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March 18, 2020

Dr. Carolyn Wester
Director, Division of Viral Hepatitis
National Center for HIV/AIDS, Viral
Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

RE: CDC PS20-2009 Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments—Request for an Extension of the Application Closing Date

Dear Dr. Wester:

We are writing to request that the Centers for Disease Control and Prevention extend the application closing date for funding opportunity CDC-RFA-PS20-2009 *Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments*. As you know, health departments are experiencing significant staff capacity issues as a result of COVID-19 detailing and deployment. In some cases, whole viral hepatitis teams have been deployed to COVID-19. To date, 32 health departments – more than 50% eligible for funding – have shared concerns about their ability to meet the application deadline. Therefore, NASTAD requests that CDC extend the deadline by no less than 30 days past the current closing date (May 18, 2020).

The purpose of this funding opportunity is to build upon the hepatitis prevention and surveillance activities currently funded by CDC and formally integrate these activities into state and large city health departments across the country. NASTAD applauds this, especially the anticipated expansion of viral hepatitis surveillance capacity from 14 to as many as 58 jurisdictions. However, these efforts could be stifled if states and other key jurisdictions are prevented from developing or are significantly limited in their capacity to develop applications in response to this announcement.

As you know, current surveillance funding levels allow for only 14 jurisdictions to receive federal hepatitis surveillance awards, and according to NASTAD's 2019 infrastructure assessment, only 16.3% of the 43 jurisdictions that responded receive state funds for HCV surveillance. As such, the vast majority of jurisdictions do not have formal hepatitis surveillance programs and most existing hepatitis prevention staff must partner with colleagues in communicable disease surveillance to develop their applications. These colleagues are no

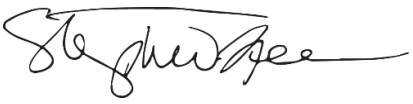
longer available as they have been detailed to COVID-19 response. One jurisdiction reports their entire epidemiology team is now off site responding to COVID-19. Due to their expertise in outbreak and emergency response, infectious disease epidemiologists responsible in part or primarily for hepatitis surveillance are being prioritized for COVID-19 response, so many of 1703-funded jurisdictions have limited surveillance staff capacity. Capacity concerns extend beyond surveillance: one jurisdiction reported that their entire division is responding to COVID-19 and the Viral Hepatitis Prevention Coordinator has been detailed to the public hotline, working from 7 AM-7 PM throughout the week. Additional limitations include inaccessibility of fiscal personnel and departmental leadership who are required signatories; key stakeholders and community partners who are also critical to COVID-19 response and therefore unavailable for collaboration in the development of applications; contracting and sub-contracting limitations imposed to preserve critical departmental resources; and restricted internal review processes and deadlines. Finally, to date, two jurisdictions have reported that their primary hepatitis prevention staff person is currently under self-quarantine due to symptoms of the illness.

We recognize the potential fiscal implications if the extension of this award results in a project start date in the next fiscal year, including the loss of millions of dollars assigned to address the infectious disease consequences of the opioid crisis in fiscal year 2020. Therefore, NASTAD implores CDC to explore how it may standardize and streamline the entire grant process from pre-award through award delivery to reduce the required time for internal review and facilitate a fiscal year 2020 project start date. It is imperative to continue to invest in hepatitis programing at health departments and NASTAD requests that CDC find a solution that will hold hepatitis programs harmless from decreased funding. Now more than ever, we need to invest in public health infrastructure.

Alternatively, NASTAD requests that CDC explore administering this grant through a noncompetitive process. By law, either CDC or Congress can issue new awards under a noncompetitive process if it "determines that a single organization is the best resource." Undoubtedly, the approximately 51 state health departments as well as major city and county health departments are best-suited to undertake the proposed activities and the only entities authorized to conduct the public health surveillance activities outlined in the NOFO.

This unprecedented situation requires unprecedented action. Thank you in advance for your consideration. We are available for a follow up conversation if that would be helpful.

Sincerely,



Stephen Lee MD, MBA, DHSM
Executive Director

cc: Karina Rapposelli
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