April 2, 2026

The Honorable Shelley Moore Capito
Chair
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
U.S. Senate Committee on Appropriations
Washington, DC 20510

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
U.S. House Committee on Appropriations
Washington, DC 20515

The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
U.S. Senate Committee on Appropriations
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
U.S. House Committee on Appropriations
Washington, DC 20515

Dear Chairs Capito and Aderholdt and Ranking Members Baldwin and DeLauro,

We, the undersigned professional societies and associations, academic institutions and companies, representing a broad range of scientific, public health and clinical professionals, thank you for your continued support of the Advanced Molecular Detection (AMD) program at the Centers for Disease Control and Prevention (CDC). Given the program's growing importance to the nation's public health and biosecurity infrastructure, we respectfully request that you provide $175 million for the CDC's AMD program within the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) for Fiscal Year (FY) 2027.

Established by Congress in FY 2014, the CDC's AMD program enables the agency to integrate next-generation genomic sequencing and advanced data analytics into public health practice. Prior to the program's inception, the U.S. experienced a widening technological gap, and the public health system was falling behind in pathogen genomics. Today, the AMD serves as a cornerstone of modern biosurveillance, providing modern genomic sequencing and data analysis tools that allow state and local health departments to rapidly detect, characterize, and track infectious diseases. Genomic data are also central in the development of vaccines, therapeutics, and diagnostics, demonstrating that the benefits of AMD extend beyond the immediate public health impact and into the healthcare industry.

AMD technologies have also been instrumental in identifying and containing foodborne disease outbreaks. Because the technology allows for a more precise identification of the pathogen and location of the contaminated food source, the health and economic impacts of an outbreak can be minimized and resolved more quickly. CDC officials have additionally been able to use AMD to improve the public health response to both seasonal and emerging strains such as H5N1 avian influenza, by applying genetic sequencing methods to detect the emergence of novel influenza virus strains, information that is already used to improve yearly influenza vaccines.

The AMD program and its partners routinely make this genomic data publicly available, amplifying its value for researchers, public health officials, and industry.

Further, the AMD program has supported the training of public health and clinical laboratory professionals in genomics and bioinformatics, enabling them to interpret genomic sequencing data and apply it to public health responses. Deploying AMD through community-based methods, such as wastewater surveillance, has proven over the past few years to have enormous value in detecting the presence of notable threats, such as polio and antimicrobial resistant bacterial strains, as well as rare and serious conditions such as acute flaccid myelitis (AFM).

With supplemental funding provided over the last four years, the program has been able to integrate public health practice with academic research capabilities in five states (GA, WA, MN, VA, and MA) through the Pathogen Genomics Centers of Excellence. These centers ensure that our broader public health system can continue to benefit from rapidly evolving, cutting-edge science and technology driven in partnership with research institutions. For example, the Northwest Center of Excellence in Washington State developed protocols to sequence H5N1 strains from infected poultry and humans, enabling public health officials to analyze transmission between species and assess population risk. As these supplemental funds are projected to run out in FY2027, there is a significant risk to sustaining these capabilities without increased base funding.

AMD is currently funded at $43 million. To fully realize the program's potential and sustain the infrastructure and partnerships established in recent years, CDC estimates that up to $175 million in annual funding is needed. This funding level aligns with the level proposed in the Tracking Pathogens Act, which was enacted without an authorization level as part of a year-end legislative package in 2022. Increased annual funding will ensure continuity of operations, preserve critical genomic surveillance capacity, and enable CDC and its partners to rapidly detect and respond to emerging infectious disease threats. Without increased and sustained base funding, these capabilities will erode, weakening the nation's ability to identify outbreaks early, respond effectively, and maintain global leadership in public health innovation.

Sincerely,

American Society for Microbiology
AAMC (Association of American Medical Colleges)
American Clinical Laboratory Association
American Institute of Biological Sciences
American Medical Technologists
American Medical Technologists
American Public Health Association
American Society for Virology
American Society of Tropical Medicine and Hygiene

Association for Diagnostics & Laboratory Medicine
Association for Molecular Pathology (AMP)
Association for Professionals in Infection Control and Epidemiology (APIC)
Association of Public Health Laboratories
Association of State and Territorial Health Officials
Association of State and Territorial Health Officials
Big Cities Health Coalition
Biophyiscal Society
Clear Labs
College of American Pathologists
Infectious Diseases Society of America
Infectious Diseases Society of America
Society for Public Health Education
Trust for America's Health
University of Virginia

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Dear Chairs Capito and Aderholdt and Ranking Members Baldwin and DeLauro,

The undersigned organizations representing public health, environmental, and clinical stakeholders respectfully request that you provide at least $120 million for the Centers for Disease Control and Prevention's (CDC) National Wastewater Surveillance System (NWSS) within CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) for Fiscal Year (FY) 2027.

Wastewater Surveillance is a powerful and cost-effective public health tool that provides early warning of infectious disease outbreaks – without requiring individuals to be symptomatic or tested for infection. Currently, NWSS supports wastewater surveillance data collection and reporting in all 50 states, seven territories, and several Tribal communities. Continued investment is vital to sustain and strengthen this program and ensure it can effectively inform U.S. biosurveillance, and health security efforts.

NWSS has been solely supported with supplemental funds. CDC has invested more than $500 million in supplemental funding to state health agencies to build wastewater surveillance capacity, including laboratory testing, data infrastructure, and a trained workforce capable of translating data into actionable public health insights. However, CDC has exhausted all available supplemental funding to support wastewater at the agency and will have no funding to sustain the national program beyond September 30, 2026. Without additional funding, the U.S. could lose this vital and cost-effective early warning system at a time of increasing public health threats.

Data collected through NWSS provides timely, community-level insight into disease trends, allowing public health officials to detect increases or declines in infection earlier than traditional clinical surveillance. This enables faster, more targeted responses, including resource allocation, public communication, and mitigation efforts. For example, in August 2025, public

health officials in Mesa County, Colorado detected wild-type measles through wastewater surveillance before clinical cases were widely reported. Public health officials used this early signal to increase staffing and provide timely public guidance on symptoms, treatment, and prevention.[1] As measles continued to spread across the US in 2025, CDC expanded their capacity to detect measles to 630 sites across 48 states, covering 26% of the US population.

NWSS also continues to expand its utility across emerging threats. In collaboration with an academic partner, CDC added highly pathogenic avian influenza (H5N1) to its wastewater surveillance capabilities in May 2024. This testing is now being done at 152 sites spanning 41 states, enabling public health officials to detect potential outbreaks of H5N1 without waiting for patients to seek care.

Sustained investment in NWSS will protect prior federal investments, preserve critical public health infrastructure, and ensure that state and local partners can continue to respond rapidly to emerging biological threats. To ensure the United States remains prepared to detect and respond to infectious disease outbreaks, we respectfully request that you include $120 million for the NWSS at the CDC in FY 2027.

Thank you for your ongoing support of public health, and for your consideration of our request.

Sincerely,

American Society for Microbiology
AdvaMedDx
American Institute of Biological Sciences
American Jail Association
American Public Health Association
Association for Molecular Pathology (AMP)
Association of Public Health Laboratories
Big Cities Health Coalition
Biophysical Society
Clear Labs
Council of State and Territorial Epidemiologists
Infectious Diseases Society of America
National Association of Clean Water Agencies
National Environmental Health Association
National Network of Public Health Institutes
Society for Healthcare Epidemiology of America
Society for Public Health Education
Society for Public Health Education
Trust for America's Health
Wastewater Action Alliance