



August 20, 2020

The Honorable Alex M. Azar II  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington, D.C. 20201

Robert R. Redfield, MD  
Director Centers for Disease Control and  
Prevention  
1600 Clifton Road  
Atlanta, GA 30329

Dear Secretary Azar and Director Redfield,

Keep Antibiotics Working,<sup>1</sup> its undersigned members and collaborating organizations write to urge the Department of Health and Human Services and the U.S. Centers for Disease Control and Prevention (CDC) to take steps to more fully monitor and address antimicrobial use and resistance related to the COVID-19 pandemic as described below. We urge that it is imperative for the nation's COVID-19 response, and public health preparedness more generally, that all such data collected remain within the nation's central data repository and reporting system for all hospital-associated infections.

The available evidence suggests both that secondary infections play an important role in the outcomes of COVID-19 patients, and that medical providers in the U.S. may be significantly overusing antimicrobials in these patients. By contributing to the spread of antimicrobial resistance to antiviral drugs and antibiotics used to treat secondary infections, this overuse threatens to greatly limit our ability to respond to the current pandemic, and to future pandemics, while imposing additional strains on our healthcare system. CDC should work with its partners to facilitate effective antimicrobial use in COVID-19 patients.

Specifically, we urge CDC to collect robust, nationally representative data on antimicrobial use in COVID-19 patients. Additionally, national data on secondary bacterial infections in COVID-19 patients should be collected, including antimicrobial treatment and antimicrobial resistance associated with these infections. While secondary infections in COVID-19 patients are relatively infrequent compared to other viral respiratory infections, when secondary infections do occur, they contribute significantly to these patients' morbidity and mortality. In a recently published meta-analysis analyzing COVID-19 secondary infections, researchers reported that bacterial infections were present in 5.8% of critically ill patients, compared with 11.6% of deaths.<sup>2</sup> Certain

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<sup>1</sup> Formed in 2001, Keep Antibiotics Working is a coalition of 18 public health, consumer and other advocacy organizations that joined together to ensure that untreatable superbugs resulting from the overuse of antibiotics on farms do not reverse the medical advances of the past century.

<sup>2</sup> [https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X\(20\)30423-7/fulltext](https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(20)30423-7/fulltext)

racial and ethnic groups are overrepresented among those who become infected or die with COVID-19, including among affected meatpacking workers.<sup>3</sup> To better assess the contribution of social determinants of health to COVID-19 vulnerability that varies by race or ethnicity, it's imperative that the antimicrobial use and antimicrobial resistance data previously described be reported by racial and ethnic subgroups as well. We also request that the CDC work with the National Institutes of Health to provide more specific public guidance on when antibiotic use is appropriate in the context of treatment of COVID-19 patients.

Antimicrobials are essential tools for protecting public health. Antiviral medications such as remdesivir appear to provide some benefits against infections caused by the COVID-19 virus.<sup>4</sup> Recovery of patients who have secondary bacterial infections, however, is complicated by a second, parallel problem – the global spread of resistance.<sup>5</sup> Most patients hospitalized with COVID-19 receive antibiotics for reasons other than to treat secondary bacterial infections.<sup>6</sup> A survey of COVID-19 patients treated at two hospitals in Wuhan found that while 95% of the patients received antibiotics, only 15% had secondary infections.<sup>7</sup> A larger review of published studies of COVID-19 patients found that while 72% were given antibiotics, only 8% had bacterial or fungal co-infections.<sup>8</sup> A doctor in Michigan noted that of more than 1,000 COVID-19 cases in Michigan, only 4% of those admitted to a hospital had bacterial co-infections, yet most patients were nonetheless given antibiotics soon after they arrived.<sup>9</sup> Thus, there appears to be significant overuse of antibiotics in COVID-19 patients.

We ask that CDC actively monitor the impact of these secondary infections as well as overuse of antimicrobials in COVID-19 patients to provide better guidance on antimicrobial use in the current health crisis and to provide information so that we can better prepare for the next. We also ask that CDC consistently support actions that address antimicrobial resistance as part of pandemic response and planning.

Finally, we oppose the Department's efforts to re-direct COVID-19-related hospital data on testing, capacity, resource utilization and patient flows to HHS in order to bypass CDC's National Healthcare Safety Network (NHSN).<sup>10</sup> As the nation's primary healthcare-associated infection tracking system, NHSN provides healthcare facilities, States, public health departments and laboratories, and the nation with essential data needed to identify, mitigate and ultimately eliminate healthcare-associated infections, including co-infections related to COVID-19. Depriving NHSN of these important data elements, including information on inpatient administration of the antiviral therapeutic remdesivir, unduly burdens hospital and State and local data reporting channels already

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<sup>3</sup> Waltenburg MA, Victoroff T, Rose CE, et al. Update: COVID-19 Among Workers in Meat and Poultry Processing Facilities — United States, April–May 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:887-892.

DOI: [http://dx.doi.org/10.15585/mmwr.mm6927e2external icon](http://dx.doi.org/10.15585/mmwr.mm6927e2external%20icon).

<sup>4</sup> <https://www.chicagotribune.com/coronavirus/ct-coronavirus-treatment-remdesivir-new-promising-trial>

<sup>5</sup> <https://www.cdc.gov/antibiotic-use/stewardship-report/pdf/stewardship-report-2018-508.pdf>

<sup>6</sup> [https://www.thelancet.com/action/showPdf?pii=S0140-6736\(20\)2930183-5](https://www.thelancet.com/action/showPdf?pii=S0140-6736(20)2930183-5);

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30211-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30211-7/fulltext);

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext#tb12](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext#tb12)

<sup>7</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext#tb12](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext#tb12)

<sup>8</sup> <https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa530/5828058>

<sup>9</sup> <https://www.nytimes.com/2020/06/04/health/coronavirus-antibiotics-drugs.html>

<sup>10</sup> <https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>

struggling to maintain operability throughout the pandemic,<sup>11</sup> while undermining the completeness and transparency of CDC's baseline national dataset that may provide crucial insights about the emergence of antimicrobial resistance in specific COVID-19 treatment facilities, setting types, or patient categories. We strongly urge the Department to revise the July 10, 2020 guidance to ensure that NHSN remains the nation's central data repository and reporting system for all hospital-associated infections and COVID-19 related treatment information for U.S. hospitals and other relevant healthcare data reporters.

Thank you for your consideration of these comments.

Sincerely,

Antibiotic Resistance Action Center (ARAC) at the Milken Institute School of Public Health,  
George Washington University  
Association for Professionals in Infection Control and Epidemiology  
Center for Biological Diversity  
Center for Food Safety  
Consumer Federation of America  
Consumer Reports  
Food Animal Concerns Trust  
Government Accountability Project  
Natural Resources Defense Council  
The Interfaith Center on Corporate Responsibility  
The Society of Infectious Diseases Pharmacists  
U.S. PIRG

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<sup>11</sup> <https://www.cnn.com/2020/07/22/us-hospitals-scramble-to-adopt-new-hhs-coronavirus-data-system-some-states-see-data-blackout.html>