

United States Senate

WASHINGTON, DC 20510

July 1, 2020

Robert R. Redfield, MD, Director
U.S. Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30329

Dear Director Redfield:

We write to urge you to take swift action to combat antimicrobial resistant infections associated with COVID-19 and to reinforce the importance of robust antibiotic stewardship practices in health care facilities and outpatient settings affected by the COVID-19 outbreak. The threat of antimicrobial resistance grows more and more concerning as existing antibiotics become less effective due to improper or incomplete courses of treatment and overuse—each year, there are nearly three million antimicrobial resistant infections in the United States.¹ It is critical you act to make sure the threat of antimicrobial resistance doesn't complicate the already unprecedented challenge of the COVID-19 pandemic and leave even more patients with an infection our tools can't effectively help fight.

Antimicrobial resistance threatens to compound the public health threat posed by COVID-19. Viral respiratory infections predispose patients to bacterial co-infections, which can lead to increased disease severity and mortality. There is early evidence of secondary bacterial infections among COVID-19 patients.² Furthermore, the risk of contracting an antimicrobial resistant infection is higher in hospital settings.³ Studies evaluating the significance of bacterial and fungal infections are ongoing, but serious viral respiratory infections carry additional risks associated with secondary infections that can increase mortality and morbidity when patients need to be hospitalized or placed on a ventilator. A recent cohort study that assessed 191 COVID-19 patients found that 50 percent of deceased patients experienced a secondary infection.⁴

Preliminary and anecdotal information suggests that antibiotic prescribing is widespread among health professionals treating COVID-19 patients, and CDC does not have comprehensive data on these utilization practices and their impacts on antimicrobial resistance. In response to the threat of secondary bacterial and fungal infections among COVID-19 patients, Congress recently took action through passage of the CARES Act to allocate \$1.5 billion in flexible funding to support

¹ <https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf>

² <https://www.medpagetoday.com/infectiousdisease/covid19/86192>

³ <https://www.cdc.gov/hai/patientsafety/ar-hospitals.html>

⁴ Zhou, F., et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The Lancet*, 365, 10229, at 1054 (2020). Available online at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

CDC's comprehensive response to the COVID-19 coronavirus outbreak. We encourage CDC to use these funds to (1) quickly expand laboratory and epidemiological surveillance of bacterial co-infections associated with COVID-19 infection, and (2) to assist State and local public health departments and laboratories to sustain vital resistance reporting through CDC's National Healthcare Safety Network (NHSN), as well as to identify and better characterize COVID-19 related antibiotic use, emergent resistance patterns to bacterial co-infections, and optimized treatment protocols to improve outcomes for COVID-19 infected patients.

COVID-19 and antimicrobial resistance each pose grave threats to the public health. In addition to actions to address each separately, we urge CDC to take further action to understand and respond to their combined threat.

Sincerely yours,



Patty Murray
United States Senator



Kirsten Gillibrand
United States Senator



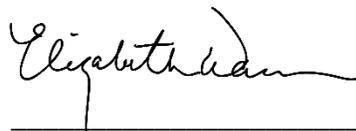
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