

2024 Current Fiscal Year Report: Advisory Council for the Elimination of Tuberculosis

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1. Department or Agency

Department of Health and Human
Services

2. Fiscal Year

2024

3. Committee or Subcommittee

Advisory Council for the Elimination of
Tuberculosis

3b. GSA

Committee No.

776

4. Is this New During Fiscal Year?

No

5. Current Charter

03/15/2021 03/15/2023

6. Expected Renewal Date

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority

Statutory (Congress Created)

12. Specific Establishment Authority

Section 317E(f) of the PHS
Act, [42 U.S.C. §247b-6(f)],
as amended; (Section 2(b)),
Public Law 101-368

13. Effective Date

08/15/1990 Continuing No

14. Committee Type

14c. Presidential?

15. Description of Committee

Scientific Technical Program
Advisory Board

16a. Total Number of Reports

No Reports for
this Fiscal Year

17a. Open

0 17b. Closed0 17c. Partially Closed0 Other Activities0 17d. Total0

Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00	\$0.00
18d. Total	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The Advisory Council for the Elimination of Tuberculosis (ACET or "The Council") accomplishes its purpose deliberating and making recommendations to the U.S. Department of Health and Human Services (HHS) Secretary, the HHS Assistant Secretary for Health, and the Centers for Disease Control and Prevention Director on timely topics for the U.S. elimination of tuberculosis (TB). The Council establishes workgroups to research and provide reports to

address specific TB elimination issues including: (1) policies, strategies, objectives, and priorities; (2) the development and application of new technologies; (3) guidance and review on CDC's TB Prevention Research portfolio and program priorities; (4) review of the extent to which progress has been made toward eliminating TB.

20b. How does the Committee balance its membership?

ACET's membership is composed of recognized experts with diverse points of view in the fields of TB diagnosis, treatment, prevention and control, public health, infectious diseases, epidemiology, pulmonary disease, pediatrics, and microbiology. The recruitment process ensures that the membership is balanced by geographic region, race/ethnicity, gender, expertise and perspective. ACET also requires one member who has had tuberculosis disease or who is the parent of a child who has tuberculosis disease. The diversity offered by the varied expertise and experience of this council's membership is necessary to succeed in the elimination of TB.

20c. How frequent and relevant are the Committee Meetings?

The Council meets two times annually on issues relevant to elimination of tuberculosis (TB) as outlined in the Council's charter. Meeting outcomes may include providing recommendations and guidance to CDC regarding policies, strategies, objectives, and priorities; and addressing the development and application of new technologies. In fiscal year 2023, ACET provided advice, recommendations, and robust discussions on a number of critical issues which included the TB Elimination Alliance (TEA), TB workforce, drug shortages of first line medications,

CDC data modernization, and the required biennial report on the status of TB elimination in the US. Examples of accomplishments during fiscal year 2023 are summarized below. On December 14, 2021, ACET recommended that the latent tuberculosis infection (LTBI) Campaign consider the risk for LTBI in other populations and ways to message populations who would be most impacted, including 1) Adding images of children in mentoring materials; 2) Educating practitioners and providers on the importance of treating LTBI in children and adults; and 3) Considering expansion of the LTBI Campaign to include others such as incarcerated, sheltered, ethnic, and pediatric populations. CDC partially implemented this recommendation to include images of children in the LTBI campaign materials in FY2022. In FY2023 CDC added a component to the campaign directed at medical providers. On December 14, 2022, ACET put forth a recommendation on the TEA. ACET recommended that CDC should continue to provide funding and support for the work of the TEA, evaluate the impact, and compile and disseminate best practices. CDC considered this recommendation and in 2023, TEA was funded at 2022 level and CDC plans to continue funding TEA in the future; TEA presented a summary of its work, including impact and best practices at a DTBE brown bag session, and a written summary is requested as part of TEA's cooperative agreement progress report. In FY23 CDC continued funding the TB Elimination Alliance which works to increase awareness and build capacity for LTBI and TB testing and treatment to the highest risk populations. In 2023, TEA expanded their focus to Hispanic/Latino and African American populations in addition to Asian, Asian/American Native Hawaiian and Pacific

Islander populations. On December 14, 2022 and again on June 21, 2023, ACET put forth recommendations on the TB workforce. ACET recommends that CDC 1) define the key components of an effective public health TB workforce in the US; 2) explore existing resources and tools that can be used to develop a standard and sustainable process for evaluation and periodic assessment of the PH TB workforce (for example: integrated into the TB cooperative agreement, via the Center of Excellence assessments, or by partnering with organizations with existing assessments (including, not limited to: APHL, CSTE, NTCA)); and 3. consider a cost analysis to provide a workforce sufficient to achieve TB elimination. CDC considered these recommendations and in 2023 in response to recommendation 1, CDC drafted a definition of the key components of an effective public health workforce with a request for ACET review. In response to recommendations 2 and 3, CDC is engaged in discussions with the National TB Controllers Association. In FY2023, CDC provided ACET with a draft workforce definition for review. Working with NTCA, CDC identified a participant for the upcoming CSTE Epidemiology Capacity Assessment (ECA) work group, which will develop and pilot the survey tool. On May 30, 2023, ACET put forth a recommendation letter to HHS on the current drug shortage crisis. Recommendations include: 1. Prioritize working with appropriate stakeholders, including CMS, the pharmaceutical industry, and others involved in contracting practices to address the root causes of drug shortages, as outlined in the 2019 FDA Report; and 2. Work with FDA to review and update the essential medications list which currently does not include all first-line medications for treating drug-sensitive and drug-resistant TB. This letter

was submitted to HHS for response on June 21, 2023 with a request for HHS to share the letter with FDA and CMS. In response, CDC continues to actively monitor intermittent anti-TB drug shortages closely and to work with our partners at the Food and Drug Administration (FDA), the National Tuberculosis Controllers Association (NTCA), state and local health departments, and the TB Centers of Excellence for Training, Education, and Medical Consultation to ensure TB patients continue to receive safe and effective treatment. CDC also supports a small stockpile of critical drugs used in treating TB disease and latent TB infection. Stockpile drugs are available to CDC's directly funded TB programs as direct assistance and can be requested during a manufacturer shortage or when stockpile drugs are approaching their expiration dates. Through CDC's agreement with the HHS Program Support Center (PSC), stockpile medications can be distributed to TB program within 48 hours of request to help ensure that patient therapy is uninterrupted. In May 2023, CDC supported NTCA sponsored webinars addressing drug shortages. In addition, CDC provided Dear Colleague Letters to TB programs with suggestions of steps that could be taken to mitigate recent shortages. On June 21, 2023, ACET put forth the recommendations on CDC's Data Modernization after discussion following a presentation by Dr. Sizemore. ACET recommends 1) ACET recommends CDC to work with partners to identify TB data modernization priorities focusing on interoperability between data sources and automating collection and sharing of high-quality data; 2) ACET recommends CDC explore a common dataset across NCHHSTP and the specific variables that are high value for TB care that could be shared across the Center. In

response, CDC's data modernization activities including advancing interoperability and automating data collection and sharing between and among CDC and external partners are coordinated through the Office of Public Health Surveillance, Data, and Technology (OPHDST) as described in the Public Health Data Strategy (PHDS). Relevant PHDS goals supporting data interoperability and automation include increasing the number of jurisdictions ingesting electronic case reporting data into disease surveillance systems; implementation with jurisdictional surveillance systems of reusable technologies linking multiple data streams; and creation and implementation of standard language and terms for data protection and use. As these goals are realized across the public health ecosystem, TB data interoperability, collection and sharing will also improve. CDC has already defined, and vetted with jurisdictional and CSTE partners, a set of minimal data elements necessary for public health response. CDC has also already defined a set of data elements necessary for case notification of reportable conditions. Surveillance programs within NCHHSTP continue to collaborate to assess harmonization and standardization across their data collection activities, and opportunities for sharing high value data to support public health practice.

Presentations will be provided at the FY24 December 2023 ACET meeting. On June 27, 2023, ACET put forth the biennial letter on the status of TB elimination in the US. This letter included four key recommendations for HHS to achieve TB elimination. These recommendations include: 1) Support, strengthen and sustain the U.S. public health TB infrastructure. To accomplish this, ACET requests HHS A. Restore funding for the CDC's Division of TB Elimination to

\$173 million per year which would be equivalent to the 2014 funding level when adjusted for inflation. Determine a sustainable funding model necessary to maintain the public health infrastructure and account for rising costs, and B. Through dedicated funding, support CDC efforts in data modernization, specifically for TB data, including the seamless sharing of data for people newly arriving in the US or moving between states and other jurisdictions; 2) Improve equitable access to diagnostic testing and treatments for TB to all people. To accomplish this, ACET requests HHS

A. Mitigate regulatory barriers for accessing molecular tests and patient-friendly medication formulations for pediatric and adult patients, B. Support increased provider education about the national testing guidelines and how to access the preferred tests locally, C. Explore precedents and potential for centralized import waiver to enable access to the global quality assured market for TB medicines during domestic TB drug shortages or when fit-for-purpose formulations (e.g., fixed-dose combinations, pediatric formulations) are otherwise not available in the United States, D. Develop strategies to close the gaps between ordering TB tests and starting treatment for those with active TB with a focus on access to newer drugs like bedaquiline, pretomanid, and linezolid when drug resistance is suspected, and E. Incentivize processes to make newer diagnostic tests, pediatric friendly formulations, and fixed-dose combinations of TB medications available in the U.S.; 3) Address TB in priority populations to increase equitable access to TB evaluation and treatment. To accomplish this, ACET requests HHS A. Designate and maintain LTBI evaluation and treatment as covered services by Medicare and Medicaid, B. Direct the Centers for Medicare and Medicaid Services to

establish a mandatory national coverage determination for LTBI testing and treatment and a metric for evaluating performance, and C.

Increase access to testing and treatment for people who: Have lived outside the US, Are incarcerated or have been recently released from a correctional setting, Are experiencing homelessness, Are uninsured, and Underserved populations, including black, indigenous, and people of color (BIPOC); 4) Increase support for investments in TB research. To accomplish this, ACET requests HHS increase funding to the CDC and NIH (in line with updated fair share targets to meet the Stop TB Partnership goals for the upcoming UN High Level Meeting on TB) for basic and translational studies to improve the diagnosis, treatment, and prevention of TB with an emphasis on advanced diagnostics, point of care tests, new drugs with novel targets and less toxicity, shorter course regimens to optimize treatment completion, and a TB vaccine to prevent new TB disease.

Additional accomplishments include: From April to August 2023, an ACET member participated in the CDC Division of Global Migration and Quarantine review of the Tuberculosis Technical Instructions.

The status of the proposed updates was presented at the June 2023 ACET meeting. In response to the November 3, 2010

recommendation on Homelessness and TB Transmission, CDC's Persons Experiencing Homelessness (PEH) workgroup published an article January 2023 in Public Health Reports summarizing the most recent CDC and other US organizational guidelines and recommendations from the past 30 years relevant to the care of people experiencing homelessness (PEH) with tuberculosis (TB) disease or latent TB infection (LTBI).

20d. Why can't the advice or information this committee provides be obtained elsewhere?

Although tuberculosis (TB) is both preventable and curable, this life-threatening disease remains a serious problem in the United States. TB disease and latent tuberculosis infection (LTBI) are present in every state; in rural areas as well as cities; in schools, workplaces, and homes; and in places where persons spend time in close contact with others (e.g., correctional facilities and homeless shelters). Innovative and expanded approaches are required for eliminating TB in the United States, especially as concerns increase regarding antimicrobial resistance. CDC has proposed multiple interventions for accelerating the decrease in US TB incidence, including increasing LTBI testing and treatment among populations at high risk, enhancing detection of TB cases to reduce transmission by providing treatment as prevention, and improving TB treatment regimens to increase the proportion of TB patients successfully completing treatment. The Advisory Council for the Elimination of Tuberculosis is the only Federal advisory committee chartered to address US TB elimination; it is continually active, and its advice, recommendations, and guidance are crucial as CDC and its public health partners develop, implement, and evaluate innovative and expanded approaches to TB elimination. The Council will continue to provide guidance or advice on TB: 1) elimination strategies; 2) laboratory testing and drug resistance; 3) new diagnostics and drugs to fight TB; 4) management and care; 5) in correctional settings; 6) issues on the US/Mexico border; 7) outbreaks occurring in special populations, particularly the homeless; 8) drug and diagnostic shortages; and 9) implementation of expanded LTBI testing and treatment as

recommended by U.S. Preventive Services Task Force (USPSTF).

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

Deleted: David Bryden, representative member appointment term date was from 5/10/2013 – 1/1/2021 and Thomas Nerad, ex-officio member, appointment term date was from 4/23/2018 – 4/23/2021.

Designated Federal Officer

Deron Burton Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Adelson, Valerie	12/22/2021	12/21/2023	American Thoracic Society	Representative Member
Ahmed, Amina	03/18/2020	06/30/2024	Levine Children's Hospital at Carolina Medical Center	Special Government Employee (SGE) Member
Aronson, Naomi	11/13/2007	11/12/2023	Director, Infectious Disease Division, University of the Health Sciences	Ex Officio Member
Bagdasarian, Natasha	10/25/2022	10/25/2024	Association of State and Territorial Health Officials	Representative Member
Bloom, Amy	06/30/2005	06/29/2024	U.S. Agency for Development	Ex Officio Member
Burzynski, Joseph	07/18/2023	07/18/2025	National TB Controllers Association	Representative Member
Caballero, Jeffrey	05/16/2023	05/16/2025	Association of Asian Pacific Community Health Organizations	Representative Member
Cattamanchi, Adithya	02/28/2023	06/30/2026	University of California	Special Government Employee (SGE) Member

Chen, Lisa	07/01/2021	06/30/2025	Curry International Tuberculosis Center	Special Government Employee (SGE) Member
Daley, Charles	11/15/2010	11/14/2023	American Thoracic Society	Representative Member
Ekiek, Mayleen	05/24/2011	05/23/2024	Pacific Island Health Officers Association	Representative Member
Elkins, Karen	08/04/2015	08/04/2024	Food and Drug Administration	Ex Officio Member
Glover, William	03/01/2023	06/30/2026	North Carolina Department of Health and Human Services	Special Government Employee (SGE) Member
Golub, Jonathon	05/04/2022	05/03/2024	International Union Against TB and Lung Disease- North American Region	Representative Member
Harris, Sheena	05/30/2023	05/30/2025	Agency for Healthcare Research and Quality	Ex Officio Member
Iralu, Jonathan	04/13/2018	04/13/2024	Indian Health Service	Ex Officio Member
Kline, Lawrence	08/12/2019	08/12/2024	US-Mexico Border Health Commission	Ex Officio Member
Loeffler, Ann	03/05/2020	06/30/2024	Multnomah County Health Department	Special Government Employee (SGE) Member
Lovinger, Elizabeth	06/03/2022	06/02/2024	Treatment Action Group	Representative Member
Makhene, Mamodikoe	10/01/2006	10/03/2024	National Institutes of Health, National Institute of Allergy and Infectious Diseases	Ex Officio Member
Martin, Stephen	06/13/2013	06/12/2024	National Institute for Occupational Safety and Health	Ex Officio Member
Narita, Masahiro	05/10/2022	05/09/2024	National Association of County and City Health Officials	Representative Member
O'Brien, Kate	05/01/2023	05/01/2025	We are TB	Representative Member
Patrawalla, Ameer	02/03/2015	02/02/2024	American College of Chest Physicians	Representative Member

Puzo Smith, Colin	12/01/2022	12/02/2024	RESULTS	Representative Member
Rappaport, Susan	08/18/2015	08/17/2024	American Lung Association	Representative Member
Ray, Susan	04/20/2011	04/19/2024	Infectious Disease Society of America	Representative Member
Rhodes, Tara	08/29/2022	08/29/2024	Department of Justice, Federal Bureau of Prisons	Ex Officio Member
Ritger, Kathleen	03/21/2023	06/30/2026	West Side Center for Disease Control	Special Government Employee (SGE) Member
Roselle, Gary	06/30/2009	06/30/2024	Department of Veteran Affairs	Ex Officio Member
Ruwe, Susan	08/20/2018	08/19/2024	Association for Professionals in Infection Control and Epidemiology	Representative Member
Sosa Bergeron, Lynn	07/01/2021	06/30/2025	Conneticut Department of Public Health	Special Government Employee (SGE) Member
Stacy, Sylvie	06/30/2020	06/29/2024	Medical Director, Birmingham Metro Treatment Center	Representative Member
Stout, Jason	07/01/2021	06/30/2025	Duke University Medical Center	Special Government Employee (SGE) Member
Taylor, Kevin	05/20/2016	05/19/2024	Department of Defense	Ex Officio Member
Thanassi, Wendy	04/13/2023	04/13/2025	American College of Occupational and Environmental Medicine	Representative Member
Tibbs, Andrew	11/17/2022	11/17/2024	Council of State and Territorial Epidemiologists	Representative Member
Tompkins, Lornel	04/10/2007	04/09/2024	National Medical Association	Representative Member
Ware, Daphne	12/11/2018	12/10/2024	Association of Public Health Laboratories	Representative Member
Watts, Bobby	03/15/2023	03/15/2025	National Health Care for the Homeless Council	Representative Member

Weber, David	10/22/2020	10/21/2024	The Society for Healthcare Epidemiology of America	Representative Member
Wilcox, Ronald	11/10/2020	11/10/2024	Health Resources and Services Administration	Ex Officio Member
Wong, David	05/23/2019	05/23/2024	Office of Minority Health	Ex Officio Member

Number of Committee Members Listed: 43

Narrative Description

The Council supports the agency's mission by bringing tuberculosis (TB) issues to national attention, particularly those having an impact on national health outcomes and/ or goals. The Council reviews and evaluates CDC activities, guidelines and other national policies that impacts TB control; provides input and recommendations; and monitors TB control and elimination efforts. The Council also forms issue-specific workgroups, provides direct feedback to HHS and CDC during meetings, and communicates with the Secretary, Department of Health and Human Services (HHS).

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input checked="" type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

N/A

What are the cost savings associated with this committee?

Checked if Applies

None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

There was no apparent cost-savings in comparison to the previous year.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

206

Number of Recommendations Comments

The recommendations for FY2023 fall under these categories: TB Elimination Alliance (TEA), TB workforce, drug shortages of first line medications, CDC data modernization, and the required biennial report on the status of TB elimination in the US

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

73%

% of Recommendations Fully Implemented Comments

Since 2007, 151 recommendations were fully implemented.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

14%

% of Recommendations Partially Implemented Comments

Since 2007, 29 recommendations remain partially implemented. We are working with the

programs on a routine basis to update partially implemented recommendations. Currently 26 recommendations have not been implemented by the agency, of which 15 were directed to HHS, 10 were directed to CDC, and 1 was directed to FDA.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

Feedback is provided to the public at ACET meetings, in reports and recommendations, which are published in CDC's Morbidity and Mortality Weekly Reports; and meeting minutes. Additional information is available at <https://www.cdc.gov/faca/committees/acet.html>

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input checked="" type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

The agency works closely with the Chair of the Advisory Council to identify priorities and issues to be addressed at Advisory Council meetings. Prior to the meetings, the agency works with ACET to prepare agendas and provides background materials to Advisory Council members. The agency also provides support to ACET workgroups and as needed, to external experts to focus on priority issues under the authority of the Advisory Council.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

ACET does not perform grant reviews.

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Access Comments

<https://www.cdc.gov/faca/committees/acet.html>