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May 5, 2020

The Honorable Rosa DeLauro
Chair
Labor, Health, and Human Services Subcommittee
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Chair
State and Foreign Operations Subcommittee
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Labor, Health, and Human Services Subcommittee
Committee on Appropriations
United States House of Representatives
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The Honorable Hal Rogers
Ranking Member
State and Foreign Operations Subcommittee
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Subject: Infectious Diseases Programs in FY2021 Appropriations Bills

Dear Chair DeLauro, Ranking Member Cole, Chair Lowey, and Ranking Member Rogers:

On behalf of the Infectious Diseases Society of America (IDSAs), we urge the Subcommittees to provide full FY2021 funding for investments in domestic and global programs necessary to protect public health, prevent and respond to outbreaks and other emergencies, and funding that spurs biomedical research. As the current COVID-19 pandemic plainly illustrates, federal resources to address infectious diseases threats are essential to our nation's health, security and economy.

IDSAs represents over 12,000 infectious diseases physicians, scientists and other healthcare professionals devoted to patient care, prevention, public health, education, and research in the area of infectious diseases. Besides serving in the frontlines of health care workers caring for patients with COVID-19 disease, many of our members care for patients with serious infections, including pneumonia, HIV/AIDS, tuberculosis, as well as infections that are resistant to many available antimicrobials. Our members also help combat other recent emerging infectious diseases such as Ebola and Zika viruses. Many of our members lead biopreparedness programs at their hospitals and health systems and coordinate directly with federal, state and local authorities in preparing for and responding to a wide variety of public health emergencies.

Labor, Health, Human Services, and Related Agencies Appropriations

Centers for Disease Control and Prevention

Antibiotic Resistance Solutions Initiative

We urge at least \$200 million in funding for the Antibiotic Resistance Solutions Initiative in FY2021. IDSAs members see the impact daily that antimicrobial resistance (AMR) has on patients. Antibiotic resistance is one of the greatest public health threats of our time. Drug-resistant infections sicken at least 2.8 million each year and kill at least



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35,000 people annually in the United States. Antibiotic resistance accounts for direct health-care costs of at least \$20 billion. If we do not act now, by 2050 antibiotic-resistant infections will be the leading cause of death. Early data indicate that large numbers of patients with COVID-19 are being prescribed antibiotics, which is likely to fuel further resistance. Early studies indicate that a significant proportion of patients who die from COVID-19 also have secondary bacterial infections that contribute to their mortality, and more studies are needed to better understand the impact of secondary bacterial infections and resistance on patients during outbreaks or pandemics of viral respiratory infections.

The federal response to AMR must be increased to prevent and detect multi-drug resistant infections. The requested funding would allow the expansion of efforts at every state health department, multiple local health departments, Puerto Rico and other territories to prevent, detect, contain and respond to multi-drug resistant infections. Funding would also support implementation of antimicrobial stewardship programs (newly required by CMS at hospitals) to reduce inappropriate antibiotic use—both in hospitals and in community care—and improve patient outcomes. Since FY2016, CDC has provided \$300 million to 59 state and local health departments to increase capacity for faster response to outbreaks and emerging infections. Additionally, this funding improved antibiotic use, increased state and regional laboratory capacity to rapidly detect resistant infections, and enhanced tracking of healthcare-associated infections. These substantial payoffs mean a clear net positive for the federal budget to recoup the direct costs of the program, but a deeper investment in FY2021 is needed to effectively address current and newly emerging threats and prepare for future unexpected challenges such as we are now experiencing with COVID-19 disease.

Advanced Molecular Detection

AMD strengthens CDC's epidemiologic and laboratory expertise to effectively detect and respond to the ever-expanding universe of emerging diseases and deadly pathogens. Requested FY2021 funding of at least \$37.5 million is required to ensure AMD has updated cutting-edge technology to allow CDC to more rapidly determine where emerging diseases come from, whether microbes are resistant to antibiotics, and how microbes are moving through a population. AMD has a strong potential benefit on antimicrobial stewardship which is necessary to reduce AMR. Additional funding would help ensure state and local health departments have enhanced expertise to harness DNA sequencing of pathogens to ramp up early detection and response to surging disease outbreaks. AMD is integrating next-generation sequencing in the COVID-19 response. Availability of hundreds of sequenced COVID-19 viruses is providing a clearer picture of how the outbreak is evolving and how cases are connected, allowing more effective targeting of response efforts.

National Healthcare Safety Network

FY2021 funding of \$25 million for the National Healthcare Safety Network (NHSN) will enable CDC to expand tracking of healthcare-associated infections (HAIs), antibiotic use, and antibiotic resistance. The NHSN is the most widely used HAI tracking system in the country and provides facilities, states, regions, and the nation with data needed to identify problem areas and best practices, and to measure and drive the progress of prevention and stewardship efforts. NHSN is playing a central role in the COVID-19 response. Nursing homes are required by the Centers for Medicare and Medicaid Services to report cases of COVID-19 directly to NHSN, and are strongly encouraged to share information about confirmed COVID-19 cases with patients, residents, families,



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and loved ones. The responses will be uploaded into NHSN and will complement existing state-level reporting requirements, helping the federal government collect nationwide data to assist in COVID-19 response activities.

This new NHSN capability for nursing homes follows the launch of CDC's NHSN Hospital Capacity and Patient Impact COVID-19 module. Given the breadth of reporting capability of NHSN, CDC was able to quickly adapt the system to easily collect nursing home data and report it to state health departments and other parts of the federal government emergency response for action.

Additionally, as of April 1, 2018, 776 out of the over 5,500 U.S. hospitals have voluntarily reported antibiotic use data, and 317 hospitals have reported antibiotic resistance data to the CDC NHSN Antibiotic Use and Resistance (AUR) module. While this represents progress, it falls strikingly short of the stated goal in the National Action Plan for Combating Antibiotic Resistant Bacteria for 95% of hospitals to report these data by 2020. Comprehensive data on antibiotic use and resistance are essential to inform and evaluate antibiotic stewardship activities and other efforts to address AMR.

Center for Global Health

IDSAs urges the Subcommittee to provide at least \$624 million in FY2021 funding, including \$225 million for CDC's Division of Global Health Protection to prevent, detect and respond to infectious disease threats in the places they originate before they reach American soil. As the response to the devastating global COVID-19 pandemic continues, global health security efforts are critical for ensuring America's health security, including strengthening laboratory capacities, disease surveillance and field epidemiology activities in resource-limited countries. Sustained funding for the Division of HIV and TB, a key implementer of PEPFAR, is needed to facilitate access to life-saving antiretroviral treatment for millions, including to pregnant women living with HIV to prevent transmission to their children. The Center works to find, cure and prevent TB, eliminate the global burden of malaria, stop poliovirus transmission, and reduce mortality from vaccine-preventable diseases like measles. The CDC Center for Global Health addresses more than 400 diseases and health threats in 60 countries.

Infectious Diseases Rapid Response Fund

The quick spread of emerging infectious diseases, as illustrated by COVID-19, makes clear the need for the Infectious Diseases Response Fund in regular FY2021 appropriations. The Fund enables CDC and other federal agencies to rapidly address public health emergencies and infectious disease outbreaks at their source, before they reach American shores. An investment of at least \$85 million is needed to ensure agencies, led by the CDC can move forward with initial response activities to contain the spread of infection; treat infected individuals and launch research for vaccines, diagnostics and therapeutics.

Immunization Program

IDSAs supports funding of \$710 million for the Section 317 Immunization Grant Program that would allow healthcare providers to obtain necessary vaccines. The program helps decrease the number of children and adults who die each year from vaccine-preventable illnesses and helps prevent outbreaks of diseases due to inadequate vaccination rates. We must strengthen our nation's vaccine infrastructure to prepare to drive access and uptake of a COVID-19 vaccine once one is developed.



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Vaccine hesitancy is fueling a resurgence of vaccine-preventable diseases such as measles, making this a critically important time to invest in a comprehensive response. Many communities have been deemed “at risk” for outbreaks of measles and other vaccine-preventable illnesses due to insufficient vaccination rates. During January 1–October 1, 2019, a total of 1,249 measles cases and 22 measles outbreaks were reported in the United States. This is the greatest number of cases reported in a single year since 1992.

Infectious Diseases and Opioids

IDSAs urges \$58 million in funding in FY2021 to address opioid addiction, HIV/AIDS, and hepatitis. We are increasingly concerned about how the opioid crisis is driving higher rates of infectious diseases including hepatitis C, endocarditis, HIV, pneumonia, and skin, soft tissues, bone and joint infections. Some of our members report that 25 to 50 percent of their inpatient hospital consultations are for infections in patients who inject drugs.

Vector-Borne Diseases

We advise funding of \$66 million as provided in the House LHHS bills for vector-borne diseases efforts to help reduce the impact of infections such as the Zika virus and tick-borne illnesses including Lyme disease. CDC found that the number of disease cases in the US due to mosquito, tick or flea bites tripled from 2004 to 2016, demonstrating the need for increased funding to support evidence-based surveillance and prevention efforts.

Assistant Secretary for Preparedness and Response (ASPR)

Biomedical Advanced Research and Development Authority

At least \$230 million in FY2021 for the BARDA broad spectrum antimicrobials program and **CARB-X** is needed to leverage public/private partnerships to develop products that directly support the government-wide *National Action Plan for Combating Antibiotic-Resistant Bacteria*. These programs have been successful in developing new FDA-approved antibiotics. Despite this progress, the pipeline of new antibiotics in development is insufficient to meet patient needs, and \$230 million in funding is needed to help prevent a post-antibiotic era in which we lose many modern medical advances that depend upon the availability of antibiotics, such as cancer chemotherapy, organ transplants and other surgeries. There is early evidence of secondary bacterial infections among COVID-19 patients. It is unclear exactly how significant secondary bacterial infections will be in this pandemic, but serious viral respiratory infections typically pose some risk that increases when patients need to be hospitalized or placed on a ventilator. This [report](#) on 191 patients found that 50% of patients who died had a secondary infection.

Project BioShield

We request at least \$140 million in FY2021 for the Project BioShield Special Reserve Fund which is positioned to support the response to public health threats, including AMR. BARDA and NIAID efforts have been successful in helping companies bring new antibiotics to market, but those companies now struggle to stay in business and two filed for bankruptcy in 2019. In December 2019, SRF funds supported a contract for a



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company following approval of its antibiotic—a phase in which small biotechs that develop new antibiotics are particularly vulnerable. Additional funding is needed to expand this approach to better support the antibiotics market.

National Institutes of Health

National Institute of Allergy and Infectious Diseases

Within NIH, NIAID should be funded at \$6.345 billion, including \$600 million for antimicrobial resistance research. The NIAID plays a leading role in research for new rapid ID diagnostics, vaccines, and therapeutics. NIAID has developed a strategic research plan for COVID-19 and will need increased funding to advance our fundamental understanding of the virus and how it impacts diverse patient populations and to develop improved diagnostics, treatments and vaccines. With the requested funding to combat AMR, NIAID will advance their leadership of critical research into how to counter the ever-evolving threat posed by resistant microbes. With a broader investment in FY2021, NIAID would be able to establish a global network of emerging infectious diseases research centers with multidisciplinary teams to better understand emerging threats and how to stop them. NIAID is also planning to expand efforts to support the next generation of researchers, but this will be challenging without additional resources. Funding at the requested level would enable NIAID to increase funding and success rates for early and mid-career awards, and pilot a new innovator award to promote bold new ideas from early stage investigators. This kind of thinking is precisely what is needed to address growing ID threats.

John C. Fogarty Center

Additionally, we urge \$87.1 million in funding for the Fogarty Center to improve global health security and improve our ability to detect and respond to pandemics. Fogarty-funded breakthroughs have directly contributed to advances in such infections as HIV, tuberculosis, and malaria.

Health Resources and Services Administration

Ryan White HIV/AIDS Program

We urge FY2021 funding for the Ryan White HIV/AIDS Program of \$2.652 billion. The program serves the most vulnerable people living with HIV, and for those who are uninsured or underinsured, the Ryan White Program is their only source of HIV treatment, care and critical support services. A strong Ryan White Program and all of its parts that operate in coordination to achieve the program's outstanding outcomes, are a key ingredient to ending the domestic HIV epidemic.

State and Foreign Operations Appropriations (SFOPs)

Department of State

President's Emergency Plan for AIDS Relief

We urge \$5.50 billion in FY2021 funding for the President's Emergency Plan for AIDS Relief. This investment would allow PEPFAR to scale up HIV treatment and help partner countries adhere to new HIV treatment guidelines as well as expand other critical HIV services such as testing and counselling, prevention of mother-to-child-transmission



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activities, and other efforts to prevent HIV transmission and save lives in resource-limited settings. PEPFAR currently supports 15.7 million adults and children on lifesaving antiretroviral therapy to treat and prevent the spread of HIV/AIDS. However, without additional funding, PEPFAR will not be able to expand access to treatment and other essential HIV prevention and care services. Despite global efforts, nearly 16 million people living with HIV still require immediate treatment, and in 2018, there were 1.7 million new HIV infections worldwide. Failure to fast-track investments and efforts today will result in a dramatic spike in new HIV infections – an estimated 100 million by 2030, up from 38 million in 2018 – and the AIDS response will no longer be able to keep pace with the epidemic.

Global Fund to Fight AIDS, TB and Malaria

IDSAs recommends \$1.56 billion in resources for the Global Fund to Fight AIDS, TB and Malaria in FY2021. The world's largest international health funding organization, the Global Fund is credited with supporting responses that have saved more than 27 million lives worldwide since its 2002 launch. In countries where the Global Fund invests, the number of deaths caused by AIDS, TB and malaria each year has been reduced by one-third. As the largest donor to the Global Fund the U.S. contribution is pivotal, comprising a third of total funding and setting a target for other donors to reach. Maintaining the U.S. contribution to the Global Fund will catalyze greater contributions from other donors, strengthening global abilities to end the HIV, TB and malaria epidemics.

U.S. Agency for International Development

Global Health Security

\$172.5 million is needed in FY2021 for the agency's global health security program, and an additional \$25 million is needed for USAID's emergency response fund. Over the last several years, emerging and re-emerging infectious diseases have caused substantial harmful impacts to communities, health systems, and governments. Emerging infectious disease threats like Ebola, Zika, Nipah and now COVID-19 make plain the ongoing need for solid investments in surveillance, laboratory infrastructure and well-trained human resources to ensure that the world will be better prepared for the next outbreak or pandemic. The ongoing COVID-19 pandemic further underscores the need for continued investments for preventing, detecting and responding to emerging infectious diseases, particularly in resource-limited countries with limited technical expertise. Since 2014 most funding for global health security activities at USAID, CDC and DoD has been provided through emergency supplemental funding for the West African Ebola outbreak of 2014-2016, however that pool of money expired at the end fiscal year 2019. A funding level of \$172.5 million for USAID will sustain and build upon the progress made to protect the U.S. and global community from the threat of emerging infections.

Tuberculosis

IDSAs urges FY 2021 funding of \$400 million for USAID's TB program to expand prevention, detection and treatment efforts, particularly to combat drug-resistant tuberculosis, and help strengthen capacities in the most affected countries. Tuberculosis is the world's biggest infectious disease killer, and as the only airborne drug-resistant disease, is responsible for 35 percent of all deaths from antimicrobial resistance. If global



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resources to combat tuberculosis are not increased, TB will continue to drive the global AMR crisis, which is projected to kill 10 million people by 2050. USAID's global tuberculosis program provides vital TB prevention, detection and treatment services for the most vulnerable people in high-burden countries. By combating the TB epidemic globally, USAID protects American health while contributing to global health security. USAID's TB program is vital for both improving health globally and protecting the health of Americans.

Conclusion

Once again, we thank you for the attention given to infectious diseases and urge you to provide increased funding for infectious diseases funding in FY2021. Now more than ever, patients, as well as our nation's health and safety, all depend on your direction and funding. If we can serve as a resource for your efforts, please have your staff contact Lisa Cox, IDSA Director of Government Relations, at lcx@idsociety.org or (703) 299-0202.

Sincerely,

Thomas J. File, Jr., MD, FIDSA
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