WHAT IS THE CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES?
The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) at the CDC works to protect people from antibiotic-resistant infections, foodborne outbreaks, and deadly emerging and zoonotic infectious diseases—diseases that spread between animals and people—such as Zika, Ebola, and salmonella infection.

WHAT DOES IT BUY?
Funding supports the development of diagnostic tools and the investigation of, and response to, disease outbreaks internationally, which includes surveillance, infection control, vaccine delivery, and health care worker training.

WHY IS IT IMPORTANT?
- Annually, zoonotic infectious diseases sicken 2.5 billion and kill 2.7 million people globally.
- NCEZID provides advanced laboratory services—including the CDC’s high-containment biosafety labs that enable it to study hazardous pathogens—and advanced molecular detection techniques that allow the CDC to identify illnesses of unknown origin from around the world.
- NCEZID investigates and responds to deadly disease outbreaks internationally to keep them from becoming threats at home, such as:
  - The 2018 and 2019 Ebola outbreaks in the Democratic Republic of Congo’s (DRC) Equateur and North Kivu provinces. NCEZID provided surveillance, infection control, community engagement, and vaccine implementation.
  - The 2017 monkeypox outbreak in the DRC, during which NCEZID assisted health officials in tracking cases and training health workers.
  - The 2016 typhoid fever outbreak in Harare, Zimbabwe, during which NCEZID investigated and controlled the outbreak that lasted nearly five months and caused 867 suspected cases and four deaths.
- From 2013 to 2018, NCEZID supported the development of more than 50 advanced molecular detection diagnostics, including tests for Zika, Ebola, Lyme disease, bubonic plague, and rabies.

WHY SHOULD AMERICANS CARE?
- NCEZID develops cutting-edge, point-of-care diagnostic tools, enabling faster, accurate detection of infectious diseases that threaten U.S. health, including vector-borne diseases—cases of which tripled in the U.S. between 2004 and 2016.
- Antibiotic-resistant pathogens affect at least 2 million Americans and take the lives of 23,000 Americans every year. Modern travel of people, animals, and goods means an antibiotic-resistant organism can quickly become a global threat—yet, global action has been limited.
WHAT MORE COULD BE DONE?

- U.S. investment should match the increasing frequency and scale of disease outbreaks worldwide, which result in part from increased trade, travel, human-animal interactions, and climate shifts. Some initiatives might include:
  - Rapidly deployable resources and teams of experts that can safely test for dangerous viral hemorrhagic fevers (VHF), such as Ebola, at their source before they become global pandemics.
  - Improved training, surveillance, and diagnostic laboratory capacity for VHF, monkeypox, other emerging poxvirus diseases, and outbreaks of unknown and emerging pathogens.
  - Improving molecular diagnostic tools, building on PEPFAR laboratory diagnostic networks, and optimizing diagnostic technologies and laboratory techniques for field deployment in high-risk, remote, or resource-poor regions of the world.
- Increased funding could support domestic and international responses to rabies—one of the deadliest viruses affecting humans—and progress towards the WHO’s goal of ending deaths due to canine rabies by 2030.
- Additional investment could increase capacity, coordination, and tool development for waterborne disease surveillance, communications, outbreak investigations, and emergency preparedness.

6 YEAR FUNDING HISTORY

(In millions)

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<tr>
<th>Year</th>
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Funding levels may not exactly reflect those in the appropriations bills and/or reports due to rounding.