



**NATIONAL  
WOMEN'S  
HEALTH  
NETWORK**



NATIONAL  
ABORTION  
FEDERATION

May 11, 2006

To Members of the Committee on Emerging Clostridial Disease,

As representatives of Gynuity Health Projects, Ipas, the National Abortion Federation, the National Women's Health Network, and the Reproductive Health Technologies Project, we applaud the Centers for Disease Control, the Food and Drug Administration, and the National Institute of Allergy and Infectious Diseases for holding a joint scientific gathering. We are hopeful that the expertise reflected in the room and among many of the presenters will help all of us develop a better understanding of a challenging public health problem.

Like you, women's health experts and advocates across the country are concerned by the deaths of four women from *Clostridium sordellii* following medical abortion. According to reports from Centers for Disease Control, we understand this is part of a larger pattern of fatal infection among obstetric and gynecologic patients, many of whom were pregnant, but at least one of whom was not, and that this in turn may be part of a larger emerging pattern of clostridial infection.

A number of women's reproductive health organizations and experts have come together to share knowledge, expertise and resources in an effort to better inform the prevention and treatment care which may be offered to obstetric and gynecologic patients, particularly those who are seeking to end an early pregnancy with a medical abortion procedure. We are hopeful that the technical expertise and resources represented by the convening agencies will be used to investigate the underlying pathology of these infections and evaluate different options for care.

We want to learn from your discussions and also raise several questions we hope you will consider as you develop a research agenda.

- Are the four confirmed deaths from *C. sordellii* following medical abortion related to an alternate, unusual, or mutated form of the organism?
- Are there examples of infection among obstetric and gynecologic patients who have survived this infection? If yes, what sets these cases apart? Do these cases provide any insight for treatment options or guidelines?
- A pressing question in the context of abortion care is the role of prophylactic treatment with antibiotics. To date, the FDA has cautioned against that approach, noting that with limited data, it is not clear that the benefits outweigh the risks. We urge the collection of public health experts to prioritize a research agenda that will help health care providers better evaluate treatment options for their patients.
- Is there a potential anti-toxin that could be developed as a reasonable approach to saving lives from this infection, akin to the antivenin treatments available for snakebite victims?

The signatories to this letter also want to express our commitment and willingness to work with public health professionals at a national and local level to better determine options for prevention and treatment in emerging clostridial infection, particularly as it relates to obstetric and gynecologic care. We want to thank you for your leadership on this issue and for the opportunity to share our concerns.

Sincerely,

Beverly Winikoff, MD, MPH  
President  
**Gynuity Health Projects**  
212.448.1230

Laura Castleman, MD, MPH  
Medical Director  
**Ipas**  
248.390.6272

Vicki Saporta  
President and CEO  
**National Abortion Federation**  
202-667-5881 ext. 219

Amy Allina  
Program and Policy Director  
**National Women's Health Network**  
202.347.1140

Kirsten Moore  
President and CEO  
**Reproductive Health Technologies Project**  
202.215.4019