March 20, 2014

The Honorable Tom Harkin
Chairman
Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies
U.S. Senate
Washington, DC 20510

The Honorable Jerry Moran
Ranking Member
Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies
U.S. Senate
Washington, DC 20510

Dear Chairman Harkin and Ranking Member Moran:

As you develop spending legislation for fiscal year (FY) 2015, the Council of State and Territorial Epidemiologists (CSTE) and the Association of Public Health Laboratories (APHL) urge you to prioritize the Centers for Disease Control and Prevention’s (CDC) core epidemiology and laboratory programs that support capacity to monitor and protect public health and develop the next generation of scientists who execute this critical work. CSTE represents 1,100 applied epidemiologists nationwide best known for detecting, monitoring, controlling, preventing, and responding to public health threats. APHL represents the nation’s public health laboratories that provide clinical diagnostic, environmental, and radiological testing and emergency response in support of national surveillance efforts. Together, our members form the bedrock of public health—working in concert at the state and local level as our nation’s first line of defense in protecting the public against disease and other health hazards.

The Subcommittee has consistently prioritized funding for core epidemiology and laboratory activities, and we greatly appreciate your support. Because of your bipartisan efforts, we have sustained and in many cases enhanced our capacity to monitor and protect public health and develop the next generation of scientists who execute this critical work. CSTE represents 1,100 applied epidemiologists nationwide best known for detecting, monitoring, controlling, preventing, and responding to public health threats. APHL represents the nation’s public health laboratories that provide clinical diagnostic, environmental, and radiological testing and emergency response in support of national surveillance efforts. Together, our members form the bedrock of public health—working in concert at the state and local level as our nation’s first line of defense in protecting the public against disease and other health hazards.

Despite these efforts to protect public health—from the response to the cyclosporiasis outbreak of 2013 to the response to suspicious ricin letters—years of erosion have taken a toll. For example, a new CSTE assessment of all state health departments and selected local health departments shows that the epidemiology, laboratory, and mosquito detection, testing, and control capacity at the state and local levels—built up to high levels by 2004 with the help of federal funding—has eroded as a result of federal austerity measures. The majority of these health departments indicate they lack sufficient personnel to rapidly detect and respond to a new mosquito-borne disease threat. Once conducted by all mainland states, less than half now monitor bird mortality—important since birds are often the first sign of West Nile Virus—and fewer states conduct mosquito monitoring compared to 2004. Those that do, set fewer traps and do not test as many mosquito pools compared to years past. With Chikungunya virus, a new mosquito-borne threat now looming off shore in the Caribbean, loss of mosquito monitoring capacity will delay the nation’s response to the possibility of this virus becoming endemic in the United States.
In FY 2015, we hope you give strong consideration to the following funding recommendations for CDC’s core epidemiology and laboratory programs:

- **Emerging and Zoonotic Infectious Diseases – $445.3 million**, an approximately $55 million increase over FY 2014 and consistent with the president’s FY 2015 request. CDC’s core infectious diseases program detects and tracks a range of microbes, responds to outbreaks, and serves as an early warning system to identify new infectious disease threats. State and local health departments and laboratories are critical partners in these activities, and CDC is thus heavily vested in the strength of state and local epidemiology and laboratory surveillance capacity. In particular, within this budget function, we recommend the following:

  - **Epidemiology and Laboratory Capacity (ELC) Cooperative Grant Program** strengthens the epidemiologic and laboratory capacity in 50 states, six local health departments, and eight territories by providing critical resources to address 21st century public health challenges. Specifically, the ELC program supports improvements in surveillance for infectious diseases; early detection of newly emerging disease threats; and identification and response to outbreaks. Most recently, this funding provided critical support to epidemiologists who were instrumental in discovering, investigating, and ultimately preventing additional deaths in the fungal meningitis outbreak of 2012. Continued support of CDC’s core infectious disease program will enable the ELC to sustain core capacity and ensure state and local epidemiologists are equipped to rapidly respond to emerging threats. Funding for the ELC program was $98.7 million in FY 2013, including $40 million from the Prevention and Public Health Fund (PPHF). According to the administration’s budget request, FY 2014 program level funding for ELC is estimated to be $104 million but the final level will be determined based on emerging threats during the year; it will once again include $40 million from the PPHF.

  - **Foodborne Disease Surveillance – $50.1 million**, $10 million increase over FY 2014 and consistent with the president’s FY 2015 request. The proposed increase over FY 2014 levels would address gaps at the state and local levels that affect the nation’s overall capacity for timely detection and response to outbreaks. With additional funds, CDC could expand its work with all state and federal partners to improve surveillance for foodborne illnesses, implement CDC’s responsibilities in the Food Safety Modernization Act, and upgrade the PulseNET system—a national network of federal, state, and local laboratories that share information about disease-causing bacteria. The network allows for on-demand rapid comparison of patterns to facilitate early identification of common source outbreaks.

  - **Advanced Molecular Detection (AMD) – $30 million**, consistent with FY 2014 and the president’s FY 2015 request. AMD involves the use of the latest pathogen identification technologies and enhanced capabilities of bioinformatics to better understand, prevent, and control infectious disease, allowing public health professionals to detect and respond more quickly, accurately, and cost-effectively. For 2015 this funding will be used both to improve CDC’s capability and to initiate state projects that will improve the application of genome sequencing to public health issues of concern.

  - **Antibiotic Resistance Detection and Response (AR) – $30 million**, consistent with the president’s FY 2015 request. In 2013, CDC released a comprehensive report, *Antibiotic Resistance Threats in the United States* about this most serious of public health threats. Each year, more than two million people are sickened with antibiotic-resistant infections, with at least 23,000 dying as a result. The loss of effective antibiotics undermines our ability to fight infectious diseases and manage complications for critically ill patients. Funding for this new initiative will support implementation of the report’s recommendations, including expansion of the AR detection and response program and full integration of enhanced surveillance capacity at the local, state, and national levels.
• **Public Health Workforce and Career Development – $67.4 million**, a restoration of $15 million lost in FY 2014 and consistent with the president’s FY 2015 request. A well-trained public health workforce is essential to ensuring the highest level of efficiency and effectiveness in protecting health. Substantial improvement for disease surveillance and response at the state and local levels ultimately relies on a robust cadre of qualified epidemiologists and laboratory scientists. Unfortunately, the current funding levels for epidemiology and laboratory fellowships that provide high-quality, on-the-job training at state and local health agencies and labs within this program do not come close to meeting the increasingly high demand. In 2013, CSTE identified 400 qualified applicants for its **CDC/CSTE Applied Epidemiology Fellowship Program**, but the budget allowed for only 30 fellows. During the same year, the **CDC/APHL Emerging Infectious Disease Fellowship** received 371 applications for 14 positions for a program that runs through August 2014. CDC has not yet determined what impact the loss of $15 million in PPHF will have on these and other fellowships. Restoring the $15 million cut to CDC’s Public Health Workforce and Career Development program will allow us to reinstate lost opportunities for the next generation of epidemiologists and laboratory scientists.

More generally, CSTE and APHL urge you to continue your support for state and local epidemiology and laboratory capacity by supporting CDC as the nation’s premier public health agency and a critical partner of state and local epidemiologists and laboratory scientists. CSTE and APHL endorse the CDC Coalition’s recommended FY 2015 funding level of $7.8 billion for the agency. We also urge you to protect investments in the PPHF, which has become a critical source of funding for core epidemiology and laboratory capacity. For example, in FY 2014, $40 million of the ELC Cooperative Grant Program stemmed from the PPHF—which we anticipate will represent nearly half of total funding.

CSTE and APHL deeply appreciate the bipartisan efforts of the Subcommittee to support state and local public health capacity over the years. We hope you will continue to prioritize epidemiology and laboratory capacity in this unfortunate climate of markedly constrained resources. Continued investment in these core public health functions will lead to a healthier, safer nation.

Sincerely,

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Association of Public Health Laboratories

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Executive Director  
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