

IDS A EXECUTIVE COMMITTEE

December 18, 2008

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Dear President-Elect Obama:

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We write to you on behalf of the Infectious Diseases Society of America (IDS A) and the HIV Medicine Association (HIVMA) to express our congratulations as you begin your first term in office and to offer our support as your Administration establishes its infectious diseases priorities in the coming months and years.

SECRETARY

William Schaffner, MD, FIDSA
Vanderbilt University School of Medicine
Nashville, TN

IDS A represents more than 8,500 infectious diseases physicians and scientists devoted to patient care, education, research, prevention, and public health. Our members include leaders and experts in the field of influenza, bioemergency preparedness and biodefense, HIV/AIDS, immunizations, pneumonia, tuberculosis (TB), meningitis and new and emerging infections, such as antibiotic-resistant bacteria. Our members also include scientists involved in the development of new pharmaceuticals, diagnostic tools, vaccines and other products. Housed within IDS A is the HIVMA, whose members conduct research, administer prevention programs, and provide clinical services to individuals with HIV/AIDS.

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Together, IDS A and HIVMA are the principal organizations representing infectious diseases and HIV physicians in the United States. IDS A and HIVMA have also recently created the Infectious Diseases Center for Global Health Policy and Advocacy, which focuses on global HIV/AIDS, global TB, and HIV/TB co-infection.

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As you prepare to take office, we realize a number of urgent budget and policy questions will have to be made very early next year, for both the completion of the Fiscal Year 2009 budget cycle and the start of the FY 2010 cycle. As you begin this critically important process, we would like to offer a brief synopsis of our policy priorities and enclose several policy reports that contain principles that we hope your Administration will adopt as its own:

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Antimicrobial Availability and Antibacterial Drug Resistance

Of primary concern, IDS A wishes to highlight the immediate threat posed by the increase in drug-resistant infections and the decline in the development of new drugs to treat them. Emerging antimicrobial resistance is threatening the lives of Americans in hospitals and community settings, including healthy athletes and children. The lack of new antimicrobial agents renders the country vulnerable to both naturally occurring infections as well as bioweapons engineered using resistant bacterial strains. For the last six years, IDS A has

acted on numerous fronts to remove disincentives to antimicrobial research and development and to strengthen federal activities in this arena. To address the burgeoning problem of antimicrobial resistance, IDSA developed the Bad Bugs, No Drugs report enclosed with this letter, also available at www.idsociety.org/badbugsnodrugs. The report highlights the need for statutory incentives to spur the development of new antibacterial drugs, as industry has fled this market due to disincentives that make these drugs an unattractive investment for company shareholders.

Product development is not the only strategy needed to address the resistance problem. Accordingly, IDSA has strongly endorsed a complementary set of approaches found in the “Strategies to Address Antimicrobial Resistance (STAAR) Act.” This legislation provides a common-sense and comprehensive approach that will strengthen U.S. leadership, coordination, surveillance, research, and prevention and control efforts related to drug-resistant organisms. More information about this important legislation is found at: www.idsociety.org/STAARAct.

Pandemic Influenza and Other Bioemergencies

IDSA views the creation of the Office of Assistant Secretary for Preparedness and Response and the Biomedical Advanced Research and Development Authority (BARDA) within the Department of Health and Human Services (HHS) as critical successes. We support the continued expansion and strengthening of U.S. preparedness and response efforts related to pandemic influenza and other bioemergencies. The U.S. must develop new countermeasures to respond to existing and potential threats—in particular, naturally occurring threats. Over the past several years, IDSA has stressed the need to expand BARDA’s role to include a stronger focus on naturally occurring infections, including resistant bacterial infections. We have particularly stressed the need to sufficiently fund BARDA and have supported funding of \$850 million for multi-year appropriations allocated to BARDA in FY 2009 for biological therapeutics, diagnostics, and technologies.

As part of our own continuing commitment to assist in preparing for these serious threats, IDSA released its Pandemic and Seasonal Influenza Principles for U.S. Action in 2007 to complement and support on-going federal, state, local and private efforts. The principles outlined in this report support many of the concepts found in the “Pandemic and All-Hazards Preparedness Act,” but provide a level of specificity not found in the Act. The report is available at www.idsociety.org/pandemicfluprinciples.

Adult and Adolescent Immunizations

The U.S. has unacceptably low rates of immunization among adults and adolescents, with coverage rates ranging from 26 percent to 65 percent, depending on the vaccine and specific target group. According to the Centers for Disease Control and Prevention, 95 percent of vaccine-preventable diseases occur in adults, and more than 46,000 adults die each year of vaccine-preventable diseases or their complications. Recognizing that the U.S. has achieved remarkable success in increasing childhood vaccination rates across the nation over the past decade, IDSA hopes to leverage this success to protect adults and adolescents from vaccine-preventable infections. Toward this goal, IDSA developed a set of policy principles and recommendations to strengthen adult and adolescent immunization coverage. This document is intended to raise provider and public awareness regarding the availability of vaccines; improve public financing for vaccines; improve health insurance coverage; and improve quality, monitoring, and research. IDSA’s Adult and Adolescent Immunization Coverage Principles are enclosed and also are available at www.idsociety.org/adultimmunization.htm.

Earlier HIV Diagnosis with Access to HIV Care and Treatment

We are doing a poor job of diagnosing HIV disease in the U.S. and in ensuring access to treatment once people are diagnosed. An estimated 21 percent of people living with HIV in the U.S. (more than 230,000 individuals) are unaware of their HIV status and an estimated 40 percent of people newly diagnosed with HIV infection in the U.S. develop AIDS within one year of diagnosis. A 2005 Institute of Medicine report found that nearly 50 percent of people living with HIV/AIDS in the U.S. do not have reliable access to HIV care and treatment. Many of the HIV providers that are funded by Part C of the federal Ryan White program have been severely underfunded and operating at a deficit for the last several years. In several parts of the country, HIV clinics are shutting their doors. HIVMA strongly supports widespread adoption of routine HIV testing as a tool for improving HIV diagnosis. We worked with the AIDS Foundation of Chicago to develop a nine-point Action Plan for promoting earlier diagnosis of HIV and access to care and treatment. The plan calls for policy and program changes that would greatly facilitate the rapid scale-up of routine testing, such as coverage of routine HIV testing by public and private payers, increased support for voluntary testing and comprehensive HIV care in correctional settings, and a federal financing system that supports the delivery of HIV care. The Action Plan is available online at www.hivma.org.

Adequate HIV Medical Workforce

HIVMA is calling for a federal examination of the adequacy and capacity of the HIV clinical workforce. This important issue should be considered in the context of health care reform and other medical provider shortages. Many HIV clinicians were drawn to HIV medicine in the early days of the epidemic, when as medical residents, they encountered this deadly disease largely affecting marginalized and minority populations. Now that these clinicians are beginning to retire and leave the field, there is not a sufficient pool of young medical residents who are engaged in HIV medicine to take their place. The shortage of HIV medical providers is fueled by a number of factors – the complexity of HIV treatment; the vulnerable populations affected by HIV; and the extremely low reimbursement for HIV treatment. Reimbursement is lower than the cost of providing care in many areas of the country. We are deeply concerned that the dearth of qualified HIV medical providers will serve as a serious barrier to accessing quality HIV care for people living with HIV/AIDS across the country.

Evidence-based Policies and Interventions

We urge you to discontinue federal funding for abstinence-only education programs and to redirect this funding to comprehensive sexual education programs that educate young people in an age-appropriate, culturally sensitive, and value-neutral manner. Perhaps no other area of medicine has been as politicized as HIV/AIDS. Despite our knowledge of how HIV is transmitted, the number of new infections occurring every year in the United States remains steady at 56,000. To control HIV/AIDS and other sexually transmitted infections, it is imperative that the federal government support science-based information and programs to assist persons of all ages in protecting themselves. A joint policy statement of HIVMA and IDSA—Preventing HIV and other Sexually Transmitted Infections: A Call for Science-Based Government Policies—is available online at www.hivma.org/Content.aspx?id=2784.

We also call for federal support of the widespread availability of harm-reduction techniques such as clean needle and syringe exchange and drug treatment programs, including drug-free programs as well as methadone, buprenorphine, and overdose prevention programs. Federal leadership is needed for us to make great strides in reducing the spread of these serious and deadly infections. Injection drug use is a major route of transmission for HIV, hepatitis B virus,

and hepatitis C virus. It accounts for more than 20 percent of HIV infections in the United States and is the dominant route of HIV transmission in some developing nations. Numerous studies document the efficacy of syringe and needle exchange programs. These studies show that providing access to clean syringes and needles does not increase drug use and, in fact, can be a pathway to drug treatment and other health care services. The IDSA and HIVMA Policy Statement on Syringe Exchange, Prescribing, and Paraphernalia Laws is available online at www.hivma.org/Content.aspx?id=2790.

Strong and Visible Leadership for the Nation's Global AIDS Effort

U.S. leadership in combating the global AIDS pandemic has literally saved millions of lives and prevented innumerable new HIV infections. The historic reauthorization of legislation to combat global HIV, tuberculosis and malaria will effectively take these lifesaving programs to the next level, if political leadership and will translate into robust funding for these lifesaving programs. While the accomplishments are formidable, much more remains to be done to respond to the HIV treatment needs of 70 percent of persons in developing countries who do not yet have access to HIV medications; to dramatically reduce mortality and morbidity from tuberculosis in both HIV-infected and uninfected individuals, including children; and to stem the tide of new HIV infections that annually surpass the numbers who have access to treatment. To maintain the momentum of the U.S. program, which, under the new legislation, must now meet a broader range of development objectives, we urge you to propose \$9 billion for bilateral HIV/AIDS programs.

Our nation's response to the global AIDS pandemic spans a number of federal agencies, and requires high-level, visible leadership to both coordinate relevant research and programmatic activities across agencies and to represent the United States with other major donor countries and senior officials from recipient countries. Maintaining the Office for the Global AIDS Coordinator at the State Department as a direct report to the Secretary of State underscores the high priority of this initiative and its critical role in international diplomacy.

Sufficient Funding for Bilateral AIDS Programs, and HIV, TB and Malaria Programs

Additional funds are urgently needed to expand access to high-quality HIV treatment for adults and children, including treatment for opportunistic infections; to scale up prevention of mother-to-child transmission, circumcision and other biomedical and behavioral prevention interventions in bilateral focus countries; and to implement TB screening, treatment and infection control programs for patients co-infected with HIV and tuberculosis. Moreover, new resources are urgently needed to implement critical new provisions of the reauthorized global AIDS response, including health systems strengthening and workforce development, and operational research to ensure that we are funding the most effective interventions and programs. Finally, it is critical that the U.S. rapidly increase its contribution to the Global Fund to respond to the Fund's budget shortfall and ensure that meritorious proposals in malaria, HIV and tuberculosis can be funded without delay. Since the Fund is a crucial part of U.S. global health diplomacy, we urge you to propose emergency funding for the Global Fund via an FY 2009 supplemental budget and \$2.7 billion for the Fund in your FY 2010 budget proposal.

Leadership and Funding for Domestic and Global Tuberculosis Control Programs

Tuberculosis kills 1.7 million persons annually, and new diagnostics and drugs are critical as we move aggressively to identify an effective vaccine. WHO reported in 2008 the highest rates of multidrug-resistant (MDR) tuberculosis ever recorded. This air-borne infectious disease is a threat to the entire world community, including the United States, and threatens to undermine the expansion of HIV treatment in the developing world by its relentless toll of morbidity and mortality among persons with HIV, including HIV-infected infants, who are extremely vulnerable to TB. We need visible and coordinated federal leadership on tuberculosis, with a significant infusion of new resources to implement programs authorized under the “Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008” and “The Comprehensive TB Elimination Act.” To lay the groundwork for achieving the goals included in this bill and to forestall an even worse TB crisis, we urge you to propose \$650 million in bilateral TB funding for FY 2010.

IDSA’s and HIVMA’s leaders and staff are excited about the opportunity to work with you and your leadership teams over the next four years, and we would welcome the opportunity to meet with your Administration’s representatives in the coming weeks and months to discuss each of the priorities outlined above. Please feel free to contact: Michael Ochs, IDSA’s Government Relations Associate, at (703) 740-4790 or mochs@idsociety.org; Andrea Weddle, HIVMA’s Executive Director, at (703) 299-0915 or aweddle@idsociety.org; or Christine Lubinski, IDSA’s Vice President for Global Health at (703) 299-5027 or clubinski@idsociety.org.

Sincerely,



Anne Gershon, MD
IDSA President



Arlene Bardeguez, MD, MPH
HIVMA Chair

Enclosures:

- IDSA Report: Bad Bugs, No Drugs, As Antibiotic R&D Stagnates, A Public Health Crisis Brews
- IDSA’s Pandemic and Seasonal Influenza Principles for U.S. Action
- Actions to Strengthen Adult and Adolescent Immunization Coverage in the United States: Policy Principles of the IDSA
- Action Plan on HIV Testing
- Joint HIVMA/IDSA Statement: Preventing HIV and other Sexually Transmitted Infections: A Call for Science-Based Government Policies
- IDSA/HIVMA Policy Statement on Syringe Exchange, Prescribing, and Paraphernalia Laws