

**Infectious Diseases Society of America's (IDSA) Statement Concerning
Fiscal Year 2010 Funding at the Department of Health and Human Services, the Centers for
Disease Control and Prevention, and National Institutes of Health**

**Submitted to the House Appropriations Subcommittee on Labor, Health and Human
Services, Education and Related Agencies**

May 1, 2009

The Infectious Diseases Society of America (IDSA) appreciates this opportunity to speak in support of federal efforts to prevent, detect and respond to infectious diseases in the United States and abroad as part of the Fiscal Year (FY) 2010 funding cycle. IDSA represents more than 8,500 infectious diseases physicians and scientists devoted to patient care, prevention, public health, education and research. Our members care for patients of all ages with serious infections, including meningitis, pneumonia, tuberculosis (TB), antibiotic-resistant bacterial infections such as methicillin-resistant *Staphylococcus aureus* (MRSA), and those with cancer or transplants who have life-threatening infections caused by unusual microorganisms, food poisoning, and HIV/AIDS, as well as emerging infections like the 2009 H1N1 virus (swine influenza) and severe acute respiratory syndrome (SARS).

2009 H1N1 Virus (Swine Influenza)

IDSA's leadership strongly commends the Administration's efforts to date in managing and responding to the 2009 H1N1 outbreak. Of critical importance, experts and scientists are driving key decisions. The leadership of the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS) has been strong, and their coordination with other federal, state, and local governments is clear. Undeniably, the investments and subsequent preparations the country has made since the *National Strategy for Pandemic Influenza* was issued in November 2005 are paying off. As the 2009 H1N1 virus outbreak unfolds, we are witnessing firsthand the important role a robust public health infrastructure plays in rapidly detecting and containing disease outbreaks. Yet, additional resources are needed to adequately respond to the 2009 H1N1 outbreak as well as to continue to prepare our nation for other bioemergencies.

IDSA supports at least an additional \$1.5 billion to complete the funding to implement the *National Strategy for Pandemic Influenza*. This money will support the development of a 2009 H1N1 virus vaccine and the replenishment and building of the Strategic National Stockpile. Responding to the 2009 H1N1 outbreak will require using a significant portion of the currently stockpiled antiviral medications (oseltamivir and zanamivir) and other medical equipment such as respirator masks. Some of this funding also should support state and local health departments so they may adequately prepare for and respond to the 2009 H1N1 virus and other infectious diseases outbreaks. State and local officials are the front line responders to outbreaks, yet they have not received federal funding for pandemic flu preparedness since FY 2006. IDSA believes that at least \$350 million is needed annually to adequately maintain state and local pandemic preparedness activities. IDSA also strongly supports strengthening funding for ongoing pandemic influenza preparedness activities at CDC, the Food and Drug Administration (FDA), National Institutes of Health (NIH), and HHS' Office of the Secretary.

Congress also must fully fund the Biomedical Advanced Research and Development Authority (BARDA) within HHS so that the United States can begin to realize goals envisioned under the Pandemic and All-Hazards Act enacted in 2006 to address a broad spectrum of biological threats in addition to pandemic influenza. IDSA recommends that \$1.7 billion of multi-year appropriations be allocated to BARDA in FY 2010 to fund biological therapeutics, diagnostics, vaccines and other technologies. Such funding would help ensure the availability of resources throughout the advanced stages of development and the flexibility for BARDA to partner effectively with industry.

Centers for Disease Control and Prevention (CDC)

A strong CDC is essential to the United States' efforts to rapidly detect and control infectious diseases as witnessed by the current H1N1 outbreak. CDC is the primary federal agency responsible for conducting and supporting public health protection through health promotion, prevention, preparedness, and research. IDSA recommends increasing funding for CDC's core programs to \$8.6 billion, to enable it to maintain a strong public health infrastructure and protect Americans from public health threats and emergencies.

IDSA is especially concerned about CDC's Infectious Diseases program budget, which supports critical management and coordination functions for infectious diseases science, program, and policy, including related specific epidemiology and laboratory activities. IDSA recommends an FY2010 funding level of \$2.7 billion for CDC's Infectious Diseases programs.

Within the Infectious Disease programs' proposed budget, the agency's already severely strapped Antimicrobial Resistance budget stands at \$16.9 million. This vital program is necessary to help combat the rising tide of drug resistance, a critical medical problem marked most publicly by the upsurge in methicillin-resistant *Staphylococcus aureus* (MRSA) and other drug-resistant bacterial infections. Antimicrobial resistance also has serious implications for our collective response to the 2009 H1N1 virus. Viruses are unpredictable, and should the 2009 H1N1 virus develop resistance to oseltamivir and zanamivir, our ability to respond effectively to the influenza outbreak will significantly diminish. For these reasons, IDSA recommends increasing FY2010 funding for resistance programs at CDC by \$48 million, to a total of \$65 million. Such funding increases will enable CDC to more effectively gather morbidity and mortality data related to resistance, track the development of dangerous resistant bugs as they develop, educate physicians, patients and the public about the need to protect the long-term effectiveness of antimicrobial drugs, and strengthen infection control activities across the United States. This recommended level coincides well with an internal CDC professional judgment prepared last year which, unfortunately, was not provided to Congress.

The Emerging Infectious Diseases (EI) budget line boosts the agency's capacity to nimbly identify and respond to emerging infections, such as the 2009 H1N1 virus. Much of CDC's infectious diseases funding is highly disease-targeted, making it difficult to fund cross-cutting or emergent needs. Unique in its flexibility, the EI line supports dozens of research and surveillance programs that address new and unpredictable threats. Such threats have included rabies, rotavirus, food-borne diseases, Ebola and SARS. Inadequate funding would severely affect CDC's laboratory capacity, research grants to academic partners, and support for state public health departments and public health laboratories and would reduce CDC's flexibility in setting priorities and taking action

against new infections that may emerge throughout the year. IDSA recommends, at a minimum, that the Other Emerging Infectious Diseases line item be increased to \$160 million for FY2010.

Immunizing our population against vaccine-preventable diseases is one of our country's greatest public health achievements. Through CDC's Section 317 Program, which funds state and local immunizations efforts, the United States has made significant progress toward eliminating vaccine-preventable diseases among children. IDSA applauds the actions by the Congress over the past year to increase funding for this program in the American Recovery and Reinvestment Act and in the Fiscal Year 2009 Omnibus Appropriations bill. At a time when new CDC-recommended vaccines are available and a greater commitment to immunizations for both children and adults is necessary, we need to continue to increase access to this critical intervention that saves lives and millions of dollars in unnecessary medical spending. To build on this important effort, IDSA recommends a funding level for the Section 317 Program of \$802 million in FY2010.

IDSA also supports changes which will significantly strengthen the Section 317 Program's support for adult and adolescent immunization. Each year, more than 46,000 adults die of vaccine-preventable diseases. Costs related to illnesses from adult vaccine-preventable diseases are approximately \$10 billion. IDSA recommends the establishment of distinct funding floors for adult vaccine purchase and infrastructure in amounts sufficient to cover immunization of the majority of under-insured and uninsured adults with all CDC-recommended vaccines.

Last year, Congress passed landmark legislation in the Comprehensive Tuberculosis Elimination Act of 2008. This bill authorizes a number of actions that will shore up state TB control programs, enhance U.S. capacity to deal with the serious threat of drug-resistant tuberculosis, and escalate our efforts to develop urgently needed "tools," such as drugs, diagnostics and vaccines. Realizing these goals will require additional resources. At a minimum, it is critical that the funding authorized for FY2010 in this important law – \$210 million – be appropriated for the CDC Division of TB Elimination. The bill also separately authorized \$100 million for development of TB diagnostics, treatments and prevention tools, which IDSA also supports for inclusion in FY2010 appropriations.

HIV prevention and surveillance activities at CDC are critical to reducing the number of new cases occurring annually in the United States. Sufficient resources must be devoted to HIV prevention to support CDC's portfolio of prevention programs, including the initiative to identify people with HIV/AIDS earlier through routine HIV screening. This program will lead to lifesaving care sooner and will help to prevent further transmissions. IDSA supports funding in the amount of \$1.57 billion for these programs in FY2010. We also support funding of \$2.81 billion for the Ryan White CARE Act programs within the Health Resources and Services Administration and urge you to increase funding for critical Part C medical care by \$68.4 million, to a total of \$270.3 million for Part C programs. Ryan White programs provide a vital link in our health care safety net and are currently struggling to meet the need for HIV services in communities across the country.

National Institutes of Health (NIH)

The National Institutes of Health (NIH) is the single-largest funding source for infectious diseases research in the United States and the life-source for many academic research centers. The NIH-funded work conducted at these centers lays the groundwork for advancements in treatments, cures, and other medical technologies. Between 2003 and 2009, NIH lost 13 percent of its

purchasing power due to the rate of biomedical research inflation and stagnating annual budgets. Because of the flat budget, three out of four research proposals submitted to NIH were not funded. Peer reviewers were forced to become more risk averse, leading to a narrowing of scientific vision and a diminishing rate of medical advancement. Without medical advancements, thousands of Americans will have to wait longer for the cures they need.

IDSAs are extremely pleased that the recently enacted American Recovery and Reinvestment Act provided \$10 billion in additional funding to support NIH's research efforts in 2009 and 2010. Congress rightfully acknowledged the role of scientific research in stimulating the economy. It is vital, however, that this long overdue increase in funding be sustained and become part of NIH's baseline. Making this increase permanent ultimately will translate into long-term improvements in human health, both domestically and globally.

NIH's Fogarty International Center is at the forefront of global health and is a leader in extending the U.S. federal biomedical enterprise abroad. It taps innovative thinking from all parts of the world and fosters important scientific partnerships. Through Fogarty, the United States has supported research and research training programs conducted by both U.S. and foreign investigators across a wide range of infectious diseases and needs, including HIV/AIDS, malaria, and tuberculosis. The Center's efforts have led to improved local health outcomes -- but so much more can be done. For this reason, IDSA strongly supports increasing Fogarty's funding level in FY2010 to \$100 million -- an increase of \$31.3 million. These additional resources will enable Fogarty to increase research training initiatives, forge new partnerships between U.S. and foreign research institutions, and conduct much-needed implementation research to increase the effectiveness of international programs.

IDSAs also propose an increase in antimicrobial resistance research funding at NIH's National Institute of Allergies and Infectious Diseases (NIAID) of \$100 million in FY2010, bringing overall funding in this area to \$328 million. This will allow NIAID to strengthen clinical research and establish a clinical trials network to study resistant infections as well as antibacterial use and development. Well-designed, multi-center, randomized, controlled trials would create an excellent basis of evidence from which coherent and defensible recommendations could be developed.

Food and Drug Administration

Additionally, in the Agriculture Appropriations bill, IDSA supports a strengthening of antimicrobial resistance efforts at FDA. Specifically we support a \$20 million increase in antimicrobial resistance funding for FDA in FY2010, bringing the agency's resistance funding to \$44 million. This will allow FDA to establish and periodically update antibiotic susceptibility breakpoints based on testing and data collection, including through the purchase of vendor data; fund Critical Path initiatives for antibiotics; more aggressively review the safety of antibiotic use in food animals; and quicken its pace in developing critical guidance for industry on antibiotic clinical trial designs.

Today's investment in infectious diseases research, prevention, and treatments will pay significant dividends in the future by dramatically reducing health care costs and improving the quality of life of millions of Americans and others. It also will continue to enable federal agencies to respond effectively and efficiently to the 2009 H1N1 virus and other potentially devastating outbreaks.