NATIONAL TUBERCULOSIS CONTROLLERS ASSOCIATION

2018–2019 EXECUTIVE COMMITTEE

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July 27, 2018

US Mission to the United Nations
799 United Nations Plaza
New York, NY 10017

Dear Honorable Ambassador Haley,

As an organization representing public health professionals working on the frontlines of the tuberculosis (TB) epidemic throughout the United States, we write to call your attention to the challenges we confront here in the United States as we work to eliminate TB. The *upcoming **United Nations High Level Meeting on Ending Tuberculosis*** (UN-HLM) presents a unique opportunity to illustrate the vital leadership role the United States can assume in TB elimination efforts—both globally *and* domestically. Specifically, we request the United States to utilize this opportunity to urge other U.N. member states to make decisive commitments to end TB, not only by sharing the United States experience as the largest donor to TB programs and TB research and development (R&D) globally, but also by recognizing that the United States is a country with its significant share of TB challenges.

TB is an airborne, infectious disease. Every state and US territory reports cases of TB annually, and TB outbreaks continue to occur across the country in schools, workplaces, prisons, healthcare facilities, and other congregate settings. In 2017, there were 9,093 active TB cases reported in the United States. Despite the efforts of public health TB programs, the rate of decline of new TB cases has slowed in recent years, revealing a plateau in our progress to eliminate the disease domestically. Complicating the slowed rate of decline of TB cases, in 2017, 22 states reported an increase in the number of individuals diagnosed with TB. New York City reported the first increase in TB cases since the 1990s when there was a resurgence of TB. In addition, an estimated 13 million individuals in the United States have latent TB infection (LTBI)—an inactive form of the disease where individuals do not show any symptoms but are at higher risk of becoming ill with TB in the future.

While the United States is considered to have a low incidence of TB relative to other nations, continued challenges related to inadequate funding, inadequate public health programmatic capacity, and slow progress in research limit our potential to completely eliminate TB from within US borders. In addition, many of the challenges for TB elimination efforts globally are also challenges confronted in the United States, including: the need for more robust and refined surveillance systems, especially for tracking LTBI; an integrated data system linking public health program records with electronic health records (EHRs); the critical shortage of quality TB nurse care and case management; ongoing TB drug stockouts and supply interruptions; and the lack of a commitment at the highest levels to focus on prevention of TB by treating those with LTBI who are at the greatest risk of advancing to disease and transmitting TB to others.

Of great concern is the proliferation of multidrug-resistant TB (MDR-TB) with an estimated 490,000 cases of MDR-TB reported globally in 2016. The emergence of drug-resistant forms of TB poses a particular challenge to TB elimination in the United States due to the high costs of treatment and intensive healthcare resources required. Treatment costs for MDR-TB range from $160,000 to $500,000 per case and upwards of $1 million to treat a single case of extensively drug-resistant (XDR) TB. These costs often come directly at the expense of scarce public health resources and can outstrip state and local public health department budgets. Between 2005 and 2016, the United States had 1,292 cases of MDR-TB and 32 cases of XDR-TB. As the diagnostics for TB improve and we learn more about drug resistance, it is apparent that we have been underestimating the burden of MDR TB and will need additional resources to effectively fight drug resistance, both globally and here in the United States.

The US government has recognized the need to address the growing issue of MDR-TB through the release of the *National Action Plan to Combat MDR-TB* (NAP) in 2015. Improving international capacity and collaboration under US leadership to address global TB remains critical; however the United States is also in a position to strengthen its national programs to eliminate TB within its borders by fully implementing the NAP. As the US Permanent Mission to the UN prepares for the UN-HLM and engages in negotiations around the resulting political declaration, we want to make you aware of the following steps we believe are essential to illustrate the commitment of our government in addressing its own TB epidemic:

- Funding for the domestic TB response led by the Division of TB Elimination (DTBE) at the Centers for Disease Control and Prevention (CDC) has been flat since 2012. Urge Congress to increase the budget of the flat-funded DTBE from $142.2 million to $195.7 million in fiscal year 2019 appropriations.
- 13 million individuals with LTBI in the United States are currently a potential source for new, active disease, yet not enough resources are available to support and expand prevention. Support the CDC in implementing a Prevention Initiative to intensify efforts to diagnose and treat LTBI among those highest at risk to transition to active TB, which includes scaling up testing, improving linkage to care, and implementing shorter treatment options developed through US-funded research. Such an initiative would get our nation closer to eliminating TB.
- Frequent drug stockouts, supply disruptions, and high costs of scarce TB drugs complicate efforts to contain and address outbreaks swiftly. Adequate strategies, such as centralizing procurement to enhance market stabilization and lower prices of public health tools vital to the work of TB controllers, are needed to mitigate these ongoing issues.
- The plethora of antiquated TB diagnostics, treatments, vaccines and other tools limits our capacity to confront the rise of drug-resistant TB and attain TB elimination in the United States Protect and expand US investments in TB R&D across several key agencies involved in basic sciences, regulation and implementation including the CDC, National Institutes of Health, US Agency for International Development, National Science Foundation, Food and Drug Administration, Department of Defense, and the Biomedical Advanced Research and Development Authority.
- The outlook of TB elimination efforts in the United States requires a demonstrated, bipartisan, political commitment from Congress to ensure we are well prepared and positioned to respond to the evolving epidemic. Authorize the Comprehensive TB Elimination Act (H.R. 5794 and S.2567) to support the future public health work of TB controllers and expand US research in the areas of LTBI and pediatric TB.

We, the undersigned members of the US TB community that works within our nation's communities every day to combat this disease, strongly encourage you to take these issues forward into the UN-HLM. Due to

the ease and availability of worldwide travel, the global and domestic TB epidemics are indelibly linked. Elimination of TB domestically will require global TB elimination and the United States can set an example for other countries to follow. The United States is well-positioned to take the lead in creating the models that will be necessary for TB elimination. However, to achieve this ambitious vision, the United States must address the above critical issues related to funding, policy, programs, and research. The US government must also use its leadership in TB elimination to urge other governments to make similar commitments in resources and political will. The TB public health community is grateful for your leadership, your representation and your commitment to the health of the United States at this historic meeting.

Respectfully submitted,