

2025 Current Fiscal Year Report: Advisory Council for the Elimination of Tuberculosis

Report Run Date: 08/25/2025 06:34:38 PM

1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2025

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

03/15/2025 03/15/2027

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. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00
18d. Other (all other funds not captured by any other cost category)	\$0.00	\$0.00
18e. Total Costs	\$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 meets regularly 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 had 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 2024, ACET

provided advice, recommendations, and robust discussions on a number of critical issues which included data modernization and CDC's Division of TB Elimination (DTBE) priorities and activities, the community engagement by the CDC-funded TB Elimination Alliance (TEA), TB treatment guidelines updates based on new clinical trial data, TB testing and treatment provided by large U.S. public health departments, regulation of laboratory developed tests (LDT) and the impact on TB testing in the United States, the National TB Coalition of America (NTCA) guidelines for respiratory isolation and restrictions to reduce transmission of pulmonary TB in community settings, and TB drug shortages. Examples of accomplishments during fiscal year 2024 are summarized below. At the December 12-13, 2023, meeting, ACET was provided an update on the TEA to follow up on the December 2022 recommendation that CDC should continue to provide funding and support for the work of the TEA, evaluate the impact, and compile and disseminate best practices. This discussion focused on the community partnership work that is ongoing by TEA. ACET also heard from CDC on data modernization priorities and activities as well as datasets and standardized variables for important patient demographic and clinical characteristics to address the June 2023 recommendations for 1) 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; and 2) CDC to explore a common dataset across NCHHSTP and the specific variables that are high value for TB care that could be shared across the Center (NCHHSTP). During this meeting, ACET extensively discussed their concern of the Food

and Drug Administration (FDA) Proposed Rule on LDT. ACET voted to establish the LDT workgroup with the charge to evaluate the current landscape of LDT development and usage in the diagnosis of TB and potential impacts from the FDA Proposed Rule. ACET also discussed ongoing TB drug shortages, and voted to establish the Drug Shortages (DS) workgroup with the scope to evaluate the current actions of the federal government to address and mitigate drug shortages. This workgroup was also asked to review the status recommendations submitted to CDC and HHS on May 30, 2023. The LDT workgroup met three times on April 29, May 14, and June 7, 2024, to prepare for the June ACET meeting report. During these meetings, the workgroup met with CDC representatives to understand CDC's interpretation of the FDA Proposed Rule. The workgroup also heard from the Association of Public Health Laboratories (APHL) TB Subcommittee whose membership is composed of public health laboratory members, APHL staff, CDC liaisons, commercial laboratory liaisons, and NTCA liaisons. The workgroup provided a report during the June 26, 2024, ACET meeting on the current state of TB diagnostics in the United States, and outstanding questions on the implementation of the LDT Proposed Rule that will impact TB diagnostics. During this meeting, ACET deliberated on the findings of the workgroup as well as the discussion with panelists on this topic and voted to continue the LDT workgroup with the amended charge to continue to gather and clarify information regarding the LDT rule and understand outstanding questions once implementation guidance is published. The DS workgroup met three times on April 25, May 10, and June 14, 2024, to conduct research and prepare for the June ACET meeting report. During

these meetings the workgroup met with CDC representatives to understand the current federal mechanisms in place to address drug shortages. The workgroup reviewed the HHS White Paper on “Policy Considerations to Prevent Drug Shortages and Mitigate Supply Chain Vulnerabilities in the United States”, the Global Drug Facility supply presentation from the 2024 National TB Conference in April 2024, and attended the Duke University Margolis Institute for Health Policy’s “ReVAMPing the Pharmaceutical Supply Chain: Implementing Policy to Prevent Drug Shortages” seminar on June 12, 2024. The DS workgroup presented findings during the June 26, 2024, ACET meeting, which included a suggestion to work with the HHS Supply Chain Resilience and Shortage Coordinator to elevate ACET’s concerns on TB drug shortages. ACET deliberated on these findings and determined to extend the DS workgroup with an updated charge to explore a liaison with the new HHS Supply Chain Resilience and Shortage Coordinator, explore the role of the Global Drug Supply, and revisit the need to add core TB drugs to the U.S. national critical drug list. The workgroup deliverable would be to create a letter pertaining to these issues that would be presented to the full ACET during the December 2024 meeting. During the June 25-26, 2024, ACET meeting, members heard public comment from Stop TB USA, representing a coalition of over 20 organizations, regarding the status of the Centers for Medicaid and Medicare Services (CMS) adding latent TB infection (LTBI) screening under National Coverage Determination (NCD) to facilitate improved reimbursement, reduce patient cost-sharing, and streamline billing for risk-based LTBI screening. ACET deliberated and voted to recommend HHS encourage CMS to make an NCD in favor of LTBI screening using interferon

gamma release assays for Medicare recipients and expedite review off the NCD waitlist. ACET plans to submit a letter to HHS by the December 2024 ACET meeting. ACET also heard a presentation on the newly published NTCA guidelines for respiratory isolation in community settings during the June 2024 meeting. After discussion, ACET voted to make 2 recommendations. The first ACET recommendation was that CDC review the data analysis and recommendations presented in the "NTCA Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings" in regard to existing CDC guidelines and policy related to TB isolation. This includes but is not limited to the CDC's "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" and "Prevention and Control of TB in Correctional and Detention Facilities: Recommendations from CDC" (2006) and determine the best option for updating guidelines for isolation. The second ACET recommendation was that CDC explore options for endorsing the "NTCA Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings." In response to the first recommendation, CDC formed an internal workgroup consisting of staff from DTBE, the National Institutes of Occupational Safety and Health and the National Center for Emerging and Zoonotic Diseases Division of Healthcare Quality and Promotion to review the data analysis and recommendations from NTCA for community settings; review existing CDC guidelines and policy related to TB isolation in healthcare settings; review the 2005 healthcare settings Morbidity and Mortality Weekly Report; review the 2006 correctional and detention

facilities guidelines; and determine the best option for updating guidelines for isolation. Additional accomplishments include: In response to the 2022 ACET recommendation to continue to provide funding and support for the work of TEA, evaluate the impact, and compile and disseminate best practices, CDC funded a new cooperative agreement to support TEA, which works to increase awareness and build capacity for LTBI and TB disease testing and treatment to the highest risk populations. In response to the 2023 recommendation to explore existing resources and tools that can be used to develop a standard and sustainable process for evaluation and periodic assessment of the public health TB workforce, in CDC's new Tuberculosis Elimination and Laboratory Cooperative Agreement competed in 2024, funded recipients are required by the end of 2025 to provide data for a national TB workforce assessment. Specifically, recipients must provide (1) a list of current positions with titles and percent Full Time Equivalent (FTE), both filled and vacant and (2) a list of additional desired positions with titles and percent FTE believed necessary to fully execute the program's TB elimination plan. Related to the 2023 recommendation 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, CDC transitioned the Report of Verified Case of Tuberculosis (RVCT) from a standalone request into the nationally notifiable diseases system; this transition reduced administration burden on CDC and ensures that the most up-to-date data messaging is used in a more simplified structure.

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

Although TB is both preventable and curable, this life-threatening disease remains a serious problem in the United States. TB disease and 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 and complexity of TB cases. CDC has proposed multiple interventions for accelerating the decrease in U.S. TB incidence, including increasing LTBI testing and treatment among populations at high risk, enhancing detection and treatment of TB cases to reduce transmission, and improving TB treatment regimens to increase the proportion of TB patients successfully completing treatment. ACET is the only federal advisory committee chartered to address U.S. 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.

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

N/A

21. Remarks

Joseph Burzynski, David Wong, and Natasha Bagdasarian resigned in FY24. Ronald Wilcox retired 5/16/2024.

Designated Federal Officer

Carla Winston Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
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Adelson, Valerie	12/22/2021	12/21/2024	American Thoracic Society	Representative Member
Ahmed, Amina	03/18/2020	12/27/2024	Levine Children's Hospital at Carolina Medical Center	Special Government Employee (SGE) Member
Aronson, Naomi	11/13/2007	11/12/2024	Director, Infectious Disease Division, University of the Health Sciences	Ex Officio Member
Benjamin, Robert	03/27/2019	06/30/2026	Stop TB USA	Representative Member
Bhavaraju, Rajita	01/24/2024	06/30/2027	The State University of New Jersey	Special Government Employee (SGE) 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
Cummins, Jason	07/10/2024	06/30/2026	National Tuberculosis Coalition of America, INC.	Representative Member
Daley, Charles	11/15/2010	11/14/2024	American Thoracic Society	Representative Member
Gayle, Britt	05/17/2024	06/30/2026	Health Resources and Services 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
Harris, Sheena	05/30/2023	05/30/2025	Agency for Healthcare Research and Quality	Ex Officio Member
Holland, Kelly	01/25/2024	06/30/2027	Lynn Community Health Center	Special Government Employee (SGE) Member
Loeffler, Ann	03/05/2020	12/27/2024	Multnomah County Health Department	Special Government Employee (SGE) Member

Makhene, Mamodikoe	10/01/2006	10/03/2024	National Institutes of Health, National Institute of Allergy and Infectious Diseases	Ex Officio Member
O'Brien, Kate	04/28/2023	05/01/2025	We are TB	Representative Member
Patil, Naveen	07/08/2024	06/30/2026	Association of State and Territorial Health Officials	Representative Member
Puzo Smith, Colin	12/01/2022	12/02/2024	RESULTS	Representative Member
Rappaport, Susan	08/18/2015	11/01/2024	American Lung Association	Representative Member
Ritger, Kathleen	03/21/2023	06/30/2026	West Side Center for Disease Control	Special Government Employee (SGE) Member
Rowlinson, Marie-Claire	07/09/2024	06/30/2026	Association of Public Health Laboratories	Representative Member
Sosa Bergeron, Lynn	07/01/2021	06/30/2025	Connecticut Department of Public Health	Special Government Employee (SGE) Member
Stout, Jason	07/01/2021	06/30/2025	Duke University Medical Center	Special Government Employee (SGE) 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
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
Weissman, David	10/26/2004	06/30/2026	National Institute for Occupational Safety and Health	Ex Officio Member

Number of Committee Members Listed: 29

Narrative Description

The Council supports CDC's mission by bringing TB issues to national attention, particularly those having an impact on national health outcomes goals. The Council reviews and evaluates CDC activities and national policies that impact 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

☐

Over \$10,000,000

☐

Cost Savings Other

☐

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?

213

Number of Recommendations Comments

The recommendations for FY2024 fall under these categories: Isolation Guidance, Drug Shortages, Laboratory Developed Tests, and the National Coverage Determination for Latent TB screening. Seven recommendations were made in FY24.

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

74%

% of Recommendations Fully Implemented Comments

Since 2007, 157 recommendations were fully implemented.

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

15%

% of Recommendations Partially Implemented Comments

Since 2007, 31 recommendations remain partially implemented. CDC is working on a routine basis to update partially implemented recommendations. Currently 25 recommendations have not been implemented by the agency, of which 13 were directed to HHS, 11 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 by written and electronic correspondence, and in

reports published in online-accessible formats and journals. 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

CDC works closely with the Chair of ACET to identify priorities and issues to be addressed at Council meetings. Prior to the meetings, CDC works with ACET to prepare agendas and provides background materials to Council members. CDC also provides support to ACET workgroups to focus on priority issues under the authority of the 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>