

June 6, 2013

The Honorable James Matheson
United States House of Representatives
Washington, DC 20515

RE: The “Strategies to Address Antimicrobial Resistance Act”

Dear Representative Matheson:

The undersigned organizations represent physicians, dentists, hospitals, pharmacists, healthcare epidemiologists, infection prevention and control professionals, and public health experts, patients and advocates. We write today to thank you for reintroducing the “Strategies to Address Antimicrobial Resistance (STAAR) Act”. This critical legislation will help guide our country in developing appropriate responses to the extremely urgent problem of antimicrobial resistance. Antimicrobial-resistant infections affect hundreds of thousands of Americans and cause tens of thousands of deaths each year. The infections are painful, difficult to treat, frequently recur and cost tens of billions of dollars to the U.S. health care system annually.

Antimicrobial resistance is a serious patient safety, public health, and national security issue. In 2011, one superbug, carbapenem-resistant *Klebsiella pneumoniae*, spread through the National Institutes of Health’s own Clinical Center, infecting 17 and killing 11 over a six month period of time. Extensively drug resistant *Klebsiella* bacteria kill up to 50% of infected patients despite treatment with last resort drugs, and resistance rates for these and other resistant bacteria continue to climb. The Centers for Disease Control and Prevention recently deemed such pathogens “nightmare bacteria” and reported their five-fold increase over the last 10 years. Although initially affecting ill people in hospitals, drug-resistant bacteria, such as multi drug-resistant *Staphylococcus aureus* (MRSA), are infecting an increasing number of people in community-settings, including healthy athletes and children. More people now die of MRSA infection in U.S. hospitals than of HIV/AIDS and tuberculosis combined. Children are more vulnerable to bacterial illnesses than adults, and pediatric treatment options are very limited. Superbugs are attacking soldiers, entering the body through deep combat wounds or burns and causing potentially fatal infections. Of course, immune-compromised individuals, including the elderly and chemotherapy patients, are at heightened risk for contracting and dying from a serious drug-resistant infection.

In addition, a bacterium known as *Clostridium difficile* (*C. diff*) is spawning infections in hospitals and communities in the United States and abroad that can lead to severe diarrhea, ruptured colons, kidney failure, blood poisoning (sepsis) and death. *C. diff.* infections (CDI) causes 14,000 American deaths each year. The incidence, deaths, and excess health-care costs resulting from CDI in hospitalized patients are at historic highs.

From 2000 to 2009, CDI discharge diagnoses more than doubled, and the number with a primary CDI diagnosis more than tripled.

Drug-resistant tuberculosis (TB) also is on the rise globally. Infection with highly resistant strains of TB is of special concern for people with HIV infection or other conditions that can weaken the immune system. They are more likely to develop TB disease and also have a higher risk of death. Curing resistant TB can cost 200 times as much as curing typical TB; it also can take years, and some of the drugs cause side effects like deafness and psychosis.

Resistant gonorrhea also is becoming a serious problem in the U.S and globally. Some strains of gonorrhea have developed resistance to almost every antibiotic recommended for treatment. This will have substantial health and economic consequences. First, gonorrhea rates in the population will rise, because people with gonorrhea will remain infectious for a longer period of time. We will see an increase in pelvic inflammatory disease in women (estimated cost, \$585 million) and epididymitis in men (estimated cost, \$15 million). Second, because gonorrhea can facilitate the acquisition and transmission of HIV, the increase in gonorrhea prevalence could lead to increases in new HIV infections as well (estimated cost, \$180 million).

We cannot stop the development of antimicrobial resistance—bacteria, viruses and fungi will continue to mutate in response to antimicrobial drug use. However, we can respond with new and effective strategies and interventions to limit the emergence of resistance. Outside of strengthening our antimicrobial drug pipeline, what we need most are improved U.S. coordination and specific actions designed to better monitor, treat, and most importantly prevent the development and transmission of drug resistant microbes that threaten the health of all Americans. The STAAR Act provides the appropriate, balanced set of measures to achieve these goals and address our concerns.

As medical, healthcare, public health and patient organizations dedicated to patient care and safety, as well as public health in general, we thank you for introducing the STAAR Act and hope you will work to secure its prompt passage. Should you have any questions, please contact Amanda Jezek, Vice President of Public Policy and Government Relations for the Infectious Diseases Society of America, at 703-740-4790 or ajezek@idsociety.org.

Sincerely,

Alliance for Aging Research
Alliance for the Prudent Use of Antibiotics
American Academy of Pediatrics
American College of Rheumatology
American Dental Association
American Gastroenterological Association
American Public Health Association

American Thoracic Society
American Society for Microbiology
Council of State and Territorial Epidemiologists
Department for Professional Employees, AFL-CIO
First Focus Campaign for Children
Infectious Diseases Society of America
Michigan Antibiotic Resistance Reduction Coalition
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Athletic Trainers' Association
National Foundation for Infectious Diseases
Pediatric Infectious Diseases Society
Society for Healthcare Epidemiology of America
Society for Women's Health Research
Society of Critical Care Medicine
Society of Infectious Disease Pharmacists
Trust for America's Health

.