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IDSA
Infectious Diseases Society of America

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Robert Kadlec, MD
Assistant Secretary for Preparedness and Response
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Assistant Secretary Kadlec:

Thank you for inviting the Infectious Diseases Society of America (IDSA) to participate in the stakeholder listening session on pandemic and all hazards preparedness issues. We greatly appreciate this opportunity to share perspectives and priorities. IDSA strongly supports reauthorization of the Pandemic and All Hazards Preparedness Act (PAHPA) to provide states, communities and healthcare facilities with necessary resources. Specifically, IDSA urges you to prioritize the following issues in the upcoming reauthorization: incentives for the research and development (R&D) of urgently needed new antimicrobial drugs to address antimicrobial resistance, investment in the infectious diseases workforce to lead public health emergency responses, establishment of a rapid response fund for public health emergencies, and support for global health security. As infectious diseases know no borders, halting outbreaks before they even reach our shores is one of the best ways to protect Americans.

Antibiotic resistance poses a serious risk to our security. An outbreak caused by a serious or life-threatening resistant pathogen—either natural or human-made—could cause significant illnesses and deaths, wreak havoc on our healthcare systems and have a serious financial toll. Unfortunately, our existing antibiotic arsenal is insufficient for such an event. In fact, it is deficient even for resistant infections that occur more routinely in patients. According to the Centers for Disease Control and Prevention, antibiotic-resistant infections cause at least 2 million illnesses, at least 23,000 deaths, and $20 billion in excess health care costs in the US every year. Globally, more than 700,000 people die each year from antimicrobial resistance. It is estimated that number may rise to 10 million each year by 2050.

Unfortunately, antibiotic R&D is failing to meet the pace of pressing patient needs. Antibiotics are difficult and costly to develop. Companies seeking investment find little opportunity for return on investment. Current efforts by the Biomedical Advanced Research and Development Authority (BARDA) have been essential to help fund antibiotic R&D. However, without an opportunity for return on investment, the necessary industry engagement for building a robust and renewable antibiotic pipeline will fail to develop. Other barriers are notable. Often the key to profits, high sales volume for newly developed antibiotics would quickly lead to the development of resistance through overuse. Such new antibiotics instead are used judiciously, targeting use only when needed for highly resistant infections, an anathema for profit-driven companies. IDSA proposes that BARDA be given new authority with funding to provide market entry rewards of at least $500 million per new antimicrobial, paid over a period of 5 years. Such rewards should be reserved for antimicrobials that truly address the most urgent unmet needs. Also, companies receiving a market entry reward should be required to commit to antimicrobial stewardship and access agreements.

IDSA also emphasizes that an expert workforce, including ID physicians, is necessary to mount successful responses to public health emergencies such as outbreaks or bioterror attacks. Unfortunately, fewer young physicians are pursuing infectious diseases training, due

in large part to concerns regarding compensation and medical education debt. The 2017 Medscape Physician Compensation Report found the median salary of a medical specialty physician to be around $316,000. The IDSA 2017 compensation survey showed that the average ID physician earns about $215,000, more than $100,000 less than other physician career paths. Since average debt of recent medical students is approximately $200,000, such economics compel young medical trainees to more lucrative specialties. This is even more so for those considering ID-related public health careers who on average earn $30,000 less annually than clinically-oriented ID physicians. This financial disincentive is a major contributor to the 21.6% decline in the numbers applying for infectious disease fellowship training during the five year period ending in 2016.

As decisions to enter any medical field are made two to five years before entering specialty training programs, this lag means that a cadre of ID-trained physicians cannot be quickly conjured in response to public health emergencies. IDSA recommends that PAHPA reauthorization include new loan repayment opportunities to lessen the economic disincentives that prevent medical students and trainees from selecting infectious diseases careers. For example, loan repayment to ID physicians may be targeted to those who commit working at least 50% of their time in state or local health departments. Similarly, loan repayment could be offered to individuals who serve in the CDC Epidemic Intelligence Service (EIS)—the program that provides expert responders to public health emergencies and trains many future public health leaders. EIS has experienced a decline in physician applicants, due in large part to physicians' high student debt. CDC has a current loan repayment program, but it requires three years of service (EIS is only a two-year program), and it does not extend to individuals at state or local health departments who provide essential local leadership and expertise.

IDSA also supports the establishment of a rapid response fund for public health emergencies such as outbreaks to provide immediate essential responses. Such a fund should contain sufficient resources for initial efforts to contain the spread of infection; treat infected individuals; and launch research for necessary vaccines, diagnostics, and therapeutics. This fund can serve as an important bridge to allow the time for Congress to consider additional funding needs. Such a fund must not come at the expense of currently supported public health priorities.

Lastly, IDSA views PAHPA reauthorization as an important opportunity to invest in global health security. The Global Health Security Agenda (GHSA) is a multi-national effort with strong US leadership focused on preventing and mitigating outbreaks, improving rapid detection and reporting of outbreaks, and developing an interconnected global network that can efficiently respond to outbreaks to contain their impact. The recent Ebola and Zika outbreaks underscore the need for such an initiative. Robust and sustained US commitment to global health security is essential to protect our country from infectious diseases threats that may originate elsewhere while strengthening health infrastructure and capacity in developing countries. Unfortunately, the GHSA is not explicitly authorized by statute, and its initial funding is set to expire in 2019. We strongly urge you to consider opportunities within PAHPA reauthorization to authorize the GHSA, given its direct relevance to pandemic preparedness.

Once again, IDSA thanks you for the opportunity to share our views on pandemic preparedness issues, and we look forward to continued engagement with you.

Sincerely,

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