



Julie Gerberding, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road, NE – MS D14
Atlanta, GA 30333

November 13, 2007

Dear Dr. Gerberding:

On behalf of the Council of State and Territorial Epidemiologists (CSTE) and the National Alliance of State and Territorial AIDS Directors (NASTAD), we are writing to express our concern regarding the reduction in funding for HIV/AIDS surveillance programs through cooperative agreement funding opportunity announcement (FOA), PS08- 802 and ask for an increase in funding to reinstate recent reductions and adjust for inflation. As you know, the data resulting from surveillance programs are critical for many purposes, including understanding the epidemic, targeting of resources, and the allocation of federal funding for care services.

We are concerned that this \$3 million (6 percent) reduction, from \$51,100,000 awarded through PA- 04017 beginning in FY2004 to the \$48,194,777 available through PS08-802 for FY2007, will have a considerable impact on the completeness and timeliness of national surveillance data. The average core grant has been reduced from \$574,576 to \$542,372 with total core funding reduced six percent from \$33,900,000 to \$32,000,000. This decrease will mean that HIV surveillance will need to be reduced as demands for surveillance data and analysis are continuing to increase.

Additionally, the reduction from 35 to 25 jurisdictions funded for incidence surveillance will negatively affect lower morbidity states and widen the gap between high and low resource surveillance areas. Areas that followed CDC's directive to integrate core surveillance and incidence will have even less funds for core surveillance. States that have never been eligible for incidence will remain under funded.

Many health departments struggle to maintain their current HIV/AIDS surveillance programs and now may be forced to scale them back, at the same time as new standards are expected and implemented. States have reported that funding cuts will damage the effectiveness of their HIV surveillance programs by decreasing the timeliness of HIV/AIDS case reporting, allowing less analysis of surveillance data to identify temporal trends and decreasing the amount of case matching states can conduct with other state program databases such as Medicaid to prevent duplication of services. States have also reported that they may have to reduce or eliminate staff positions, staff hours, computer maintenance and/or software updates, resulting in decreased service.

The demands placed upon HIV/AIDS surveillance programs over the past several years have dramatically increased. With the advent of name-based HIV reporting systems in every jurisdiction, states are routinely required to go through a resource intense de-duplication activity (referred to as RIDR) with other states throughout the country. Implementation of new systems and activities, requested by CDC to improve the quality of surveillance data, such as E-HARS, electronic laboratory reporting, document based surveillance and evaluation require more resources, not fewer.

Accounting for inflation, the effect of level funding on HIV/AIDS surveillance amounts to a 13 percent cut over the last four years. Five more years of level funding will result in a decrease of nearly one third (32 percent) over the nine-year period of the two cooperative agreements. Rather than cutting surveillance funding, we ask that funding for FY2008 be increased by 20 percent to reflect inflation since 2003 and that funding for each subsequent year through the end of the cooperative agreement be adjusted to reflect annual inflation rates.

We appreciate your continued leadership on HIV prevention. Please contact us if you have any questions regarding our concerns.

Sincerely,



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