May 7, 2012

The Honorable John Boehner, Speaker
The Honorable Nancy Pelosi, Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Harry Reid, Majority Leader
The Honorable Mitch McConnell, Minority Leader
United States Senate
Washington, D.C. 20510

Dear Majority Leader Reid, Minority Leader McConnell, Speaker Boehner and Minority Leader Pelosi:

We write on behalf of the Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) to urge you to reject any proposal to repeal or divert funding from the Prevention and Public Health Fund (PPHF).

IDSA and HIVMA represent nearly 10,000 physicians, scientists and other health care professionals devoted to patient care, prevention, public health, education, and research in infectious diseases. Collectively, our members care for patients of all ages with serious infections, including meningitis, pneumonia, HIV/AIDS, hepatitis, tuberculosis (TB), antibiotic-resistant bacterial infections such as methicillin-resistant Staphylococcus aureus (MRSA) and multidrug-resistant gram-negative bacterial infections, and emerging infections like the 2009 H1N1influenza virus. Our members also are deeply engaged in research and programmatic activities to respond to infectious diseases globally through U.S. funded efforts in HIV, tuberculosis and the range of other infectious disease challenges.

We urge you to protect the PPHF and oppose any efforts to reduce or eliminate the fund, as it provides vital support for the preservation and promotion of our nation's public health. The PPHF was a critical and much overdue ten-year, $12.5 billion investment in public health programs. State governments and local health departments are using PPHF dollars to build epidemiology and laboratory capacity to track and respond to disease outbreaks; train the nation's public health workforce; prevent the spread of HIV/AIDS; increase immunization rates; prevent the spread of viral hepatitis; and reduce health care associated infections.

Our public health workforce has already been seriously eroded, and cuts to the PPHF are likely to result in further layoffs, seriously threatening our ability to maintain the strong public health workforce that we need to conduct routine public health activities and respond to public health emergencies such as pandemics or bioterror attacks. According to the National Association of County and City Health Officials, a total of 19 percent of the local public health workforce was lost between 2008 and 2010, and among state health departments, nearly 90 percent of agencies cut services.

PPHF resources are contributing to the nation's response to infectious diseases including HIV/AIDS and viral hepatitis. The fund provides a unique opportunity to decrease health care spending related to HIV/AIDS treatment and care and invest in viral hepatitis prevention and screening efforts. The cost of HIV treatment and lost productivity is largely borne by the public sector with an average medical cost of $367,000 per infection.[i] With 50,000 new infections each year, the costs multiply quickly. For viral hepatitis, according to 2009 estimates, 38,000 Americans are annually infected with hepatitis B (HBV) and 16,000 with hepatitis C (HCV).[ii] Approximately 4.4 million people in the U.S. are living with HBV or HCV. But surveillance systems are inadequate, and a large majority of individuals living with viral hepatitis (65-75 percent) remain unaware of their infection and are not receiving necessary care and treatment.

Currently, screening for HCV infection is based on patient-specific risk factors, such as the presence of comorbidities such as HIV or hemophilia, etc. However, that method has not been effective and breakthroughs in HCV treatment have intensified the importance of expanded detection of HCV infection. HCV treatment can improve quality of life and reduce the risk of life-threatening disease, including cirrhosis and liver cancer. Thus, the US Public Health Service is proposing a plan to markedly expand HCV detection. The Centers for Disease Control & Prevention (CDC) reported that compared with the status quo, birth cohort screening would identify at least 808,580 additional cases of chronic HCV infection and, when followed by treatment, would reduce the number of deaths by 121,000.[iii] New screening guidelines for HCV are currently under review by the CDC and the Agency for Healthcare Research & Quality (AHRQ) that would recommend a one-time screening for all Americans born during the period 1945 to 1965. These guidelines are expected to be released by the end of this year. In FY2012, the CDC Division of Viral Hepatitis (DVH) received $10 million from the PPHF to create the first national viral hepatitis testing initiative. This testing initiative will play a crucial role in increasing knowledge of viral hepatitis status, thus reducing the public health and economic consequences of the disease. Without this critical funding from PPHF, the collective efforts to screen and treat HCV will falter and this "silent epidemic" will continue to strain our health care system.

It is essential to the health of Americans and to reducing future health care costs that we maintain the PPHF to transform our nation's "sick-care" system to a more cost-effective "health care" system that promotes prevention rather than treatment of infectious diseases. We look forward to working with Members of Congress to maintain and strengthen the public health of our nation, and appreciate your support.

Sincerely,

Thomas G. Slama MD

Thomas G. Slama, MD, FIDSA
IDSA President

Judith A. Aberg, MD, FIDSA
HIVMA Chair

[i] Farnham PG, Holtgrave DR, Sansom SL, Hall HI. "Medical Costs Averted by HIV Prevention Efforts in the United States, 1991-2006." JAIDS Journal of Acquired Immune Deficiency Syndromes. 2010;54(5):565-567

[ii] CDC Division of Viral Hepatitis (DVH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at CDC. Factsheet accessed online 5/1/12 at: http://www.cdc.gov/hepatitis/PDFs/disease_burden.pdf

[iii] Rein, DB et al. "The Cost-Effectiveness of Birth-Cohort Screening for Hepatitis C Antibody in U.S. Primary Care Settings. Ann Intern Med. 2012;156:263-270.