Examples of sequestration impacts on CDC programs

Below are some examples of the potential impacts sequestration could have on important CDC programs. These examples assume that OMB would apply an across-the-board cut of between 8-10 percent on CDC’s programs beginning in January 2013. This could result in a cut to CDC of up to $500 million for discretionary programs.

The estimated impact on mandatory programs (World Trade Center and Emergency Employees Occupational Illness Compensation Program Act funding) is expected to be a cut of about 2 percent.

Programs exempt from cuts include the Vaccines for Children program.

The combined impact of these reductions will significantly diminish the ability of CDC and state and local public health agencies to protect Americans from infectious diseases, prevent premature deaths from leading killers like heart disease and cancer, and leave the US less ready to detect and respond to outbreaks or natural and man-made events. While most of CDC’s core public health programs were preserved in FY 2012, many important programs - already depleted by significant FY 2011 reductions - already face significant challenges. State and local health departments have been reeling from those effects with more than half of local health departments (55%) reporting in 2011 reducing or eliminating at least one program.

- The combined impact of these reductions will significantly diminish the ability of CDC and state and local public health agencies to protect Americans.
- Further reductions could do irreparable damage to our nation’s already fragile public health system.
- Investing in disease prevention is the most effective way to improve health and that sufficient and sustained investments in public health are vital to our ability to save lives and money and protect people across the country.

Below are examples of some CDC programs that could be directly impacted by this automatic funding cut should Congress not act to eliminate the sequestration in 2013:

Life-saving immunizations would be denied to 30,000 children and 20,000 adults. Without continued vigilance the nation risks a resurgence of deadly threats we have virtually eliminated in the US, such as measles and whooping cough. Sequestration will:

- Increase the risk for deaths and hospitalizations from domestic outbreaks of vaccine-preventable diseases, such as measles and whooping cough.
- Eliminate over 100 highly-skilled public health staff responsible for ensuring the implementation of national vaccine policies and programs at the state and local levels.
- Stop the benefits of routine immunization for many children.
  - When children are vaccinated appropriately through the first five years of life, the US gains by the prevention of 42,000 premature deaths and 20 million fewer illnesses.
  - $14 billion are saved in direct medical costs and $55 billion from indirect costs.
Efforts to prevent and control HIV, VH, and other STDs would be jeopardized. The proposed budget reduction will eliminate vital programs in Domestic HIV/AIDS Prevention, STD Prevention, Tuberculosis Elimination, and Viral Hepatitis Prevention. Sequestration will:

- Increase the number of excess HIV transmission by nearly 800, costing the nation over $250 million due to reduced availability of HIV tests.
- Eliminate all 12 HIV/STD Prevention Training Centers, significantly reducing the capacity to train clinicians in HIV and STD prevention and control. Without such training, misdiagnosis and inappropriate treatment is more likely to occur, contributing to the spread of infections.
- Eliminate TB programs in 11 states and two territories potentially resulting in an increased number of TB cases, costing the nation over $20 million.
- Decrease the number of follow-up cases by 6,000 for new cases of chronic hepatitis C and 2,300 cases of chronic hepatitis B. These cases would not be provided information on preventing transmission to others, increasing the potential spread of the disease.

Tens of thousands of additional healthcare associated infections each year would debilitate patients, kill thousands and cost billions in added healthcare costs. Investments in prevention, reporting and monitoring, laboratory capacity, and investigation provide a significant return on investment to the health system. Bloodstream infections in patients with central lines can be especially deadly, killing as many as 1 in 4 patients. Since 2001, there has been a significant reduction in central line infections saving up to 27,000 lives and $1.8 billion in excess medical costs. Despite this progress, tens of thousands of these infections - and other infections - continue to occur in hospital and non-hospital settings. Sequestration will:

- Cause healthcare quality to stagnate or decline nationwide with the erosion of evidence-based prevention interventions.
- Allow healthcare infections and complications to increase without determining of the underlying cause causing healthcare costs to rise because of these infections and complications.
- Eliminate at least 100 state and local jobs that support HAI prevention activities.
- Shut down the nation's most reliable and extensive way to track HAI's, the National Healthcare Safety Network (NHSN), eliminating the ability to measure and improve quality locally.
- All HAI research would be stopped, reducing the number of new methods identified to prevent HAIs in hospitals and other settings. This would severely limit reference lab capacity slowing the identification and response to new and emerging pathogens.

Americans will be more vulnerable to infectious diseases. Budget cuts will reduce efforts to increase lab and disease detection capacity in high-risk areas that pay enormous dividends, and provide frontline defense against infectious diseases. Sequestration will:

- Cause an increase in infectious diseases because CDC won't be able to effectively track the spread and severity of emerging diseases. CDC and state health departments won't be able to prevent outbreaks and intervene quickly when they happen. The nation will be slower to detect and respond to new infections such as SARS and H1N1 when they emerge.
- Close of 12 out of 20 domestic quarantine stations, severely hampering the CDC's ability to stop the spread of infectious diseases at our borders.
- Reduce coverage of international travelers from 85% to less than 55% and remove the ability to cover over 300 additional sub-ports across the country. This level of coverage severely limits
CDC’s ability to identify and respond to infectious disease emergencies that involve travel and transportation.

- Shut down the nation’s most extensive program to monitor pathogens in humans, mosquitoes and wildlife, ArboNet, crippling protection against vectorborne epidemics, and the ability to execute local timely responses to virus activity. This will also lead to the elimination of at least 100 state and local jobs that monitor and control vector-borne diseases in the US. Emergency response to vector-borne disease outbreaks would be slow and inadequate, endangering lives and incurring increased costs due to delayed response.

150 fewer food-borne outbreaks will be identified. Foodborne diseases make 47 million Americans ill and kill 3,000 each year. The many illnesses that occur cost the nation’s economy at least $7 billion. Large outbreaks shake the public faith in the safety of the basic food supply and highlight the need to detect and respond to them more swiftly. Sequestration will:

- Decrease the ability to evaluate and investigate 100-150 multistate outbreaks identified by CDC surveillance networks, including outbreaks of E. coli, Salmonella, and norovirus, causing outbreaks to last longer, get bigger and cause more illnesses and deaths before they are controlled.
- Reduce the number of local health department staff trained in epidemiology, laboratory, and outbreak response by 2,500. The safety of the food supply will decline nationwide as state and local health departments lose already limited capacity, training, and technical assistance to detect and respond to food-related outbreaks.
- Cause healthcare costs to rise. There will be a 40% rise in the number of E. coli O157 infection in the US, costing $7 million per death. Salmonella infection accounts for $365 million in direct medical costs each year.

Diseases that account for an estimated 75 percent of annual health care costs in the U.S ($2.5 trillion per year) would continue to increase unabated. Federal and state capacity to combat chronic diseases would be dismantled and hundreds of jobs would be lost. Program reductions will result in stagnation or reversal of recent progress in preventing or delaying the onset of chronic diseases and associated reductions in morbidity and mortality.

The number of children born with serious birth defects or develop autism in early childhood will go undetected. A decrease in Birth Defects, Developmental Disabilities, Disability and Health will reduce surveillance and public health research activities for birth defects, decrease global efforts to prevent neural tube defects (NTDs), reduce capacity to address disparities, and reduce the ability to determine risk factors, causes, and effectiveness of prevention/intervention efforts for Autism. Sequestration will:

- Reduce state-based birth defects surveillance, intervention, and prevention activities. The US will lose national capacity to monitor birth defects and conduct research, limiting opportunities to address this significant public health burden. No other entity in the U.S. exists to fill this gap in a crucial public health service.
- Eliminate fetal death surveillance programs, which will reduce the capacity to identify causes of and prevent the occurrence of fetal deaths and reduce the capacity to address the significant racial and ethnic disparities in the occurrence of fetal deaths.
• Curtail global efforts to prevent NTDs - a significant cause of global infant mortality and childhood morbidity. This will compromise CDC’s efforts to eliminate 210,000 folic acid-preventable NTD-affected pregnancies a year.

Preventable deaths from accidents, rape, prescription drug abuse, and suicide will increase. Injuries are the leading cause of death in the US for persons ages 1-44, surpassing non communicable and infectious disease combined. Sequestration will:

• Increase the chance of repeat trauma admission by nearly 50% for patients who abuse alcohol. Potentially costing $1.82 billion dollars annually in direct medical costs.
• Eliminate direct support for 28 states and indirect support for all 50 states, potentially eliminating all injury prevention activities.
• Shut down the Nation’s most comprehensive data source on violent deaths, eliminating the ability to identify trends and points for intervention.
• Decrease the number of effective teen dating violence prevention programs in schools and communities in high risk urban areas resulting in increased psychological abuse perpetration by 25%, sexual violence perpetration by 60%, and violence perpetrated against the current dating partner by 60%.

The nation’s ability to address health threats more effectively and efficiently in coming years will be undercut as research, innovation, systematic review of best practices, and other critical investments are curtailed.

Workplace fatalities will rise. CDC is the only Federal agency devoted to conducting research and outreach to reduce occupational injuries and fatalities in the agriculture, forestry, and fishing sectors (AgFF). This research directly impacts over 14.6 million construction and agricultural workers who face work related injuries and disease every day. Sequestration Will:

• Eliminate 107 extramural NIOSH-supported positions and 10 NIOSH-funded Agricultural Safety and Health Centers including the National Children's Center for Rural and Agricultural Safety and Health will be eliminated. This will increase the number of childhood injuries on farms and ranches by 60% over the next 10 years and the number of commercial fishing deaths by 74% over the next 20 years.
• Eliminate over 50 intramural and extramural research, translation, and outreach projects and grants increasing the economic burden of work-related injuries and illnesses, which is already over $13 billion annually. This would also increase cost of worker's compensation across all industries.
• Eliminate the world’s leading nanotoxicology research effort designed understand current unknown risks of human exposure to engineered nanomaterials.

Diseases eradicated in the US will reemerge and cost billions to treat and contain. Maintaining global health security is vital to containing the spread of infectious diseases before they reach the US, where containment will be more expensive and less effective. Sequestration will:

• Limit the investigation of new pathogens, increasing the likelihood drug resistant strains will reach the US increasing healthcare costs to the public and private sectors due to additional demands for resources and supplies to treat these diseases.
• Eliminate care and support for nearly 13 million people, including more than 4.1 million orphans and vulnerable children annually. This will allow for additional spread of the disease increasing the burden on domestic public health systems.

The nation will be unable to adequately respond to chemical, biological, radiological, nuclear, or major natural disasters causing significant loss of. Preparedness is an ongoing mission requiring constant investment to maintain a high level of vigilance. CDC prepares the nation for a wide range of public health security threats and procures, maintains, and distributes appropriate medical countermeasures when needed. Sequestration will:

• Decrease available countermeasures in the Strategic National Stockpile leading to gaps and vulnerabilities in the public health response.
• Eliminate the Cities Readiness Initiative in all 50 states, covering 57% of the US population. This program helps cities prepare for health security threats both large and small and will increase the time to deliver medical countermeasures throughout the country.
• Decrease national preparedness and response capability, and the ability to coordinate a national response across the public health systems of 50 states, eight territories, and four metropolitan areas.
• Shut down the CDC emergency operations center crippling coordination of CDC's response during public health security threats.
• Eliminate 10 national chemical labs and decrease funding for over 150 labs in the Laboratory Response Network. This will slow the ability to identify patterns and recognize the emergence of new threats, putting America at greater risk. New pathogens may circulate in communities for extended periods of time before health authorities are alerted and can coordinate response efforts, significantly increasing injury and loss of life.
• Reduce the Public Health Emergency Preparedness cooperative agreement reducing capacity for activating and managing emergency operations centers causing disorganization during an emergency, delaying medical care, wasting limited resources, and increasing the risk for communities to natural, accidental, and intentional public health threats.
• Decrease tracking of select agents (biological agents and toxins that could pose a severe threat to public health and safety), allowing for their loss and potential release causing significant loss of life.