



# IDSAs

Infectious Diseases Society of America

## 2018-2019 BOARD OF DIRECTORS

President  
**Cynthia L. Sears, MD, FIDSA**  
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE  
BALTIMORE, MD

President-Elect  
**Thomas M. File, Jr., MD, MSc, FIDSA**  
SUMMA HEALTH  
AKRON, OH

Vice President  
**Barbara D. Alexander, MD, MHS, FIDSA**  
DUKE UNIVERSITY  
DURHAM, NC

Secretary  
**Larry K. Pickering, MD, FIDSA**  
EMORY UNIVERSITY SCHOOL OF MEDICINE  
ATLANTA, GA

Treasurer  
**Helen W. Boucher, MD, FIDSA**  
TUFTS MEDICAL CENTER  
BOSTON, MA

Immediate Past President  
**Paul G. Auwaerter, MD, MBA, FIDSA**  
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE  
BALTIMORE, MD

**Angela M. Caliendo, MD, PhD, FIDSA**  
BROWN UNIVERSITY/RHODE ISLAND HOSPITAL  
PROVIDENCE, RI

**Jeffrey S. Duchin, MD, FIDSA**  
PUBLIC HEALTH — SEATTLE & KING COUNTY  
UNIVERSITY OF WASHINGTON, SEATTLE  
SEATTLE, WA

**Victoria J. Fraser, MD, FIDSA**  
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE  
ST. LOUIS, MO

**Ann T. MacIntyre, DO, MHS, FIDSA**  
PRIVATE PRACTICE  
MIAMI, FL

**Jeanne Marrasso, MD, MPH, FIDSA**  
UNIVERSITY OF ALABAMA AT BIRMINGHAM  
SCHOOL OF MEDICINE  
BIRMINGHAM, AL

**Daniel P. McQuillen, MD, FIDSA**  
LAHEY HOSPITAL & MEDICAL CENTER  
BURLINGTON, MA

**Ighowwera Oforokun, MD, MSc, FIDSA**  
EMORY UNIVERSITY SCHOOL OF MEDICINE  
ATLANTA, GA

**Susan J. Rehm, MD, FIDSA**  
CLEVELAND CLINIC  
CLEVELAND, OH

**Tina Q. Tan, MD, FIDSA**  
NORTHWESTERN UNIVERSITY  
FEINBERG SCHOOL OF MEDICINE  
CHICAGO, IL

Chief Executive Officer  
**Christopher D. Busky, CAE**

**IDSAs Headquarters**  
1300 Wilson Boulevard  
Suite 300  
Arlington, VA 22209  
**TEL:** (703) 299-0200  
**FAX:** (703) 299-0204  
**EMAIL ADDRESS:**  
info@idsociety.org  
**WEBSITE:**  
www.idsociety.org

January 17, 2019

Don Wright, MD, MPH, FAAFP  
Deputy Assistant Secretary for Health  
Office of Disease Prevention and Health Promotion  
Department of Health and Human Services  
Tower Building 1101 Wootton Parkway, Suite LL100  
Rockville, MD 20852

## Re: Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for Healthy People 2030

Dear Dr. Wright,

The Infectious Diseases Society of America (IDSAs) greatly appreciates the opportunity to provide our comments on the Secretary's Advisory Committee on National Health and Disease Prevention proposed objectives for Healthy People 2030 in the areas of Global Health, Healthcare-Associated Infections, Immunization and Infectious Disease, Opioids, and Sexually Transmitted Diseases.

IDSAs represents over 11,000 infectious diseases physicians, other health care professionals, and scientists. Our members work across all sectors in health care including public health departments, hospitals, academic medical centers, publicly-funded clinics, and private practice to achieve optimal patient and population health through direct patient care, community-based programs, research, and other interventions.

### Global Health:

As the capacity for quick and efficient international travel increases, building global capacity to recognize, identify, and combat outbreaks in other parts of the globe has only increased in importance. IDSAs strongly supports the core, developmental and research objectives outlined in Healthy People 2030.

The core objective of increasing the number of field epidemiologists trained globally will help ensure an adequate global health workforce to recognize and identify outbreaks as they occur. Strengthening the monitoring and reporting of more public health events of international importance will improve the overall US and global response to such events, including, in particular, efforts to prevent the spread of infectious diseases. Increased laboratory diagnostic capacity in other regions and countries will more rapidly identify individuals who need treatment and speed the detection of public health events and deployment of interventions that ultimately protect the health of US citizens. These objectives

also align well with international goals, such as those identified in the Global Health Security Agenda.

**Healthcare-Associated Infections:**

IDSA supports the core objective goals of reducing hospital-onset *C. difficile* and MRSA infections. Though awareness of these infections has increased, there is still significant room for improvement on both measures as these infections are still responsible for significant patient complications, mortality, and increased healthcare spending.

IDSA strongly supports the objective of reducing inappropriate antibiotic use in outpatient settings. However, we feel that there are specific data sources that could be used to create additional meaningful core objectives for antimicrobial resistance and antimicrobial stewardship. Specifically, we propose that the following two core objectives be added to Healthy People 2030:

1. Increase the number of health care facilities reporting antibiotic use and resistance data to the National Healthcare Safety Network (NHSN). The Centers for Disease Control and Prevention (CDC) NHSN offers a module through which healthcare facilities may report data on antibiotic use and resistance. Currently, 14 percent of US hospitals are reporting antibiotic use data and 5.7 percent are reporting antibiotic resistance data. This represents a more than 40 percent increase for hospitals reporting use data and a more than 27 percent increase for resistance data over the previous six months. While the upward trend is encouraging, there are still significant gaps in reporting which hinder our understanding of antibiotic prescribing and resistance trends and how to best improve them.
2. Increase the number of hospitals that have implemented the infectious diseases physician-led antimicrobial stewardship programs that align with the CDC Core Elements. Antimicrobial stewardship is critical to stem the tide of antimicrobial resistance. Robust antimicrobial stewardship programs led by infectious diseases physicians have demonstrated notable effectiveness in reducing inappropriate antibiotic use and reducing the incidence of *C. difficile* infections. Further, these programs reduce health care costs and improve patient outcomes. About three-quarters of all acute care hospitals in the US currently have stewardship programs that are aligned with the CDC Core Elements. While this represents significant progress over the last 9 years, we urge universal adoption of stewardship as critical to effectively address antimicrobial resistance and ensure that all patients benefit from stewardship.

**Immunization and Infectious Diseases (IID):**

IDSA is a member of the Adult Vaccines Access Coalition and fully supports the coalition's comment letter which provides more detail on all of the IID objectives. Below are selected recommendations that IDSA would like to highlight.

Over the past several decades, Healthy People immunization and infectious disease objectives have been a core benchmark for national efforts to improve and maintain immunization coverage across the lifespan.

Unfortunately, we are worried that the proposed 2030 IID objectives will significantly minimize and weaken immunization-related activities over the coming decade. These proposed objectives fail to reflect the HHS Strategic Plan FY2018–2022 that acknowledges “infectious diseases are a major health and economic burden for the United States.” Objective 2.1 of the Strategic Plan makes a commitment to “support access to preventive services including immunizations and screenings, especially for high-risk, high-need populations.”<sup>2</sup> Yet, despite the availability of vaccines that protect adults against 14 different infectious diseases, in addition to the well-known public health benefits of immunizations, more than 50,000 adults die from vaccine-preventable conditions each year.

We encourage the Committee to emphasize immunizations across the lifespan. We appreciate that the Committee maintained a lifespan seasonal influenza vaccination objective (IID-2030-13) that streamlines multiple age cohort objectives from Healthy People 2020. Vaccination coverage against seasonal influenza is an urgent public health priority. The Healthy People 2020 target 70 percent vaccination rate remains an appropriate and achievable goal for Healthy People 2030. We strongly urge the Committee to take a similar, consistent approach with regard to other ACIP- recommended vaccines. We understand and appreciate that a core aspect of the Healthy People 2030 process is to reduce the number of objectives significantly and to focus on objectives that can be reasonably and effectively measured and maintained. Federal leadership in immunization objectives to protect against vaccine-preventable conditions across the lifespan can be effectively monitored through existing data sources and would yield substantial benefits across the health care system.

Specifically, we ask that the Committee incorporate the new adult immunization composite measure (influenza, Td/Tdap, zoster and pneumococcal) as a Healthy People 2030 objective. The HHS National Vaccine Program Office (NVPO) and the Centers for Disease Control and Prevention (CDC) in collaboration with the National Adult Immunization and Influenza Summit have developed and tested a new composite measure for adult immunization which includes flu, Tdap, shingles, and pneumonia vaccines. It has been successfully utilized in the Indian Health Service program and is now being initially rolled out in the Healthcare Effectiveness Data and Information Set (HEDIS) 2019. An adult immunization composite objective would provide a single focal point to promote adherence to the adult immunization clinical standards of care. The addition of an adult composite would be complementary to similar composite objectives included for children and adolescent immunization status as part of Healthy People 2020 and would provide an efficient and robust means to monitor immunization coverage among specific populations at the national level.

IDSA advocates for the Committee to create a lifespan Hepatitis B vaccine coverage objective for at-risk individuals (proposed objective IID-2030-02). IDSA is deeply concerned about the recent rise in acute hepatitis B (HBV) infection rates in many parts of the U.S. as a result of the ongoing opioid crisis, with rates increasing by 100% to over 400% in some states. It is estimated that up to 2.2 million Americans are living with HBV. Chronic Hepatitis B increases the odds of liver cancer by 50 to 100 times, and 1 in 4 individuals with chronic HBV will develop cirrhosis, liver failure and/or liver cancer. Despite the availability of current HBV vaccines to protect against this devastating condition and prevent its spread, there are up to 70,000 new infections

each year. This number is exacerbated by the ongoing opioid epidemic affecting primarily young adults.

IDSA also supports including an objective to measure the number of adolescents who have received all ACIP-recommended vaccines by age 13. We commend the Committee's inclusion of the objective IID-2030-12: *Increase the percentage of adolescents aged 13 through 15 years who receive recommended doses of human papillomavirus (HPV) vaccine*. Despite the disease prevalence, vaccination rates remain low, so it is imperative that HP 2030 encourage HPV vaccination. However, there are no proposed objectives related to receipt of other adolescent vaccines. HP2030 should seek to improve vaccination rates for adolescents, just as it does for young children, as both age cohorts are vulnerable to dangerous diseases that can be prevented by recommended vaccines. Given the very different vaccination rates between HPV and other immunizations recommended for adolescents, we believe a composite measure is crucial for ensuring our children remain protected from tetanus, diphtheria, pertussis and meningococcal disease.

### **Opioids:**

IDSA is deeply troubled by the complete lack of infectious diseases objectives related to the ongoing opioid crisis. While reducing the number of overdose deaths is vitally important, many more people with an opioid use condition are suffering infectious diseases complications that are directly linked to injection drug use (IDU) including Hepatitis A, B, and C, HIV, infective endocarditis (a serious heart infection), as well as a host of other soft tissue and bone infections. A CDC study of Kentucky, Tennessee, and West Virginia from 2009 to 2013 found that incidence of acute HBV infection increased 114% in these three states that also are heavily impacted by the opioid epidemic. Similarly, the Scott County, Indiana HIV outbreak was directly linked to injection drug use.

Congress has recognized that improved surveillance of infections associated with opioid use, particularly infective endocarditis, must be strengthened. Doing so will help improve our understanding of these infections, and increase our ability to track these infections and evaluate the effectiveness of our interventions. IDSA members have reported up to 400% increases in infective endocarditis and soft tissue infections. Yet due to the lack of adequate surveillance and reporting, it is extremely difficult to study trends at the national level for the growing burden of opioid use-associated infectious diseases. IDSA recommends the addition of a developmental or research objective to increase surveillance, reporting, and tracking capability for infections related to injection drug use. We also recommend a developmental objective to increase the implementation of preventive services and programs designed to reduce unsafe injection practices.

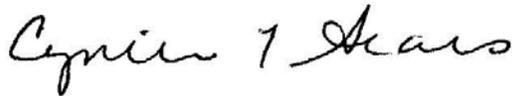
### **Sexually Transmitted Diseases:**

IDSA appreciates the Healthy People 2030 objectives for STDs. STDs are at an all-time high as nearly 2.3 million cases of chlamydia, gonorrhea, and syphilis diagnosed in 2017. The number of cases of congenital syphilis has more than doubled from 2013 to 2017, and gonorrhea is more likely than ever to be caused by an antibiotic-resistant organism. The CDC 2017 STD Surveillance Report demonstrated the fourth consecutive year of increased diagnoses of chlamydia and gonorrhea as well as primary, secondary and congenital syphilis. These data

underscore the growing need to prioritize treatment and prevention at the local and national levels. IDSA strongly supports the objectives outlined in this section and hope that increased federal attention to this disastrous upswing in STDs can help produce the outcomes necessary to achieve the Healthy People 2030 goals.

Once again, IDSA greatly appreciates the opportunity to offer our thoughts and recommendations on the proposed HP2030 objectives. Please contact Colin McGoodwin ([cmcgoodwin@idsociety.org](mailto:cmcgoodwin@idsociety.org)) if you wish to discuss our comments further.

Sincerely,

A handwritten signature in black ink that reads "Cynthia Sears". The signature is written in a cursive, flowing style.

Cynthia Sears, MD, FIDSA  
President, IDSA