

March 16, 2018

The Honorable Tom Cole
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 Cole and Ranking Member DeLauro:

The undersigned organizations—members of the global health community working on tuberculosis (TB)—are writing to express our gratitude for your ongoing support for the critical infectious disease research and development programs and efforts to combat antibiotic resistant bacteria and emerging infectious disease through the Biomedical Advanced Research and Development Authority (BARDA). We recognize that you face many challenging decisions about expenditures, however, given the urgent need to address drug-resistant TB (DR-TB), we are writing to encourage you to prioritize counter DR-TB efforts at BARDA. Specifically, we request that the Fiscal Year (FY) 2019 appropriations measure include language urging BARDA to prioritize TB in its Emerging Infectious Disease program and invest in the development of new TB diagnostics, drugs, and vaccines through this and the formalization of BARDA's AMR agenda through the Combating Antibiotic Resistant Bacteria (CARB) initiative. AMR is a clear health security interest for the United States, and BARDA is uniquely suited to advance drugs, vaccines, and diagnostics for AMR.

TB causes more deaths than any other single infectious disease agent, with 10.4 million new illnesses and 1.7 million deaths in 2016. Approximately 490,000 of those cases were multidrug-resistant (MDR). Only about 10 percent of people with MDR-TB in 2015 were successfully treated, per the World Health Organization. While these statistics are alarming, even more concerning is the lack of research funding going towards new, improved tools and treatments for one of humanity's deadliest diseases. TB does not just impact the rest of the world. In 2015, the CDC reported the first national increase in TB cases in 23 years. Every state in the U.S. continues to report cases of TB each year.

TB's domestic and global health impact is costly and deadly. Approximately one third of the 700,000 annual deaths from AMR are from drug-resistant TB. Because TB is airborne, it can be contracted by inhaling the bacteria when a person with active TB disease of the lungs or throat coughs or sneezes—it is only necessary to inhale a few of these germs to become infected. The only available vaccine for TB doesn't adequately protect teens and adults who suffer most of the disease burden. Most current treatment regimens are long, expensive, and difficult to implement with serious and long-lasting side effects, including permanent hearing loss, psychosis and kidney damage. Further, strains of MDR and XDR-TB are becoming more widespread and being transmitted directly from patient to patient. Even our current diagnostics are inadequate, with rapid, accurate drug susceptibility testing only available for just one TB drug out of the several required for an effective regimen.

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 20th century technologies. 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 15 times the amount that is needed to treat drug sensitive TB, often requiring 20-26 months of treatment. And treating a single case of XDR-TB could cost more than half a million dollars—enough to wipe out a city’s total public health budget for a year. Underscoring the urgent need for new tools to combat this disease, the CDC cited MDR and XDR-TB as serious antibiotic resistant threats in its 2013 report on antibiotic resistance in the U.S., which was the basis for the CARB agenda.

Including TB in BARDA’s new emerging infectious disease efforts and investing in the development of a TB vaccine and new TB drugs and diagnostics as part the CARB initiative and the Emerging Infectious Disease program will be a critical step to ensuring that new vaccines, treatments, and diagnostics are developed and available for use.

Sincerely,

Aeras
American Lung Association
American Thoracic Society
Association of Public Health Laboratories
Elizabeth Glaser Pediatric AIDS Foundation
Georgia AIDS Coalition
Infectious Diseases Society of America
National Association of County and City Health Officials
National Tuberculosis Controllers Association
TB Alliance
Treatment Action Group
RESULTS
Stop TB USA