



THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGTON, D.C. 20201

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Martin J. Blaser, MD
Chair, Presidential Advisory Council on
Combating Antibiotic-Resistant Bacteria

Lonnie J. King, DVM, MS, MPA, ACVPM
Vice Chair, Presidential Advisory Council on
Combating Antibiotic-Resistant Bacteria

Dear Drs. Blaser and King:

Thank you for your willingness to provide leadership for activities of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (Advisory Council). As you know, the continued progression of antibiotic-resistance is a persistent public health and national security threat. According to an annual estimate from the Centers for Disease Control and Prevention, each year over 2 million antibiotic resistant infections occur in the United States resulting in a projected \$20-35 billion in additional health care costs and at least 23,000 deaths. Many deaths occur in healthcare settings such as hospitals and long-term care facilities due to complications from antibiotic-resistant infections.

Despite the increased need for new therapies to treat such infections, there has been a steady decrease in companies interested in developing new antimicrobial drugs and novel alternatives due to several factors. Furthermore, limited resources are another major challenge hindering agencies' ability to implement the milestones of the National Action Plan for Combating Antibiotic-Resistant Bacteria (Action Plan). With this in mind, I would like the Advisory Council to consider and offer recommendations on the following two questions:

1. What is the best way to incentivize the development of therapeutics (including alternatives to antibiotics), rapid diagnostics, and vaccines for both humans and animals while maximizing the return on investment, and still encouraging appropriate stewardship, and access to products?
2. Given the breadth and depth of the Action Plan in a limited resource environment, how should the U.S. government prioritize its investments for maximal impact in reducing antibiotic resistance, especially in the context of a One Health approach?

I look forward to reviewing your recommendations and applying them to our work moving forward.

Sincerely,


Sylvia M. Burwell