

### UNDER SECRETARY OF DEFENSE 4000 DEFENSE PENTAGON WASHINGTON, DC 20301-4000

JUN - 6 2016

The Honorable Thad Cochran Chairman Subcommittee on Defense Committee on Appropriations United States Senate Washington, DC 20510

Dear Mr. Chairman:

This letter provides the final report in response to House Report 114-139, page 284, which accompanied H.R. 2685, the Department of Defense (DoD) Appropriations Bill, 2016, "Combating Antibiotic Resistance." This report includes information on the progress of the DoD's combating antibiotic resistant bacteria (CARB) antimicrobial stewardship programs, including funds obligated to date, coordination with other federal agencies, and plans for subsequent programs.

The DoD received \$16.54 million (M) from the fiscal year 2016 appropriation to combat antibiotic resistant bacteria (\$10.29M within Operations and Maintenance and \$6.25M in Research Development Test and Evaluation (RDT&E)). The \$10.29M targets bacterial surveillance activities, which include the advanced characterization of antibiotic resistant bacteria, data collection and reporting, and the incorporation of information into required stewardship activities. With the RDT&E funds, the DoD is funding discovery efforts for small molecules as novel antimicrobial candidates. This development work, \$3.15M, complements existing efforts within and outside the U.S. Government and takes advantage of existing DoD assets for in-vitro and in-vivo screening and testing. In addition, \$2.06M is going to strengthen research on resistant malarial infections at their source in Southeast Asia, which may decrease future costs to the DoD. Lastly, \$1.04M funds work to identify markers of sepsis that often occur in antibiotic resistant infections. Sepsis, which typically occurs in the remote regions where Service members are deployed, is being investigated as part of the Austere Environment Consortium for Enhanced Sepsis Outcomes Program. The enclosure to this letter provides additional details of the funding obligations for CARB.

The DoD has begun policy development for the DoD CARB program. A parallel effort is underway to publish a Defense Health Agency Procedural Instruction to identify the procedures for antibiotic stewardship and combating antibiotic resistance throughout the Military Health System. In addition, the DoD is working toward diagnostic and therapeutic medical countermeasure development. The MRSN serves as the centerpiece for many of these efforts, through its repository of clinically relevant characterized pathogens upon which diagnostics and potential therapeutics can be tested.

The estimated cost of this report for the Department of Defense is approximately \$3,200. This includes \$1,300 in expenses and \$1,900 in DoD labor. The cost estimate was generated on April 28, 2016; Reference ID 7-C7C9F5A.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the other congressional defense committees.

Sincerely

Peter Levine

Acting

Enclosure:

As stated

cc:

The Honorable Richard J. Durbin Vice Chairman



# UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON WASHINGTON, DC 20301-4000

JUN - 6 2016

The Honorable John McCain Chairman Committee on Armed Services United States Senate Washington, DC 20510

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Sincerely,

Peter Levine Acting

Enclosure: As stated

cc:

The Honorable Jack Reed Ranking Member



# UNDER SECRETARY OF DEFENSE

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JUN - 6 2016

The Honorable William M. "Mac" Thornberry Chairman Committee on Armed Services U.S. House of Representatives Washington, DC 20515

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(h)

Peter Levine

Acting

Enclosure:

As stated

cc:

The Honorable Adam Smith Ranking Member



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JUN -6 2016

The Honorable Rodney P. Frelinghuysen Chairman Subcommittee on Defense Committee on Appropriations U.S. House of Representatives Washington, DC 20515

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Peter Levine

Acting

Enclosure:

As stated

cc:

The Honorable Peter J. Visclosky Ranking Member

#### Enclosure

#### Defense Health Program (DHP)

# Combating Antibiotic Resistant Bacteria (CARB) Funding for Fiscal Year (FY) 2016

### **Operations and Maintenance**

- \$6.19M to expand the Multidrug-Resistant Organism Repository and Surveillance Network (MRSN) into a DoD-wide capability. This network is a unique asset that can enable the DoD to identify, collect, characterize, and cryopreserve drug resistant bacteria from (eventually) all DoD military medical treatment facilities (MTFs). It employs state-of-the-art technology (whole genome sequencing) to characterize unique, recurrent, and outbreak strains of bacteria for requesting MTFs, providers, and other stakeholders. It can assist clinicians to make informed decisions in the treatment of patients. This network is important to reduce healthcare costs resulting from CARB.
- \$2.00M for characterizing emerging resistance and strains. Funding will allow the DoD to
  expand its global network of partners for vital surveillance information, thereby enhancing its
  ability to support global force health protection efforts to identify pathogen resistance
  profiles and prevalence outside the United States where Service members might deploy.
- \$0.60M to support enhancement of the Antimicrobial Drug Resistance and Antibiotic
  Resistance Monitoring and Research (ARMoR) programs of the MRSN. This includes
  expansion of the translational database that houses the metadata on antibiotic resistance. The
  improvement of the ARMoR will enable DoD's compliance with reporting of antibiotic
  resistance and antibiotic use data into the National Healthcare Safety Network of the Centers
  for Disease Control and Prevention.
- \$0.60M to support, extend, and strengthen DoD partnerships and surveillance networks to
  facilitate standardized collection of gap-filling anti-microbial resistance information. For
  example, identifying pathogen resistance profiles, and prevalence in certain areas, informs
  the ability to provide medical coverage for DoD Service members and beneficiaries in those
  areas. In addition, funding will enable additional collaboration with Georgetown University
  (for access to specialized databases) to identify global burden of resistant bacteria in
  militarily-relevant areas.
- \$0.30M to provide staff, primarily for the Navy Marine Corps Public Health Center EpiData
  Center, to modify and develop the analytical processes and algorithms for use across the
  Military Health System. Funding provides support for monthly data uploading and annual
  reporting.
- \$0.30M to support a ruggedized point-of-care diagnostic test. DoD surveillance data gleans
  diverse (microbiologically and geographically) isolates not available to most advanced
  developers within/outside the DoD or the U.S. Government.
- \$0.30M to improve and expand the Pharmacovigilance Center, a critical link to report
  antimicrobial use data, not otherwise obtainable from outside the DoD, that is critical to
  developing, monitoring, and evaluating our program.

#### Enclosure

# Research Development Test and Evaluation

- \$3.15M for the Walter Reed Army Institute of Research Discovery and Wound Program.
   This program employs existing expertise and technology to develop candidate antibacterial compound(s). This research complements that of other U.S. Government and industry. In addition, it takes advantage of DoD assets for in-vitro and in-vivo screening and testing.
- \$2.06M funds an ongoing effort to address resistant malaria in Southeast Asia—an ongoing
  issue for Service members and DoD civilians deployed to this area of the world.
  Successfully combating resistance at the source will help moderate future drug development
  costs.
- \$1.04M funds efforts to identify (working with the Austere Environment Consortium for Enhanced Sepsis Outcomes) markers of sepsis that often occur in antibiotic resistant infections overseas in remote environments where our forces may be deployed.