



March 1, 2016

The Honorable Roy Blunt
Chairman
Appropriations Subcommittee on Labor,
Health and Human Services, Education
and Related Agencies
U.S. Senate

The Honorable Patty Murray
Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, Education
and Related Agencies
U.S. Senate

Dear Chairman Blunt and Ranking Member Murray:

As you develop spending legislation for fiscal year (FY) 2017, 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 1,600 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 detect, control, and respond to infectious disease outbreaks; monitor chronic disease, injuries, and environmental health threats; and prepare for and respond to natural disasters. In FY 2017, CSTE and APHL endorse the CDC Coalition's recommended funding level of \$7.8 billion for the Centers for Disease Control and Prevention (CDC) and hope you will give strong consideration to the following funding recommendations for CDC's epidemiology and laboratory programs from the president's budget request:

- **Emerging and Zoonotic Infectious Diseases (EZID) – \$629.485 million**, including \$52 million in the Prevention and Public Health Fund. The president's request represents a \$49.6-million increase over FY 2016. As CDC's core infectious diseases program, EZID funding helps detect and track a range of microbes, respond to outbreaks, and serve as an early warning system to identify new infectious disease threats. Funding for EZID is essential in combating new and emerging threats, such as antibiotic resistant bacteria; rebuilding mosquito and other vector-borne monitoring systems to fight against dengue, chikungunya, and Zika virus; ensuring the safety of laboratory operations and improving the quality of laboratory practices related to high-consequence pathogens; and developing new genetic methods, such as advanced molecular detection, that help public health professionals detect and respond more quickly and accurately to foodborne outbreaks.

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. Funding for EZID bolsters the **Epidemiology and Laboratory Capacity (ELC) Cooperative Grant Program**, the principal financing mechanism that strengthens surveillance for infectious diseases, early detection of newly emerging

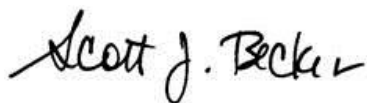
disease threats, and identification and response to outbreaks. With funding for ELC, 50 states, six local health departments, and eight territories have improved coordination of chikungunya and Ebola response; traced the five Chipotle-related foodborne outbreaks; identified contaminated endoscopes that spread the carbapenem-resistant enterobacteriaceae (CRE) superbug; facilitated effective H1N1 flu surveillance; discovered the fungal meningitis outbreak of 2012 and prevented additional deaths; and most recently, began collecting and monitoring data on the spread of Zika virus, declared to be a public health emergency by the World Health Organization. These ELC funds ultimately serve a dual purpose. Funding provided to support communicable disease monitoring and response bolsters the overall epidemiology infrastructure needed to fight non-communicable diseases, which represent our nation's leading causes of death.

Funding for ELC will be at least \$110 million in FY 2016, and the president requests the same funding in FY 2017. We understand that a meaningful portion of FY 2016 investments in antimicrobial resistance will supplement ELC funding to states, territories, and localities, and it is the administration's intention to dedicate future antimicrobial resistance funding to ELC in FY 2017, as well. It's important to note that within these totals, \$40 million, or one-third, of total ELC funding stems from the Prevention and Public Health Fund. The continuation of this mandatory ELC funding is critical to our nation's core surveillance capacity.

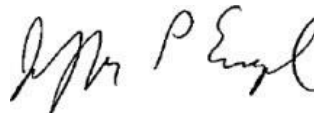
- **Public Health Workforce and Career Development – \$57.266 million**, an increase of \$5 million over FY 2016. Substantial improvement for disease surveillance and response at the state and local levels ultimately relies on a robust cadre of qualified epidemiologists and laboratory scientists and CDC's Public Health Workforce programs to prepare people to respond to public health outbreaks through a variety of capacities, including laboratory, epidemiology, and informatics. Unfortunately, the current funding levels for epidemiology and laboratory fellowships—for both entry-level and mid-career—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 2015, CSTE received 265 individual and 70 host-site applications for its **CDC/CSTE Applied Epidemiology Fellowship Program**, but the budget allowed for the matching and placement of only 35 fellows. The **CDC/APHL Emerging Infectious Disease Fellowship** has been placed on hold, but in the most recent year it received more than 300 applications for five positions. The community needs at least the president's requested funding level to enhance opportunities for the next generation of epidemiologists and laboratory scientists.

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 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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Executive Director
Association of Public Health Laboratories



Jeffrey P. Engel, MD
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