

# CDC's FUNDING in Fiscal Year (FY) 2015: \$6.9 Billion\*

## \$1.35 Billion Protect Americans from Natural and Bioterrorism Threats

- \$1.35 Billion—Public Health Preparedness and Response

## \$2.32 Billion Protect Americans from Infectious Diseases

- \$405 Million—Emerging and Zoonotic Infectious Diseases
- \$1.17 Billion—HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- \$798 Million—Immunization and Respiratory Diseases

## \$1.50 Billion Prevent the Leading Causes of Disease, Injury, Disability, and Death

- \$132 Million—Birth Defects, Developmental Disabilities, and Disability and Health
- \$1.20 Billion—Chronic Disease Prevention and Health Promotion
- \$170 Million—Injury Prevention and Control

## \$481 Million Monitor Health and Ensure Laboratory Excellence

- \$481 Million—Public Health Scientific Services

## \$514 Million Keep Americans Safe from Environmental and Work-related Hazards

- \$179 Million—Environmental Health
- \$335 Million—Occupational Safety and Health

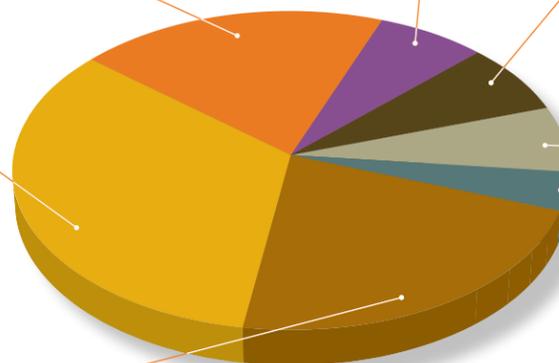
## \$446 Million Ensure Global Disease Protection

- \$446 Million—Global Health

## \$283 Million Cross-cutting Support and PHS Block Grant and Buildings and Facilities

- \$273 Million—Cross-cutting Activities and Program Support
- \$10 Million—Buildings and Facilities

\*Totals have been rounded to nearest million.



## President's 2017 Budget Request for CDC

Additional funding requests to fight new health threats that pose a serious risk to America's health security.

### COMBAT ANTIBIOTIC-RESISTANT BACTERIA

Requested an increase of \$40 million in 2017 to expand the nation's ability to detect, respond to, and prevent antibiotic-resistant infections across healthcare settings and in the community in up to 50 states, six large cities, and Puerto Rico. CDC's FY 2017 funding request supports the nation's ability to better detect and track germs that resist existing antibiotics and threaten to return the U.S. to a time when simple infections were fatal.

### RESPOND to the PRESCRIPTION DRUG OVERDOSE EPIDEMIC

Requested an increase of \$10 million in 2017 to fully expand CDC efforts to promote opioid prescribing guideline dissemination and uptake. The funds will be used to further support, pilot test, evaluate, and adapt the translation and dissemination of prescribing guidelines into formats accessible to providers across the nation to expand response to the alarming epidemic of prescription drug abuse in the U.S.

### GOOD HEALTH and WELLNESS in INDIAN COUNTRY

Requested \$15 million to expand CDC's current investment in a five-year cooperative agreement to prevent diabetes, heart disease and stroke, and associated risk factors. The expansion will more effectively address chronic diseases, as well as depression and mental health, suicide, substance use, and alcohol-related motor vehicle injuries.

### MENTAL HEALTH—MANDATORY FUNDING

Requested \$30 million as part of a new U.S. Department of Health & Human Services initiative for expansion of mental health services to ensure that mental health care systems work for everyone, increase service capacity and the mental health workforce, and engage individuals with serious mental illness in care. CDC's request will support implementation and evaluation of comprehensive suicide prevention programs.

## The Era of Global Health Security Begins...

The Ebola epidemic in West Africa is over. When the epidemic started in 2014, it quickly overwhelmed the fragile public health systems of the affected countries. But when the outbreak reached Lagos, Nigeria, something interesting happened—very little.

As the largest city in Africa, Lagos could have exploded with Ebola cases. But only 19 cases occurred, and the epidemic was quickly contained and eliminated. What made the difference? Nigeria was prepared for emerging health threats thanks to the country's polio eradication efforts and the Field Epidemiology Training Program (FETP)—both CDC-supported programs. A seasoned manager from the polio response and several FETP graduates quickly transformed into the first responders to the Ebola outbreak. They identified nearly 900 people potentially infected by close contact with an Ebola patient, made 19,000 home visits to monitor for symptoms and fever, trained thousands of staff, established an Ebola training unit in 14 days, and isolated and tested 43 people who showed symptoms. Another 150,000 travelers were screened at airports to ensure that no one who was sick would board an airplane.

Without this rapid, in-country response, Nigeria could have become Ebola's gateway to the rest of the African continent—ultimately killing hundreds of thousands of people. This nightmare scenario was prevented thanks to Nigeria possessing a core public health capacity to perform disease surveillance, laboratory testing, and emergency preparedness and response.

But there is more good news. We can help keep Americans safe by helping other countries to have the capacity to recognize and contain outbreaks of infectious disease threats—whether natural or man-made.

## The Time for Global Health Security Is Now

In 2014, a coalition of nearly 50 nations was formed around the Global Health Security Agenda (GHS). GHS provides a framework to ensure that all nations are able to prevent, detect, and rapidly respond to infectious disease threats—protecting these countries and protecting Americans from deadly global outbreaks. Already, CDC is working to:

- Expand the number of disease detectives on the ground
- Establish safe and secure lab networks to find deadly germs
- Strengthen response to public health emergencies
- Upgrade systems to track health threats

Because America's safety is linked to the health and safety of the world, GHS has the full commitment of the United States. When it comes to finding and stopping diseases, the stronger other countries are at doing their own public health work, the safer we are here at home.

