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United States House Committee on Energy and Commerce
Oversight and Investigations Subcommittee

"No Time to Lose: Solutions to Increase COVID-19 Vaccinations in the States"

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Testimony of
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Chairwoman DeGette, Ranking Member Griffith, and distinguished members of the subcommittee, thank you for inviting me here today to speak about Illinois' response to the coronavirus pandemic. Over the past year in Illinois, we have had more than one million cases of COVID-19 and, unfortunately, more than 19,000 of our people have succumbed to this baleful disease.

From the outset of the pandemic, our response has been guided by a focus on data, science, and equity. The year 2020 was marked by required mitigations to help curb infection transmission and protect health care capacity but they also left an indelible mark on the state of Illinois and the lives of our residents. So, it is with great hope that we embrace the advent of vaccines that are a pathway to ending this calamitous period in our state and national history.

Through efficient and effective distribution of the vaccine, we can suppress the spread of the virus and save many lives. The Illinois Department of Public Health (IDPH) has been working in close partnership with our 97 local health departments, hospitals, retail pharmacies, federally qualified health centers, and many other partners across the state to ensure vaccination occurs with both velocity and equity. To date we have enrolled hundreds of new providers to receive and administer COVID vaccines. We have also expanded scopes of practice to allow more health care providers to administer vaccines, such as dentists, pharmacists and EMTs. Due to the initial supply of vaccine and the established priority groups, we initially directed our allocations of vaccine to local health departments (with subsequent distribution to hospitals) and our large retail pharmacy partners. As vaccine doses continue to increase, we have allocated across a growing, more expansive provider network throughout the state.

Unfortunately, from the very beginning, vaccination efforts in Illinois were hampered by conflicting federal messaging and, in some cases, no messaging. Operation Warp Speed's promise to Illinois and the nation of a steady cadence of vaccine distribution announced one week in advance seemed too good to be true. In fact, that promise was untrue. Reduced or postponed allocations and outright cancellations left Illinois receiving far fewer doses than

advertised. The amount of vaccine currently coming to Illinois is still but a trickle of what is necessary to make a steep change in our journey toward healing from COVID-19. While not as much as we want or need, we are working to get the supply we have into the arms of our people as quickly, equitably, and effectively as possible.

The first doses of the Pfizer-BioNTech COVID-19 vaccine arrived in Illinois on December 14, 2020, 72 hours after the Food and Drug Administration authorized its emergency use,[1] and 24 hours after ACIP issued an interim recommendation for its use in persons aged 16 years and older.[2] We began vaccinating frontline health care workers the very next day on December 15, 2020.[3] In fact, within 24 hours, Illinois distributed its entire first day's allocation of 40,950 doses[4] to four local health departments and then onto local hospitals. On December 16, 2020, we distributed another 44,850 doses[5] to 44 local health departments and our regional hospital coordinating centers, and additional Illinoisans were vaccinated that very day in a carefully orchestrated and well-executed operation. As of data reported on February 1, 2021, we have administered over one million doses.[5]

On January 25, 2021, the state moved into Phase 1B of our vaccine rollout.[4] Initial advice from the CDC Advisory Committee on Immunization Practices (ACIP) targeted frontline workers and older adults aged 75 years and older for Phase 1B.[6] Understanding the disparities in life expectancy, generally, and age at death from COVID-19 in Illinois specifically,[5] IDPH chose to expand our priority populations for 1B to include frontline workers and older adults aged 65 years and older. In doing so, Illinois sought to save lives in a truly equitable manner, recognizing that longstanding inequities as well as institutional racism has reduced access to care, caused higher rates of environmental and social risk, and increased co-morbidities for people of color.

Three weeks after the Phase 1B announcement from ACIP, as we were cementing our plans, high-level leaders from the previous Administration made public appearances announcing that Phase 1B would actually target older adults aged 65 years and older *and* adults aged 16 to 64

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[1] Food and Drug Administration. (2020, December 11). FDA takes key action in fight against COVID-19 by issuing emergency use authorization for first COVID-19 vaccine [Press release]. https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19

[2] Oliver, S. E., Gargano, J. W., Marin, M., Wallace, M., Curran, K. G., Chamberland, M., McClung, N., Campos-Outcalt, D., Morgan, R. L., Mbaeyi, S., Romero, J. R., Talbot, H. K., Lee, G. M., Bell, B. P., & Dooling, K. (2020, December 13). The Advisory Committee on Immunization Practices' interim recommendation for use of Pfizer-BioNTech COVID-19 vaccine – United States, December 2020. *Morbidity and Mortality Weekly Report*, *69*(50), 1922-1924. http://dx.doi.org/10.15585/mmwr.mm6950e2

[3] Illinois Department of Public Health. (2021, January 6). *Vaccine distribution: Phases 1A and 1B*. Retrieved from https://www.dph.illinois.gov/sites/default/files/Phases%201A%20and%201B%20of%20Vaccine%20Distribution%20in%20Illinois.pdf

[4] Does not include doses allocated to Chicago, Illinois.

[5] Illinois Department of Public Health. (2021, January 31). COVID-19 vaccine administration data. http://dph.illinois.gov/covid19/vaccinedata?county=Illinois

[6] Dooling, K., Marin, M., Wallace, M., McClung, N., Chamberland, M., Lee, G. M., Talbot, H. K., Romero, J. R., Bell, B. P., & Oliver, S. E. (2020, December 22). The Advisory Committee on Immunization Practices' updated interim recommendation for allocation of COVID-19 vaccine – United States, December 2020. *Morbidity and Mortality Weekly Report*, *69*(5152), 1657-1660. http://dx.doi.org/10.15585/mmwr.mm695152e2

years with high-risk underlying medical conditions.[7] Phase 1B in Illinois already includes more than 3 million people in the state. Changing priority groups without forewarning further complicated our efforts by confusing the public and creating a conundrum for state and local public health leaders with a substantially increased size of the target population, whom we had planned to target for Phase 1C in line with ACIP recommendations.[6]

Choosing priority populations to receive vaccine before others is already a difficult task, further compounded by operational issues such as how or if people will prove their eligibility in their particular phase and balancing vaccine allocations to channels targeting the previous phases as well as the next, which include even greater numbers of residents. It will take months at the current vaccine supply to get through this phase and onto the next. When we see the trickle of vaccine turn into a stream, we are prepared to ramp up immunizations accordingly and will further expand our network of providers to meet this need.

Illinois' Governor, JB Pritzker, announced the activation of the Illinois National Guard to assist local health departments in administering vaccinations; a move that was made possible by the Administration approving 100% federal coverage of the cost. Over the next few weeks, 25 National Guard teams will be deployed to expand access to vaccines in high-need areas across the state, in concert with clinics hosted by local health departments, hospitals and pharmacies. We are planning for additional National Guard teams when vaccine supplies support their deployment. We will continue to do everything within the capabilities of our state government to leap forward in our race against more infectious variants of COVID-19 and to return our state to prosperity, but we need more assistance from the federal government to establish additional mass vaccination sites and otherwise administer more vaccine faster.

The federal Pharmacy Partnership for Long-Term Care Program (PPP), while ultimately a benefit, left state health officials with little control of or input to the execution of long-term care immunization efforts. Consequently, Illinois has jockeyed allocations of vaccine between our partners to put vaccine doses in situations where it can be used rapidly. With significant engagement by IDPH, our PPP pharmacies in Illinois have successfully vaccinated many of our long-term care residents and are accelerating administration of vaccine to the more than 1,500 facilities assigned to them. As of January 25, 2021, every resident and staff person in a skilled nursing facility in Illinois was offered a first dose of COVID-19 vaccine.

In general, the systems provided by the federal government for the vaccine rollout have been hit-or-miss. The vaccine allocation tool used at the state level and developed by Operation Warp Speed, was designed to list public health jurisdictions, all eligible providers in the jurisdiction, and their vaccine-administration capacity to efficiently allocate the vaccine in real-time as information is received from the CDC. In practice, the system has been challenging to work with. The long-term care portion of the system is being built while we are using it. This has made use of the system difficult as the location of data and how it is presented are changing every day. Since the beginning, the data has not been timely or accurate, but it has gotten better over time. At the very least, communication with jurisdictions before any changes were made to

[7] Tolbert, J., Kates, J., & Michaud, J. (2021, January 21). The COVID-19 vaccine priority line continues to change as states make further updates. *Kaiser Family Foundation*. https://www.kff.org/policy-watch/the-covid-19-vaccine-priority-line-continues-to-change-as-states-make-further-updates/

the system would have given us time to prepare our reporting for the changes before they occurred.

Early on, IDPH recognized it would need adequate tracking tools to manage inventories and therefore implemented a statewide platform that enabled local health departments, hospitals, and other vaccine providers to easily schedule appointments, pre-screen individuals prior to arriving at vaccination sites, and send reminders for second doses. This valuable tool aids providers who do not have their own scheduling system and complies with state and federal reporting requirements.

The ultimate benefits of vaccination against COVID-19 will depend on how well we're controlling the spread of the virus and how swiftly and broadly we can implement the vaccine.[8] In Illinois, 781,536 people have received their first dose of vaccine as of January 31, 2021.[9] We are doing everything we can to vaccinate our share of the more than 200 million people necessary to achieve herd immunity against COVID-19.[10]

While we await additional vaccine supply and increase the provider network for distribution, we must continue the public health measures that will control the spread of the virus: masking, testing, and social distancing. A multi-pronged approach supported by the federal government that includes the following could improve the effectiveness of nonpharmaceutical interventions in Illinois and across the country:

- An aggressive expansion of genomic sequencing infrastructure to assess the threat of new variants, including the ability to analyze higher numbers of COVID-19 samples and easily transfer data between the CDC, state-run labs, and public health practitioners to inform mitigation efforts.
- Continuation of paid sick leave as required by the now-expired Families First Coronavirus Response Act (FFCRA), which one study found led to more than 400 fewer reported cases of COVID-19 per state per day compared to the pre-FFCRA period and to states that had already enacted paid sick leave.[11]
- Support for widespread molecular testing and isolation,[12] especially for high-priority populations, and rapid point-of-care testing in high-priority settings, including schools and workplaces.

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[8] Paltiel, A. D., Schwartz, J. L., Zheng, A., & Walensky, R. P. (2020). Clinical outcomes of a COVID-19 vaccine: Implementation over efficacy. *Health Affairs*, *40*(1). https://doi.org/10.1377/hlthaff.2020.02054

[9] Centers for Disease Control and Prevention. (2021, January 31). Number of people receiving 1 or more doses reported to the CDC by state/territory and for selected federal entities per 100,000 [Data set]. Retrieved from https://covid.cdc.gov/covid-data-tracker/#vaccinations

[10] Randolph, H. E., & Barreiro, L. B. (2020). Herd immunity: Understanding COVID-19. *Immunity*, *52*(5), 737-741. https://dx.doi.org/10.1016/j.immuni.2020.04.012

[11] Pichler, S., Wen, K., & Ziebarth, N. R. (2020). COVID-19 emergency sick leave has helped flatten the curve in the United States. *Health Affairs*, *39*(12). https://doi.org/10.1377/hlthaff.2020.00863

[12] Rannan-Eliya, R. P., Wijemunige, N., Gunawardana, J. R. N. A., Amarasinghe, S. N., Sivagnanam, I., Fonseka, S., Kapuge, Y., & Sigera, C. P. (2020). Increased intensity of PCR testing reduced COVID-19 transmission within countries during the first pandemic wave. *Health Affairs*, *40*(1). https://doi.org/10.1377/hlthaff.2020.01409

- Additional direct payments to individuals to encourage compliance with public health guidance for quarantine, isolation, and stay-at-home orders,[13] especially in economically marginalized communities.[14]
- Distribution of masks, preferably medical-grade,[15] to every person to enable universal masking.[16]
- Grants to improve indoor air ventilation[17] in high-priority settings, including schools and long-term care facilities.
- Promulgation of national standards and practices for contact tracing, especially for data collection.
- Workforce expansion strategies for vaccinators and other public health personnel, including deployment of federal personnel to Illinois as a force multiplier to our already substantial but inadequate immunization resources.
- Intentional community engagement and education strategies to promote vaccine science as a preventive method to thwart vaccine misinformation and distrust for any future campaigns.

In order to bring this pandemic to an end, states need support from the federal government and with new, highly contagious variants threatening our progress and more than 3,000 people, including about 100 Illinoisans, dying each day,[18] we cannot afford to start over. Illinois and other states have already established much of the necessary infrastructure to increase the pace of vaccination. What we need now is for our federal partners to align their efforts with ours to help solve practical, operational issues. We need transparent, timely, and consistent communication and guidance on distribution and administration.[19] The more information we have upfront about what is coming our way, especially regarding dose allocations, the better we can plan and more quickly vaccinate our residents. In order to bring this chapter to a close and vaccinate our population, we need the following from the federal government:

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[13] Wright, A. L., Sonin, K., Driscoll, J., & Wilson, J. (2020). Poverty and economic dislocation reduce compliance with COVID-19 shelter-in-place protocols. *Journal of Economic Behavior & Organization*, *180*, 544-554. https://dx.doi.org/10.1016/j.jebo.2020.10.008

[14] Chang, S., Pierson, E., Koh, P. W., Gerardin, J., Redbird, B., Grusky, D., & Leskovec, J. (2020). Mobility network models of COVID-19 explain inequities and inform reopening. *Nature*, *589*, 82-87. https://doi.org/10.1038/s41586-020-2923-3

[15] Tufekci, Z., & Howard, J. (2021, January 13). Why aren't we wearing better masks? *The Atlantic*. https://www.theatlantic.com/health/archive/2021/01/why-arent-we-wearing-better-masks/617656/

[16] Howard, J., Huang, A., Li, Z., Tufekci, Z., Zdimal, V., van der Westhuizen, H., von Delft, A., Price, A., Fridman, L., Tang, L., Tang, V., Watson, G. L., Bax, C. E., Shaikh, R., Questier, F., Hernandez, D., Chu, L. F., Ramirez, C. M., & Rimoin, A. W. (2021). An evidence review of face masks against COVID-19. *Proceedings of the National Academy of Sciences of the United States of America*, *118*(4). https://doi.org/10.1073/pnas.2014564118

[17] Noorimotlagh, Z., Jaafarzadeh, N., Martinez, S. S., & Mirzaee, S. A. (2020). A systematic review of possible airborne transmission of the COVID-19 virus (SARS-CoV-2) in the indoor air environment. *Environmental Research*, *193*, 110612. https://doi.org/10.1016/j.envres.2020.110612

[18] Centers for Disease Control and Prevention. (2021, January 27). United States COVID-19 cases and deaths by state reported to the CDC since January 21, 2020 [Data set]. Retrieved from https://covid.cdc.gov/covid-data-tracker/#cases_deathsinlast7days

[19] Shen, A. K., Hughes IV, R., DeWald, E., Rosenbaum, S., Pisani, A., & Orenstein, W. (2020). Ensuring equitable access to COVID-19 vaccines in the US: Current system challenges and opportunities. *Health Affairs*, *40*(1). https://doi.org/10.1377/hlthaff.2020.01554

- **Increased supply of vaccine and resources to quickly administer vaccine.** The federal government must leverage all resources and powers at their disposal to ramp up the manufacturing and purchase of additional vaccine and associated supplies and establish federally run mass vaccination centers in states to complement what we are already doing. The state of Illinois is rapidly expanding our network of providers so we can quickly vaccinate many more people in a short period of time, once the vaccine supply increases.
- **Improved communications channels and fixes to tools provided to states .** The federal government needs to provide states with clear, consistent projections for vaccine allocations to enable planning weeks into the future and the Tiberius system needs to be fixed so states are working with the most accurate information and can plan accordingly. Additionally, due to the delay of the VaccineFinder solution, Illinois has been forced to cobble together information from numerous databases to allow people to locate vaccine providers across the state. We need the federal government to launch this solution now, or urgently assist states with a robust IT solution that will allow us to connect electronic medical records, pharmacy logs and state registration tools. Over the long term, states need robust investment from the federal government in public health data systems that allow all systems to connect.
- **Funding.** While we are grateful for the influx of funding for federal, state, local, tribal, and territorial public health, there continue to be emerging funding needs of the public health system. As Congress considers the next round of emergency supplemental funding, I encourage Congress to provide supplemental funding to these jurisdictions to support the ongoing COVID-19 vaccination campaign.

Thank you for the opportunity to share Illinois' experience. We will continue to let data, science, and equity guide our approach and I look forward to working with Congress and the new Administration to see the other side of this pandemic.