



**Statement of the Infectious Diseases Society of America at the Interagency Task Force on Antimicrobial Resistance (ITFAR) Meeting; November 15, 2011, Washington DC**

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to share our views on the current U.S. response to antimicrobial resistance with the Interagency Task Force on Antimicrobial Resistance (ITFAR) agency representatives. IDSA appreciates the tireless work of all the ITFAR agency representatives. As evident in IDSA's 2011 policy paper: "Combating Antimicrobial Resistance: Policy Recommendations to Save Lives" ([http://cid.oxfordjournals.org/content/52/suppl\\_5/NP.3.full.pdf+html](http://cid.oxfordjournals.org/content/52/suppl_5/NP.3.full.pdf+html)), IDSA values the ITFAR members' efforts and continues to advocate for the resources you need to address this critical problem and to save lives.

IDSA's 10,000 infectious diseases physicians and scientist members view antibiotic resistance and the lack of new antibiotics in development as a serious threat to our nation's public health, patient safety, and national security. The longer we wait to address this growing health care crisis, the larger and more costly the problem will become both in terms of lives lost and health care expenditures.

IDSA is pleased to note that some of the recommendations we offered on the draft Action Plan earlier this year made it into the final Action Plan. However, left out were a list of measurable benchmarks and deadlines for completion of these actions both of which are critically needed to ensure continued progress and transparency.

We congratulate ITFAR members on holding this meeting, which is a first of its kind. We also are grateful that there is participation both by the Office of the Assistant Secretary for Health (ASH) and Assistant Secretary for Preparedness and Response (ASPR). We applaud ASPR for joining the ITFAR and encourage ASH to do so as well.

In addition, IDSA highlights once again the need for a permanent director and office within the Office of the Secretary of Health and Human Services (HHS) to lead the ITFAR and facilitate coordination of its efforts across government. IDSA calls upon both the ASH and ASPR to work together and make a recommendation within the next six (6) months to the Secretary of HHS on the appointment of an ITFAR director as well as an HHS office in which to host the ITFAR activities. We also again call upon the Secretary of HHS to create an Advisory Board comprised of non-government antimicrobial resistance experts (including from medicine and pharmacy, veterinary, animal and environmental sciences, and the policy arenas) to work with ITFAR, to help set priorities and to provide expert input on a routine or at least annual basis.

IDSA cannot emphasize strongly enough the need for ITFAR to engage IDSA and other stakeholders in a more formalized, in-depth manner. For that reason, should a non-government Advisory Board not be established in 2012, we ask at least that next year's ITFAR meeting

include invitations for a formalized roundtable session of non-government experts to discuss and provide input on the Action Plan, evaluate completed efforts, and plan next steps. That meeting also should include opportunities for additional public input, but perhaps should provide presenters more than the five (5) minutes of time that is being allowed today.

On a related note, we commend the Centers for Disease Control and Prevention (CDC) for recognizing the need for such input and for taking the initiative to create an expert advisory group to advise the CDC on its priorities. As communicated above, formalized input should be extended to include the full scope of the Action Plan and ITFAR agencies. We also applaud CDC for appointing a director of its Antimicrobial Resistance program and look forward to working with Dr. Steve Solomon.

IDSA's leaders are very concerned about the lack of available data on both resistance trends and antibiotic use in this country for both humans and animals. This situation must be resolved. IDSA and other stakeholders cannot sit quietly as we watch how aggressively the Europeans have moved to collect resistance and use data while the U.S. lags far behind. In 2009, the European Centre for Disease Control and European Medicines Agency issued a landmark report, *The Bacterial Challenge: Time to ReAct*, containing critical information for policymakers and the public about the impact resistance is having in the European Union (EU) and how antibiotics are being used. The U.S. should work quickly to issue an equivalent to this report to educate both the U.S. public and policymakers; we hope such a report will be completed by September 2012. We recommend that CDC, the Food and Drug Administration and others work together on this report.

On the topic of research, IDSA is highly supportive of the new National Institute of Allergy and Infectious Diseases (NIAID) clinical trials network on antibiotic-resistant bacterial infections and other clinical studies NIAID has supported since 2007 and appreciates NIAID's leadership to date in these areas. Although NIAID's efforts and funding have increased in recent years, IDSA remains concerned about the overall level of funding NIAID commits annually specific to antibacterial resistance (as opposed to the broader category of antimicrobial resistance) as well as antibacterial drug and related diagnostic research and development efforts. We call for a total funding level of \$500 million to expand NIAID's support for antibiotic resistance and antibiotic and related diagnostic discovery research.

We also have proposed to NIAID leadership the creation of a clinical specimen repository (not isolates) that includes urine, sputum, blood and tissue whose microbial content is known and validated. Such a repository will support the development and validation of new rapid, point-of-care diagnostics, which we all agree are critically needed to address the antibacterial resistance crisis. Researchers (government and industry funded) should have access to specimens. NIAID also should improve the efficiency of its preclinical services and other resources, including genomic-related services, for both the investigator community and companies that are on a product development timetable. Finally, recruiting new investigators into antibacterial resistance research should be a priority. Some of this can be accomplished by demonstrating NIAID's strategic and financial commitment to antibacterial research as a top priority.

On the topic of developing public private collaborations between the U.S. Government and antibiotic pharmaceutical companies to advance precompetitive research and innovation in antibiotic R&D by both reducing scientific and economic challenges, the Europeans again are out in front. On November 17<sup>th</sup>, 2011, the European Commission will announce a major new collaboration along with industry as part of the EU's Innovative Medicine's Initiative. In the U.S., we doubt companies who might be interested in engaging the U.S. Government on a similar initiative would know where to turn as the designated lead in advancing antibiotic development. We need clarity on this issue. Possible lead agencies include the ASPR, the Biomedical Advanced Research and Development Agency (BARDA), ASH, NIH or the Foundation of NIH.

We want to applaud the Obama Administration's efforts on the Transatlantic Task Force on Antimicrobial Resistance (TATFAR) and the issuance of the TATFAR September 22<sup>nd</sup> report. However, we are disappointed that there is no mention of the efforts being undertaken at BARDA and the Department of Defense to support antibiotic development and the report punts on the issue of what economic incentives are necessary. In 2009, IDSA called on the White House to step in to manage the U.S Government's response to the economic challenges to antibiotic development. At that time, we felt the TATFAR appointees would not be able to do this without leadership from the top of the Administration. Two years have now passed, and our concern remains the same. We need the White House or a White House designated lead agency that has a broad vision of the U.S. government's role to step in, bring together the right players in government and outside of government, and mobilize an effective response to the economic challenges to antibiotic R&D.

Thank you again for allowing IDSA the opportunity to provide this brief statement on a critically important public health issue.

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