

Congress of the United States
Washington, DC 20515

September 10, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health And Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Sebelius:

As the Members of Congress representing Puerto Rico and the U.S. Virgin Islands, we write to call your attention to the high incidence of dengue fever in our territories and to express concern about the level of federal resources being allocated to prevent and treat this illness. We are particularly troubled that federal funding to combat dengue may be further reduced if Congress implements the proposed Department of Health and Human Services (HHS) Budget for Fiscal Year 2011. We respectfully urge the Administration to work with us and our colleagues in Congress to ensure that the federal government is making the necessary investments to combat dengue, which has sickened thousands and killed at least 20 of our constituents this year alone. We also ask that officials from HHS, the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH) brief us on the steps the federal government has been taking—and intends to take—to confront this problem.

As you know, dengue fever is a mosquito-borne infection that causes a severe flu-like illness, and sometimes a potentially fatal complication called dengue hemorrhagic fever (DHF). Dengue is typically found in tropical and sub-tropical climates. People of all ages are vulnerable, and infants and children are at particular risk. While we understand that progress is being made, there is currently no vaccine to protect against dengue. Nor is there a specific treatment for the disease. Until a vaccine is found, the only way to control dengue is to combat the mosquitoes that transmit the virus, through the elimination of mosquito breeding areas, fumigation and other prevention measures.

There is a tendency to think of dengue as an illness that affects only people in other countries. But dengue has long been a problem for our residents—who are American citizens living in U.S. jurisdictions. Moreover, the dengue problem in our country is not limited to the territories we represent; last month, for example, the Florida Department of Health confirmed about two dozen dengue cases in Key West.

According to the CDC, Puerto Rico has experienced epidemic dengue activity periodically since 1963. Even during “non-outbreak” years, between 3,000 and 9,000 suspected cases are typically reported. There have been three dengue epidemics in Puerto Rico in recent years: in 1994, 1998 and 2007. In 2007, over 10,000 cases were reported, with half of those patients requiring hospitalization and one-third reporting a hemorrhagic manifestation.

2010 is on pace to become one of the worst years for dengue on record, largely as a result of heavy rainfall. The government of Puerto Rico recently declared a public health emergency on account of dengue. According to the CDC, through September 3rd there have been nearly 11,000

suspected dengue cases in our territories, 27 confirmed cases of DHF, and at least 20 DHF-related deaths—18 in Puerto Rico and two in the U.S. Virgin Islands. About two-thirds of these deaths occurred within the last several weeks. Dengue infections—and fatalities—are certain to increase in the coming days.

Given the scope and severity of the public health problem that dengue poses to our constituents, we are discouraged by the paucity of federal funding that is currently allocated to combat the disease—and alarmed at the prospect that such funding may be further reduced.

HHS funding to address dengue comes from the CDC and the NIH.¹ Currently, all CDC funding to combat dengue domestically is provided through the agency's Dengue Branch, headquartered in Puerto Rico. All funding for the Dengue Branch is provided through the "vector-borne disease" budget line. In FY09, the Dengue Branch received a mere \$3.8 million to support all of the CDC's dengue activities in the United States. This is insufficient by any reasonable metric.

Even worse, while CDC's FY10 budget contained \$26.7 million to combat vector-borne diseases—which include West Nile virus—the President's FY11 Budget proposes to eliminate this budget line. To justify the cut, the Administration argues that "[s]everal years of CDC funds have allowed states to develop and enhance their [West Nile virus] activities," but makes no mention of the consequences this cut could have for anti-dengue efforts. The Administration does observe that funding from the "emerging infectious disease" budget line can be used to support vector-borne disease efforts, and the proposed FY11 budget contains \$155.2 million for this line, \$18.9 million above FY10. Nevertheless, elimination of the vector-borne disease line could have a significant adverse impact on federal efforts to combat dengue, since it is not clear what level of funding—if any—would be provided to the Dengue Branch through the emerging infectious disease budget line.

The proposal to eliminate the vector-borne disease budget line when dengue is ravaging our territories is both unfortunate and unwise. We are pleased that the Senate Appropriations Committee restored funding for the vector-borne disease line at \$26.7 million for FY11. We will urge the House Appropriations Committee, which has not yet reported its HHS appropriations bill, to do the same.

In addition to CDC, NIH provides funding for research on vector-borne diseases, including dengue. In FY11, NIH estimates that \$423 million will be spent on vector-borne disease research. While NIH does not break this funding out by disease, some is used for dengue research, including development of a vaccine. Although we are gratified that NIH appears committed to combating dengue, we would note that this funding is for research purposes; it presumably does not fund education, fumigation and other prevention efforts in our territories that are so essential in the immediate term.

We thank you for your attention to this important matter, and look forward to receiving a briefing from Department officials on the federal government's strategy to prevent and treat dengue in Puerto Rico and the U.S. Virgin Islands.

¹ In addition, at Rep. Pierluisi's request, the FY10 Labor, HHS, and Education Appropriations bill (P.L. 111-117) provided \$400,000 to the American Red Cross to test for dengue in the Puerto Rico blood supply and to assess the risk of dengue transmission by transfusion.

Sincerely,



Pedro R. Pierluisi
Member of Congress



Donna M. Christensen
Member of Congress

cc: Dr. Thomas R. Frieden, Director, Centers for Disease Control and Prevention
Dr. Francis S. Collins, Director, National Institutes of Health
Hon. David Obey, Chairman, House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Hon. Todd Tiahrt, Ranking Member, House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Hon. José E. Serrano, Member, House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Dr. Lorenzo González, Secretary, Puerto Rico Department of Health
Julia Sheen Aaron, Commissioner, U.S. Virgin Islands Department of Health