

2022 Current Fiscal Year Report: Advisory Council for the Elimination of Tuberculosis

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1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2022
3. Committee or Subcommittee	3b. GSA Committee No.
Advisory Council for the Elimination of Tuberculosis	776

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	03/15/2021	03/15/2023	

8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
Section 317E(f) of the PHS Act, [42 U.S.C. §247b-6(f)], as amended; (Section 2(b)), Public Law 101-368	08/15/1990	Continuing	No

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

15. Description of Committee Scientific Technical Program Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open Meetings and Dates 2 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 2

Meetings and Dates

Purpose	Start	End
Matters Discussed: 1) Study 31 Regimen Guidance; 2) TB Epidemiologic Studies Consortium; 3) LTBI Campaign; 4) NCHHSTP and DTBE Equity Activities; 5) eDOT Study; 6) Multi-State TB Outbreak Associated with Bone Allograft Surgery	12/14/2021	12/15/2021
Matters Discussed: 1) NIH funded clinical trial groups conducting TB research; 2) Pediatric Tuberculosis in the United States, 1993–2020; 3) Regulations on New TB Drugs; 4) Immigration and TB; 5) Operation Allies Welcome	06/21/2022	06/22/2022

Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel		
Pmts to Non-Federal Members	\$7,000.00	\$10,000.00
18a(2). Personnel		
Pmts to Federal Members	\$25,006.00	\$35,144.00
18a(3). Personnel		
Pmts to Federal Staff	\$86,873.00	\$110,581.00
18a(4). Personnel		
Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$13,183.00
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	\$6,123.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$14,391.00	\$16,028.00
18d. Total	\$133,270.00	\$191,059.00

19. Federal Staff

0.93

0.70

Support Years (FTE)**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 2022, ACET provided advice, recommendations, and robust discussions on a number of critical issues which included the Study 31 Regimen Guidance, the TB Epidemiologic Studies Consortium, the latent TB infection (LTBI) Campaign, the electronic directly observed therapy (eDOT) Study, COVID-19 impacts on TB programs, NIH funded TB clinical trials, Immigration and tuberculosis, and Operation Allies Welcome. Examples of accomplishments during fiscal year 2022 are summarized below. • On December 14, 2021, ACET put forth a recommendation on guidelines resulting from Study 31. ACET recommended that CDC should explicitly consider treatment of extrapulmonary disease and monitoring with regard to pregnancy, taking a relatively permissive position consistent with the prior 2016 guidelines. o CDC considered this recommendation and made the Study 31 MMWR guidance consistent with 2016 recommendations in the February 2022 publication Interim Guidance: 4-Month Rifapentine-Moxifloxacin Regimen for the Treatment of Drug-Susceptible Pulmonary Tuberculosis — United States, 2022. • 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.

- o CDC partially implemented this recommendation to include images of children in the LTBI campaign materials.
- On June 22, 2022, ACET approved the establishment of two new workgroups.
 - o The Biennial Letter workgroup was charged to evaluate the current landscape of TB elimination in the US and assess the current ACET recommendations made to HHS in 2021. Future findings and outcomes will be presented to ACET in 2023. The workgroup met three times in fiscal year 2022.
 - o The COVID-19 Impact workgroup was charged to define the impact of COVID-19 on the public health workforce infrastructure, including capacity and staffing. Findings to support the National Tuberculosis Controllers Association (NTCA) will be drafted and presented to ACET at the June 2023 meeting. The COVID-19 Impact workgroup met twice in fiscal year 2022.
- The HHS Secretary responded to the June 24, 2021 biennial letter in which ACET highlighted ongoing needs in TB elimination on March 23, 2022 noting that HHS will take the recommendations to strengthen support for TB prevention under advisement.
- CDC's Division of Tuberculosis Elimination continues to implement the six recommendations for the elimination of TB, submitted to the HHS Secretary and CDC in December of 2019. Ongoing work includes:
 - o Providing funding and technical assistance to state, local, and territorial TB programs to address jurisdictional specific needs, awarding approximately \$78M annually to state and local

health departments, and US-affiliated Pacific Islands. o Providing funding and support the TB Centers of Excellence which provide training and medical consultation to health department and other providers in support of the TB public health infrastructure. o Active monitoring of intermittent anti-TB drug shortages partners with 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. o Supporting a small stockpile of critical drugs used in treating TB disease and latent TB infection through CDC's agreement with the HHS Program Support Center (PSC). 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. o In FY 2022, CDC launching the first national, multilingual communications campaign to increase testing and treatment for LTBI in the United States. The Think, Test, Treat campaign aims to raise awareness among populations at risk, including non-U.S. born populations, and encourage testing and treatment for communities and their healthcare providers. o In FY 2022, CDC published an "At-A-Glance" that summarizes all current testing, vaccination, and treatment recommendations for TB and other infectious diseases in correctional and detention settings.

<https://www.cdc.gov/correctionalhealth/rec-guide.html>

o Collaborating with the CDC's Division of Global Migration and Quarantine, TB control programs, and other external partners to implement effective binational referral mechanisms for patients who may be receiving care along the U.S.-Mexico

border or who may cross the border while taking treatment for TB through evidence-based binational referral mechanisms for patients.

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

David Bryden, representative member appointment term date was from 5/10/2013 – 1/1/2021. In addition, 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
Ahuja, Shama	09/04/2014	09/03/2024	Council of State and Territorial Epidemiologists	Representative Member
Aronson, Naomi	11/13/2007	11/12/2023	Director, Infectious Disease Division, University of the Health Sciences	Ex Officio Member
Behm, Heidi	06/13/2022	06/12/2023	National TB Controllers Association	Representative Member
Belknap, Robert	06/19/2018	12/30/2022	Denver Metro Tuberculosis Control Program	Special Government Employee (SGE) Member
Benjamin, Robert	03/27/2019	03/26/2023	Stop TB USA	Representative Member
Bloom, Amy	06/30/2005	06/29/2024	U.S. Agency for Development	Ex Officio Member

Bryden, David	05/10/2013	01/01/2022	RESULTS	Representative 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
Golub, Jonathon	05/04/2022	05/03/2024	International Union Against TB and Lung Disease-North American Region	Representative Member
Hellerstedt, John	04/20/2018	09/30/2024	Association of State and Territorial Health Officials	Representative Member
Horne, David	07/13/2018	12/30/2022	University of Washington School of Medicine	Special Government Employee (SGE) 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
Lederman, Edith	08/02/2021	08/02/2024	U.S. Immigration and Customs Enforcement Health Service Corps	Ex Officio Member
Levin, Ilse	12/07/2012	12/06/2024	American Medical Association	Representative Member
Liu, Lixia	05/25/2018	12/30/2022	Indiana State Department of Health	Special Government Employee (SGE) 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
Madoori, Surajkumar	10/27/2017	06/03/2022	Treatment Action Goup	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
Nerad, Thomas	04/23/2018	01/01/2022	Department of Labor/Occupational Safety and Health Administration	Ex Officio Member
Njoo, Howard	05/01/2013	04/30/2024	Public Health Agency of Canada	Representative Member
Patrawalla, Ameer	02/03/2015	02/02/2024	American College of Chest Physicians	Representative Member
Rangel, Gudelia	06/12/2013	06/11/2024	U.S.-Mexico Border Health Commission	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
Reves, Randall	04/16/2014	05/04/2022	International Union Against TB and Lung Disease	Representative Member
Rhodes, Tara	08/29/2022	08/29/2024	Department of Justice, Federal Bureau of Prisons	Ex Officio 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
Steward-East, Kristine	07/01/2019	06/30/2023	Advocate for TB	Special Government Employee (SGE) 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

Temesgen, Zelalem	05/25/2018	12/30/2022	Mayo Clinic Center for Tuberculosis	Special Government Employee (SGE) 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	04/13/2017	04/13/2022	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	10/26/2022	National Institute for Occupational Safety and Health	Ex Officio 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: 50

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
- Trust in government
- Major policy changes

- Advance in scientific research
- Effective grant making
- Improved service delivery
- Increased customer satisfaction
- Implementation of laws or regulatory requirements
- Other

Outcome Comments

N/A

What are the cost savings associated with this committee?

Checked if Applies

- None
- Unable to Determine
- Under \$100,000
- \$100,000 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$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?

189

Number of Recommendations Comments

The recommendations for FY2022 fall under these categories: Study 31 guidance, the LTBI Campaign, the 2023 Biennial Letter to the HHS Secretary, and TB workforce infrastructure.

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

77%

% of Recommendations Fully Implemented Comments

Since 2007, 145 recommendations were fully implemented.

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

13%

% of Recommendations Partially Implemented Comments

Since 2007, 13 recommendations remain partially implemented. We are working with the programs on a routine basis to update partially implemented recommendations. Currently 20 recommendations have not been implemented by the agency, of which 9 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 ACET at Council meetings: by written and electronic correspondence; and in reports and recommendations, which are published in CDC's Morbidity and Mortality Weekly Reports.

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

Checked if Applies

- Reorganized Priorities
- Reallocated resources
- Issued new regulation
- Proposed legislation
- Approved grants or other payments
- Other

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>