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February 19, 2016

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor,
and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

The Infectious Diseases Society of America (IDSAs) thanks you for scheduling the February 24 hearing on the Zika virus. IDSAs shares the concerns regarding the current Zika outbreak expressed by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), and we greatly appreciate the Committee's attention to this issue. IDSAs is pleased to offer comments on strategies for addressing the Zika virus outbreak within the Americas. As an organization of over 10,000 infectious diseases (ID) physicians and scientists, IDSAs members care for patients of all ages with serious infections, including emerging infections caused by the 2009 H1N1 influenza virus, SARS and MERS coronaviruses, Ebola virus, and Zika virus.

IDSAs firmly believes this current outbreak is a crucial opportunity to reassess the U.S. public health and global health systems and identify areas where we can strengthen our current ability to respond to emerging disease outbreaks, both here in the U.S. as well as overseas. In addition, IDSAs would like to highlight the critical role of ID specialists in responding to the Zika virus outbreak and other public health emergencies. ID physicians hold leadership roles in domestic and international public health bodies on the front lines of the Zika virus response. ID physicians are also leading research efforts to learn more about Zika virus and develop urgently needed diagnostics, vaccines and therapies. IDSAs and our members are also working to educate the public about Zika virus, including recommended precautions for pregnant women and the importance of preventing mosquito bites. Public health emergencies, such as the current Zika virus outbreak, underscore the need to invest in a robust ID physician workforce to ensure future generations of these invaluable experts are available to protect the public health.

We appreciate the Committee's commitment to global and national health security. Below, IDSAs offers recommendations on how Congress can better support activities that more effectively combat the current Zika virus outbreak as well as other emerging disease threats. Specifically, IDSAs recommends that Congress strengthen our public health capacity (including through increased funding for the CDC or its

2: IDSA recommendations to address the Zika virus outbreak

existing cooperative agreements), supporting multi-agency coordination of vector control activities through oversight and funding, providing economic and regulatory incentives to spur the development of Zika virus diagnostic tests and medical counter measures (including by strengthening the Priority Review Voucher program and increasing federal funding for research), and strengthening global health infrastructure.

IDSA is also pleased to support the Administration's \$1.8 billion request for new funding to enhance domestic and international Zika virus response activities. We believe this new funding will importantly contribute to many of the recommendations regarding new investments discussed below. However, while this emergency funding is necessary at this time, we also wish to highlight the shortcomings inherent in such an approach—namely that a robust public health infrastructure and biomedical research enterprise require stable, predictable, and strong funding in order to be ready to respond promptly to outbreaks when they occur. Emergency funding, while critical, cannot replace ongoing investments.

Improve our public health capacity to prevent, detect, and contain Zika within the U.S.

To respond to domestic infectious disease outbreaks, federal, state, and local health departments must have modern laboratory, epidemiological, and surveillance capabilities, as well as the capacity to implement a coordinated response with the healthcare system for evaluation and care of affected patients. It is crucial that our public health system, including the CDC, state, and local health departments, receives the funding support needed to carry out these activities. **We urge you to work with your colleagues on the Appropriations Committee to provide the necessary funding and to direct targeted funding to not only support our ongoing response to the Zika virus outbreak, but also to ensure we do not disrupt or undermine other infectious disease or core public health prevention and control activities by a shift of personnel and financial resources to the Zika virus outbreak.** Robust support of the CDC will ensure it can mobilize subject matter expertise, develop a Zika virus control strategy for vulnerable areas in the U.S., issue ongoing evidence-based travel advisories for pregnant women and others, and guidance for evaluation, care, and follow-up of infants impacted by Zika virus infection. Existing cooperative agreements, such as the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement to build public health infrastructure and the Public Health Emergency Preparedness (PHEP) Cooperative Agreement to support preparedness are important existing funding mechanisms that can be used to increase state and local public health capacity.

Most importantly, the Zika virus outbreak highlights the importance of investments in the surveillance and control of mosquito vectors and other risk factors for diseases. Better information about the endemic distribution of the *Aedes* mosquito vector is needed, because these areas are susceptible to local transmission of Zika virus and action will be needed to reduce the populations of these mosquitos. Activities that observe and control the spread of the *Aedes* mosquito will not only aid in preventing Zika virus transmission but also other viruses this mosquito carries, including dengue and chikungunya viruses, which threaten our southern borders and have also achieved local transmission within the U.S. In order to improve vector control, we must ensure excellent coordination between health care facilities, the public health apparatus, and agencies that oversee vector control. **IDSA understands that local vector control may not always be covered under the umbrella of public health, and recommends**

that funding for the U.S. Department of Agriculture (USDA), Environmental Protection Agency (EPA), state, and local control departments should be expanded where needed. IDSA also encourages the Committee to conduct oversight as appropriate to ensure multi-agency coordination of vector control as it relates to the spread of infectious diseases such as Zika virus disease. IDSA believes that policies should encourage and funding should enable the inclusion of a public health veterinarian in each state and territory, to ensure we adequately address One Health solutions to vector borne outbreaks.

Prioritize incentives to develop diagnostics to Zika virus

IDSA strongly recommends that the Committee prioritize incentives to develop improved diagnostics to identify Zika virus. Current Zika virus diagnostic testing is complex, time consuming and ill-suited for the more widespread testing needed as the Zika virus outbreak expands. Improved diagnostic tests can enable effective surveillance to better marshal public health responses, and will also greatly improve our understanding of Zika virus epidemiology. **We encourage you to work with your colleagues on the Appropriations Committee to direct additional funding to the National Institutes of Health (NIH) for early diagnostic development and to the Biomedical Advanced Research and Development Authority (BARDA) for late stage support to enable the rapid deployment of improved Zika virus diagnostics. Additional incentives, such as expedited review for Zika virus diagnostics, should also be considered.**

Increase support to the research and development of medical countermeasures

We know little about Zika virus, such as its pathogenicity, its role in neurological developmental abnormalities, and its link to Guillain–Barré syndrome. It is critical we adequately support research that seeks to understand more about Zika virus infection to develop effective medical countermeasures. **In particular, IDSA recommends that Congress prioritize funding for vaccine development, which will be necessary for the long term mitigation of the virus’s public health risk and to also complement similar efforts that seek to control dengue and chikungunya virus. An early partnership between NIAID and the FDA will be critical to ensure rapid evaluation of vaccine candidates.**

We believe that Congress should direct funds to NIH, BARDA, the Strategic National Stockpile, and Project BioShield to accelerate development, purchase and stockpiling of medical countermeasures both for Zika virus disease as well as other emerging disease threats. IDSA also supports the bipartisan Adding Zika Virus to the FDA Priority Review Voucher Program Act, H.R. 4400, introduced by Representative Susan W. Brooks (R-IN) and G. K. Butterfield (D-N.C.), which expands the tropical disease product priority review voucher program to encourage treatments for Zika virus disease. However, IDSA believes the PRV program, in its current state, lacks requirements for a product to be novel or to be made available to and affordable for those who the product is designed to treat. If the Committee decides to pursue similar legislation to expand the PRV program to include Zika, **we urge you to use this opportunity to strengthen the PRV program to ensure it most effectively incentivizes the development of novel medical products for neglected diseases and ensures such products are accessible to the patients and healthcare providers who urgently need them.**

Strengthen the global health infrastructure

The Ebola virus disease outbreak of 2014-2015 clearly demonstrated that infectious diseases know no borders. Any effort to combat domestic outbreaks of Zika virus disease and other emerging infections must include robust support towards partnerships with other countries in order to contain these threats globally. We believe that the U.S. must improve its support for the Global Health Security Agenda. **Specifically, we encourage you to work with your colleagues on the Appropriations Committee to target funding to USAID and the CDC's Division of Global Health Protection, which build the capacity and coordination needed to identify and contain emerging infectious diseases around the world.** Both USAID and the CDC have critical roles to play in partnering with affected countries and communities to develop evidence-based risk communications, community mobilization strategies around vector control, and ensuring access to a range of services from family planning to care for affected infants, for pregnant women, women of child-bearing age, and other vulnerable populations.

IDSA offers its expertise to aid the Committee as it continues to review approaches to improve the U.S.'s capacity to prevent, detect, and contain any potential Zika virus outbreak. Should you have any questions or concerns about these comments or other issues regarding Zika virus, please feel free to contact Jonathan Nurse, Director of Government Relations, at jnurse@idsociety.org; 202-716-5575 or Greg Frank, PhD, IDSA Program Officer for Science and Research Policy, at gfrank@idsociety.org; 703-299-1216.

Sincerely,



Johan S. Bakken, MD, PhD, FIDSA
IDSA President

About IDSA

IDSA represents over 10,000 infectious diseases physicians and scientists devoted to patient care, disease prevention, public health, education, and research in the area of infectious diseases. Our members care for patients of all ages with serious infections, including meningitis, pneumonia, tuberculosis, HIV/AIDS, antibiotic-resistant bacterial infections such as those caused by methicillin-resistant *Staphylococcus aureus* (MRSA) vancomycin-resistant enterococci (VRE), and Gram-negative bacterial infections such as *Acinetobacter baumannii*, *Klebsiella pneumoniae*, and *Pseudomonas aeruginosa*, and, finally, emerging infectious syndromes such as Ebola virus fever, enterovirus D68 infection, Middle East Respiratory Syndrome Coronavirus (MERS-CoV), Zika virus disease, and infections caused by bacteria containing the New Delhi metallo-beta-lactamase (NDM) enzyme that makes them resistant to a broad range of antibacterial drugs.