April X, 2018

The Honorable Lamar Alexander  
Chairman  
Committee on Health, Education, Labor & Pensions  
United States Senate  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Committee on Health, Education, Labor & Pensions  
United States Senate  
428 Dirksen Senate Office Building  
Washington, DC 20510

Re: Community Support for Increase in Authorized Funding to Combat Infectious Disease Consequences of the Opioid Crisis

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the undersigned organizations, we write to thank you for the inclusion of, the “Eliminating Opioid Related Infectious Diseases Act of 2018” (S. 2579) in the bipartisan draft “Opioid Crisis Response Act of 2018.” Section 510 of the bill authorizes $40 million in funding to the Centers for Disease Control and Prevention (CDC) to address the alarming increases in the number of new cases of injection drug use-related infectious diseases including HIV and hepatitis C (HCV), and others, which we assume would include hepatitis B (HBV), endocarditis and skin infections. However, we are concerned that $40 million is inadequate to combat the escalating number of new cases of these infectious diseases and urge you to increase the bill’s authorized funding level to at least $100 million to more adequately address the infectious disease consequences of the opioid crisis.

The nation’s infectious disease public health infrastructure is an underutilized resource in our collective response to the opioid epidemic. The systems and programs built over the last two decades to respond to HIV and viral hepatitis are well poised to conduct outreach, engagement, and early intervention services with individuals who use drugs. A comprehensive response to the opioid epidemic, which resulted in over 33,000 opioid overdose deaths in 2015 and over 64,000 overdose deaths in 2016, must include wide-ranging infectious disease prevention efforts, strategies to reduce fatal overdose, increased substance use treatment, and reductions in the infectious disease consequences of the opioid epidemic.
Over the last several years, the opioid epidemic has led to alarming increases of new viral hepatitis and HIV infections attributed to injection drug use. According to the CDC, the number of new cases of HCV increased 290% between 2010 and 2015, mainly due to the increase in injection drug use. The opioid crisis also reversed a steady decline in the number of new HBV cases, causing a 20% increase in 2015. A recent CDC study also shows that between 2004 and 2014, admissions to drug treatment programs for patients who inject opioids increased by 93%, while acute HCV infections rose in parallel by 133%. The sharpest increases in new HCV cases were among 18- to 29-year olds - a staggering 400% rise over a ten-year period. While we have been making progress in reducing the number of new HIV infections in the country, including the number of new cases associated with injection drug use, the opioid crisis can reverse this trend. In fact, certain communities and areas of the country, including those who are young, living in rural areas, and the Midwest and the West, are experiencing increases of HIV due to injection drug use. Outbreaks of HIV and HCV related to the shared use of syringes have occurred in Indiana, San Diego, Kentucky and elsewhere in the past two years. The CDC has identified 220 counties across 26 states that are vulnerable to outbreaks of HCV and HIV.

Spikes in other serious infections associated with opioid use disorder, such as infective endocarditis and skin and soft tissue infections, also are concerning but not systematically monitored. Infective endocarditis, often one of the earlier clinical indicators of an opioid epidemic, is an inflammation of one or more heart valves and is increasingly being diagnosed among younger individuals with opioid use disorder. An evaluation of hospital admission data in North Carolina found a 12-fold increase in endocarditis linked to injection drug use from 2010 to 2015.

Funding levels have long been insufficient to combat the growing number of viral hepatitis cases in the country. In FY2018, the CDC’s viral hepatitis programs received only $39 million. It is imperative that we act on the urgent need for additional funding at CDC to respond appropriately to the recent explosion of opioid use in the United States that has created tremendous risk for HCV, HBV and HIV outbreaks. Congress has invested tremendously in fighting the opioid epidemic in the last several years but has failed to target funds to address the infectious disease consequences of the opioid epidemic.

Providing the CDC with additional resources for surveillance, testing, and linkage to care and treatment for infectious diseases exacerbated by the opioid crisis, along with prevention and education efforts, will go a long way in helping the country successfully combat increases in infectious disease cases. At the same time, these activities can link people to substance use treatment and reduce injection drug use, thus helping to curb the opioid crisis.

Changing the course of the opioid epidemic and its infectious disease consequences requires an honest and critical examination of efforts among all stakeholders. With your continued

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leadership on this issue, CDC will be able to better prioritize and implement effective public health programs addressing the continuum of prevention and treatment services. We strongly encourage you to increase the authorized funding amount in Section 510 of the draft “Opioid Response Crisis Act of 2018” to at least $100 million so CDC and its grantees can better address the infectious disease consequences of the opioid crisis.

Sincerely,

AIDS United
HIV Medicine Association
Harm Reduction Coalition
NASTAD (National Alliance of State & Territorial AIDS Directors)
National Association of City & County Health Officials
The AIDS Institute