

**Committee on Energy and Commerce  
Subcommittee on Oversight and Investigations**

**Hearing on  
“Pathway to a Vaccine: Ensuring a Safe and Effective Vaccine People Will Trust”**

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**The Honorable Frank Pallone, Jr. (D-NJ):**

1. You state in your testimony that “we cannot wait for a vaccine to contain this outbreak” and that we must use “the public health tools we already have available.” How does a vaccine to prevent coronavirus disease 2019 (COVID-19) fit into the larger public health strategy for fighting the pandemic if it will not be a silver bullet and instantly end the pandemic?

We have the public health tools today to contain the pandemic as demonstrated in multiple countries worldwide: the control of triad of evidence-based and data driven leadership at all levels of government; testing, isolation, and quarantine; and engaging our communities to wear a mask, social distance, and wash their hands. The current failed national strategy is causing 700 preventable deaths a day so we cannot wait at this death clip of 20,000 deaths a month for a vaccine. We must use our available tools to stop the continued health, social and economic devastation. A vaccine will be immensely helpful in this multi-layered approach to contain the outbreak. However, a COVID-19 vaccine will not be analogous to the, for example, the highly efficacious and universally administered measles vaccine. A COVID-19 vaccine likely be 50% efficacy and, according to many surveys, about ¼ to ½ of the U.S population would be reluctant to receive a vaccine (Neergaard & Fingerhut, 2020). This a COVID-19 vaccine not a silver bullet and we will need to continue to test, trace, isolate and wear masks. To sum up, to end this pandemic we need to immediately adapt the multi-layer protection strategy used successfully in other countries and plan to continue as vaccine is made available.

2. You stated in an National Public Radio interview in September that although the Centers for Disease Control and Prevention and the States work to provide equitable access to existing vaccines all the time “this is going to be a complex process to vaccinate potentially all Americans. And it’s very appropriate to get the planning done and make sure that states are ready for receipt of vaccine.” Based on your past experience overseeing responses to H1N1 and other public health crises, why is it so critical to have plans in place to meet the needs of communities that are at higher risk of infection or may face additional hurdles to accessing care?

In the U.S, we are witnessing a wide disparity of COVID-19 burdens and other preventable diseases among people of color, socioeconomically disadvantaged, and non-English-speaking populations due to many factors impacting access to care including; under or uninsured, transportation, timing, and cultural barriers. We must understand and address these community challenges if we want to optimize the vaccination outcomes. For example, during the 2009-H1N1 influenza pandemic, there were disparities in 2009-H1N1 vaccine uptake between Blacks and Whites as the vaccines were mainly offered in Physician offices (Uscher-Pines, Maurer, & Harris, 2011). The local health authorities pivoted to adopt new outreach strategies that offered the vaccine through multiple sites such as retail clinics and school-located clinics but still for limited periods of time which did not fully address the gap in vaccine uptake between Whites and Blacks. Thus, we must understand the preferences of the community to increase the uptake rate and cover the largest proportion of the population. If we are not proactive with our planning, we will not be able to get already under-resourced communities vaccinated.

### **The Honorable Diana DeGette (D-CO):**

1. If any member of the Administration authorizes or approves the use of a COVID-19 vaccine prior to or over the objection of the U.S. Food and Drug Administration, or against the recommendations of the Vaccine and Related Biological Products Advisory Committee, what impact do you believe this action would have on the American people’s confidence in the vaccine?

Approval of a COVID vaccine outside the routine FDA and CDC safeguards will destroy trust in the vaccine and markedly decrease vaccination rates. According to many surveys conducted to determine public acceptance toward receiving COVID-19 vaccine, participants highlighted safety concerns and distrust issues are the major factors for being reluctant to get the vaccine once it is available (Neergaard & Fingerhut, 2020) (Thunstrom, Ashworth, Finnoff, & Newbold, 2020). Therefore, trust of the vaccine will be as important if not more so than the safety and efficacy which are much easier to manage.

2. Based upon your prior roles with the Centers for Disease Control and Prevention and your expertise, please describe the role of personal protective equipment (PPE) in a wide-scale vaccination program. What kind of providers will be administering vaccines around the country, and what will their PPE needs be?

States will need PPE to protect vaccinators who will be in close proximity and at high risk of getting infected because they will not know if vaccinees are potentially infectious and may vaccinate a 100 people or more a day. CDC data for February 12 to April 9, 2020 indicated that out of the 9,282 U.S. COVID-19 cases reported among health care workers, about 55% reported contact with a COVID-19 patient only in health care settings (CDC, 2020). Thus, PPE is critical to protect our frontline health workers and give them the courage to practice their critical work in these high-risk conditions.

3. What supply challenges are facing states, territories, Tribes, and localities when it comes to preparing for a future COVID-19 vaccination program? Are they able to easily obtain the supplies needed to administer a vaccine on their own?

Earlier when the pandemic started, the country faced numerous challenges in testing and tracing, ventilators, PPE, and staffing. Once the vaccine is available, we will move to a mass vaccination that will result in additional or similar challenges but mainly in the distribution and administration of vaccines (Wang, Peng, Xu, Cui, & Williams, 2020) (Szabo, 2020). Health departments need to recruit additional health professionals to administer the shots, including nursing students, medical students, dentists, dental hygienists and even veterinarians. Health departments need to pay for supplies such as protective medical masks, gowns and gloves in order to keep vaccinators safe, with enough protective gear and syringes to do their jobs. The new coronavirus may require two doses which pose additional challenges to track recipients, remind them to receive their second shot, monitor patients and report serious side effects, and ensure they get the same brand of vaccine. Finally, according to a poll from AP-NORC Center for Public Affairs Research, only 50% of the population say they would get the coronavirus vaccine (Neergaard & Fingerhut, 2020), thus we need education campaigns to cut the speed of the misinformation and increase the vaccine coverage rate.

4. During the hearing, Mr. Duncan stated, “I thought Mr. Khan's comments recently about, we don't need a vaccine, we can do all these other things, and we're spending billions of dollars on development of a vaccine. And I don't disagree with him. I believe in herd immunity.” Is this an accurate reflection of your testimony and prior statements and if not, please respond and clarify your position on the need for a COVID-19 vaccine and herd immunity related to COVID-19

I never proposed a herd immunity approach for containing the COVID-19 pandemic, what I proposed was a robust public health response that aims to decrease cases and deaths, not increase cases and deaths! Herd immunity, independent of vaccination, is an unethical, disastrous, and racist approach that has never been used in human history to combat a deadly infectious disease. It is only appropriate in the setting of a highly efficacious and safe vaccine for a disease with no reinfections – none of these conditions is true for COVID. Even though vaccine serve as an excellent adjunct to upgrade public health strategy, there are many countries worldwide that did not wait for a vaccine nor employ a herd immunity strategy to control their outbreaks (A Alwan, et al., 2020). They used existing public health tools; leadership, drop community transmission, and community engagement. We can implement the same strategy here in the U.S and get this outbreak controlled in less than 4 incubation periods without a vaccine.

## References

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