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March 31, 2025

Dear Senator,

The Infectious Diseases Society of America is writing to express serious concerns regarding the impacts of the Department of Health and Human Services' rescission of COVID-19 funding that had been allocated to state and local health departments through the Centers for Disease Control and Prevention and to researchers in local communities through the National Institutes of Health. We are also sharing information we have gathered about the early impacts of these actions. This funding was being used to address important infectious diseases and public health needs in communities across the country far beyond COVID-19. While we recognize the Administration's desire to reprioritize funding, the abrupt termination of funding without warning will be extremely disruptive, destabilizing and wasteful. Most importantly, it will place lives at risk. Reprioritization of funding should be done through a transparent process that includes Congress and local experts. Further, transitions should provide states and local communities sufficient planning time to support key health objectives and be good stewards of taxpayer resources.

Below please find preliminary examples of the impacts of the rescission of this funding:

- Dramatically reduced state and local capacity to address health care-associated infections and antimicrobial resistance through testing and laboratory detection, outbreak response and containment, data reporting, and education of health care providers on infection prevention and improved antibiotic use
- Decreased laboratory capacity for viral testing and genomic sequencing, which speeds identification of emerging and existing viruses and allows individuals to understand how seasonal respiratory viruses and other viruses are spreading in their local communities and to understand the potential number of persons at risk
- Reduced community immunization programs which will seriously impact vaccine access and increase the number of individuals susceptible to infectious diseases
- Halted or slowed modernization of electronic case reporting and vaccine databases to help state and local public health work more efficiently to serve their communities

- Fewer local epidemiologists and data analysts to ensure that individuals have access to local experts and local data to guide decision making and build community resilience
- Loss of Antiviral Drug Discovery Centers for Pathogens of Pandemic Concern, which were conducting research to develop new antivirals, especially those that can be taken in an outpatient setting, targeting specific viral families with high potential to cause a pandemic in the future. These include Ebola, enteroviruses and the viruses that cause yellow fever, dengue and Zika.
- Increased difficulties recruiting, training and retaining expert public health and scientific professionals needed to protect our communities, impacting the quality of health care that can be provided to individuals of all ages.

In short, the funding that was rescinded was being used to address ongoing infectious diseases needs and to build our readiness for future outbreaks and pandemics. We urge Congress to work with the Administration to ensure that all communities have the resources they need to respond to infectious diseases so that everyone can receive the highest quality care and achieve optimal health outcomes.

Sincerely,

A handwritten signature in black ink that reads "Tina Q. Tan MD". The signature is written in a cursive, slightly slanted style.

Tina Tan, MD, FIDSA, FPIDS, FAAP
President, IDSA

Examples of Infectious Diseases That Can Cause or Contribute to the Development of Chronic Diseases

- Viral infections can lead to type 1 diabetes due to damage to insulin-producing cells in the pancreas.
- [Studies](#) suggest that certain respiratory pathogens may contribute to the development and progression of asthma.
- [Up to 40% of patients with chronic hepatitis B virus infection](#) develop serious complications, such as cirrhosis and liver cancer.
- Human papillomavirus is the leading cause of cervical cancer in nearly 95% of patients and can also cause head, neck and rectal cancers.
- Approximately [1 in 5 peptic ulcers](#) is associated with *Helicobacter pylori* infection, which is increasingly resistant to available antibiotics.
- Patients with chronic urinary tract infections (UTIs) and kidney infections can develop chronic kidney dysfunction.
- HIV and herpes viruses can increase the risk of developing lymphoma.

Examples of Chronic Conditions That Can Make Individuals More Susceptible to Infections and to Worse Outcomes From Infections

- Adults with heart disease have a higher risk of hospitalization, heart attack, stroke and death within seven days of contracting influenza.
- Adults with diabetes have a three times higher risk of death and a six times higher risk of hospitalization due to influenza.
- During the 2009 H1N1 influenza (swine flu) pandemic, 44% of children hospitalized with influenza had asthma.
- [Infections](#) are a primary or associated cause of death in nearly half of cancer deaths.
- Patients with diabetes are at higher risk for many types of infections, including respiratory infections, UTIs, endocarditis (heart valve infection), and infections of the skin, bones and joints — often with limb loss and reduced independence.
- Patients with chronic conditions are at significantly increased risk of developing antimicrobial-resistant infections, which dramatically increase the cost of care and can spread easily in hospitals and long-term care facilities.

Data Demonstrating the Overwhelming Safety and Efficacy of Vaccines

[Safety of Vaccines Used for Routine Immunization in the United States: An Updated Systematic Review and Meta-Analysis](#)

[Impact of Vaccines: Health, Economic and Social Perspectives](#)

[Vaccination and All-Cause Child Mortality](#)

[Contribution of Vaccination to Improved Survival and Health: Modelling 50 Years of the Expanded Programme on Immunization](#)

[Successful Vaccines. Current Topics in Microbiology and Immunology](#)

[The Complementary Roles of Phase 3 Trials and Post-Licensure Surveillance in the Evaluation of New Vaccines](#)