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Infectious Diseases Society of America

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November 28, 2016

Vice President-elect Mike Pence
Trump Transition Team
1800 F Street, NW
Washington, DC 20405

Dear Mr. Vice President-elect:

Congratulations on your election. As you are leading the transition team for the new Administration, the Infectious Diseases Society of America (IDSA) would like to offer our expertise and assistance to help you grapple with critical issues facing our nation's public health and patients.

IDSA represents over 10,000 infectious diseases (ID) physicians and scientists devoted to patient care, prevention, public health, education, and research in the area of infectious diseases. Our members care for patients with or at risk of serious infections such as HIV, hepatitis C virus (HCV), infections caused by antimicrobial resistant bacteria and opportunistic infections afflicting transplant patients and other immunocompromised individuals. ID physicians are on the front lines of responses to public health emergencies including outbreaks of Ebola, Zika, MERS-CoV, and influenza viruses. They lead antimicrobial stewardship as well as infection prevention and control programs. With a view toward improving patient safety and leading cutting edge research, IDSA also advocates for developing urgently needed new antimicrobial drugs, diagnostic tests and vaccines.

Below we briefly outline pressing ID policy issues that we believe deserve your leadership and attention: antimicrobial resistance, domestic and global public health emergency preparedness, public health infrastructure, biomedical research and innovation, and a strong ID workforce. We look forward to providing you with greater detail on these issues. We hope to work with you, President-elect Trump, the new administration, and Congress toward important advancements in these areas.

[Antimicrobial Resistance](#)¹

Pathogens are increasingly growing resistant to existing antimicrobial drugs, making previously easily treatable infections life-threatening and requiring

¹ IDSA Fact Sheet on Antibiotic Resistance:

http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Advancing_Product_Research_and_Development/Bad_Bugs_No_Drugs/Press_Releases/IDSA%20Antibiotic%20Resistance%20Infographic%202016%20Final.pdf

significantly longer and costlier hospital stays. Simultaneously, [antibiotic research and development](#)² (R&D) has dwindled, due to both significant regulatory barriers and reduced business incentive from lack of sufficient profit incentives to develop antimicrobial agents. The [National Action Plan for Combating Antibiotic Resistant Bacteria \(CARB\)](#)³ sets forth important and achievable goals for reducing antibiotic resistance and infections and promoting research. The plan sets forth benchmarks for progress through 2020, but must be sustained in order to fully realize the plan's goals.

While recent bipartisan efforts have begun to strengthen much needed domestic pathogen surveillance to better understand our nation's problems as well as promote stewardship programs for the appropriate use of antibiotics, significant work remains. Activities to prevent the development of resistance and the spread of resistant infections are vital, but it is equally necessary to invest in innovation.

We need a robust and renewable pipeline of antibiotics and diagnostics to address current and future threats. This will not be achieved without economic incentives. Further, our antimicrobial resistance efforts must extend beyond U.S. border. In September, the United Nations General Assembly adopted a political declaration on antimicrobial resistance, but all member nations must be held accountable to achieve its goals. We urge you to position the U.S. as a global leader in combating antimicrobial resistance, and are eager to offer our assistance in this important work.

Domestic and Global Public Health Emergency Preparedness

The Ebola and Zika virus outbreaks have demonstrated that global infectious diseases emergencies can strike at any time and have major domestic impacts. Rapid and robust responses are necessary to limit the spread of infection. In such circumstances, responses are complex and must involve both domestic and global components. Typical issues that arise include surveillance and laboratory capacity to track outbreaks, research to understand the spread and the progression of disease, vaccine development, diagnostics, therapeutics, health care facility and community preparedness, as well as providing appropriate patient care. Governments must partner with infectious diseases physicians, researchers, community leaders, and industry to mount a comprehensive response.

Unfortunately, U.S. responses to recent public health emergencies have been hampered by the slow pace of Congress to allocate needed emergency funding. IDSA strongly encourages you to lead efforts to establish a new public health emergency response fund to enable rapid domestic action and lead global responses without the need for immediate, outbreak-specific legislative action.

² IDSA Fact Sheet on Antibiotic Incentives:

http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Advancing_Product_Research_and_Development/Bad_Bugs_No_Drugs/Press_Releases/IDSA%20Antibiotic%20Incentives%20Infographic%202016%20Final.pdf

³ National Action Plan for Combating Antibiotic Resistant Bacteria:

https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf

Public Health Infrastructure

Public health emergencies rightfully capture significant attention. Perhaps not fully recognized is the daily work of our public health system that is essential to protecting our health. Examples of such leadership includes standards for immunizations, screening recommendations for communicable infections such as hepatitis C, HIV, and tuberculosis as well as much needed surveillance for antimicrobial resistant pathogens and investigations of local and national outbreaks.

Antimicrobial stewardship programs ought to rest on a national infrastructure to coordinate data to inform responses and recommendations. State and local public health departments rely upon the Centers for Disease Control and Prevention (CDC) for much of their funding, and in recent years this has been stretched dangerously thin under fiscal austerity measures. IDSA urges you to make strong and sustained investments in our nation's public health infrastructure.

IDSA also views global health preparedness, in the form of strengthened surveillance, laboratory infrastructure, and public health workforce training, as critical to our nation's security. We urge you and your Administration to advance U.S. leadership and investments in this arena.

Biomedical Research and Innovation

Biomedical research is necessary to bring forth life-saving new antimicrobial drugs, diagnostics and vaccines for patients. Such innovation is also an important engine for economic growth. Robust funding for the National Institutes of Health (NIH) is essential to support current research and to provide a foundation for optimism to inspire the next generation of researchers. Too many young people are forgoing research careers or pursuing such efforts outside of the U.S. due to concerns about the availability of research funding. The U.S. must also invest in the Biomedical Advanced Research and Development Authority (BARDA), which funds critical research on vaccines, diagnostics and antimicrobial drugs to prepare for pandemics, bioterror attacks, and other emergencies.

ID Physician Workforce⁴

From antimicrobial resistance to Zika virus infection, from routine patient care to pandemic and bioterror preparedness, ID physicians are at the forefront of efforts to protect public health and national security. Unfortunately, fewer young physicians are pursuing careers in the field of ID. Substantial student loan debt leads many young physicians into other fields with higher compensation that often have shorter training resulting in a faster path to practice income. ID physicians typically do not perform procedures. We provide cognitive care, using our expertise to carefully evaluate and manage patients.

Unfortunately, these services are greatly undervalued by our current health care system compared to procedural specialties. Many areas of medicine rely upon ID physicians to manage infection risk to allow for organ and bone marrow transplants, joint replacements, other surgeries, cancer chemotherapy, and other complex care. We are deeply concerned that

⁴ IDSA Fact Sheet on ID Physician Workforce:

http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Workforce_and_Training/Background/VID_Hill_Leave_Behind.pdf

without investment in the next generation of ID physicians, the ability to safely perform much of this life-saving care will be jeopardized.

We are equally worried that we will not have the ID physicians necessary to respond to public health emergencies and carry out routine public health activities that are crucial to protect our communities. Lastly, we are alarmed that we will not have physicians trained in infectious diseases to conduct urgently needed research, including clinical trials for new antimicrobial drugs, diagnostics and vaccines. We urge you to address physician compensation to ensure appropriate reimbursement for cognitive evaluation and management services and to provide loan repayment opportunities for ID physicians who work in public health, conduct research, or provide ID services in underserved communities.

As you continue leading this important transition, IDSA recognizes that you will face significant demands for your valuable attention. We believe that the prevention, diagnosis, treatment and containment of infectious diseases are central to our national security and our ability to thrive and address other serious issues facing our country. We greatly appreciate your attention and look forward to the opportunity to work with you on behalf of our patients and public health.

Sincerely,

A handwritten signature in cursive script that reads "Bill Powderly". The signature is written in dark ink and is positioned above the typed name.

William G. Powderly, MD, FIDSA
President, IDSA