

**The Infectious Diseases Society of America's (IDSA) Fiscal Year 2015 Funding Statement  
Submitted to the House Appropriations Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
March 25, 2014**

On behalf of the Infectious Diseases Society of America (IDSA), I am pleased to provide testimony in support of the U.S. Department of Health and Human Services (HHS) components that work to prevent, detect and treat infectious diseases (ID). IDSA represents more than 10,000 ID physicians and scientists devoted to patient care, prevention, public health, education, and research. IDSA recommends increased Fiscal Year (FY) 2015 federal investments in public health and biomedical research to save lives, contain health care costs, and promote economic growth. More specifically, IDSA encourages the Subcommittee to provide a program level of \$7.8 billion for the Centers for Disease Control and Prevention (CDC) as well as \$32 billion for the National Institutes of Health (NIH). IDSA is particularly supportive of the proposed CDC Detect and Protect Against Antibiotic Resistance Initiative and requests that it be fully funded at \$30 million. We ask that the Subcommittee also advance FY 2015 appropriations that reflect the national security and public health significance of the Biomedical Advanced Research and Development Authority (BARDA). All of these investments are a necessary part of a federal strategy to decrease the incidence and fatality of infectious diseases in our population.

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

The ID community's partnership with the CDC has never been more necessary, as we work to address the public health crisis of rising antibiotic resistance while continuing efforts in other important areas such as increasing immunization rates and slowing the spread of HIV.

Last fall, CDC issued a report, [\*Antibiotic Resistance Threats in the United States, 2013\*](#) that for the first time ranked and detailed the threats posed by antibiotic resistant microbes.

Conservative estimates reveal that more than two million Americans suffer antibiotic resistant

infections each year, which result in approximately 23,000 deaths. The actual numbers are likely far higher, as our surveillance and data collection capabilities cannot yet capture the full disease burden. These infections due to antibiotic resistant microbes cost tens of billions of dollars to the U.S. health care system annually, and the problem is worsening. The CDC recommended actions in four core areas to address the problem, including prevention, tracking, antibiotic stewardship, and development of new antibiotics and rapid diagnostics. The CDC has proposed FY 2015 activities in each of these areas.

### **National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)**

The NCEZID plays a leading role in CDC efforts to address antibiotic resistance. As such, we ask that it be provided at least the \$445 million requested by the Administration, including at least \$30 million for the Detect and Protect Against Antibiotic Resistance Initiative. This initiative would establish regional prevention collaboratives to implement best practices for antibiotic use and infection prevention, create a detection network of five regional labs to speed up identification of the most concerning threats, improve antibiotic stewardship, and develop an isolate library that will help facilitate the development of desperately needed new antibiotics and diagnostics. The initiative directly addresses the recommended actions from the CDC 2013 report. The CDC projects that over five years the initiative will lead to a 50% reduction in health-care associated *Clostridium difficile* (*C. diff*), 50% decline in health-care associated carbapenem-resistant Enterobacteriaceae (CRE), 30% decline in invasive methicillin-resistant *Staphylococcus aureus* (MRSA), 30% decline in health-care associated drug-resistant *Pseudomonas* sp., and 25% reduction in drug-resistant *Salmonella* infections. These bacteria claim thousands of lives annually. CRE, for one, have become resistant to all or nearly all

currently available antibiotics. Further, nearly 50% of those who develop bloodstream infections from CRE die.

IDSA also supports the proposed \$14 million increase for the National Healthcare Safety Network (NHSN), which would increase the number of healthcare facilities reporting antibiotic use and antibiotic resistance data and would develop and evaluate new infection prevention strategies.

IDSA thanks Congress for funding the Advanced Molecular Detection (AMD) initiative in FY 2014 and recommends that at least \$30 million be allocated for it in FY 2015. AMD strengthens CDC's molecular sequencing tools and bioinformatics capacity to more rapidly and accurately detect infectious diseases and resistance.

IDSA applauds the Administration for launching a Global Health Security Agenda, which would strengthen the capacity of nations to prevent, detect and slow the spread of infectious diseases across borders, simultaneously reducing threats to the United States. We ask that you provide the initiative with funding allocated in the FY 2015 PBR.

#### **National Center for Immunization and Respiratory Diseases (NCIRD)**

We know that vaccines are among the most cost-effective clinical preventative services. However, according to the February 2014 CDC Morbidity and Mortality Weekly Report (MMWR), adult immunization rates remain low for most routinely recommended vaccines and considerably short of Healthy People 2020 targets. Each year in the United States, more than 40,000 adults die from illnesses that are preventable through vaccination.

IDSA opposes the \$51 million program level reduction to the CDC Immunization Grant Program (Section 317) contained in the PBR. Although the Affordable Care Act requires insurers to cover immunizations, this alone will not guarantee access or utilization. The Section

317 funds are critical to help providers obtain and store vaccines; establish and maintain vaccine registries; as well as to educate providers and the public about vaccine recommendations, effectiveness and safety; and promote universal vaccination of health care workers.

CDC plays a critical role in seasonal and pandemic influenza preparedness and response, including conducting important surveillance activities that better inform response efforts and providing public communications regarding influenza prevention and treatment. Lack of sufficient funding for these efforts could lead to an increased incidence and severity of influenza, as well as increased hospitalization costs and mortality. In the long term, continuously funded efforts will be more cost-effective than the periodic emergency supplemental funding approach that historically has been used to fund such efforts. IDSA supports the proposed FY 2015 increase of \$15 million for these efforts.

## **NATIONAL INSTITUTES OF HEALTH**

### **National Institute of Allergy and Infectious Diseases (NIAID)**

Within NIH, we believe that the National Institute of Allergy and Infectious Diseases (NIAID) should be funded at least at the \$4.58 billion requested by the Administration in the FY 2014 PBR. Nearly flat-funding NIAID limits investment in new research and serves as a disincentive for young people to pursue ID research careers so critical to the new discovery of new therapies, new diagnostic approaches, and new preventive strategies.

The NIAID recently began funding a new [clinical trials network](#) focused on antibiotic-resistant bacterial infections. With sufficient funding, the new research network/infrastructure will conduct critical studies to address antibiotic resistance as well as begin to answer questions that will help fill the nearly empty antibiotic R&D pipeline. Severe economic disincentives have caused a mass exodus of private companies from the antibiotics market, making federally funded

research in this area more critical than ever. An [IDSA report](#) issued in April 2013 identified only seven new drugs in development for the treatment of infections caused by multidrug-resistant Gram-negative bacilli (GNB). We applaud NIAID's initiative in launching the new network. However, IDSA recommends increased investment in this area.

A recent IDSA report, [Better Tests, Better Care: Improved Diagnostics for Infectious Diseases](#), highlights the need for advancements in diagnostic tools to address bacterial, viral and fungal infections and recommends strengthened NIAID funding for this priority. Faster, more accurate diagnostics lead to better treatments and improved patient outcomes. In addition, new diagnostics are needed to identify patients with highly contagious illnesses so that containment and prevention measures can be undertaken. Diagnostics can improve physicians' ability to discern which infections need antibiotics, and thereby help reduce the unnecessary use of antibiotics that drives the development of antibiotic resistance.

#### **ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)**

##### **Biomedical Advanced Research and Development Authority (BARDA)**

ASPR plays a key leadership role in coordinating federal efforts to sufficiently protect the nation from biothreats, pandemics and emerging infections. IDSA recommends increased funding for BARDA, which has been flat-funded for several years. Additional investment in medical countermeasure development is critical to prepare for both intentional attacks and naturally emerging infections. BARDA is a critical source of funding for public-private collaborations for antibiotic, diagnostic and vaccine R&D.

Thank you for the opportunity to submit this statement on behalf of the nation's ID physicians and scientists. We rely on strong federal partnerships to keep Americans healthy and urge you to support these efforts. Please forward any questions to [jnurse@idsociety.org](mailto:jnurse@idsociety.org).