July 11, 2017

Brenda Fitzgerald, MD
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Dear Dr. Fitzgerald:

Congratulations on your appointment to serve as the 17th Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR). We write on behalf of the HIV Medicine Association (HIVMA), an organization of more than 5,000 medical care providers and researchers who have been on the front lines of the HIV epidemic since the early 1980s. We are part of the Infectious Diseases Society of America, which represents more than 10,000 infectious diseases (ID) physicians and scientists devoted to patient care, prevention, public health, education, and research in infectious diseases.

As you take the helm of the CDC and consider the challenges and opportunities facing our nation’s public health, we urge you to make the goal of ending the HIV/AIDS epidemic at home and abroad a top priority. You are well positioned to lead this effort given your experience as a public health official in Georgia, where you have seen firsthand the devastating impact of the HIV epidemic since the early 1980s.

Your leadership will be critical to ensuring an effective response to HIV and the other infectious disease threats that our country faces, including their intersection with the opioid epidemic. Additionally, we are seeing alarming increases in new cases of chlamydia, gonorrhea (including drug resistant strains) and syphilis. To appropriately address these epidemics that share commonalities in affected populations and modes of transmission, we urge you to support continued implementation of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan through 2020. We support the Plan’s prioritization and expansion of high impact prevention and control efforts to reduce incidence, morbidity, mortality and disparities due to these infections.

We outline here a few key issues critical to ensuring a robust U.S. response to the HIV/AIDS epidemic at home and abroad.

**Advancing the National Goals to End the HIV Epidemic:** Since 2010, the National HIV/AIDS Strategy has provided an important roadmap to coordinating and guiding the response to the HIV/AIDS epidemic in the U.S. Under the leadership of the CDC, HRSA and other agencies, we saw an 18% reduction in
new HIV infections between 2008 and 2014. This translates to 33,200 cases averted or an estimated cost saving in medical expenses of $14.9 billion; however, these successes have not been equally distributed across geographic regions and populations. The Southern U.S. is now the region with the highest percentage of persons living with HIV and 43 percent of new HIV diagnoses despite having only 28 percent of the total U.S. population.

Appropriately, the CDC has started to focus more of its prevention efforts on the Southern U.S. We hope that under your leadership not only will progress be made, but new programs initiated to end the HIV epidemic by further reducing new infections. To this end, improving care access and engagement will be essential if we are to increase the percentage of virally suppressed individuals, as effective therapy not only improves health outcomes for people living with HIV but reduces HIV transmission to virtually zero. This will require closer collaboration with federally-funded care and treatment programs and the agencies responsible for them, including Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, the Centers for Medicaid and Medicare Services, and the Veterans’ Administration. In addition, CDC has an opportunity to explore creative solutions for expanding access to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), two effective prevention tools that currently cannot be provided by the Ryan White HIV/AIDS Program due to legislative constraints. CDC estimates that only a small proportion of persons who could benefit from PrEP have gained access to it.

**Eliminating Mother-to-Child HIV Transmission:** In the U.S., the decline in mother-to-child HIV transmission to less than 2 percent has been among our most successful public health achievements, but in 2017 there is no excuse for any baby to be born with HIV. As an OB/GYN you know that elimination of mother-to-child transmission in the U.S. is an achievable objective and we urge you to make it a priority. Globally, too, we have made important progress as 77 percent of all pregnant women living with HIV received medicines that prevent transmission to their babies in 2015. We can also eliminate mother-to-child transmission of HIV globally with the appropriate leadership and resources.

**Improving Prevention and Screening for Sexually Transmitted Diseases (STD):** The dramatic rise in STDs, particularly among our youth, calls for increased resources to support access to comprehensive prevention and sex education, including condoms, in addition to increased screening for STDs. Given that STDs facilitate transmission of HIV, we must reverse this trend to prevent a rise in new HIV infections and serious sequellae of untreated infections, such as infertility in women.

**Elevating our Response to Hepatitis C:** New hepatitis C cases tripled from 2010 to 2015 and are at a 15-year high. Urgent action is needed to increase hepatitis C screening and improve access to treatment that cures hepatitis C for those infected.

**Responding to the Intersection of Infectious Disease Outbreaks and the Opioid Epidemic:** CDC estimates that 220 counties in 26 states are vulnerable to spikes in HIV and hepatitis C infections due to injection drug use, and overdoses are now the leading cause of death among Americans under the age of 50. We urge continued support of proven interventions that are highly effective at halting the spread of HIV, HCV and other infections in individuals who inject drugs, including syringe services programs and expanded access to substance use prevention and treatment services.
Sustaining the Global AIDS Programs as a National Security Priority: As a PEPFAR implementing partner, the CDC has been critically important in America’s leadership in the global HIV response. The CDC must continue to play a strong leadership role in strengthening our nation’s commitment to accelerating the end of the HIV, tuberculosis and malaria epidemics and reinforcing global health security and capacity to respond to new infectious disease outbreaks. The best way to protect Americans from known and unknown infectious disease threats that begin overseas is to stop them before they spread to our shores. The CDC plays a crucial role in helping other countries build capacity to prevent, detect, and respond to their health threats. CDC's global activities are essential to protecting Americans from major health threats such as Ebola, Zika, and pandemic influenza. Detecting and controlling outbreaks at their source saves lives and reduces healthcare costs. In addition, the knowledge and lessons learned from CDC's work abroad are critical to our public health efforts at home.

We hope to have the opportunity to meet with you to discuss these and other HIV-related issues as you begin your leadership role at the CDC. We can be reached through the HIVMA executive director Andrea Weddle at aweddle@hivma.org or (703) 299-0915.

Sincerely,

Wendy Armstrong, MD, FIDSA
Chair, HIVMA Board of Directors

Melanie Thompson, MD
Chair-Elect

W. David Hardy, MD
Vice Chair

Carlos del Rio, MD, FIDSA
Immediate Past Chair

Joel Gallant, MD, MPH, FIDSA
IDSA Representative