April 14, 2018

The Honorable Dr. Robert Redfield
Director of the Centers for Disease Control and Prevention
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30329

Dear Director Redfield,

We, the undersigned organizations, are members of the Stakeholder Forum on Antimicrobial Resistance (S-FAR) and we represent health care providers, scientists, patients, advocates, public health, and pharmaceutical and diagnostic industry representatives. We congratulate you on your appointment as the new Director for the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR). We look forward to continuing to work with the CDC to advance a robust response to antimicrobial resistance (AMR) that reflects the U.S. commitment to infection prevention, antimicrobial stewardship, surveillance and innovation. We would appreciate an opportunity for some representatives of S-FAR to meet with you at your convenience when you are in Washington, DC.

As an infectious diseases physician, you have likely witnessed firsthand the devastating impact of antimicrobial resistant infections on patients. The Faces of Antimicrobial Resistance Report, released last year by the Infectious Diseases Society of America (IDSA) and several S-FAR partners, tells the stories of over a dozen patients whose lives have been devastated by AMR. According to the CDC, at least 2 million people are sickened by antibiotic resistant infections each year in the U.S., and at least 23,000 die as a result. Antibiotic resistance is jeopardizing many types of medical care that rely upon safe and effective antibiotics, including solid organ and bone marrow transplants and other complex surgeries, cancer chemotherapy, tuberculosis, and care of immunocompromised patients such as individuals living with HIV/AIDS. AMR is also a complicating factor in many of the infections most often seen in people who inject opioids. Further, resistant infections result in $20 billion of excess costs to our health care system each year. Globally, it is estimated that 700,000 deaths are attributable to AMR. Experts agree that without robust, coordinated action, these numbers will continue to grow at an alarming rate.

CDC has been a national and international leader in the fight against AMR, and CDC’s ongoing leadership in this area will be essential to continued progress. As you assume your new role, we would like to briefly highlight some key CDC activities that are already making a difference in the effort to combat AMR and we urge you to prioritize these important initiatives.

CDC’s National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) leads the Antibiotic Resistance Solutions Initiative (ARSI). This program spearheads the CDC’s fight against antimicrobial resistance by developing public health infrastructure and laboratory capacity across the country to detect resistant infections and prevent their spread. We strongly urge you to maintain and strengthen this initiative. In addition, CDC’s support for antimicrobial stewardship through expert guidance tailored to different types of healthcare facilities, research and reports on antibiotic use, and public education and awareness campaigns such the Antibiotic Awareness Week program, are essential for driving the behavior change necessary to curb AMR.
We strongly encourage you to strengthen CDC’s collaboration with the Centers for Medicare and Medicaid Services (CMS) to advance the implementation of antimicrobial stewardship programs that include proper use of diagnostics at all health care facilities.

CDC’s National Healthcare Safety Network (NHSN) is also vital to our efforts to combat antimicrobial resistance. Through its Antibiotic Resistance and Use module, NHSN also collects data on a number of antimicrobial resistant organisms as well as antimicrobial use. The surveillance information provided to the NHSN is critical to gauge whether interventions designed to reduce inappropriate antibiotic use and limit the development of resistance are succeeding. Unfortunately, the number of hospitals reporting antibiotic use and resistance data remains quite low, and we welcome the opportunity to work with you to improve this data collection.

At an international level, CDC’s global health security activities help increase capacity in low income countries to address antimicrobial resistance through surveillance, prevention and stewardship. As you may know, tuberculosis now causes more deaths than any other single infectious disease agent worldwide. In 2015, approximately 480,000 cases of multidrug-resistant (MDR) tuberculosis were recorded, including 9.7% of them that were extensively drug-resistant (XDR). CDC’s domestic TB elimination program, which funds treatment and surveillance activities as well as trial networks to evaluate new TB prevention and treatment regimens, is an important component of broader AMR efforts both at home and abroad.

We are encouraged by recent progress to combat AMR, including most recently. As recognized by the CDC, World Health Organization (WHO), and the World Animal Health Organization (OIE), a One Health approach to antimicrobial resistance is needed. In Fiscal Year (FY) 2016, Congress allocated significant new resources to support multi-agency domestic and global AMR activities in both human health and agriculture, including improving surveillance and data collection, advancing stewardship, and promoting research for urgently needed new antimicrobial drugs, diagnostics, vaccines, and alternatives to antibiotics. We appreciate that Congress has largely maintained, and in some instances increased, this investment in FY17 and FY18.

However, much more work remains to reduce inappropriate antibiotic use, enhance surveillance and data collection, drive innovation, and support the highly skilled workforce necessary to address all aspects of AMR.

Once again, we thank you for your leadership on this important issue and look forward to working with you to advance a multi-faceted solution to antimicrobial resistance. If you have any questions or would like to engage S-FAR membership in a discussion on this topic please reach out to Colin McGoodwin, S-FAR Coordinator at cmcgoodwin@idsociety.org. Thank you again for your time and consideration.

Sincerely,

Accelerate Diagnostics, Inc.
AdvaMedDx
Alliance for the Prudent Use of Antibiotics
Alliance for Aging Research
American Academy of Allergy, Asthma, and Immunology
American Association of Avian Pathologists
American Association of Bovine Practitioners
American Association of Immunologists
American Public Health Association
American Society for Microbiology
American Society of Tropical Medicine and Hygiene
American Thoracic Society
American Urological Association
American Veterinary Medical Association
Antibiotic Resistance Action Center, The George Washington University
Association for Professionals in Infection Control and Epidemiology
Association of American Veterinary Medical Colleges
Association of Public Health Laboratories
BD (Becton, Dickinson, and Company)
BIO (Biotechnology Innovation Organization)
Center for Foodborne Illness Research and Prevention
Clinician Champions in Comprehensive Antibiotic Stewardship
Consumer Federation of America
Duke Center for Antimicrobial Stewardship and Infection Prevention
Emory Antibiotic Resistance Center
Food Animal Concerns Trust
Health Care Without Harm
Infectious Diseases Society of America
Johns Hopkins Center for a Livable Future
Making-A-Difference in Infectious Diseases
March of Dimes
Merck
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Athletic Trainers' Association
National TB Controllers Association
NovaDigm Therapeutics
ONCORD, Inc.
Pediatric Infectious Diseases Society
Peggy Lillis Foundation
Sepsis Alliance
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Society for Healthcare Epidemiology of America
Society of Critical Care Medicine
Society of Infectious Diseases Pharmacists
Spero Therapeutics
The Fecal Transplant Foundation
The Pew Charitable Trusts
Trust for America's Health