



Infectious Diseases Society of America



hiv medicine association

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## IDSAs/HIVMA Letter to Presidential Candidates

As physicians and scientists who are leaders in the fields of HIV/AIDS and other infectious diseases, we call on you to ensure that the next Administration promotes a science-based approach to important issues of public health policy, and we offer our organizations as a resource to you.

The Infectious Diseases Society of America (IDSAs) represents more than 8,000 infectious disease physicians and scientists devoted to patient care, research, prevention, and public health. Our members care for patients of all ages with serious and life-threatening infections, including meningitis, pneumonia, tuberculosis, Lyme disease, antimicrobial drug-resistant infections, emerging infections, and those with cancer or transplants who have life-threatening infections caused by unusual microorganisms. The HIV Medicine Association of IDSAs (HIVMA) is a national multidisciplinary membership organization of HIV clinicians and scientists who work in HIV medicine across the United States and the developing world.

In recent years, we have become alarmed by the increasing intrusion of politics and other agendas into the realm of science and medicine. Our goal is to ensure that decisions about infectious diseases are based on sound science, and in four areas in particular we are concerned that science has been sacrificed, to the detriment of public health: childhood immunizations, sexually transmitted infections (STIs) including HIV/AIDS, diseases that are transmitted through injection drug use, and Lyme disease.

## Alleged Link Between Autism and Immunization

One area where science-based strategies are particularly important is in the development of federal policy on immunization and vaccine safety. Some celebrities and some in the lay media are promoting the idea that vaccines cause autism, despite overwhelming scientific evidence rejecting such a link. Two main hypotheses have been suggested—one involving the measles-mumps-rubella (MMR) vaccine, the other involving the mercury-containing preservative thimerosal, which was previously used in many vaccines. Both of these hypotheses have been studied extensively and have been rejected based on the scientific evidence. A 2004 Institute of Medicine (IOM) report on vaccines and autism reviewed 16 studies on MMR and autism and found no convincing evidence of a connection. Similarly, scientific studies have consistently showed no evidence of an association between thimerosal and autism, including eight large studies in Sweden, Denmark, the United States, Great Britain, and Canada—each conducted by different investigators, employing different techniques, and looking at different populations. Indeed, rates of autism have continued to increase in countries such as Denmark, Sweden, and the United States even after thimerosal was removed from most vaccines. A new book

on vaccine safety by the National Network for Immunization Information, *Do Vaccines Cause That?!*, summarizes this evidence and more.<sup>1</sup>

Physicians, scientists, and public health officials need to continue to keep an open mind to better understand autism, and we need to continue to evaluate the safety of all vaccines. However, the public must not lose sight of the fact that immunization remains one of the most important things people can do to protect against serious infectious diseases. Continued efforts to try to link vaccines and autism, in the face of overwhelming evidence to the contrary, can cause families to delay or withhold immunizations based on unfounded safety concerns. The MMR scare, for example, attracted so much media attention in Europe that MMR immunization rates fell in a number of countries, with subsequent outbreaks of measles throughout Europe and mumps in Great Britain. The same may be beginning to happen here: In a multi-state measles outbreak earlier this year, one in four patients were not immunized because their parents claimed exemptions for non-medical reasons—likely because of misinformation about vaccine safety.<sup>2</sup>

### **Sexuality Education Programs Grounded in Science**

Perhaps no other area of medicine has been as politicized as HIV/AIDS. Despite our knowledge of how HIV is transmitted, the number of new infections occurring every year in the United States remains steady at 56,000. It is time for us to stop letting politics and ideology interfere with our ability to employ interventions that we know are effective at preventing transmission of this deadly disease and other infectious diseases.

Sexually transmitted infections (STIs), including HIV/AIDS, are a major source of morbidity and mortality in the United States and around the world. To control HIV/AIDS and other STIs, it is imperative that the federal government supports science-based information and programs to assist persons of all ages in protecting themselves. As clinicians and scientists, we advocate investing the limited federal prevention dollars into practices that are empirically proven to prevent the transmission of HIV and other STIs, rather than those based on a particular ideology. To do otherwise jeopardizes the health of individuals and compromises the public health of our nation.

Although federal funding for programs teaching abstinence as the only STI prevention method has increased steadily in recent years, no data have demonstrated any long-term benefit to abstinence-only education programs. Rather, these programs have proven ineffective in delaying sexual debut or in reducing high-risk sexual activity. They are, in effect, hazardous to the health of adolescents and young adults. The average age of sexual debut in the United States is 16, and the mean age of sexual debut for inner-city youths is 13. Clearly, many young people are already sexually active and therefore need access to information about sexual risks, including lower-risk sexual practices and contraception. A large body of scientific literature demonstrates that condoms are very effective in preventing HIV transmission when used consistently and cor-

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<sup>1</sup> *Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety Concerns* by Martin G. Myers, MD, and Diego Pineda, MS. National Network for Immunization Information. 2008.  
(<http://www.dovaccinescausethat.com/pressroom>)

<sup>2</sup> *MMWR* May 1, 2008 / 57 (Early Release);1-4  
(<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm57e501a1.htm#tab>)

rectly. There also are significant scientific data linking consistent condom use with the prevention of gonorrhea, chlamydia, herpes simplex virus, and syphilis, and a growing number of studies show condoms reduce the impact of HPV infection. The best way to stop the spread of HIV and other STIs is to educate young people in an age-appropriate, culturally sensitive, and value-neutral manner.<sup>3</sup>

### **Access to Clean Syringes and Needles for Injecting Drug Users**

Injection drug use is a major route of transmission for HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV). It accounts for more than 20 percent of HIV infections in the United States and is the dominant route of HIV transmission in some developing nations. We have the tools to stop these infections. The transmission of HIV, HBV, and HCV occurs through the sharing or re-using of infected drug paraphernalia, which can be prevented by increasing access to clean injection equipment. Studies have proven that providing access to clean syringes and needles does not increase drug use and, in fact, can be a pathway to drug treatment and other health care services. Widespread availability of harm-reduction techniques such as needle and syringe exchange and drug treatment programs, including drug-free programs as well as methadone, buprenorphine, and overdose prevention programs, would allow us to make great strides in reducing the spread of these serious and deadly infectious diseases, both in the United States and in U.S.-funded programs in developing nations.<sup>4</sup>

### **Diagnosis and Treatment of Lyme Disease**

Another issue that has been clouded by unfounded controversy is Lyme disease. The lay media, some advocacy groups, and some politicians continue to promote unproven, potentially harmful long-term antibiotic treatments for Lyme disease, despite widespread consensus within the mainstream medical and scientific community about the appropriate diagnosis and treatment of Lyme disease.

Lyme disease is caused by an infection with a bacterium called *Borrelia burgdorferi*, which is principally transmitted by the deer tick. Treatment usually involves 10-28 days of oral antibiotics and is highly effective. When Lyme disease is diagnosed and treated quickly, 95 percent of people are cured within a few weeks of treatment.<sup>5</sup>

In rare cases, people who have been diagnosed with Lyme disease and properly treated have lingering symptoms—typically, generalized pain, joint pain, and fatigue. These symptoms have been attributed by some to the presence of chronic *Borrelia burgdorferi* infection. However, an extensive review of scientifically rigorous studies to date has determined that there is no convincing evidence that the bacteria persist after completion of the recommended treatment. De-

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<sup>3</sup> HIVMA and IDSA Joint Policy Statement. Preventing HIV and other Sexually Transmitted Infections: A Call for Science-Base Government Policies. March 17, 2005. <http://www.hivma.org/Content.aspx?id=2784>

<sup>4</sup> IDSA and HIVMA Policy Statement on Syringe Exchange, Prescribing, and Paraphernalia Laws. October 25, 2001. <http://www.hivma.org/Content.aspx?id=2790>

<sup>5</sup>The Clinical Assessment, Treatment, and Prevention of Lyme Disease, Human Granulocytic Anaplasmosis, and Babesiosis: Clinical Practice Guidelines by the Infectious Diseases Society of America. *Clinical Infectious Diseases* 2006;43:1089–1134. Also see [www.idsociety.org/lymedisease.htm](http://www.idsociety.org/lymedisease.htm).

IDSA-HIVMA  
September 5, 2008

spite more than 20 years of research, there has not been one scientifically valid study published in the peer-reviewed medical literature showing that the benefits of long-term antibiotic treatment outweigh the risks, which are substantial. Long-term antibiotic therapy may lead to complications such as infections of the blood stream and a potentially severe and sometimes deadly infection of the bowel caused by *Clostridium difficile*. Further, long-term antibiotic therapy may foster the development of drug-resistant “superbugs” that are difficult and sometimes impossible to treat.

As physicians, our goal is to help all our patients become well. To do so, we must be able to rely upon prevention, diagnosis, and treatment strategies that are supported by the medical and scientific evidence.

As an influential member of the U.S. Senate—and possibly as the next President of the United States of America—you are in a unique position to foster public health strategies that are well grounded in science. Nothing less than the health of the nation is at stake. IDSA and HIVMA stand ready to assist you as a source of credible, science-based information about the full range of infectious diseases.

Sincerely,

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Chair, HIV Medicine Association Board of Directors