAID, to provide in-country assistance for TB programs.