

March 2, 2018

The Honorable Alex M. Azar II Secretary, The Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201

Dear Secretary Azar,

On behalf of the Presidential Advisory Council on Combating Antibiotic Resistant Bacteria (PACCARB), we wish to bring to your attention two pivotal issues that concern both veterinary and human medicine that, if left unaddressed, would undermine the collective U.S. government effort to combating antibiotic resistance. In brief, the current federal efforts that are using One Health approaches to fight antibiotic-resistant bacteria are at risk of being undermined by significant loss or redirection of funding.

The National Action Plan on Combating Antibiotic Resistant Bacteria (NAP) includes critical milestones that address issues related to both human and animal health. Protecting human health by ensuring animal health is the crux of this One Health approach, and is exemplified by the CDC's inclusion of common food borne bacteria (including *Campylobacter*, *Salmonella*, and *Shigella*) in their list of the top drug-resistant threats to the United States. The PACCARB members applaud the increases in funds during the last budget cycle in support of key programs and activities that help agencies achieve the milestones set forth in the NAP. Because of this support, researchers and educators have made critical progress to address the profound problem of antibiotic resistance and a new positive momentum has been achieved. However, PACCARB members are deeply concerned that the hard-earned gains that have been made in combating resistance may not continue, and important results of new programs that that were recently started may never be realized.

The PACCARB believes that we are at a strategic point in time for advancing our collective work to reduce antibiotic resistance, find alternatives to antibiotics, prevent infections and promote effective stewardship of antibiotics for both animal and human populations. The upcoming fiscal allocation decisions to be made may have dramatic negative impacts on the United States' ability to address antibiotic-resistance if funds are diverted from their current missions. Therefore, we propose the following:

The 2017 funding levels for the Centers for Disease Control and Prevention (CDC) Antibiotic
Resistance Solutions Initiative (ARSI) and for the Agency for Healthcare Research and Quality
(AHRQ) healthcare-associated infection and antibiotic-resistance (HAI/AR) programs must be
maintained or increased in 2018 and beyond.

In the past decade, we have seen encouraging early declines in occurrences of antibiotic-resistant bacterial infections in hospitals, largely as a result of programs initiated by the CDC and AHRQ. These programs have led to much lower rates of device-related (e.g., intravenous catheter) and other healthcare-associated infections (e.g., MRSA bloodstream infections). All of these gains will be lost if the critical mission funding for CDC and AHRQ HAI/AR programs is not maintained. The CDC's ARSI, which funds state-level HAI/AR prevention programs, will potentially lose much of its \$163 million FY17

¹ CDC source available at: https://www.cdc.gov/drugresistance/biggest threats.html

appropriation in 2018. Additionally, AHRQ faces a potentially significant budget cut which threatens the critical research and the implementation of HAI/AR prevention strategies.

Cuts to the CDC's ARSI funding will jeopardize the success of its numerous efforts, such as the nationwide Antibiotic Resistance Laboratory Network and investments in infrastructure to effectively detect and respond to HAI/AR occurrences. AHRQ-funded research has identified effective approaches for preventing HAI and the spread of AR, and loss of AHRQ funding would prevent translation and implementation of these strategies. All of these outcomes would negatively impact our goal of eliminating the approximately two million infections due to antibiotic-resistant bacteria that occur in the United States each year.

2. The dedicated funding provided by U.S. Department of Agriculture's National Institute of Food and Agriculture (USDA-NIFA) to support research focused on antimicrobial-resistance in agriculture, from farm to fork, must continue.

In 2017, NIFA provided substantial amounts of funding dedicated to supporting research on antimicrobial resistance (AMR), which enabled significant gains in our understanding of the emergence and dissemination of antibiotic-resistant bacteria and provided knowledge used for on-farm programs to prevent and reduce antibiotic resistance. It is imperative that research funds be made available to build on this exceptional progress, which will improve animal health and welfare, food safety and security, and environmental and public health.

The PACCARB understands that NIFA is considering the integration of current AMR research programs into a new and broader program in Sustainable Agriculture Systems (SAS). While we support the concept of institutional trans-disciplinary research teams, which could enhance a One Health approach to AMR, we strongly encourage the USDA to continue with its specified ongoing AMR research grants and, in addition, designate some of the new SAS funds explicitly for AMR projects. The total funding levels dedicated for AMR should be at least equal to those of 2017, and hopefully greater, owing to its tremendous positive impact on both animal and human health, and the great need in the field.

The PACCARB remains diligent in its mission to combat antibiotic resistance, and will continue to support our federal partners aligned to a One Health approach in fulfilling the milestones as set in the NAP. Your support in preserving and expanding essential funding to programs that specifically address the emergence and spread of antibiotic resistance will help ensure the preservation of our nation's health—across the human, animal and environmental domains—in the face of this imminent public health and security threat to the U.S. and globally.

Regards,

Martin J. Blaser, M.D.

Chair

cc:

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