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October 27, 2017

VADM Jerome Adams, MD, MPH
Surgeon General
United States Public Health Service Commissioned Corps
Office of the Surgeon General
United States Department of Health and Human Services
200 Independence Avenue, SW
Humphrey Building, Suite 701H
Washington, DC 20201

Dear Surgeon General Adams,

We offer congratulations on your appointment as our nation's Surgeon General. As our country's chief doctor and leader of the US Public Health Commissioned Corps (USPHS), you have a tremendous opportunity to advance the health of our citizens. We greatly appreciate the expertise you will bring to this role, including your experience combating the HIV outbreak that hit Scott County, Indiana in 2015, as well as your steadfast support for immunizations. The Infectious Diseases Society of America (IDSA) would welcome the opportunity to work with you. Below, we outline some key issues facing our nation's health and security that we hope will be priorities, including antimicrobial resistance, public health infrastructure, vaccine innovation and uptake, and the infectious diseases workforce. We request a meeting with you to discuss these key issues and opportunities to collaborate.

Antimicrobial Resistance

Antimicrobial resistance (AMR) poses a significant risk to patient safety, public health, and national security. We urge you to make this issue a top priority as Surgeon General. The Centers for Disease Control and Prevention (CDC) estimate that at least 2 million individuals in the US are sickened by antibiotic-resistant infections annually, resulting in at least 23,000 deaths. The impact is likely even greater, as our current surveillance systems are unable to capture the full burden. AMR is jeopardizing our ability to provide many types of advanced medical care, including organ and bone marrow transplants, joint replacements, complex surgeries, cancer chemotherapy, preterm infant care, wound and burn treatments (including for military servicemen and women), and care for immunocompromised individuals.

Antimicrobial resistance is driven both by the overuse and misuse of antibiotics. A 2016 study published by the CDC in collaboration with other experts found that at least 30% of antibiotic courses prescribed in physicians' offices and emergency rooms are unnecessary. Most of the unnecessary use is for acute respiratory

infections, such as colds, bronchitis, and sore throats caused by viruses, and even some sinus and ear infections.¹

As Surgeon General, we encourage your office to educate patients and healthcare providers about antimicrobial resistance including the dangers associated with inappropriate antibiotic use. We also hope your leadership will help advance multiagency efforts to combat AMR. Among the pressing priorities in this area, these include promoting the implementation of antimicrobial stewardship programs in all healthcare facilities to guide optimal antimicrobial use, surveillance systems to detect and to track AMR threats, supporting research to improve our understanding of AMR that will drive the development of urgently needed new therapeutics, diagnostics, and vaccines.

Public Health Infrastructure

As you consider initiatives to protect our nation's health, we urge you to be mindful of essential public health infrastructure including state-of-the-art technology to prevent, detect and track infectious diseases threats; a highly skilled workforce, and coordinated and well-resourced programs to meet public health needs. The USPHS is an essential component of our public health system, stretching across multiple agencies and issues. You have an important opportunity to educate the public and policymakers about the critical role of our public health system in protecting us from diverse threats. Such examples include new HIV and hepatitis C cases linked to the opioid epidemic to vector-borne diseases, pandemic influenza, multidrug-resistant tuberculosis, rising rates of syphilis and spikes in foodborne illnesses. We also urge you to keep in mind that these threats are domestic and global. Infectious diseases know no borders, as evidenced by recent outbreaks of Ebola and Zika. Investing in global health security and global responses to infectious diseases is essential to prevent such threats from reaching our shores.

Vaccines

We greatly appreciate your strong support for immunizations, including your promotion of the HPV vaccine for all medically recommended individuals. We hope you will take an active role in increasing immunization rates as Surgeon General. Vaccines are one of the greatest public health achievements in history, preventing illnesses and deaths and saving money. However, every year, more than 50,000 adults still die from vaccine-preventable diseases. Adult vaccination rates fall far below recommended targets. For example, only 27% of adults over age 60 receive the shingles vaccination, and only 20% of high-risk adults under age 64 receive the pneumococcal vaccination. Barriers, such as fragmented Medicare coverage of vaccines, lack of knowledge about vaccine recommendations, and uneven public health infrastructure to support vaccination are impeding many adults from accessing recommended vaccinations.

Among children, parents' vaccine hesitancy is spurring dangerous outbreaks of measles and other vaccine-preventable diseases and threatening to undo decades of progress toward

1. Fleming-Dutra, K., et al. (2016). "[Prevalence of Inappropriate Antibiotic Prescriptions Among US Ambulatory Care Visits, 2010-2011.](#)" *JAMA: the Journal of the American Medical Association* 315(17): 1864-1873.

eradicating certain infectious diseases. Awareness campaigns and tools to help providers promote vaccination are essential to combat misinformation about vaccines.

ID Physician Workforce

Protecting the public from infectious diseases requires a skilled workforce that must include infectious diseases physicians. ID physicians care for complex patients with or at risk of serious infections. We conduct research to drive innovation in therapeutics, diagnostics, and vaccines. We lead population health efforts in our health care facilities and communities, including antimicrobial stewardship programs, infection prevention and control programs, bioemergency preparedness programs and other quality improvement activities. Moreover, we help lead public health responses to threats including Ebola, Zika, pandemic influenza, MERS-CoV and bioterror attacks.

Unfortunately, fewer young physicians are pursuing infectious diseases specialty training. According to the National Residency Match Program (NRMP), only 80% (or 312 out of 390) of available ID fellowship positions filled for 2017-2018. In many specialty areas in the field of medicine, all or nearly all available fellowship positions are typically filled. These data indicate an undervaluation of ID. In 2014, IDSA surveyed nearly 600 Internal Medicine residents about their career choices. Very few residents self-identified as planning to go into ID. A far higher number reported that they were interested in ID but chose another field instead. Among that group, the salary was the most often cited reason for not choosing ID. Over 90% of the care provided by ID physicians is considered evaluation and management (E&M) services. These face-to-face, cognitive encounters are undervalued by the current payment systems compared to procedural practices (e.g., surgery, cardiology, and gastroenterology). *This has resulted in a significant compensation disparity between ID physicians and specialists who provide procedure-based care.* Young physicians' significant debt burden (\$200,000 average for the class of 2014) is understandably driving many individuals toward more lucrative specialties, often with faster paths to practice.

Securing a strong pipeline of ID physicians for future generations is critical to our public health preparedness, patient care and national security. We encourage you to work closely with CMS to strive for more appropriate physician compensation and to explore other opportunities, such as loan repayment, to help secure the future of the ID workforce.

Congratulations again on your new role, and thank you for your service to our country. We look forward to the opportunity to work with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul A. Auwaerter". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Paul A. Auwaerter, MD, FIDSA
President, IDSA

About IDSA

IDSA represents over 11,000 infectious diseases (ID) physicians and scientists devoted to patient care, prevention, public health, education, and research in infectious diseases. Our members care for patients with or at risk of serious infections such as HIV, hepatitis C virus (HCV), infections caused by antimicrobial-resistant pathogens and opportunistic infections afflicting transplant patients and other immunocompromised individuals. ID physicians are on the front lines of responses to public health emergencies including outbreaks of Ebola, Zika, MERS-CoV, and influenza viruses. They lead antimicrobial stewardship and infection prevention programs. With a view toward improving patient safety and leading cutting-edge research, IDSA advocates for developing urgently needed new antimicrobial drugs, diagnostics, and vaccines.