

March 18, 2019

The Honorable Rosa DeLauro
Chairwoman
Labor, Health and Human Services, Education, and Related Agencies Subcommittee
United States House of Representatives
2413 Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Labor, Health and Human Services, Education, and Related Agencies Subcommittee
United States House of Representatives
2467 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

We, the undersigned organizations representing health care providers, public health professionals, researchers, advocates, and people affected by substance use disorders, are writing to **urge you to include at a minimum in the FY2020 Labor, Health and Human Services, and Education Appropriations bill the \$58 million for the Centers for Disease Control and Prevention (CDC) to address the infectious diseases impacts of the opioid epidemic.** This initiative was authorized by the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, and the funding request reflects broad community, congressional, and presidential support for tackling the infectious disease consequences of the opioid crisis. We also ask that you include language in the accompanying report to make clear that this funding should be used to support surveillance, prevention services, detection and linkages to care for the scope of infectious diseases associated with injection drug use, such as viral hepatitis, HIV, and infective endocarditis.

The Infectious Diseases Impact of the Opioid Epidemic

Infectious diseases are a significant and increasing consequence of the opioid epidemic, yet they remain underreported and are often difficult to treat. New hepatitis C virus (HCV) rates increased almost 300 percent in a five-year periodⁱ and hepatitis B (HBV) cases have remained steady since 2012 after decades of declining cases.ⁱⁱ Injection drug use is the cause of most new HCV infections.ⁱⁱⁱ Despite the significant increases in HCV cases, support for surveillance systems to appropriately monitor and track new cases remain under-resourced. As a result, HCV surveillance is disjointed, and reports may fail to reflect the full disease burden. Increases in new HIV cases linked to drug use are on the rise, as one in ten HIV diagnoses are among people who inject drugs.^{iv} We laud the President's goal of eliminating HIV transmissions by 2030 and emphasize that efforts to address the opioid and the HCV epidemics will be essential to achieve this important goal.

Invasive bacterial infections, including endocarditis, osteomyelitis, and skin and soft tissue infections, have increased in areas where the opioid epidemic is expanding.^{viviii} These infections can result in hospitalizations, surgeries, amputations and even death. Unfortunately, there is no source of nationwide data on infective endocarditis, but an evaluation of hospital admission data in North Carolina found a 12-fold increase in drug dependence-associated endocarditis linked to injection drug use from 2010 to 2015. During that time total annual hospital costs for endocarditis increased 20-fold, from \$1.1 to \$22.2 million.^{viii} Infectious diseases and HIV clinicians report that a single case of infective endocarditis can cost up to \$150,000 to treat. Antimicrobial resistance can make these infections even more difficult to treat. People who inject drugs are 16 times more likely to develop invasive MRSA infections. The proportion of invasive MRSA cases that occurred among persons who inject drugs increased from 4.1% in 2011 to 9.2% in 2016.^{ix}

The Eliminating Opioid Related Infectious Diseases Provision in the SUPPORT Act (A Reauthorization and Expansion of Section 317N of the Public Health Services Act)

The SUPPORT Act authorizes new funding to enhance the response to preventing and treating infectious diseases commonly associated with injection drug use and authorizes CDC to expand surveillance for infectious diseases commonly associated with injection drug use, including HIV, viral hepatitis and ¹infective endocarditis. We appreciate that Congress provided \$5 million in FY2019 funding to the CDC to address HIV and hepatitis infections related to substance use. However, given the significant and growing burden, we strongly urge that Congress at a minimum allocate \$58 million to address infectious diseases associated with the opioid epidemic.

To help ensure that the funding can be targeted where it can have the greatest impact for people affected by substance use disorders and public health, **we also request that you include the following language in the report accompanying the FY2020 appropriations bill:**

“The committee urges the Centers for Disease Control and Prevention to enhance and expand surveillance of infectious diseases commonly associated with injection drug use such as viral hepatitis, HIV, infective endocarditis, and comorbidities, to improve knowledge of the full scope of the burden of these infectious diseases. This work should be done in collaboration with or through grants to state and local health departments. The committee also urges the Centers for Disease Control and Prevention to enhance efforts to prevent and detect infectious diseases commonly associated with injection drug use such as viral hepatitis, HIV, and infective endocarditis, support services that prevent infectious disease transmission among individuals with substance use disorders, and strengthen linkages to addiction, mental health and infectious diseases treatment. This work should be done in collaboration with state and local health departments, health care facilities, and providers.”

Thank you for your attention to this important issue. We look forward to working closely with you to ensure that our nation’s public health system has the resources necessary to address the opioid epidemic, including its infectious diseases impacts.

Sincerely,

ADAP Advocacy Association (aaa+)
AIDS Action Baltimore
AIDS Alabama
AIDS Foundation of Chicago
AIDS United
American Academy of HIV Medicine
American Association for the Study of Liver Diseases
American Psychological Association
American Public Health Association
amfAR
Association for Professionals in Infection Control and Epidemiology
Association of Public Health Laboratories
Association of Schools and Programs of Public Health
Big Cities Health Coalition
C.O.R.E. Medical Clinic, Inc.
CAEAR Coalition
California Consortium of Addiction Programs & Professionals
Caring Ambassadors Program
Cascade AIDS Project
Center for Comprehensive Health Practice
Community Access National Network (CANN)
Council of State and Territorial Epidemiologists
Crossroads' Turning Points, Inc.
DC Fights Back!!
Family Health Centers of San Diego
GLMA: Health Professionals Advancing LGBTQ Advocacy
Harlem United
Hawai'i Health & Harm Reduction Center
Hep Free Hawai'i
Hepatitis Education Project
HIV Dental Alliance
HIV Medicine Association
Infectious Diseases Society of America
Jefferson County WV Health Department
Jill K Gersh, MD MPH
John Snow, Inc. (JSI)
Liver Health Connection
NASTAD
National Association of County and City Health Officials
National Health Care for the Homeless Council
Next Harm Reduction, Inc.
Pediatric Infectious Diseases Society
Philadelphia Department of Public Health
Prevention Access Campaign/ U=U

Prevention Point Pittsburgh
Ryan White Medical Providers Coalition
Sacramento Area S.T.O.P. Hepatitis Task-Force
San Francisco Hepatitis C Task Force
Sexuality Information and Education Council of the United States (SIECUS)
The AIDS Institute
The Society for Healthcare Epidemiology of America
Treatment Action Group (TAG)
Trust for America's Health
West Virginia University Health Sciences Center

ⁱ “New Hepatitis C Infections Nearly Tripled over Five Years.” Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

<https://www.cdc.gov/nchhstp/newsroom/2017/Hepatitis-Surveillance-Press-Release.html>

ⁱⁱ “Hepatitis B Questions and Answers for the Public.” Centers for Disease Control and Prevention. Online at: <https://www.cdc.gov/hepatitis/hbv/bfaq.htm>.

ⁱⁱⁱ Campbell, Canary, Smith, et al. State HCV Incidence and Policies Related to HCV Preventive and Treatment Services for Persons Who Inject Drugs — United States, 2015–2016. *MMWR MORB MORTAL WKLY REP* 2017;66:1-2

^{iv} Vital Signs: Trends in HIV diagnoses, risk behaviors and prevention among persons who inject drugs—United States. *Morbidity and Mortality Weekly Report*. Centers for Disease Control and Prevention. December 2, 2016. 65(47);1336–1342.

^v Keeshin SW, Feinberg J. Endocarditis as a marker for new epidemics of injection drug use. *Am J Med Sci* 2016;352:609–14

^{vi} Lewer D, Harris M, Hope V. Opiate injection-associated skin, soft tissue, and vascular infections, England, UK, 1997–2016. *Emerg Infect Dis* 2017;23:1400–3.

^{vii} Ronan MV, Herzig SJ. Hospitalizations related to opioid abuse/dependence and associated serious infections increased sharply 2002–2012. *Health Aff (Millwood)* 2016;35:832–7.

^{viii} Fleischauer, AT et al. Hospitalizations for Endocarditis and Associated Health Care Costs Among Persons with Diagnosed Drug Dependence — North Carolina, 2010–2015. *MMWR Weekly*. June 9, 2017. 66(22);569–573.

^{ix} Invasive Methicillin-Resistant *Staphylococcus aureus* Infections Among Persons Who Inject Drugs — Six Sites, 2005–2016. *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention. June 8, 2018. 67(22);625–628