



SEPSIS
ALLIANCE



October 14, 2021

U.S. Congress
Washington, DC 20510

Dear Senators and Representatives,

On behalf of Sepsis Alliance, the first and leading sepsis organization in the U.S., and the Infectious Diseases Society of America (IDSA), we are writing to call attention to the intersection of antimicrobial resistance (AMR), sepsis and health inequity, and the Pledge for Equity, Diversity and Inclusion (EDI), authored by Sepsis Alliance and endorsed by IDSA. The Pledge calls upon the health care community to do its part to close gaps in awareness, incidence, treatment access and outcomes in antimicrobial-resistant infections and sepsis. Our organizations ask that Congress take steps to combat these growing threats to disproportionately affected patients and communities. Specifically, we urge you to cosponsor the bipartisan *Pioneering Antimicrobial Subscriptions to End Upsurging Resistance Act* (PASTEUR, S. 2076/H.R. 3932).

Antibiotic resistance is one of the greatest public health threats of our time. Drug-resistant infections sicken at least 2.8 million people and kill at least 35,000 people in the U.S. each year. Antibiotic resistance accounts for direct health care costs of at least \$20 billion. If we do not act now, antibiotic-resistant infections will be the leading cause of death by 2050 and could cost the world \$100 trillion.

Sepsis is the body's overwhelming and dysregulated response to an infection. It often requires effective antimicrobials to treat, without which it can lead to tissue damage, organ failure and death. Sepsis is much more common and devastating than many realize: 1.7 million Americans are diagnosed with sepsis every year; 270,000 of those Americans are lost to sepsis annually; and more than 50% of sepsis survivors experience after-effects such as amputations and post-traumatic stress disorder.

Antimicrobial resistance exacerbates the burden of sepsis. As infectious germs stop responding to our best weapons against them, more infections will develop into sepsis, and sepsis cases will become increasingly difficult to treat.

As is the case with many health conditions, sepsis is not experienced equally in this country. There are staggering racial and ethnic disparities in sepsis awareness, incidence, access to treatment and outcomes. Native American patients, for instance, are 2.39 times more likely to be readmitted following a sepsis hospitalization than White patients; Hispanic individuals experience 1.1 times the rate of *severe* sepsis as compared to White individuals; and Black communities—in addition to being, on the whole, less aware of the signs and symptoms of sepsis—bear nearly twice the burden of sepsis deaths, relative to the size of the Black population, as compared to White individuals.

Drug-resistant infections, which pose a growing threat to sepsis prevention and treatment, also disproportionately impact populations of color. For instance, in the U.S., Black patients are twice as

likely to die from complications of severe infections, including sepsis, that are driven by antibiotic resistance as compared to White patients.

To directly address these inequities from within the health sector, Sepsis Alliance created the Pledge for Equity, Diversity and Inclusion (EDI) in the Fight Against Antimicrobial Resistance, Sepsis and Its Underlying Causes. This is part of a broader effort, on the part of Sepsis Alliance, to address the inequities in sepsis care and the disproportionate sepsis-related suffering experienced by medically underserved communities.

Congress can strengthen efforts that, like the Pledge, aim to mitigate the disproportionate impacts of sepsis and AMR. We need Congressional support of policies that enhance infection prevention, antimicrobial stewardship and surveillance; reduce racial and ethnic health disparities; and galvanize the antimicrobial drug pipeline. The PASTEUR Act is one key piece of legislation aimed at some of these challenges.

PASTEUR would change the way the federal government pays for the most critically needed novel antibiotics. It would establish a subscription-based program through which the federal government would enter into contracts with developers of truly novel antibiotics to provide set payments for a supply of the antibiotics regardless of the volume used. This approach would allow for the predictable return on investment needed to spur innovation. PASTEUR would also establish a new grant program through CDC to support hospital antibiotic stewardship programs, with priority given to rural and critical access hospitals, to expand our ability to ensure optimal treatment, improve patient outcomes and reduce antimicrobial resistance.

The PASTEUR Act is a critical step forward to combat AMR, sepsis and the health disparities that are related to these threats. We urge you to cosponsor the legislation.

Thank you for considering this important issue. If you have questions or need additional information, please contact Amanda Feinman with Sepsis Alliance at afeinman@sepsis.org, or Amanda Jezek with IDSA at ajezek@idsociety.org.

Sincerely,



Tom Heymann
President and CEO, Sepsis Alliance



Daniel P. McQuillen, M.D., FIDSA
President, IDSA