March 26, 2018

The Honorable Leonard Lance
United States House of Representatives
2352 Rayburn House Office Building
Washington, DC 20515

The Honorable Joseph Kennedy III
United States House of Representatives
434 Cannon House Office Building
Washington, DC 20515

Dear Representatives Lance and Kennedy:

The Infectious Diseases Society of America (IDSA), the HIV Medicine Association (HIVMA), and the Pediatric Infectious Diseases Society thank you for authoring the Eliminating Opioid Related Infectious Diseases Act. Our societies collectively represent over 12,000 infectious diseases, pediatric Infectious diseases and HIV physicians, researchers and other health care providers who are increasingly concerned about how the opioid crisis is driving higher rates of infectious diseases including hepatitis C, endocarditis, HIV and skin and soft tissues infections. Our members report that 25 to 50 percent of their inpatient hospital consultations are for infections in patients who inject drugs. Failing to prevent and treat infections as well as the addiction means the foundational health problems are not solved and will, therefore, lead to increased deaths and severe public health consequences.

To help advance policy solutions aimed at the dangerous infectious diseases implications of opioid use disorder, IDSA, HIVMA, and PIDS have developed a fact sheet. This document details the infectious diseases impacts of the opioid epidemic. Our policy brief outlines a comprehensive set of recommendations regarding prevention, surveillance, workforce capacity and access to treatment.

We appreciate your leadership toward solutions that address both infectious diseases and the opioid epidemic. We look forward to opportunities to work with you. We are pleased to suggest the following comments on your legislation, including provisions we support, and recommendations that we believe would strengthen the approach. We would welcome the opportunity to meet with you to discuss these critical issues.

Summary of Recommendations

- Add “infective endocarditis” and “hepatitis B” to the list of infections included in surveillance activities (page 2, lines 20-21)
- Include “and the coordinated treatment of addiction and infectious diseases” to the provision aimed at providing education and training to healthcare professionals (page 3, line 14)
- Add “infectious diseases and HIV clinicians” to the list of providers for whom priority is given to education and training (page 3, lines 14-16)

Surveillance

We actively support your proposal to implement a surveillance system to determine the incidence and prevalence of infections associated with injection drug use. National data to evaluate the scope of the problem is urgently needed to help affected communities identify outbreaks earlier and to inform the development of more effective responses to prevent outbreaks.

We recommend that you add "infective endocarditis" and "hepatitis B" to the infections explicitly listed in this provision as part of surveillance efforts (page 2, lines 20-21). The rates of infective endocarditis are growing dramatically among people who inject drugs, but there is no public health system in place to monitor this condition. Infective endocarditis almost always prompts hospital admission due to the severity of the associated symptoms. An evaluation of hospital admission data in North Carolina found a 12-fold increase in drug dependence-associated endocarditis linked to injection drug use from 2010 to 2015. During that time total annual hospital costs increased from $1.1 to $22.2 million.[1] IDSA members report that a single case of infective endocarditis can cost up to $150,000 to treat and with one member reporting a cost of $5 million annually for a hospital with a significant population of patients who inject drugs.

Individuals who inject drugs are also at risk for hepatitis B virus (HBV). An estimated 2.2 million persons in the United States are chronically infected with HBV, and 15% to 25% of persons with chronic HBV infection will die prematurely from cirrhosis or liver cancer. A CDC study of Kentucky, Tennessee, and West Virginia during 2009 to 2013 found that incidence of acute HBV infection increased 114% in these three states that also are heavily impacted by the opioid epidemic. Specifically, the proportion of cases among whites and individuals aged 30–39 years increased during 2010–2013 and those reporting injection drug use (IDU) as a risk factor had increased significantly.[2]

Testing and Treatment

We also strongly support provisions in your bill aimed at identifying, counseling and testing individuals at risk of infections due to injection drug use and providing appropriate referrals to treatment. Only by diagnosis can an individual with an infectious disease know to start treatment as early as possible that will not only improve their own health, but protect others by reducing the risk of spreading their infection. Equally important, people with the chronic disease of addiction need comprehensive treatment and recovery services. Unfortunately, significant barriers remain to receiving substance abuse and mental health services, as well as addressing best therapies for infectious diseases like hepatitis C and endocarditis. Further, healthcare providers and patients alike would both benefit by enhanced coordination of care providers for treating both opioid use disorder and infectious diseases.

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[1] Fleischauer,AT et al. Hospitalizations for Endocarditis and Associated Health Care Costs Among Persons with Diagnosed Drug Dependence — North Carolina, 2010–2015. MMWR Weekly. June 9,2017.66(22);569–573.

[2] Centers for Disease Control and Prevention. Increases in Acute Hepatitis B Virus Infections — Kentucky,Tennessee, and West Virginia, 2006–2013. MMWR Weekly / January 29, 2016 / 65(3);47–50.

Education and Training for Health Professionals

We also strongly support the provision in your bill that would improve the education, training, and skills of health professionals in the detection and control of infections associated with injection drug use. We recommend that you expand this provision to include "and the coordinated treatment of addiction and infectious diseases" (page 3, line 14). Effective treatment of individuals with addiction and co-existing serious infections requires a comprehensive multidisciplinary approach to reduce the future risk of infections and to improve patient outcomes.

Also, we ask that you include "infectious diseases and HIV clinicians," to the list of providers for whom priority would be granted under this provision (page 3, lines 14-16). ID and HIV clinicians are on the frontlines, routinely caring for patients with serious infections associated with injection drug use. To more effectively combat this public health crisis, they could significantly benefit from training in collaborative, comprehensive approaches to caring for these patients and successfully treating their infections and their addiction.

Authorization of Appropriations

We thank you for including an authorization of new funding to support the important new activities authorized in this legislation. Sufficient investment is essential to ensure that opioid response efforts are successful without draining resources from other public health priorities at a time when the public health system is already stretched. While the funding authorized in your legislation is an outstanding start, we recognize that additional resources may be needed.

Once again, IDSA and HIVMA applaud your leadership on this issue and look forward to working with you. Please contact Amanda Jezek, IDSA's Senior Vice President for Public Policy and Government Relations at ajezek@idosciety.org, Andrea Weddle, HIVMA's Executive Director at aweddle@hivma.org, or Christy Phillips, PIDS' Executive Director at cphillips@idsociety.org.

Sincerely,

Paul G. Auwaerter, MD, MBA, FIDSA
President, IDSA

Melanie Thompson, MD
Chair, HIVMA Board of Directors

CC: The Honorable Chris Collins
The Honorable Anna Eshoo
The Honorable Joe Barton
The Honorable Doris Matsui