



National Office
Council of State and Territorial Epidemiologists

Executive Board:

February 23, 2016

President:

Joe McLaughlin, MD, MPH
State Epidemiologist and Chief
of Epidemiology
Alaska

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Committee on Appropriations
U.S. Senate

The Honorable Barbara Mikulski
Vice Chairwoman
Committee on Appropriations
U.S. Senate

President-Elect:

Megan Davies, MD
State Epidemiologist
North Carolina

The Honorable Hal Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
U.S. House of Representatives

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Minnesota

Marcelle Layton, MD
Assistant Commissioner of Bureau
Of Communicable Disease
New York City

Executive Director:

Jeffrey P. Engel, M.D.

Dear Chairman Cochran, Vice Chairwoman Mikulski, Chairman Rogers, and Ranking Member Lowey:

Epidemiologists working in state, territorial, and local health departments are primarily responsible for monitoring, promoting, and protecting the health of the community. One cornerstone of their work involves responding to emergent public health threats, such as infectious disease outbreaks. The Council of State and Territorial Epidemiologists (CSTE) is a non-profit organization that represents 1,650 applied public health epidemiologists in all U.S. states and territories. The purpose of this letter is to strongly urge you to support President Barack Obama's emergency supplemental appropriations request of \$1.9 billion to combat Zika virus. This money will provide critically needed support for developing the appropriate laboratory and epidemiologic capacity, disease tracking systems, mosquito abatement and control efforts, and disease investigations.

Declared a "global health emergency" by the World Health Organization, Zika virus threatens to spread throughout the states and territories as mosquitoes begin to proliferate in the coming warmer months. Without emergency supplemental funding, Zika virus could catch the nation off guard in the same way West Nile virus (WNV) did when it spread across the 48 contiguous states and resulted in over 40,000 cases and nearly 2,000 deaths during 1999–2014. The April 2014 Morbidity and Mortality Weekly Report article based on a CSTE assessment, entitled "National Capacity for Surveillance, Prevention, and Control of West Nile Virus and Other Arbovirus Infections," describes how the national arboviral surveillance infrastructure built for WNV response was compromised by a 61% decrease in the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) grant funding during 2004–2012. The report summarizes the effects of these funding cuts: 67% of national jurisdictions decreased mosquito trap sites, 70% decreased mosquito pools tested, and 45% decreased tests on humans. Furthermore, in 2012, nearly 40% of jurisdictions were lacking a formal plan for killing adult mosquitoes in the event of a WNV outbreak.

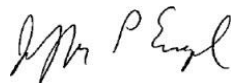
Because the emergence of Zika virus in the Americas represents an unexpected public health emergency, new emergency supplemental funding is urgently needed to develop a comprehensive response to protect the health of the American people. This will ensure that our nation is able to maintain the critical

ongoing work we are doing to combat other pressing public health threats. Specifically, we urge Congress to avoid redirecting all unobligated, emergency supplemental funding dedicated to the fight against Ebola. While the immediate threat of Ebola has been minimized, it is not eliminated; as such, Ebola remains an important public health threat globally and nationally. Moreover, most of the remaining Ebola funds are already committed to improving hospital preparedness and infection control, and enhancing community monitoring and response capacity both domestically and overseas.

Reprogramming all Ebola funds now will default on our commitments to public health partners both in the states and overseas, and it will compromise our preparedness and response to the next Ebola outbreak. However, Congress should consider granting the administration authority to redirect uncommitted Ebola funding toward Zika virus, if needed. Much is still unknown about the Zika virus and how best to contain it. Such authority will afford the administration greater flexibility in its Zika virus response beyond what is already planned. Any reprogrammed Ebola funding should supplement the new, \$1.9 billion in emergency supplemental funds requested.

Public health is an essential pillar of national security and one that the government alone is equipped to provide. As such, we urge Congress to act now to provide public health officials with the resources they need to combat the spread of Zika virus.

Sincerely,



Jeffrey P. Engel, M.D.
Executive Director
Council of State and Territorial
Epidemiologists



Joseph McLaughlin, M.D.
President
Council of State and Territorial
Epidemiologists

cc: House and Senate Labor, Health and Human Services, Education and
Related Agencies Subcommittees, Committees on Appropriations