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6 CONFRONTING A GROWING PUBLIC

7 HEALTH THREAT: MEASLES OUTBREAKS IN THE

8 U.S.

9 WEDNESDAY, FEBRUARY 27, 2019

10 House of Representatives

11 Subcommittee on Oversight and Investigations

12 Committee on Energy and Commerce

13 Washington, D.C.

14

15

16

17 The subcommittee met, pursuant to call, at 10:01 a.m., in

18 Room 2123 Rayburn House Office Building, Hon. Diana DeGette

19 [chairwoman of the subcommittee] presiding.

20 Members present: Representatives DeGette, Schakowsky,

21 Kennedy, Ruiz, Kuster, Castor, Sarbanes, Tonko, Clarke, Peters,

22 Pallone (ex officio), Guthrie, Burgess, McKinley, Griffith,

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23 Brooks, Mullin, Duncan, and Walden (ex officio).

24 Also present: Representative Soto.

25

26

27 Staff present: Mohammad Aslami, Counsel; Kevin Barstow,
28 Chief Oversight Counsel; Billy Benjamin, Systems Administrator;
29 Jacquelyn Bolen, Professional Staff; Jesseca Boyer, Professional
30 Staff Member; AJ Brown, Counsel; Jeff Carroll, Staff Director;
31 Jacqueline Cohen, Chief Environment Counsel; Sharon Davis, Chief
32 Clerk; Luis Domingues, Health Fellow; Jennifer Epperson, FCC
33 Detailee; Elizabeth Ertel, Office Manager; Adam Fischer, Policy
34 Analyst; Jean Fruci, Energy and Environment Policy Advisor; Evan
35 Gilbert, Press Assistant; Lisa Goldman, Counsel; Waverly Gordon,
36 Deputy Chief Counsel; Tiffany Guarascio, Deputy Staff Director;
37 Caitlin Haberman, Professional Staff Member; Alex Hoehn-Saric,
38 Chief Counsel, C&T; Megan Howard, FDA Detailee; Zach Kahan,
39 Outreach and Member Service Coordinator; Rick Kessler, Senior
40 Advisor and Staff Directory, Energy and Environment; Saha
41 Khaterzai, Professional Staff Member; Chris Knauer, Oversight
42 Staff Director; Brendan Larkin, Policy Coordinator; Una Lee,
43 Senior Health Counsel; Jerry Leverich, Counsel; Jourdan Lewis,
44 Policy Analyst; Perry Lusk, GAO Detailee; Dustin Maghamfar, Air

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45 and Climate Counsel; John Marshall, Policy Coordinator; Kevin
46 McAloon, Professional Staff Member; Dan Miller, Policy Analyst;
47 Jon Monger, Counsel; Elysa Montfort, Press Secretary; Phil
48 Murphy, Policy Coordinator; Lisa Olson, FERC Detailee; Joe
49 Orlando, Staff Assistant; Kaitlyn Peel, Digital Director; Mel
50 Peffers, Environment Fellow; Alivia Roberts, Press Assistant;
51 Tim Robinson, Chief Counsel; Chloe Rodriguez, Policy Analyst;
52 Nikki Roy, Policy Coordinator; Samantha Satchell, Professional
53 Staff Member; Andrew Souvall, Director of Communications,
54 Outreach and Member Services; Sydney Terry, Policy Coordinator;
55 Kimberlee Trzeciak, Senior Health Policy Advisor; Rick Van Buren,
56 Health Counsel; Eddie Walker, Technology Director; Teresa
57 Williams, Energy Fellow; Tuley Wright, Energy and Environment
58 Policy Advisor; C.J. Young, Press Secretary; Jennifer Barblan,
59 Minority Chief Counsel, O&I; Mike Bloomquist, Minority Staff
60 Director; Adam Buckalew, Minority Director of Coalitions and
61 Deputy Chief Counsel, Health; Robin Colwell, Minority Chief
62 Counsel, C&T; Jerry Couri, Minority Deputy Chief Counsel,
63 Environment & Climate Change; Jordan Davis, Minority Senior
64 Advisor; Kristine Fargotstein, Minority Detailee, C&T; Margaret
65 Tucker Fogarty, Minority Staff Assistant; Melissa Froelich,
66 Minority Chief Counsel, CPAC; Theresa Gambo, Minority Human

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67 Resources/Office Administrator; Caleb Graff, Minority
68 Professional Staff Member, Health; Brittany Havens, Minority
69 Professional Staff, O&I; Peter Kielty, Minority General Counsel;
70 Bijan Koohmaraie, Minority Counsel, CPAC; Tim Kurth, Minority
71 Deputy Chief Counsel, C&T; Ryan Long, Minority Deputy Staff
72 Director; Mary Martin, Minority Chief Counsel, Energy &
73 Environment & Climate Change; Sarah Matthews, Minority Press
74 Secretary; Brandon Mooney, Minority Deputy Chief Counsel, Energy;
75 James Paluskiewicz, Minority Chief Counsel, Health; Brannon
76 Rains, Minority Staff Assistant; Zach Roday, Minority
77 Communications Director; Kristen Shatynski, Minority
78 Professional Staff Member, Health; Alan Slobodin, Minority Chief
79 Investigative Counsel, O&I; Peter Spencer, Minority Senior
80 Professional Staff Member, Environment & Climate Change; Natalie
81 Sohn, Minority Counsel, O&I; Danielle Steele, Minority Counsel,
82 Health; Everett Winnick, Minority Director of Information
83 Technology; and Greg Zerzan, Minority Counsel, CPAC.

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84 Ms. DeGette. The Subcommittee on Oversight and
85 Investigations will now come to order.

86 Today, the subcommittee is holding a hearing entitled,
87 "Confronting a Growing Public Health Threat: Measles Outbreaks
88 in the U.S."

89 The purpose of today's hearing is to examine the public
90 health surveillance and infrastructure response to the current
91 measles outbreaks in the United States.

92 [Pause.]

93 The chair now recognizes herself for the purposes of an
94 opening statement.

95 Today, we will examine a serious public health emergency
96 that is threatening communities across the country. Since the
97 start of this year alone, more than 159 people across 10 states
98 have been infected by measles.

99 This is a highly contagious and potentially deadly disease
100 that was once declared eliminated here in the United States,
101 thanks to the development of a successful preventive vaccine.

102 Yet, despite the previous success, as we sit here today,
103 we have communities across the country scrambling to protect their
104 residents and we have parents who are reading daily headlines
105 about an outbreak, worried how they are going to protect their

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106 children and their families.

107 If there was ever one topic that should transcend politics
108 or party lines, this should be it. On behalf of the American
109 people, it is this committee's job to ensure that our public health
110 agencies are doing everything they can to prevent the spread of
111 this disease.

112 And I can tell you, right now, this committee has serious
113 concerns about how our nation's public health system is responding
114 to the current outbreak. What we accomplished less than 20 years
115 ago in eliminating this disease was truly amazing and we want
116 to know exactly can what this administration is doing to once
117 again stop the spread of this highly contagious disease.

118 We also want to know how we got ourselves back into this
119 situation and what our agencies are doing to prevent another
120 outbreak, such as this one, from happening again.

121 Before the measles vaccine was developed in 1963, there were
122 half a million cases of the measles being reported every year
123 to the CDC. Forty-eight thousand people a year were being sent
124 to the hospital and, as a result, as many as 500 people a year
125 died.

126 It wasn't until the development of the measles, mumps, and
127 rubella vaccine -- known as the MMR vaccine -- that we, as a

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128 country, were able to stop this horrific illness.

129 But despite that success, here we are again, as I said, less
130 than 20 years later, dealing with the fear associated with yet
131 another outbreak of the disease.

132 As of now, there have been 127 reported cases of the measles
133 in 10 states, including in my home state of Colorado. In fact,
134 in my district last month, the Denver Public Health Department
135 was forced to issue a measles exposure warning when an adult
136 acquired the measles after traveling internationally.

137 Now, that seems to be isolated, but the recent outbreaks
138 are a real cause for national concern. The national measles
139 vaccination rate of children between 19 and 35 months old is
140 currently at 91 percent.

141 That may seem high to some, but given the highly contagious
142 nature of measles, it is well below the 95 percent vaccination
143 rate that is required to protect communities and give it what
144 is known as "herd immunity."

145 This so-called "herd immunity" is particularly vital to
146 protecting those who cannot be, or are not yet, vaccinated against
147 the measles, such as infants or those with prior medical
148 conditions who are at a higher risk of suffering severe
149 complications from the vaccine.

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150 As our public health agencies have repeatedly emphasized,
151 reaching that 95 percent vaccination rate is critical to
152 preventing outbreaks such as the one we are experiencing today.

153 While the overall national rate of MMR vaccinations is
154 currently at 91 percent, the rate in some communities is much
155 lower. Some are as low as 77 percent. In fact, Colorado has
156 one of the lowest rates of kindergartners vaccinated for MMR in
157 the country, well below the rate necessary to protect vulnerable
158 children from this potentially deadly disease.

159 Outbreaks, like the one we are seeing with measles, remind
160 us of just how interconnected our communities are. They remind
161 us of how the decisions of one community can directly affect other
162 communities across the country and we have -- as a nation, to
163 stop the spread of deadly diseases, we have to address the root
164 cause of the problem and we have to identify concrete steps.

165 We have to provide parents and community leaders with real
166 science-based information, not only about how vaccines are safe,
167 but why they are so important. We need to support additional
168 research into vaccine safety to further increase consumer
169 confidence in these vaccines.

170 And we need to strengthen our public health infrastructure
171 at all levels of our government to better prepare for and respond

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172 to these outbreaks.

173 We have to work together to protect the most vulnerable among
174 us and we have got to ensure that an outbreak of measles once
175 again becomes a rarity in this country.

176 I want to thank our witnesses, Dr. Messonnier, who is here
177 on behalf of the Centers for Disease Control and Prevention, who
178 is on the front lines of preventing this, and, of course, Dr.
179 Anthony Fauci from the National Institutes of Health, no stranger
180 to this committee on a variety of issues, who is here to talk
181 about his in-depth knowledge of the vaccines and how we can prevent
182 these diseases from spreading in the U.S.

183 Thank you both for being here and I am now happy to recognize
184 the ranking member of the subcommittee, Mr. Guthrie, for five
185 minutes for his opening statement.

186 Mr. Guthrie. Thank you, Chair DeGette, for holding this
187 important and timely hearing, and this is an area of bipartisan
188 interest. Measles is an extremely contagious virus. It can
189 cause significant respiratory symptoms, fever, and rash.

190 In some cases, the consequences can be severe. One in 20
191 children with measles develops pneumonia. One in a thousand
192 children develop brain swelling that can cause brain damage.
193 One or two in a thousand children who contract measles will die.

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194 Fortunately, measles was declared eliminated in the United
195 States in 2000 because the nation had gone more than 12 months
196 without any contagious disease transmission. Public health
197 experts believe this progress was achieved because of the very
198 safe combination of measles-mumps-rubella -- or MMR -- vaccine,
199 very high vaccination rates and a strong public health system
200 to detect and respond to outbreaks.

201 However, elimination does not mean the disease was
202 completely eradicated. The disease remains in many parts of the
203 world. There are about 20 million cases worldwide each year.

204 Measles returns to the U.S. when the infected travelers bring
205 the disease back to parts of the country where some parents have
206 chosen not to vaccinate their children. Because measles is so
207 contagious, it is estimated 93 to 95 percent of people in a
208 locality need to be vaccinated to achieve population immunity.

209 This level of population immunity provided by very high
210 vaccination rates prevents outbreaks and sustained transmission
211 of measles. According to CDC tracking, while national
212 vaccination rates remain high, estimated MMR vaccination rates
213 among 13- to 17-year-old teenagers can vary widely, ranging from
214 77.8 percent to 97.9 percent across states and local counties
215 in the United States.

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216 We currently have multiple measles outbreaks in the United
217 States. As of February 21st, 2019, the CDC reported that there
218 are 159 confirmed cases of measles this year in 10 states.

219 My home state of Kentucky was recently added to the list.
220 Unfortunately, this current outbreak is continuing a recent
221 trend. An average of 63 measles cases were reported to CDC from
222 2000 to 2007.

223 However, from 2011 to 2017, the annual average of reported
224 cases increased to 217. The CDC told the committee staff that
225 in the last five years there have been 26 measles outbreaks
226 involving five or more people. Seventy-five percent of those
227 cases spread in the local close-knit communities with groups of
228 unvaccinated people.

229 These outbreaks are tragic, since they were completely
230 avoidable. Every state except three have enacted religious
231 exemptions for parents who wish not to vaccinate their children.

232 There are 17 states that allow a personal or philosophical
233 exemption, which means that most people can opt out for any reason.

234 For example, in Washington State, just 0.3 percent of
235 Washington's families with kindergartners use a religious
236 exemption while 3.7 percent of families use a personal exemption
237 and .8 percent use a medical exemption.

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238 Vaccine exemptions have increased in the past three years
239 to a median 2.2 percent of kindergartners among all states. With
240 recent links to pockets of under vaccination, some state
241 legislators are looking to tighten or eliminate certain types
242 of exemptions that allow parents to not have their children
243 immunized.

244 After the Disneyland-linked outbreak of measles in 2014,
245 the state of California ended a religious and personal exemption
246 for vaccines. The Washington legislature is working on
247 legislation that substantially narrows the exemptions for
248 vaccination that would eliminate the personal or philosophical
249 exemption while tightening the religious exemption.

250 In recent weeks, state legislators in New Jersey, New York,
251 Iowa, Maine, and Vermont have proposed eliminating religious
252 exemptions for vaccines. However, last week the Arizona House
253 Health and Human Service Committee approved three bills to expand
254 exemptions for mandatory vaccinations.

255 Given the concerns raised by the measles outbreak in various
256 parts of the nation and recent state legislative activity, it
257 is appropriate to have this hearing to provide greater discussion
258 and examination at a national level.

259 I welcome our two expert witnesses, Dr. Messonnier of the

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260 CDC, and Dr. Anthony Fauci of the National Institute of Allergy
261 and Infectious Diseases.

262 I look forward to your testimony and I yield back my time.

263 Ms. DeGette. The gentleman yields back.

264 The chair now recognizes the chairman of the full committee,
265 Mr. Pallone, for five minutes for an opening statement.

266 The Chairman. Thank you, Madam Chair.

267 This committee has a long history of addressing public health
268 concerns and infectious disease crises. Today, we are here to
269 discuss the troubling increase in the number of measles cases
270 here in the United States.

271 This issue hits close to home for me. Just this past
272 December, 33 cases of measles were confirmed in Ocean and Passaic
273 Counties of my home state of New Jersey. And Madam Chair, my
274 written statement actually says that, fortunately, the outbreak
275 in New Jersey is now over.

276 But the reality is I have to change my written statement
277 because I was reading through my press clips this morning and
278 this was front the Bergen Record, which is a publication -- a
279 daily newspaper in the northern part of the state -- and it says,
280 I quote, "Confirmed cases of measles exposure reported in Bergen
281 County. A New Jersey man who has been diagnosed with measles

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282 may have exposed people in Bergen County to the disease earlier
283 this month, particularly at two locations in Hillsdale, state
284 health officials said. Exposures would have occurred between
285 February 17th and Monday," -- this past Monday -- "a spokeswoman
286 for the state health department said."

287 So it isn't true that the outbreak is over in New Jersey.
288 This is -- these are -- this is a case now in a county where
289 measles had been previously reported.

290 So as of this morning, there have been -- and that doesn't
291 count this -- there have been 159 measles cases reported across
292 the nation already this year and there are now six outbreaks of
293 three or more cases in four states. Not only are we seeing a
294 troubling increase in cases, but the number of outbreaks also
295 continues to grow and it is deeply disturbing.

296 The reemergence of this highly contagious
297 vaccine-preventable disease poses a threat beyond the pockets
298 of communities in which it arises. It is particularly dangerous
299 to infants, children under the age of five, those who are pregnant,
300 and people with compromised immune systems.

301 All these people are at higher risk of severe complications
302 from measles. But what is particularly disconcerting is that
303 this is a public health problem for which science has already

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304 provided a solution: a safe and effective vaccine. There is
305 overwhelming confidence among researchers, public health
306 officials, and parents in the MMR vaccine.

307 Yet vaccine hesitancy and, to a lesser degree, vaccine access
308 concerns are behind the growing number of measles cases in the
309 United States since 2010.

310 I know that we will discuss both of these issues and hear
311 from our experts as to the federal government's responsibility
312 in addressing both. But I would also like to hear from witnesses
313 about one particular area of great concern to me, and that is
314 the proliferation of disinformation about the safety and efficacy
315 of the MMR vaccine.

316 I am deeply troubled by the role digital media plays in
317 perpetuating myths and fears regarding measles. It is
318 undermining the facts on how to safely and effectively prevent
319 measles and other vaccine-preventable diseases.

320 For example, recent media reports found that users on YouTube
321 and Facebook are steered towards anti-vaccination content due
322 to the platform's algorithms.

323 Both companies have said they are taking steps to address
324 the promotion of conspiracy theories, but we must keep our eye
325 on where this misinformation will pop up next, particularly when

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326 we know there is a preponderance of evidence that the MMR vaccine
327 is safe and effective and that there are numerous measures in
328 place to continue to monitor and assess its safety and the safety
329 of other vaccines.

330 I am deeply troubled that parents are being inundated with
331 distortions and misinformation campaigns when they are going
332 online to try to make informed decisions about their child's
333 health.

334 And I look forward to hearing from Dr. Messonnier -- if I
335 am pronouncing it right -- and Dr. Fauci about what is driving
336 the recent measles outbreak. I would also like to know what
337 efforts are underway by the CDC and NIH to address this growing
338 public health threat and where they still need additional support.

339 So, hopefully, this will be a hearing where we try to get
340 to the bottom of what is actually happening out there, and thank
341 you for our witnesses.

342 Thank you, Madam Chair. This is a very important hearing.
343 Thank you.

344 Ms. DeGette. The gentleman yields back.

345 The chair now recognizes the ranking member of the full
346 committee, Mr. Walden, for five minutes for the purposes of an
347 opening statement.

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348 Mr. Walden. Good morning, Madam Chair. Thank you for
349 holding this hearing.

350 The reemergence of vaccine-preventable diseases including
351 measles coincided with the under vaccination as a major public
352 health concern. World Health Organization last month called
353 vaccine hesitancy one of the ten biggest threats to global health,
354 noting the shocking 30 percent increase in measles cases worldwide
355 last year.

356 In 2000, measles was considered to have been eliminated in
357 the United States. Last year, the U.S. had its second most cases
358 since 2000. The current measles outbreak showcases the problem
359 of under vaccination.

360 It is a problem that hits close to home for me since 65 measles
361 in the outbreak have mainly occurred in Clark County, Washington,
362 a suburb of Portland, Oregon, with four in Multnomah County,
363 Oregon, for a total of 69 confirmed measles cases.

364 Measles exposure even reached my district with an infected
365 person from Clark County visiting a trampoline park in Bend,
366 Oregon. While there have been no confirmed cases resulting from
367 that particular exposure, this highlights the reach of the measles
368 outbreak.

369 Unfortunately, the case information suggests the region near

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370 Portland has been an area of under vaccination. Most of these
371 cases involve people who are not vaccinated and most of those
372 infected were children between the ages of one and ten.

373 County public health officials are confronted with directing
374 hundreds of susceptible families who have been exposed to the
375 virus at more than three dozen locations including a Portland
376 Trailblazers basketball game, schools, churches, and store such
377 as Costco and Wal-Mart.

378 There are important reasons for getting the measles vaccine.
379 Measles is a highly contagious infectious disease that spreads
380 through coughing and sneezing. Health officials say the virus
381 is so contagious that if an unvaccinated person walks through
382 a room after someone with measles have left, there is a 90 percent
383 chance that an unvaccinated person will get that disease.

384 This can be a very serious disease. Measles infection
385 typically causes a high fever and rash. About one of four people
386 who gets measles will be hospitalized.

387 Infection can lead to ear infections, hearing loss and, in
388 rare cases, brain swelling and even death. Measles vaccine is
389 highly effective and may be one of the most effective vaccines
390 around.

391 Two doses are about 97 percent effective and since the

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392 introduction of the combination MMR vaccine there has been a 99
393 percent reduction in the number of measles cases compared to the
394 pre-vaccine era.

395 It not only protects you but others as well, particularly
396 vulnerable infants who cannot be vaccinated. This year can help
397 provide important information -- this hearing -- I am sorry --
398 can help provide important information to address questions for
399 some people about the safety of the vaccine as well as heightened
400 awareness about effectiveness of the vaccine and the importance
401 of getting vaccinated.

402 If we don't reverse the downward trend of vaccination we
403 risk bringing back measles in full force.

404 So I welcome both of our witnesses today to provide their
405 expertise about the disease of measles and insights into the facts
406 and value of measles vaccine.

407 Dr. Nancy Messonnier, thank you for your service and your
408 leadership in various senior capacities at the Centers for Disease
409 Control and Prevention.

410 Dr. Anthony Fauci, the director of National Institutes of
411 Health Institute of Allergy and Infectious Diseases -- sir, you
412 need no introduction, having testified probably hundreds of times
413 before our committee.

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20

414 However, on this occasion, I think you should be recognized,
415 sir, for more than 50 years of public service including your 35th
416 anniversary year as director of the National Institute of Allergy
417 and Infectious Diseases and for your achievements.

418 [Applause.]

419 You have made substantial contributions to HIV/AIDS
420 research. You have helped develop therapies for formerly fatal
421 diseases. With many honors, you have been awarded the Lasker
422 Award and the Presidential Medal of Freedom.

423 Chair DeGette, I really think we need to congratulate him.
424 So we look forward to your testimony and to learning more in
425 this committee about we should do, going forward.

426 With that, I will yield the balance of my time to Dr. Burgess.

427 Mr. Burgess. I thank the chairman for the recognition.
428 In full disclosure, I am a measles survivor. I was of an age
429 where the measles vaccine was not available.

430 Even though I was very young when that happened, I still
431 remember the clinical course with the measles of hard shaking
432 chills, the muscle pain, and, of course, the rash that is
433 pathognomonic of measles.

434 I will tell you that we forget about some of the complications
435 of measles. I took the liberty of printing out a couple of pages

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21

436 from Harrison's Principles of Internal Medicine.

437 Let me just run through some of the highlights: laryngitis,
438 croup, bronchitis, otitis media, ear infections, pneumonia both
439 viral and secondary bacterial, fever, headache, drowsiness, coma,
440 seizures. Ten percent of patients who have measles encephalitis
441 do not survive. Transverse myelitis following measles has been
442 reported, similar to polio. Gastrointestinal complications,
443 hepatitis, appendicitis, ileocolitis, mesenteric adenitis.

444 Other rare complications include myocarditis,
445 glomerulonephritis, pulmonary nephritis, post-infection
446 thrombocytopenia purpura. It is a serious illness. It is
447 entirely vaccine preventable. I am grateful we are having the
448 hearing today. I yield back.

449 Ms. DeGette. I thank the gentleman for yielding and, Mr.
450 Walden, I really thank you for recognizing Dr. Fauci. He really
451 is a true treasure and we are always happy to see him.

452 I am going to ask unanimous consent that members' written
453 opening statements be made part of the record.

454 Without objection, so ordered.

455 [The information follows:]

456 *****COMMITTEE INSERT 1*****

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457 I also ask unanimous consent that Energy and Commerce members
458 not on the Subcommittee on Oversight and Investigations be
459 permitted to participate in today's hearing.

460 Without objection, so ordered.

461 I would now like to introduce our witnesses, who have already
462 been introduced by a number of opening statements.

463 Dr. Nancy Messonnier, who is with the National Center for
464 Immunization and Respiratory Diseases at the CDC, and Dr. Anthony
465 Fauci, the director of the National Institute for Allergy and
466 Infectious Diseases at the National Institutes of Health.

467 Both of you are aware, I know, that the committee is holding
468 an investigative hearing and, as such, has had the practice of
469 taking testimony under oath.

470 So either of you have any objections to taking your testimony
471 under oath?

472 Let the record reflect the witnesses have responded no.
473 The chair then advises you that under the rules of the House and
474 the rules of the committee you are entitled to be accompanied
475 by counsel. Do you desire to be accompanied by counsel today?

476 Let the record reflect the witnesses have answered no. If
477 you would then, please rise and raise your right hand so you may
478 be sworn in.

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479 [Witnesses sworn.]

480 Let the record reflect -- you may be seated -- let the
481 record reflect that the witnesses have responded affirmatively
482 and you are now under oath and subject to the penalties set forth
483 in Title 18 Section 1001 of the U.S. Code.

484 And the chair will now recognize our witnesses for a
485 five-minute summary of their written statements. As both of you
486 know, there is a microphone and a series of lights in front of
487 you.

488 The light turns yellow when you have a minute left and it
489 turns red to indicate that your time has come to an end.

490 So, Dr. Messonnier, I recognize you for your opening
491 statement. Thank you.

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24

492 TESTIMONIES OF NANCY MESSONNIER, M.D. (CAPT, USPS, RET),
493 DIRECTOR, NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY
494 DISEASES (NCIRD), CENTERS FOR DISEASE CONTROL AND PREVENTION;
495 ANTHONY FAUCI, M.D., DIRECTOR, NATIONAL INSTITUTE FOR ALLERGY
496 AND INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH

497

498 TESTIMONY OF DR. MESSONNIER

499 Dr. Messonnier. Thank you.

500 Good morning, Chair DeGette, Ranking Member Guthrie, and
501 members of the committee. I am Dr. Nancy Messonnier. I am the
502 director of the National Center for Immunization and Respiratory
503 Diseases at CDC.

504 Thank you for the opportunity to speak with you today.
505 Outbreaks of measles have, once again, been prominent in the
506 headlines. From January 1st to February 21st, 159 cases of
507 measles have been confirmed in 10 states, including California,
508 Colorado, Connecticut, Georgia, Illinois, Kentucky, New York,
509 Oregon, Texas, and Washington.

510 In 2018, 372 people with measles were reported from 25 states
511 and the District of Columbia. Most cases have been unvaccinated.

512 Measles outbreaks have been and continue to be a constant threat
513 to the health of the American people.

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514 While measles has been eliminated in the U.S. since 2000,
515 measles is circulating in many parts of the world and importations
516 remain a challenge.

517 Unvaccinated U.S. residents traveling abroad are at risk
518 for measles and returning unvaccinated U.S. residents and foreign
519 visitors to the U.S. may develop measles and expose their families
520 and communities.

521 Nationally, we enjoy high measles vaccination coverage.
522 However, there are pockets of people who are vaccine hesitant,
523 who delay or even refuse to vaccinate themselves and their
524 children.

525 Outbreaks of measles occur when measles gets into these
526 communities of unvaccinated people. Those choosing not to
527 vaccinate tend to live near each other. Some of these are what
528 we call close-knit communities, people who share common religious
529 beliefs or racial ethnic background. Others are people who have
530 strong personal belief against vaccination.

531 In the past five years, there have been 26 measles outbreaks
532 of more than five cases. Twelve of these were in close-knit
533 communities including outbreaks in a Somali community in
534 Minnesota in 2017 and orthodox Jewish communities in New York
535 City and New York State in 2018.

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536 These 12 outbreaks account for 75 percent of cases over the
537 past five years. Vaccine hesitancy is the result of a
538 misunderstanding of the risk and seriousness of disease combined
539 with misinformation regarding the safety and effectiveness of
540 vaccines.

541 However, the specific issues fueling hesitancy varies by
542 community. Because vaccine hesitancy remains a highly localized
543 issue, the strategy to address these issues need to be local with
544 support from CDC. Strong immunization programs at the state and
545 local levels are critical to understanding the specific issues
546 and empowering local action.

547 CDC also works to support state and local public health
548 efforts through research to understand these reasons and develop
549 targeted strategies to address hesitancy.

550 In addition, a rapid response coordinated across local,
551 state, and federal jurisdictions is critical to control of
552 outbreaks. The public health immunization infrastructure, the
553 systems, and people is the backbone for such a response.

554 Front line public health workers and clinicians across the
555 country are following up on people potentially exposed to measles
556 and recent outbreaks.

557 A critical component of our immunization infrastructure is

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558 the Vaccines for Children program. Enacted in 1994 in response
559 to a large measles outbreak, VFC is celebrating its 25
560 anniversary.

561 Because of VFC, we have seen significant decreases in the
562 disparities in vaccination coverage that previously existed.
563 I would like to acknowledge and thank Congress for the leadership
564 they have shown in supporting VFC and providing us this national
565 treasure.

566 Our investments in the immunization program have been of
567 great benefit to our children, our communities, and our country.

568 Immunization continues to be one of the most cost-effective
569 public health interventions.

570 Each dollar invested in the childhood immunization program
571 earn \$10 of societal savings and \$3 in direct medical savings.

572 Immunizing our children is the social norm with only 1 percent
573 of children receiving no vaccines. Not only that, most parents
574 continue to have confidence in the safety and effectiveness of
575 vaccines.

576 In many ways, however, we are a victim of our own success.

577 Because of our success, fewer and fewer doctors and parents have
578 witnessed the serious and sometimes life-threatening
579 consequences of vaccine-preventable diseases, or VPDs.

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580 Because of our success, we live in a time when outbreaks
581 of VPDs make headlines and are not just seen as a routine and
582 sometimes tragic part of childhood.

583 Because of our success, parents may wonder if vaccines are
584 really necessary and they may believe that the risk of vaccinating
585 infants or temporary discomfort a vaccine may cause outweighs
586 the benefits of protecting them from VPDs.

587 Our immunization system has risen to challenges in the past.
588 CDC is committed to keeping measles and other VPDs from regaining
589 a foothold in our country.

590 Even very large outbreaks start with a single case. Working
591 together, we can keep these numbers down, keep measles from
592 returning and threatening the health of our communities, and
593 sustain the enormous health and societal benefits that our
594 immunization partnership has achieved.

595 Thank you.

596 [The prepared statement of Dr. Messonnier follows:]

597

598 *****INSERT 2*****

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599

Ms. DeGette. Thank you, Doctor.

600

Dr. Fauci, you are now recognized for five minutes.

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30

601 TESTIMONY OF DR. FAUCI

602

603 Dr. Fauci. Thank you very much, Chairman DeGette, Ranking
604 Member Guthrie, members of the committee. Thank you for giving
605 me the opportunity to talk to you for a few minutes about the
606 continued reemergence of vaccine-preventable disease, measles.

607 As shown on this slide and as mentioned by several of you
608 already, measles virus is one of the most contagious viruses that
609 we know among the pathogens that confront mankind -- as mentioned,
610 that if an individual gets into a room with someone who has measles
611 and that person is coughing and sneezing, there's about a 90
612 percent chance that that person -- -that is very unlike other
613 diseases like influenza and other respiratory diseases when the
614 hit rate, although it is high, is nothing approaching 90 percent.

615 Also, we know a lot about the virus. It has been very well
616 sequenced. That is important, because we can tell when the virus
617 is reintroduced into our country from where it comes, such as
618 the Israel insertion into the -- into the Brooklyn among the
619 Hasidic Jews. We knew that it had come from an individual from
620 Israel.

621 Importantly is the potential for eradication because a
622 similar virus among animals was eradicated. I consider it really

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623 an irony that you have one of the most contagious viruses known
624 to man juxtaposed against one of the most effective vaccines that
625 we have and yet we don't do and have not done what could be done,
626 namely, completely eliminate and eradicate this virus.

627 You heard some of the -- oops, I better go back one. Oops,
628 it is just -- it has got a life of its own. Go back a few. There
629 you go.

630 As was mentioned, prior to the vaccine era there were about
631 3 million deaths each year. The decrease was dramatic. There
632 were 21 million lives that were saved from vaccines between the
633 year 2000 and 2017.

634 But, as shown on the last bullet on this slide, there are
635 110,000 deaths still today in the world, which means there is
636 the danger of the reinsertion of measles from other countries
637 and if we are not protected.

638 Again, pre-vaccine measles in the United States 3 to 4
639 million measles case and, as was mentioned by several of you,
640 48,000 hospitalizations. Like Dr. Burgess, I remember very
641 clearly the year that I got infected with measles. It was very
642 uncomfortable and it was very scary because at that year I went
643 back and looked at the statistics. There were 900,000 to a
644 million cases in the United States that year.

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645 But look what the vaccine done. This is a very dramatic
646 slide. As shown, it dramatically decreased it to the point of
647 the year 2000 when we essentially eliminated.

648 But let us take a look at some of the things that I mentioned
649 about the disease itself. Fever, cough, rash, as was mentioned
650 by Dr. Burgess -- again, contagious from four days before the
651 rash to four days after. So people are spreading measles before
652 they really know that they actually have measles.

653 We have a group of individuals who are particularly at risk
654 for complications -- infants and children, pregnant women,
655 immunocompromised, and even adults. If you are not protected
656 and you get infected, adults have a high incidence of
657 complications.

658 We have heard about the complications. They are not
659 trivial. One out of ten with ear infections, which could lead
660 to deafness; pneumonia in one out of 20 cases; encephalitis one
661 in a thousand; a very rare occurrence called subacute sclerosing
662 panencephalitis, which I will mention in a moment.

663 I don't want to scare the audience here but this is an x-ray
664 of a child who was infected, developed pneumonia with bacterial
665 complications. That x-ray, if it were normal, should look all
666 dark where the lungs are. The light is what we call whiting out

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667 of the lungs, which very often leads to death.

668 As I mentioned, subacute sclerosing panencephalitis is very
669 rare, but it should be mentioned seven to ten years after an
670 individual develops measles they can have a very devastating
671 neurological syndrome -- no known cure and is vaccine preventable.

672
673 This is what it looks like. The brain on the right side
674 has a lot of dark spaces where. That is where brain tissue should
675 be. That is what happens when the brain gets damaged.

676 And so this is the statistics that Dr. Messonnier and several
677 of you mentioned about what is going on right now. This slide
678 is really unacceptable. This is a totally vaccine-preventable
679 disease and when we see these kind of blips, this is not something
680 to be taken lightly.

681 So what we all should strive for that measles in the United
682 States we need to get to zero.

683 Thank you.

684 [The prepared statement of Dr. Fauci follows:]

685

686 *****INSERT 3*****

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687 Ms. DeGette. Thank you, Dr. Fauci.

688 It is now time for members to have the opportunity to ask
689 questions. I will recognize myself for five minutes.

690 Since we first announced we would be holding this hearing
691 almost two weeks ago, more than 58 additional measles cases and
692 an additional outbreak have been reported. Parents around the
693 country are seeing headlines about these outbreaks.

694 As, Dr. Fauci, you mentioned, it is so rare now that it
695 actually does make headlines. But there is also a lot of noise
696 out there on measles and vaccines and I think sometimes because
697 we eliminated measles for a while parents now are unclear about
698 how best to protect their children and families.

699 Both of our witnesses are the two -- two of the top public
700 health officials in the country. And so I would like to ask each
701 one of you what is the most important piece of advice you would
702 give to parents around the country on how they can best protect
703 their children and families from measles.

704 Dr. Messonnier?

705 Dr. Messonnier. Taking care of your health, eating well,
706 exercising, getting enough sleep -- those are all parts of a
707 healthy lifestyle.

708 But the only way to protect against measles is to get

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709 vaccinated. It is a safe and effective vaccine, and parents
710 should go ahead and get vaccinated.

711 If they have questions, they should talk to their doctor.
712 Their doctor can provide them more information about measles,
713 answer their questions, and reassure them to then go ahead and
714 get vaccinated.

715 Ms. DeGette. Dr. Fauci, do you have anything to add?

716 Dr. Fauci. Yes. I think it is important to point out,
717 obviously, ditto what everything that Dr. Messonnier said. But
718 we should look upon it in two approaches. One, it is for the
719 safety of your own child and the other is a responsibility to
720 the community, because in your opening statement, Congressman
721 DeGette, you mentioned this issue of herd immunity and we all
722 have a responsibility to be part of that umbrella of herd immunity.

723 And once it goes down below a certain percentage, then you have
724 danger to the entire society.

725 And something that is not fully appreciated is that we
726 vaccinate children first time at 11 to 12 months and then the
727 boost at four to six years. Those infants are vulnerable to
728 measles if they get exposed.

729 So it is our responsibility to protect them and the only
730 way you can protect those who are not old enough to yet get

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731 vaccinated or the immunosuppressed is to be part of that herd
732 immunity.

733 Ms. DeGette. Right. Now, Dr. Messonnier, you talked about
734 the risks and benefits, and we have heard a lot from both of you
735 about the benefits.

736 What are the risks of the -- and maybe, Dr. Fauci, you want
737 to add into this, too -- what are the risks inherent in the vaccine
738 itself? I think that might be one reason why some parents are
739 choosing not to vaccinate their children as they believe that
740 the risks with the vaccine outweigh the benefits.

741 Dr. Messonnier. I think you are exactly right and I think
742 in the setting of not a lot of measles cases around parents weigh
743 in their mind the risks and benefit and think they shouldn't
744 vaccinate.

745 The truth is this is an incredibly safe vaccine. We have
746 a host of experience with it. The vaccine has been used for a
747 really long time.

748 We, in the United States, enjoy one of the most robust systems
749 to monitor the safety of vaccines and that is why we can say with
750 confidence that this is a safe vaccine. The most common side
751 effects are a sore arm, which goes away pretty quickly.

752 Ms. DeGette. And where can parents go to get factual

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753 information about vaccines?

754 Dr. Messonnier. Yes, thank you. That is a really important
755 question. As a parent myself I understand that there is lots
756 of information out there and it is really hard to sort through
757 it all and make sure that you are getting the correct choices
758 for your children.

759 CDC works really hard to make sure that we put out
760 scientifically credible information. That is one of our core
761 missions. But we also provide that information to health care
762 providers.

763 Parents say that the person they trust most to help them
764 make health care decisions is still their health care provider
765 and that is also true of patients that are hesitant to vaccinate.

766 So parents should talk to their health care provider. They
767 can help them sort through the sea of information out there to
768 what is scientifically correct.

769 Ms. DeGette. Dr. Fauci, do you have a sense of what parents
770 can do to get accurate information about the risks and benefits?

771 Dr. Fauci. Yes. I mean, I want to echo what Dr. Messonnier
772 said. The CDC website is just really a cornucopia of important
773 information. It is easily accessible. You go to cdc.gov. It
774 says Search. Put measles in and all the things you really want

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775 to know about it are right there with references.

776 Ms. DeGette. Great. Okay. Thank you very much, both of
777 you, for being with us today and clearing up some of these myths.

778 I am now happy to recognize the ranking member, Mr. Guthrie,
779 for purposes for asking questions for five minutes.

780 Mr. Guthrie. Thank you very much, and again, thanks for
781 the witnesses for being here. And this is important and I think
782 every parent, regardless of what decisions they made on -- want
783 to make the best decision for their child. That is what people
784 -- and so we want to make sure the best information, the accurate
785 information, so they can make the best decision for the child.

786 This is particularly pertinent to me. One of my great
787 friends growing up -- I was born in 1964. He was born just a
788 few months before me in 1963 and his mom had rubella. He was
789 born without a hand -- essentially, without a hand. And so I
790 have always thought of measles and how devastating it can be.

791 As a matter of fact, you can see him play baseball. He could
792 throw the ball, have his glove on his hand, put his hand in and
793 just amazing how he adapted to it. But it was something.

794 So I remember later in life when I was a little older my
795 mom telling how the -- because she was six or seven months pregnant
796 with me when he -- when he was born and just the terror that went

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797 through our community and with women that were pregnant with their
798 children at that time.

799 So it has always been -- so I just want to ask some questions
800 and try to get information out, moving forward, and for both of
801 you to answer. In your opinion as physicians and leaders in
802 federal public health agencies, should parents of unvaccinated
803 children be more fearful of measles or the measles vaccine?

804 Dr. Fauci. To me, it is a no doubt. That is really a
805 no-brainer. Clearly, if you look, and as I try to describe in
806 my opening statement, the potential complications and even if
807 you don't have complications, just the discomfort associated with
808 the illness of measles far, far outweighs, as Dr. Messonnier said,
809 of a very, very safe vaccine.

810 So, to me, there is no doubt. I am a parent. I have three
811 daughters. They were all vaccinated and the thing that I worried
812 about was them, if I did not vaccinate them, getting measles if
813 it came into the community. That would scare me, not the vaccine.

814 Mr. Guthrie. Thank you.

815 Dr. Messonnier. One thing I will add is that in the current
816 outbreak in Clark County, Washington State, we have seen a huge
817 upsurge in acceptance of vaccine and use of vaccine in the
818 community.

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819 When faced with the real threat of measles, people -- parents
820 weigh that same equation and realize it is better to vaccinate.

821 What we need to do is get those messages to parents before the
822 measles outbreak hits.

823 Vaccine is incredibly safe. Measles remains a risk
824 throughout the country. Yes, it is a no-brainer.

825 Mr. Guthrie. And your children are vaccinated?

826 Dr. Messonnier. Of course my children were vaccinated.

827 Mr. Guthrie. So for both of you, again, how many doses of
828 MMR vaccine have been given in the U.S.? Millions or --

829 Dr. Messonnier. I mean, millions of doses of MMR vaccine
830 are given every year.

831 Mr. Guthrie. And after more than 55 years -- some 55 --
832 so I came in -- when I was -- after more than 55 years of experience
833 and hundreds of millions of doses, we estimate, what is the safety
834 record of MMR vaccine?

835 Dr. Messonnier. You are right. Millions of doses in the
836 U.S., not to count also the multimillion of doses given globally,
837 all tell us for certain that the safety record is good. It is
838 an incredibly safe vaccine. Parents should be reassured that
839 we know this vaccine is safe because of all this experience.

840 Mr. Guthrie. Dr. Fauci?

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841 Dr. Fauci. Also, I think it is important about how some
842 people can get confused because when you're in a certain area
843 of childhood -- so vaccines are recommended at around one year
844 -- 11 to 12 months -- and then the boost at four to six years.

845 During that period of time of childhood a lot of things happen
846 to children. They get a lot of different diseases. Sometimes
847 bad things happen. And if you were to look at that you can make
848 an association and say, well, maybe that's due to the vaccine.

849

850 But a number of studies over many, many years have shown
851 the disassociation of that and, as Dr. Messonnier said, that when
852 you go back and look at the strict safety of the vaccine it is
853 extraordinarily safe.

854 Mr. Guthrie. I want to look at some of the concerns. I
855 have heard some parents claim that measles vaccine can cause brain
856 inflammation -- encephalitis. Is that true? Is that true?

857 Dr. Fauci. Brain inflation encephalitis?

858 Mr. Guthrie. Encephalitis. Can measles vaccine cause
859 encephalitis -- the vaccine?

860 Dr. Fauci. The vaccine, no.

861 Mr. Guthrie. There is no cases --

862 [Disturbance in hearing room.]

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863 Dr. Messonnier. There is no --

864 Dr. Fauci. Rare.

865 Ms. DeGette. The chair will remind all persons in the
866 audience that manifestation of approval or disapproval of the
867 proceedings is in violation of the rules of the House and its
868 committees.

869 The gentleman may proceed.

870 Dr. Messonnier. In healthy children MMR vaccine does not
871 cause brain swelling or encephalitis.

872 Mr. Guthrie. So if a child wasn't healthy when they are
873 vaccinated would --

874 Dr. Messonnier. So there are rare instances of children
875 with certain very specific underlying problems with their immune
876 system and who the vaccine is contraindicated. One of the reasons
877 it is contraindicated is in that very specific group of children
878 there is a rare risk of brain swelling.

879 Mr. Guthrie. Would a parent know if their child was in that
880 category before they are --

881 Dr. Messonnier. Certainly, and that is why a parent should
882 talk to their doctor.

883 Mr. Guthrie. Okay. And then one more, because I had a
884 couple of seconds with the questions. I just want to -- so another

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885 thing, that the people can self-medicate with Vitamin A to prevent
886 measles and not do the vaccine. Is that -- what is the validity
887 of that, in your opinion?

888 Dr. Fauci. Well, the history of Vitamin A and measles goes
889 back to some very important and, I think, transforming studies
890 that were done years ago in sub-Saharan Africa is that with Vitamin
891 A supplements and particularly in Vitamin A deficiency that
892 children who get measles have a much more difficult course.

893 So Vitamin A associated with measles can actually protect
894 you against some of the toxic and adverse effects. Importantly,
895 since in a country -- a developed nation where you really don't
896 have any issue with Vitamin A deficiency, that you don't really
897 see that transforming effect.

898 But some really good studies that were done years ago show
899 that Vitamin A supplementation can be very helpful in preventing
900 the complications of measles.

901 Mr. Guthrie. It doesn't prevent onset of measles, if you
902 are not immunized?

903 Dr. Fauci. No. No.

904 Mr. Guthrie. Is that your -- is that what you are saying?
905 I don't want to put words in your mouth.

906 Dr. Fauci. It doesn't prevent -- it doesn't prevent

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907 measles. But it is important in preventing some of the
908 complications in societies in which Vitamin A deficiency might
909 exist.

910 Mr. Guthrie. Thank you. I appreciate your indulgence.

911 Ms. DeGette. The gentleman yields back.

912 The chair now recognizes the gentlelady from Illinois, Ms.
913 Schakowsky, for five minutes.

914 Ms. Schakowsky. Dr. Messonnier and Dr. Fauci, if we could
915 just once -- maybe once again put on the record, yes or no. Is
916 the highly contagious measles virus life-threatening -- deadly?

917 Yes or no.

918 Dr. Messonnier. Yes.

919 Dr. Fauci. The answer is yes. It rarely occurs. I mean,
920 most children -- myself, Mike Burgess --

921 Ms. Schakowsky. Myself.

922 Dr. Fauci. -- who developed measles -- yourself and many
923 people on the committee who got measles would recover completely.

924 But you ask yourself is there a potential to be deadly.

925 History tells us unequivocally that's the case, because when
926 you were talking about the measles vaccine before we vaccinated
927 here in the United States in the early to mid-'60s, there were
928 400 to 500 deaths directly due to measles.

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929 Prior to the measles vaccine globally there were over a
930 million-1 to 2 million -- deaths in a year. So as Dr. Messonnier
931 said in direct answer to your question, is it potentially deadly?

932 Absolutely.

933 Ms. Schakowsky. That is very important. Thank you.

934 And that deeply should concern all of us and over the past
935 two weeks a new outbreak has sprouted in my home state of Illinois
936 with four confirmed cases in Champaign County, the home of the
937 University of Illinois. It happens to be my alma mater.

938 And I am trying to understand what has happened between 2000
939 and 2019 and why we have fallen so far from the public health
940 success stories when the CDC actually said that there -- we had
941 eradicated in the United States measles in 2000.

942 So, Dr. Messonnier, yes or no. Do you believe the primary
943 cause of the spike in measles outbreak over the past few years
944 is due to vaccine hesitancy and misinformation?

945 Dr. Messonnier. Yes and no. I think vaccine hesitancy is
946 a word that means many different things. Parents have questions
947 about vaccines. They get those questions answered. That is what
948 you should call hesitancy.

949 So I do believe that parents' concerns about vaccine leads
950 to under vaccination and most of the cases that we are seeing

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951 are in unvaccinated communities.

952 However, if you look nationally at measles vaccination
953 coverage, there are other things that are associated with low
954 coverage. For example, living in a rural area versus an urban
955 area. Rural areas have lower vaccine coverage with measles.

956 Ms. Schakowsky. How would you account for that?

957 Dr. Messonnier. Well, I think that there are other things
958 besides the choice that are around access to care. For example,
959 kids without health insurance have lower measles vaccination
960 coverage.

961 Ms. Schakowsky. So, generally, lack of access to care?

962 Dr. Messonnier. In addition to parents making decisions
963 not to vaccinate their kids, yes.

964 Ms. Schakowsky. More than 50 percent of the current
965 outbreak cases this year occurred in Clark County, Washington.

966 In that region, only 81 percent of one- to five-year-old children
967 and only 78 percent of six- to 18-year-olds received the
968 age-appropriate measles, mumps, and rubella vaccine dosage. So
969 it is really deeply troubling that it seems to cluster in certain
970 -- in certain places.

971 Dr. Messonnier and Dr. Fauci, what do you believe would
972 happen -- let us say if only 78 percent of the entire U.S.

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973 population was vaccinated against the -- against measles or, worse
974 yet, what would happen if we stopped all measles vaccinations?

975 Dr. Fauci. Well, measles, as I mentioned in my
976 presentation, exists. There were 110,000 deaths in 2017. So
977 measles is out there.

978 Even though we, as a country, now have a high degree of
979 vaccination, if we did what you are suggesting and essentially
980 dropped it down to 70 percent, 50 percent, or even stopped, we
981 would have an entirely susceptible population. We would be like
982 countries prior to the vaccine era and that would be a catastrophe
983 waiting to happen.

984 So even if you go down to a certain level, if you look not
985 only at the United States -- we showed the figures of the United
986 States -- but right now there is a terrible outbreak going on
987 in Madagascar. There have been 900 deaths so far in Madagascar.

988
989 We are seeing that in other countries in which when you go
990 below a certain level and that umbrella of herd immunity lifts,
991 it truly is a catastrophe waiting to happen. So that is something
992 that would be very scary to think about.

993 Ms. Schakowsky. Let me just say as an organizer, I think
994 part of it is a communications issue, an organizing issue, and

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995 we need to mobilize the public on this question. It is not just
996 up to the two of you. We want to work with you but I think we
997 need to get some organizers going.

998 Thank you. I yield back.

999 Ms. DeGette. The chair now recognizes the gentleman from
1000 Texas, Dr. Burgess, for five minutes.

1001 Mr. Burgess. Thank you for the recognition.

1002 I learned something this morning. I always learn something
1003 on this committee. Mr. Guthrie asked a question about Vitamin
1004 A and, Dr. Fauci, thank you for your answer.

1005 I did not know that in Vitamin A deficient individuals
1006 perhaps there was going to be a harder course for the disease.

1007 I do feel obligated to mention that Vitamin A is not like
1008 Vitamin C. You may not take unlimited quantities of Vitamin A
1009 with impunity. It is a fat-soluble vitamin and it is stored in
1010 the body. So don't go out and hyperdose on Vitamin A because
1011 it will not accrue to your long-term benefit.

1012 So vaccines themselves are at the very heart of medical
1013 innovation and some my parallel the history of this country.
1014 Dr. Edward Jenner began his career and introduced the first
1015 vaccination in 1796, 20 years after our Declaration of
1016 Independence. So a long history of an association with

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1017 vaccination.

1018 So the two of you work together on these issues. So can
1019 you perhaps tell us a little bit how you work together to prevent
1020 the reappearance of vaccine-preventable diseases, focused on
1021 measles this morning?

1022 Rubella -- something I remember from my residency at Parkland
1023 Hospital. A congenital rubella syndrome in a child was
1024 devastating. These are illnesses that new generations of doctors
1025 don't see because of the effectiveness of the vaccine.

1026 Can you speak just briefly of how you -- how your agencies
1027 interact and work together?

1028 Dr. Fauci. Well, as you know, Dr. Burgess, that the CDC
1029 and the NIH are within the Department of Health and Human Services.

1030 So we consider each other sister agencies, as it were, and the
1031 CDC has the major responsibility, as Dr. Messonnier will tell
1032 you, about the public health -- the surveillance and the messages.

1033 We, as a research institution, try to fill in any of the
1034 gaps that occur from a research standpoint. What we are talking
1035 about today is really less of a research problem than it is an
1036 implementation problem.

1037 So how we help and work with our colleagues at the CDC is
1038 to continue to provide the evidence-based -- the science-based

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1039 evidence of why we need to implement a highly successful program
1040 that is, as we know, the vaccine program that we are talking about.

1041 Dr. Messonnier. No, I think this is an area where CDC does
1042 have the leadership role within HHS and our program is vast and
1043 diverse including all the operational pieces that it takes to
1044 deliver vaccines and, importantly, all the local partnerships
1045 that it takes to make the -- to make the case for why vaccines
1046 are important.

1047 Communication is a hugely important part. Monitoring the
1048 effectiveness and safety of vaccines so that we can continue to
1049 assure the public that we know that the vaccines are working like
1050 we think they are.

1051 Mr. Burgess. And, Madam Chairman, I will just say that both
1052 of these -- both NIH and CDC -- where members of Congress come
1053 visit it. I know it is a pain in the neck but you are always
1054 very good to receive us.

1055 Dr. Fauci, I try to come to the NIH once each congressional
1056 term and, Dr. Messonnier, I was at CDC -- it is harder to get
1057 to Atlanta for me, but the -- you have been very good about when
1058 I have come to make available information and personnel and it
1059 is very, very helpful in sort of setting the background for what
1060 you just described.

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1061 Let me ask a question of either of you or both of you. The
1062 1999 -- the Public Health Service recommended removing thimerosal
1063 -- the mercury -- containing compound. My understanding that
1064 childhood vaccinations now no longer contain thimerosal except
1065 for a select few -- perhaps the multi-dose flu vaccine.

1066 Did the measles -- mumps -- rubella vaccine ever contain
1067 mercury or thimerosal? I need a verbal answer for the clerk.

1068 Dr. Fauci. No, it is preservative free.

1069 Dr. Messonnier. No, and you didn't ask this but I just would
1070 also point out this is an area where we work with FDA very closely
1071 since vaccine safety is their mandate.

1072 Mr. Burgess. Was there ever any evidence to suggest that
1073 mercury or thimerosal was unsafe? I guess that is a better
1074 question for the FDA but you all are experts -- subject matter
1075 experts.

1076 Dr. Fauci. There is no evidence that it is unsafe.

1077 Dr. Messonnier. The thimerosal was removed from vaccines
1078 out of an abundance of caution at a time when there wasn't enough
1079 evidence. But evidence since then has been very conclusive.

1080 Mr. Burgess. Well, I thank you for that. I have some
1081 additional questions. I will submit those for the record.

1082 I yield back.

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1083 Ms. DeGette. Thank you very much.

1084 The chair now recognizes the chairman of the full committee,
1085 Mr. Pallone, for five minutes for questioning.

1086 The Chairman. Thank you, Madam Chair.

1087 The elimination of measles in the United States in 2000 was
1088 a testament to science research and the public health system we
1089 have in place in this country. So it is disturbing to see the
1090 numbers on the current measles outbreaks and just how common these
1091 outbreaks are once again becoming in the United States.

1092 You know, I mean, I guess the CDC made the announcement based
1093 on the number of cases that had been eradicated. But even I
1094 myself, when I was doing my opening statement this morning, you
1095 know, my staff said oh, it is, you know, over in New Jersey and
1096 then we have a new outbreak.

1097 So, you know, I think there is reason to be concerned. So
1098 let me just say, Dr. Messonnier, is -- what is the reason or the
1099 reason why we should be concerned that measles cases and outbreaks
1100 are increasing or may increase in the coming years, I mean, and
1101 do you agree that we should be concerned?

1102 Dr. Messonnier. Yes, we should certainly be concerned.
1103 So measles was identified as eliminated in the United States in
1104 2000 because there was no longer sustained transmission in the

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1105 U.S.

1106 However, measles continues to circulate globally, which
1107 means unvaccinated U.S. travelers can be exposed to measles and
1108 bring it back home with them and folks in their families and their
1109 communities, if they are not protected by vaccine are at risk.
1110 Measles is so incredibly contagious that it can spread really
1111 quickly. So yes, we should be concerned.

1112 The Chairman. All right.

1113 Now, given your answers, I am glad we are focusing on it
1114 today. But this threat, in my opinion, is amplified,
1115 unfortunately, by the spread of disinformation. There has been
1116 a significant -- there has been significant reporting in the past
1117 few weeks regarding the use of digital media platforms to spread
1118 misinformation and fear about vaccinations.

1119 So let me go to Dr. Fauci. What role do you see the spread
1120 of disinformation online playing in the rise of these outbreaks?

1121 Dr. Fauci. I believe, Mr. Pallone, that it -- that it plays
1122 an important role. It is not the only one but I believe it plays
1123 an important role and I think the classic example of that was
1124 the disinformation associated with the relationship between
1125 measles vaccination and autism, which back when it came out years
1126 ago there was a big concern that this was the case.

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1127 When it was investigated it became clear that the data upon
1128 which those statements were made were false and fraudulent and
1129 the person who made them had his medical license revoked in
1130 England.

1131 And yet, as you know very well, the good news about the
1132 internet is that it spreads important that is good and the bad
1133 news about the internet is that when the bad information gets
1134 on there it is tough to get it off.

1135 And yet people refer to things that have been proven to be
1136 false. So disinformation is really an important issue that we
1137 need to try and overcome by continuing to point people to what
1138 is evidence based and what is science based.

1139 So in so many respects, we don't -- we shouldn't be
1140 criticizing people who get these information that is false because
1141 they may not know it is false. We need to try and continue to
1142 educate them to show them what the true evidence base is.

1143 But in direct answer to your question, that is an important
1144 problem -- disinformation.

1145 The Chairman. Now, do you think that the promotion of this
1146 inaccurate and fear-based messages -- would you consider that
1147 in itself a threat to public health?

1148 Dr. Fauci. Yes, of course. I think the spread of false

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1149 information that leads people into poor choices, even though they
1150 are well meaning in their choice, it is a poor choice, based on
1151 information. I think that is a major contribution to the problem
1152 that we are discussing.

1153 The Chairman. I mean, part of the problem is, you know,
1154 is this 30 seconds. In other words, you know, people will listen
1155 to the news or watch the internet and they will hear, as you say,
1156 that somehow vaccinations lead to autism and they will hear that
1157 and then, you know, they won't hear what comes later that says
1158 that that is false because that is more complicated, you know.

1159 I mean, it is just the nature of it.

1160 Look, the main thing I wanted to say because we are -- you
1161 know, I only have five minutes, is that you keep stressing the
1162 science and that we have to follow the science and protect the
1163 public health based on what the science tells us and I think that
1164 is so crucial here and that is the one thing that, you know, we
1165 have and that, you know, CDC and National Institutes of Health
1166 are providing for us is the science-based information and we have
1167 to rely on it and get that out.

1168 So thank you so much. Thank you both. Thank you, Madam
1169 Chair.

1170 Ms. DeGette. The gentleman yields back.

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1171 The chair will once again remind the persons in the audience
1172 that manifestation of approval or disapproval of proceedings is
1173 in violation of the rules of the House and the committees and
1174 if these violations continue then we will notify the sergeant
1175 at arms who will have you removed.

1176 So I would appreciate cooperation of everyone so we can hear
1177 the witnesses and so we can hear the members' questioning.

1178 And with that, I will now recognize the gentlelady from
1179 Indiana, Mrs. Brooks, for five minutes for her questioning.

1180 Mrs. Brooks. Thank you, Madam Chairwoman.

1181 Dr. Fauci, I would like to focus -- and actually both of
1182 you, Dr. Messonnier and Dr. Fauci -- I would like to talk a little
1183 bit about U.S. biodefense.

1184 And Congresswoman Eshoo and I led the Pandemic All-Hazard
1185 Preparedness Act bill, which we have gotten passed through the
1186 House once again, and I think what a lot of people in the country
1187 don't fully appreciate is the importance of a biodefense and
1188 defending our country, whether it is for national security reasons
1189 or with respect to public health threats.

1190 Is under vaccination to U.S. biodefense and how does -- how
1191 do vaccinations play into the protection of our country and what
1192 does biodefense mean?

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1193 Dr. Fauci?

1194 Dr. Fauci. Yes. Thank you for that question. That is a
1195 very good question because we have been involved in biodefense
1196 for quite a while. The effort really galvanized at 9/11 when
1197 we had the anthrax attack and we put a consideration amount of
1198 resources into developing countermeasures in the parts of
1199 vaccines, therapeutics, diagnostics, against what were
1200 classically agents that were used in bioterror.

1201 When we analyzed our approach back in 2001, 2002, and 2003
1202 it became clear that it really is all a part of emerging and
1203 reemerging infections -- those that naturally emerge as new
1204 infections, like we saw with AIDS and SARS. Those that --

1205 Mrs. Brooks. Zika?

1206 Dr. Fauci. Yes, Zika.

1207 Mrs. Brooks. Ebola?

1208 Dr. Fauci. But those that -- those are reemerging so there
1209 are brand new infections. There are reemerging infections and
1210 we would consider as part of the big problem and the link that
1211 I think you are referring to, and I totally agree with you, that
1212 if you have a vaccine-preventable disease but you still let that
1213 disease go unchecked because of lack of vaccination, that is all
1214 part of the problem of not adequately addressing reemerging

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1215 infectious disease.

1216 Measles in an old disease. Right now what we are seeing
1217 on the charts that we showed is the reemergence of a
1218 vaccine-preventable disease, which to me falls under that broad
1219 category that you are referring to.

1220 Mrs. Brooks. And I -- and I appreciate you giving us the
1221 numbers. We were at 159 as of February 21st. The numbers might
1222 be slightly higher. But that -- those numbers are dramatic for
1223 only two months of the new year.

1224 How is it -- and both of you have talked about the importance
1225 of eradicating it entirely with a concerted global public health
1226 effort because you have got 900 people who have died in Madagascar,
1227 and I know while people here in this country may not think that
1228 people in Madagascar can infect our country, why do we believe
1229 it is possible to eradicate a disease like measles? Why do we
1230 think it is even possible?

1231 Dr. Messonnier? Dr. Fauci?

1232 Dr. Fauci. So I have been saying that it is a -- the vaccine
1233 is extraordinarily effective. We have eliminated -- the
1234 agricultural industry has eliminated a closely related virus
1235 among animals called rinderpest. So it is, essentially, the same
1236 virus only the animal version of it.

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1237 So when you have a highly effective, and I want to underscore
1238 that because measles is one of the most effective vaccines that
1239 we have of any vaccine, that a massive public health effort could
1240 lead to eradication because we don't have an animal vector.

1241 We don't have an intermediate host. We don't have a vector
1242 that transmits it. It is just person-to-person
1243 transmissibility.

1244 So, theoretically, we could eradicate it. The problem
1245 between eradication and elimination, if you eliminate it like
1246 we did in this country in 2000, as long as there is measles
1247 somewhere you always have the threat of it reemerging if you let
1248 down the umbrella of her immunity.

1249 Mrs. Brooks. And so, Dr. Messonnier, helping other
1250 countries with vaccine implementation would be helpful to our
1251 country. Is that correct?

1252 Dr. Messonnier. That is right. I mean, control of measles
1253 around the world is a priority for CDC and there are a whole variety
1254 of efforts towards that.

1255 I do think it is important, though, Dr. Fauci is correct
1256 about Madagascar. But I think Americans don't realize that in
1257 2018 there were also outbreaks in England, France, Italy, and
1258 Greece. American travelers going abroad need to think about

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1259 their immunization status, not just when they are going to
1260 countries like Madagascar but even going to Europe.

1261 Mrs. Brooks. Thank you. I yield back my time.

1262 Ms. DeGette. The chair now recognizes the gentleman from
1263 California, Dr. Ruiz, for five minutes.

1264 Mr. Ruiz. Thank you very much for being here again. My
1265 questions are going to be in line of two separate topics, which
1266 are interrelated as well.

1267 One is the disparities that we see in the vaccination rates
1268 and two is the coordination between your agencies and the state,
1269 federal, nonprofit in dealing with communications and the
1270 outreach.

1271 So, Dr. Messonnier, you said that one of the biggest
1272 challenges is access to these vaccines and so we see disparities
1273 in low income, uninsured, under insured populations in getting
1274 the vaccine.

1275 The Affordable Care Act made it a mandatory coverage for
1276 private health insurance through the essential health benefits
1277 to provide these vaccines.

1278 If we eliminate or repeal these essential health benefits
1279 and allow insurance companies to not cover these vaccines, would
1280 that -- would that worse the problem of access to these vaccines?

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1281 Dr. Messonnier. So thanks for the opportunity to talk about
1282 this. In fact, the vaccines for Children's Program provides a
1283 safety net. Vaccines --

1284 Mr. Ruiz. So if the private -- if the private health
1285 insurance were no longer required to provide vaccines, would that
1286 decrease perhaps the vaccination rate?

1287 Dr. Messonnier. So right now the issue is not in private
1288 insurance. All insurance companies provide vaccines free of
1289 charge.

1290 Mr. Ruiz. Of course. So the Affordable Care Act right now
1291 makes it mandatory to provide. It is part of the essential health
1292 benefit. So if they repeal that essential health benefit and
1293 they are no longer required to provide it, they can choose not
1294 to provide, which then makes it difficult to get access to the
1295 care.

1296 Medicaid is also a good program that gives low-income
1297 children and other families the ability to get the vaccination,
1298 along with the programs that you administer as well.

1299 So if we repeal those, then we are going to make the problem
1300 worse by not having those vaccinations available. Can you speak,
1301 broadly, to the coordination role that CDC plays and how that
1302 is important for responding to outbreaks?

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1303 Dr. Messonnier. Sure. The backbone of our response to
1304 outbreaks is the state, local, federal, community interaction
1305 around immunizations. I think Clark County is a perfect example.

1306 The health departments, certainly, at the local level was
1307 the first to respond. These outbreaks can be quickly
1308 overwhelming because every case has potentially hundreds and
1309 thousands of contacts that need to be tracked down.

1310 The county quickly got overwhelmed. They came to the state
1311 asking for support and then the state came to CDC. CDC already
1312 has folks embedded in the health department and we work closely
1313 with them every day. But they asked for more support and we had
1314 boots on the ground right away.

1315 Mr. Ruiz. Would -- Dr. Fauci, when it comes to the measles
1316 cases or other vaccine-preventable diseases, are there particular
1317 challenges to mobilizing and promoting a cohesive preparedness
1318 message or communications plan within communities at a national
1319 level?

1320 Dr. Fauci. At a national level, the communication I think
1321 from the CDC is quite good. I mean, if you look at the messages
1322 that come out from the CDC -- and I could let Nancy speak about
1323 this better than I -- but the beauty about what the CDC does is
1324 that they work very, very closely with the state and local health

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1325 authorities. I mean, that is a very, very important partnership.

1326 So you have the federal level with a very important message
1327 that gets disseminated through the state and local health
1328 authorities.

1329 Mr. Ruiz. And what is the coordination with the Indian
1330 Health Service in reaching out to rural and reservations?

1331 Dr. Messonnier. Yes. It is a close partnership and has
1332 been for a long time. The immunization community -- again, state,
1333 local, federal community -- is very closely aligned and works
1334 really closely together.

1335 We understand that a lot of these issues are local. So while
1336 CDC provides scientifically credible information, it is often
1337 most effective for folks in the community to be the ones conveying
1338 that information.

1339 Mr. Ruiz. Are you talking more about the programs that you
1340 offer to low-income and uninsured, under insured and how do you
1341 get to those communities that are very under insured?

1342 Dr. Messonnier. I mean, the vaccine for Children's Program
1343 has provided that safety net for a number of years and it is one
1344 of the reasons we have enjoyed such good control of measles and
1345 other vaccine-preventable diseases.

1346 This data that suggests that there are some communities that

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1347 are not taking advantage of that program is concerning and we
1348 are working closely with our local and state partners to
1349 understand the drivers.

1350 I am not sure the issues are the same everywhere. We really
1351 need to understand what the local issues are and then figure out
1352 how to solve them.

1353 Mr. Ruiz. I agree. I think that local communication plans
1354 is very important and herd immunity is also very important as
1355 well.

1356 Thank you. I yield back my time.

1357 Ms. DeGette. The chair now recognizes the gentleman from
1358 South Carolina, Mr. Duncan, for five minutes.

1359 Mr. Duncan. Thank you, Madam Chair.

1360 When I travel I carry a yellow card with me in addition to
1361 my passport to have a record of all the shots that I have taken
1362 -- immunizations -- and as a father of three sons, when my sons
1363 entered kindergarten and grade school we had to provide an
1364 immunization record for them and I would argue that they probably
1365 would not have been able to attend public schools in South Carolina
1366 without certain immunizations and vaccinations.

1367 We had a hearing last week about unaccompanied children and
1368 child separation at the border, et cetera, and one point I made

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1369 then is that, you know, we don't know the vaccination history
1370 of a lot of the children that show up at our border and we have
1371 a porous southern border and there are children and other
1372 individuals that come into this country that we don't know about
1373 -- that aren't apprehended, they don't go through a normal port
1374 of entry -- and what we are seeing is a rise of certain diseases
1375 -- not necessarily measles but diseases in this country that we
1376 had beaten back over the years.

1377 And so I think it is alarming from a subject of vaccination
1378 and immunization when we see those diseases rising, and one of
1379 the world's measles outbreaks right now is happening Brazil where
1380 people fleeing a completely broken country of Venezuela are
1381 spreading measles.

1382 And Madam Chair, I would like to submit for the record an
1383 NPR article, "The Collapse of Health System Sends Venezuelans
1384 Fleeing to Brazil for Basic Medical Needs," and I will submit
1385 that for the record.

1386 They have been in a unvaccinated population because of the
1387 collapse of the failed socialist state in Venezuela where there
1388 should be an instructive example for some of us in this committee
1389 room of the lack of that sort of medical treatment of vaccinations.

1390 I would note that the humanitarian aid that countries like

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1391 the U.S. are trying to send to Venezuela is being burned on bridges
1392 by the Maduro regime instead of actually being used to help his
1393 own people.

1394 This includes vaccinations like the ones we are discussing
1395 today. There were measles vaccinations that were burned on the
1396 bridges as part of the relief effort to Venezuela.

1397 So now the CDC tells us that the first dose of MMR vaccine
1398 provides 93 percent of coverage against measles. The second dose
1399 increases that number to 97 percent.

1400 We also know from reports here in the U.S. and around the
1401 globe that some kids have faced adverse reactions to this powerful
1402 and life-giving immunization.

1403 Therefore, my question for each of you on the panel is this.
1404 Considering the prodigious advances in technology and medical
1405 research that our nation has discovered since around the 1960s
1406 when the MMR vaccine was first introduced, how can we now further
1407 increase the efficiency of the MMR vaccine to fight measles while
1408 at the same time work to limit the adverse reactions that some
1409 children have had after receiving the MMR shot?

1410 And I ask both of you that.

1411 Dr. Messonnier. This is a great example of a vaccine that
1412 is so good, so effective, and so safe that we haven't tinkered

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1413 with it. I think that while there are many challenges in
1414 immunizations, the effectiveness and safety of measles vaccine
1415 isn't one of them.

1416 The measles vaccine has mostly stayed the same because of
1417 the high effectiveness and the long track record of safety.

1418 Mr. Duncan. Dr. Fauci?

1419 Dr. Fauci. There was -- I totally agree with Dr. Messonnier.
1420 You know, as a person who has been involved with developing
1421 vaccines for a long time you really don't get much better than
1422 97 percent. That is really good.

1423 So the thing that you, I believe, were alluding to when the
1424 Edmonston strain came out in 1963 it was highly effective and
1425 not serious -- any serious adverse events. But there was a
1426 percentage of fevers that were associated with an occasional rash.
1427 That was improved in 1965 to develop another strain.

1428 And then since 1968 what was -- a strain that is now being
1429 used in Attenuvax it is called is one, as Dr. Messonnier has said,
1430 that not only maintains the 97 percent effectiveness but it is
1431 very, very free of serious toxicities.

1432 Mr. Duncan. And I agree. I mean, I think these strains
1433 are adaptive. We see that in the flu virus where we can only
1434 anticipate what the virus is going to look like this year.

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1435 Sometimes it adapts or sometimes it changes and the vaccine for
1436 the flu isn't quite the right flu vaccine for the year and we
1437 see an increase.

1438 So I want to continue to raise awareness that we need to
1439 make sure as asylum seekers come to this country whether they
1440 are coming along our southern border or whether folks are
1441 immigrating to the nation from other places that we make sure
1442 that those countries have the right immunization schedules and
1443 vaccinations for the children and the adults because, ultimately,
1444 when they come to this country and live amongst us they may not
1445 have the same vaccinations and immunizations that we experience
1446 in this country and we may see measles today and maybe something
1447 else in the future.

1448 And with that, I yield back.

1449 Ms. DeGette. The gentleman yields back.

1450 The gentleman from Texas has a unanimous consent request.

1451 Mr. Burgess. Thank you, Madam Chair. I have a unanimous
1452 consent request to place into the record a letter from Dr. Peter
1453 Hotez from Children's Hospital in Houston.

1454 Ms. DeGette. Without objection, that letter shall be placed
1455 into the record, and also without objection the NPR article that
1456 the gentleman from South Carolina requested be put in the record

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1457 will be placed in the record.

1458 [The information follows:]

1459 *****COMMITTEE INSERT 4*****

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1460 The chair now recognizes the gentlelady from Florida, Ms.
1461 Castor, for five minutes.

1462 Ms. Castor. Thank you, Madam Chair. Thank you very much
1463 for being here today.

1464 I want to get a little more specific on Dr. Ruiz's questions
1465 on disparities. You said, Dr. Messonnier, that disparities exist
1466 when it comes to the MMR vaccine. What do those disparities look
1467 like and how do they break down by demographics?

1468 Dr. Messonnier. Thank you.

1469 So, you know, there is always the national picture and then
1470 the local picture. Nationally, I can tell you that there are
1471 certain groups that have lower risks of MMR vaccination, although
1472 overall everybody and generally nationally has high rates. But
1473 there are low rates of MMR in those of lower socioeconomic status,
1474 those without insurance, and those who live in rural areas as
1475 opposed to urban areas.

1476 The specific drivers, though, locally may be different and
1477 that is why we really have to work closely at the state and local
1478 level to understand at a community level what that is. Is that
1479 access, is it misinformation, and how can we resolve the issues?

1480 Ms. Castor. How about by location?

1481 Dr. Messonnier. Oh. So there are states in the U.S. that

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1482 have higher vaccination coverage than others. But I would also
1483 say that if you talk to any state health department what you find
1484 is that even within the state there are differences at a community,
1485 local, county, school level.

1486 I think one real advancement in using the data that is
1487 available is that some states have actually put that data online
1488 and so you can go to a website and look, for example, at a state
1489 and see at a county level and at a school level what immunization
1490 coverage is. It is really powerful information for parents to
1491 understand what is going on in their communities.

1492 Ms. Castor. What is the biggest source of the reemergence
1493 by demographic?

1494 Dr. Messonnier. So I think it is an interesting question.
1495 The groups that I was talking about with lower vaccination
1496 coverage are a concern because it is a failure of our safety net.

1497 But most of the disease and certainly the large outbreaks
1498 we are seeing in this country are actually not associated with
1499 those. It is associated with groups of people like close-knit
1500 communities that are under vaccinated and clustering together.

1501 Ms. Castor. Because I -- and that was my impression and
1502 I was a little confused by the last line of questioning that the
1503 alarm should be over immigration and asylum seekers.

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1504 Do you have a comment on that? Dr. Fauci?

1505 Dr. Fauci. Well, I think what Dr. Messonnier said is
1506 absolutely correct. If you look at the known outbreak, so if
1507 you take the outbreak in the Williamsburg section of Brooklyn
1508 in New York City and in Rockland County it was a relatively closed
1509 group who had a rate of vaccination that was below the level of
1510 a good herd immunity.

1511 A person from Israel, understandably, came over legally as
1512 a visitor into the community and then you had a massive outbreak
1513 in New York. The Somali community in Minnesota, the same thing
1514 happened.

1515 You had a group there who had a lower rate that went below
1516 the cutoff point for herd immunity. Some immigrant came in as
1517 one of the members of the community. It was a relatively closed
1518 community and that is what you have.

1519 So I think when you talk about outbreaks, it really
1520 transcends some of the demographic issues that you were talking
1521 about about lower income or rural versus urban. It really is
1522 in a closed community that we are seeing it.

1523 Ms. Castor. With lower vaccination rates. So that is --

1524 Dr. Fauci. Right. Exactly. It is all lower vaccination
1525 rates.

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1526 Ms. Castor. So it is pretty remarkable. We really are
1527 fortunate that we have such a safe and effective measles vaccine.
1528 I mean, these statistics are fairly remarkable. Pre-vaccine,
1529 2.6 million deaths each year.

1530 After the vaccine was introduced in 1963 a dramatic decrease.
1531 Dr. Fauci, you say from 2000 to 2017 over 21 million deaths have
1532 been prevented, and it used to be that most children were --
1533 acquired measles by age 15 but thanks to all of the great work
1534 by scientists and public health agencies like you all, as a result,
1535 we were able to practically eliminate this.

1536 But despite this breakthrough, the millions of lives it has
1537 saved, there is still so much misinformation about the vaccine.
1538 Today, you all, leading health experts, help us clarify some
1539 of this.

1540 Dr. Fauci, looking at the science, what do we know about
1541 the -- again, I don't think we can say this often enough because
1542 of the misinformation -- how safe and effective is the measles
1543 vaccine -- the MMR vaccine -- and how would you compare it to
1544 other vaccines?

1545 Dr. Fauci. Well, let us talk about efficacy first. It is,
1546 clearly, one of if not the most effective vaccine that we have.
1547 As Dr. Messonnier said, you really can't get much better than
1548 that.

1549 That is the reason why we don't want to tinker with its

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1550 efficacy. Ninety-seven percent is really, really good. And as
1551 both of us have said many times, it is a very safe vaccine --
1552 over millions and millions and millions of doses that have been
1553 given. It is a very, very safe vaccine.

1554 Ms. Castor. Thank you very much. I yield back.

1555 Ms. DeGette. The chair now recognizes the gentleman from
1556 New York, Mr. Tonko. I was trying to figure out the order. New
1557 York. Mr. Tonko, for five minutes.

1558 Mr. Tonko. Thank you, Chairman DeGette -- Chairwoman
1559 DeGette.

1560 Promoting healthy families in communities is possible thanks
1561 to the dissemination of science-informed health information
1562 directly to patients and health providers play a critical role
1563 as the most trusted source of health information for people and,
1564 certainly, parents.

1565 However, ensuring that patients receive accurate
1566 information has grown complicated in the digital age. In fact,
1567 according to the Pew Research Center, seven in ten adults in the
1568 United States look online for health information, and even when
1569 they are not searching for information online, content finds them.

1570 I know you spoke a bit about this with Chairman Pallone.
1571 I went to delve a little more deeply. Recently, the Guardian
1572 reported that anti-vaccination content is being recommended to
1573 users on a range of digital media platforms proliferating

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1574 misleading information, testimonies, and advertisements on
1575 mediums used to explore news-related topics.

1576 So, Dr. Messonnier, what do the data and examples of recent
1577 measles outbreaks tell us concerning the impact of disinformation
1578 on public health and in these communities?

1579 Dr. Messonnier. Yes. I am certainly really concerned
1580 about the misinformation. But I also understand how complicated
1581 it is for parents that are inundated with information and aren't
1582 sure what information to trust.

1583 All our research continues to show that among all groups
1584 of parents of all ages of children they still trust their own
1585 health care provider most. So most parents are hearing this
1586 information and then going to their health care provider to help
1587 them sort it through and most parents in the U.S. are still going
1588 on to get their kids vaccinated.

1589 Mr. Tonko. Thank you.

1590 And Dr. Fauci, what guidance do you have to assist patients
1591 in discerning fake information from science-based information?

1592 Dr. Fauci. What we try and do is to steer them towards the
1593 well-established scientific literature as opposed to claims that
1594 are just made in a almost haphazard way.

1595 I mean, that is one of the problems, that if a person makes
1596 a claim it gets onto the internet and, understandably, people
1597 -- parents, in particular -- have a difficulty discerning what

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1598 is false equivalency. Like someone says this and then the other
1599 one says that and they say, I don't know who to believe.

1600 But if you delve deep into it and you look at some of the
1601 published work from organizations like the CDC and other
1602 organizations you will see that that is based on very strict
1603 science and that is what we hope we can get them to understand.

1604 Mr. Tonko. Thank you, Doctor.

1605 In response to the spotlight on the monetization of
1606 misinformation about vaccines, are there ways in which platforms
1607 are being manipulated to promote anti-vaccination messaging?
1608 Some companies have announced new policies. For instance,
1609 Facebook says it is working on its algorithms to prevent
1610 anti-vaccination content from being recommended to users.

1611 Pinterest has decided to remove all vaccination-related
1612 posts and searches, even accurate information, and YouTube just
1613 recently announced that it would prevent channels that promote
1614 anti-vaccination content from running advertising.

1615 Dr. Fauci, do you think these actions are a step in the right
1616 direction to ensure parents and families have access to
1617 science-based factual health information?

1618 Dr. Fauci. Obviously, it is a very sensitive subject
1619 because it then gets in that borderline between the -- you know,
1620 essentially, crushing of information that might actually be
1621 useful information.

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1622 However, having said that, I do think that a close look and
1623 scrutiny at something that is egregiously incorrect has some
1624 merits of taking a careful look as to whether one -- you want
1625 to be participating in the dissemination of that.

1626 Always being careful about not wanting to essentially
1627 curtail freedom of expression, you still want to make sure you
1628 don't do something that is so clearly hazardous to the health
1629 of individuals.

1630 Mr. Tonko. I appreciate that.

1631 And, Dr. Messonnier, as the agency charged with protecting
1632 our national public health, what efforts are underway at CDC to
1633 counter the online proliferation of anti-vaccination
1634 disinformation?

1635 Dr. Messonnier. As a science-based agency, CDC really
1636 focuses on making sure that we get scientifically-credible
1637 information available to the folks at the front lines that need
1638 it every day.

1639 In order to do that, we do scan social media to see what
1640 issues are arising and what questions are emerging to make sure
1641 that we can then gather the scientifically-appropriate answers
1642 and get that to our partners on the front lines so that they can
1643 talk to patients about that information.

1644 Mr. Tonko. Thank you. I appreciate both of you testifying
1645 today and with that, Madam Chairwoman, I yield back.

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1646 Ms. DeGette. The gentleman yields back.

1647 The chair now recognizes the gentlelady from New Hampshire,
1648 Ms. Kuster, for five minutes.

1649 Ms. Kuster. Thank you, Madam Chair, and thank you to our
1650 witnesses for being with us and to all the caring families that
1651 are here with us today as well.

1652 Thanks to the introduction of the MMR vaccine, 56 years ago
1653 the vast majority of families in the United States have never
1654 had to experience firsthand.

1655 Perhaps the fact that measles is so rare now has contributed
1656 to the misunderstandings about the disease itself, its potential
1657 severity, and the threats posed by the outbreaks, and you both
1658 testified to us today about how measles poses a public health
1659 threat and we have evidence ongoing right now as these pockets
1660 are -- the contagious nature of the disease is being demonstrated
1661 in these communities with low vaccination rates.

1662 We have been fortunate in New Hampshire to have very high
1663 vaccination rates and thus we have not experienced -- and I should
1664 knock on wood -- an outbreak of measles in the Granite State.

1665 But recently we have a new threat and that is an outbreak
1666 of hepatitis A. Hepatitis A is not currently a required vaccine
1667 in New Hampshire, though it is in 13 states.

1668 I would love to ask you, are you concerned about that the
1669 continued distrust of vaccines like the MMR or hepatitis B will

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1670 detract from efforts to vaccinate for future maladies and in
1671 particular, in this case, hepatitis A and how concerned should
1672 we be in terms of protecting my constituents from outbreaks of
1673 new pathogens including hepatitis A?

1674 Dr. Messonnier. Yes. I think that is a great point. You
1675 know, in the equation that a parent has in terms of what they
1676 believe is the risk of disease and the safety and effectiveness
1677 of vaccine, if they don't see the disease as a clear and present
1678 danger sometimes they don't vaccinate.

1679 When I try to talk to families and parents about
1680 immunization, I don't want to scare them into getting measles
1681 vaccine. I want to increase their faith in the U.S. immunization
1682 program and in the immunizations that are part of it so they don't
1683 just get measles vaccine. They get all of the recommended
1684 vaccines.

1685 Ms. Kuster. And could you comment? For something like
1686 hepatitis A that's not required as a vaccine in most states how
1687 do we get to the point where we would have herd immunity -- where
1688 people would be safe from this public health threat and how do
1689 we go about educating the community of what the risks are to
1690 individual families with hepatitis A?

1691 Dr. Messonnier. I am sorry to say that I am not enough of
1692 an expert in the hepatitis A vaccine to answer that. But we will
1693 certainly get --

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1694 Ms. Kuster. Could you answer just generally about herd
1695 immunity, not using hepatitis A per se but just the concept of
1696 getting us to the place where most people in the community are
1697 safe from a particular pathogen or contagious disease?

1698 Dr. Messonnier. So the concept of herd immunity is that
1699 by vaccinating an individual you don't just prevent them from
1700 getting disease but you also prevent them from transmitting it
1701 to others.

1702 And what that means is that in a community individuals who,
1703 for example, can't get the vaccine because they are too young
1704 or they have some kind of illness that prevents it are still
1705 protected by the question of protection provided by their
1706 community. It is a really important concept and it is why we
1707 as a society need to take care of those most vulnerable children.

1708 Dr. Fauci. Hepatitis A is a bit different than measles,
1709 as we all know, for a number of reasons is that if you look at
1710 the level of herd immunity that you would need with measles it
1711 is really 92, 93 to 95 percent.

1712 Ms. Kuster. It is quite high.

1713 Dr. Fauci. It is much less so -- it is much less so with
1714 hepatitis. Hepatitis A is something you want to avoid. You can
1715 avoid it. It is a really good vaccine and it is a safe vaccine.

1716

1717 It tends, unlike measles, which is essentially an equal

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1718 opportunity microbe, in that it is, as we have seen the outbreaks
1719 of hepatitis A they are very much more skewed towards homeless
1720 individuals, individuals who are in a situation where hygienic
1721 issues are a problem. We have seen outbreaks in different cities
1722 throughout Nevada and Las Vegas and other places.

1723 So it is a preventable disease and, as Dr. Messonnier said,
1724 we would encourage people to embrace the entire vaccination
1725 program because we have vaccines that are preventing diseases
1726 that were problems years ago.

1727 Ms. Kuster. Well, thank you for your work. We appreciate
1728 it, and certainly as a mother I appreciate keeping my own family
1729 safe. Thank you. I yield back.

1730 Ms. DeGette. I thank the gentlelady. The ranking member
1731 has some final comments.

1732 Mr. Guthrie. So I just want to close and thank the witnesses
1733 for coming, and I have discussed this with several people back
1734 home and I just want to reiterate what I said. I know there are
1735 a lot of parents in the room here today.

1736 There is not a parent I have talked to that whatever decisions
1737 they are making are making it -- what they believe in the love
1738 and the best interests of their child.

1739 And so I think it is important that we do have the science,
1740 the CDC, the NIH, and people with your credentials and reputations
1741 to present this evidence and hopefully people have the opportunity

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1742 to see it and to read it because I -- like I said, there is not
1743 anyone that I have ever talked to that may have a different opinion
1744 from me that the opinion wasn't formed in what they thought was
1745 for the love and interest of their child.

1746 So we appreciate people being here today. Thank you.

1747 Ms. DeGette. I want to thank the witnesses for their
1748 participation in this hearing and I want to remind members that
1749 pursuant to committee rules they have 10 business days to submit
1750 additional questions for the record to be answered by witnesses
1751 who have appeared before the subcommittee.

1752 I ask that witnesses agree to respond promptly to any such
1753 questions should you receive any and, again, thank you for giving
1754 us your science-based testimony today. We appreciate it.

1755 And with that, this subcommittee is adjourned.

1756 [Whereupon, at 11:35 a.m., the committee was adjourned.]

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