

Dear Director Fitzgerald,

We, the undersigned organizations, are members of the U.S. Stakeholder Forum on Antimicrobial Resistance (S-FAR) and we represent health care providers, scientists, patients, advocates, public health, and industry. We congratulate you on your appointment as the new Director for the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR). We were greatly encouraged by your recent comments in your Wall Street Journal interview on the importance of combating antimicrobial resistance (AMR), as well as your work to promote antimicrobial stewardship programs (ASPs) in health care facilities while you were Georgia's Health Commissioner. We look forward to continuing to work with the CDC to advance a robust response to AMR that reflects the U.S. commitment to infection prevention, antimicrobial stewardship, surveillance and innovation. We would appreciate an opportunity for some representatives of S-FAR to meet with you at your convenience when you are in Washington, DC.

As a physician and public health official, you have likely witnessed firsthand the devastating impact of antimicrobial resistant infections on patients. The [Faces of Antimicrobial Resistance Report](#), released this year by the Infectious Diseases Society of America (IDSA) and several S-FAR partners, tells the stories of over a dozen patients whose lives have been devastated by AMR. According to the CDC, at least 2 million people are sickened by antibiotic resistant infections each year in the U.S., and at least 23,000 die as a result. Antibiotic resistance is jeopardizing many types of medical care that rely upon safe and effective antibiotics, including solid organ and bone marrow transplants and other complex surgeries, cancer chemotherapy, and care of preterm infants. Further, resistant infections result in \$20 billion of excess costs to our health care system each year. Globally, it is estimated that 700,000 deaths are attributable to AMR. Experts agree that without robust, coordinated action, these numbers will continue to grow at an alarming rate.

CDC has been a national and international leader in the fight against AMR, and CDC's ongoing leadership in this area will be essential to continued progress. As you assume your new role, we would like to briefly highlight some key CDC activities that are already making a difference in the effort to combat AMR and we urge you to prioritize these important initiatives.

CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) recently launched the Antibiotic Resistance Solutions Initiative (ARSI). This program spearheads the CDC's fight against antimicrobial resistance by developing public health infrastructure and laboratory capacity across the country to detect resistant infections and prevent their spread. We strongly urge you to maintain and strengthen this initiative. In addition, CDC's support for antimicrobial stewardship through expert guidance tailored to different types of healthcare facilities, research and reports on antibiotic use, and public education and awareness campaigns such the Get Smart program, are essential for driving the behavior change necessary to curb AMR.

CDC's National Healthcare Safety Network (NHSN) is also vital to our efforts to combat antimicrobial resistance. Through its Antibiotic Resistance and Use module, NHSN also collects data on a number of antimicrobial resistant organisms as well as hospital antimicrobial use. The

surveillance information provided to the NHSN is critical to gauge whether interventions designed to reduce inappropriate antibiotic use and limit the development of resistance are succeeding. Unfortunately, the number of hospitals reporting antibiotic use and resistance data remains quite low, and we welcome the opportunity to work with you to improve this data collection.

At an international level, CDC's global health security activities help increase capacity in low income countries to address antimicrobial resistance through surveillance, prevention and stewardship. As you may know, tuberculosis now causes more deaths than any other single infectious disease agent worldwide. In 2015, approximately 480,000 cases of multidrug-resistant (MDR) tuberculosis were recorded, including 9.7% of them that were extensively drug-resistant (XDR). CDC's TB prevention program, which funds treatment and surveillance activities as well as trial networks to evaluate new TB prevention and treatment regimens, is an important component of broader AMR efforts.

We are encouraged by recent progress to combat AMR, including most recently a commitment from the G20. As recognized by the CDC, World Health Organization (WHO), and the World Animal Health Organization (WAHO), a One Health approach to antimicrobial resistance is needed. In Fiscal Year (FY) 2016, Congress allocated new resources to support multi-agency domestic and global AMR activities in both human health and agriculture, including improving surveillance and data collection, advancing stewardship, and promoting research for urgently needed new antimicrobial drugs, diagnostics, vaccines, and alternatives to antibiotics.

However, much more work remains to reduce inappropriate antibiotic use, enhance surveillance and data collection, drive innovation, and support the highly skilled workforce necessary to address all aspects of AMR.

Once again, we thank you for your leadership on this important issue and look forward to working with you to advance a multi-faceted solution to antimicrobial resistance. If you have any questions or would like to engage S-FAR membership in a discussion on this topic please reach out to Colin McGoodwin, S-FAR Coordinator at [cmcgoodwin@idsociety.org](mailto:cmcgoodwin@idsociety.org). Thank you again for your time and consideration.

Sincerely,

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American Association of Bovine Practitioners  
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American College of Rheumatology  
American Society for Microbiology  
American Society of Transplant Surgeons

American Society of Tropical Medicine & Hygiene  
American Thoracic Society  
American Urological Association  
American Veterinary Medical Association  
Animal Health Institute  
Antibiotic Resistance Action Center, Milken Institute School of Public Health, The George Washington University  
Antimicrobials Working Group (Amplix Pharmaceuticals, Arsanis, Cempra, Cidara Therapeutics, ContraFect, Iterum Therapeutics, Melinta Therapeutics, Nabriva Therapeutics, Paratek, Scynexis, Theravance, Viamet, Zavante Therapeutics)  
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Emory Antibiotic Resistance Center  
Food Animal Concerns Trust  
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