Additional Questions for the Record of a Hearing Titled
"Leading the Way Forward: Biden Administration Actions to Increase COVID-19 Vaccinations"

Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
U.S. House of Representatives

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Answers to questions for the record are accurate as of the date of the hearing.

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

1. **What toll are the additional demands of the unprecedented COVID-19 vaccination program—and the pandemic more broadly—having on providers' ability to perform their other health care functions and responsibilities?**

   CDC Response: The pandemic severely disrupted the U.S. economy, with the loss of millions of jobs and closure of both small and large businesses, adding to the increasing number of people without health insurance. Healthcare use significantly changed in the last year, as patients were hesitant to visit providers for routine preventive health services including routine immunization. COVID-19 mitigation measures (e.g., stay-at-home orders and public mask mandate), and fundamental public health interventions (e.g., case investigations and contact tracing with prompt isolation or quarantine) are primary approaches to preventing and controlling SARS-CoV-2 community transmission. The combination of state-mandated community mitigation efforts and routine public health interventions can reduce the occurrence of new COVID-19 cases, hospitalizations, and deaths. CDC is playing an essential role working to ensure state and local public health partners have the resources, guidance, and scientific expertise to respond to the COVID-19 pandemic.

2. **More than a year into the pandemic, what impacts has COVID-19 had on the health and well-being of health care workers, frontline responders, and other public health professionals?**

   CDC Response: CDC recognizes that the ongoing COVID-19 pandemic has been and continues to be a challenging environment for all healthcare workers, frontline responders, and other public health professionals. In addition, public health actions, such as social distancing, are necessary to reduce the spread of COVID-19, but they can make us feel isolated and lonely and can increase stress and anxiety. Additionally, many healthcare facilities as well as state and local jurisdictions continue to face challenges in addressing shortages of occupational health and safety professionals, including identifying mechanisms to quickly employ these types of professionals to assist with assessing workplaces with the intent of slowing/stopping the spread of COVID-19 in critical infrastructure workplaces, including the healthcare industry. This can further lead to worker burnout.

CDC has provided guidance to help healthcare workers, first responders, and other employees to cope with their job stress and build mental health resiliency during the COVID-19 pandemic. The COVID-19 pandemic has had a major effect on our lives and the workplace. These resources can be found on CDC's website and will continue to be updated to reflect the current response and new science.

- Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic
- Employees: How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic
- What Workers and Employers Can Do to Manage Workplace Fatigue during COVID-19

The Honorable Diana DeGette (D-CO)

1. **How is the Centers for Disease Control and Prevention (CDC) and the Administration addressing the needs of LGBTQ+ people in the nation's COVID-19 vaccine efforts? What monitoring and reporting is in place to understand and respond to barriers to vaccine access or vaccine hesitancy? And, what, if any, education or resources has CDC developed to assist providers reach and better serve this community?**

CDC Response: President Biden signed an Executive Order on Ensuring an Equitable Pandemic Response and Recovery and charged the Administration's Health Equity Task Force with ensuring equity is a focus of the vaccination program. The Task Force is providing recommendations for addressing COVID-19 inequities related to race, ethnicity, geography, disability, sexual orientation, and gender identity, including data collection and use challenges. CDC is committed to reducing COVID-19-related health disparities in alignment with our COVID-19 Response Health Equity Strategy. We are focused on the prioritization and sharing of timely, complete, representative, and relevant data. CDC is helping to identify and reach high-risk populations and track vaccine distribution and progress.

CDC is continually evaluating the scope of our COVID-19 data collection and will work with our state and local health partners to find ways to better understand the incidence and impact of COVID-19 on LGBTQ individuals. CDC's Data Modernization Initiative (DMI) is bringing together state, tribal, local, and territorial (STLT) public health jurisdictions and our private and public sector partners to create modern, interoperable, and real-time public health data and surveillance systems. Improvements in electronic case reporting, for example, can include sexual orientation and gender identity (SOGI) data, if available in the electronic health record, providing it for public health surveillance purposes. Overall, the benefits of DMI may include improvements for SOGI data for LGBTQ health.

CDC developed the guide Increasing COVID-19 Vaccine Uptake among Members of Racial and Ethnic Minority Communities: A Guide for Developing, Implementing, and Monitoring Community-Driven Strategies. This guide aims to support immunization awardees in establishing a community-driven approach and work plan for developing, implementing, and monitoring strategies to increase vaccine uptake among communities of focus. The guide focuses on racial and ethnic minority communities as an example due to the disproportionate burden of COVID-19 among these groups, but it is applicable to other communities that are hard to reach, experience marginalization or discrimination, and/or demonstrate vaccine hesitancy. CDC also developed

The Guide for Community Partners as a resource for organizations with community-level reach that are looking to get engaged in or support COVID-19 vaccination confidence and access in racial and ethnic minority communities. There is also a two-pager of best practices that summarizes some of the information in the guide for community-based and faith-based organizations.

The Honorable Paul D. Tonko (D-NY)

1. **As the nation's premier public health agency, what activities, if any, has CDC undertaken to support patient and provider awareness of monoclonal antibody treatments for COVID-19, which have been shown to reduce hospitalizations and deaths?**

CDC Response: After the Food and Drug Administration (FDA) issued Emergency Use Authorizations (EUA) for bamlanivimab (Eli Lilly), a monotherapy monoclonal antibody treatment, and monoclonal antibody combinations bamlanivimab and etesevimab (Eli Lilly) and casirivimab and imdevimab (Regeneron), CDC convened a "Symposium on Monoclonal Antibodies for Health Care Providers and Health Care System Executives" on December 22, 2020. This event included speakers from other federal leaders from across HHS (CMS, FDA, ASPR, and NIH) to discuss their roles and efforts in these areas. The session was open to the public to discuss the current science, U.S. policies, and distribution efforts that support the use of monoclonal antibodies as a treatment for COVID-19. Two health systems were also asked to share their experiences in managing the implementation and discuss the challenges of offering this newly available treatment to their patients.

CDC continues to provide resources and information on our websites and for patients and healthcare providers regarding the availability of these monoclonal antibody treatments for certain patients at high risk of disease progression.[1,2] Currently, there are data from laboratory studies to suggest that certain substitutions found in circulating SARS-CoV-2 variants have markedly reduced susceptibility to bamlanivimab and may have lower sensitivity to other monoclonal antibodies, including etesevimab and casirivimab. Based on these data and the prevalence of SARS-CoV-2 variants with certain substitutions circulating in the United States, the NIH COVID-19 Treatment Guidelines Panel released a statement recommending against the use of bamlanivimab monotherapy. There are other available monoclonal antibody therapies, many available in combination therapies by which multiple monoclonal antibodies are delivered together, that are available for use. CDC is working to rapidly characterize emerging variants to inform clinical guidance and understand the potential impacts on critical SARS-CoV-2 medical countermeasures (e.g., vaccines, therapeutics, and diagnostics). CDC provides public information on the attributes of variants of interest and concern (SARS-CoV-2 Variants of Concern | CDC) as well as the national prevalence of variants of interest and concern (CDC COVID Data Tracker). These data are also being used by the Office of the Assistant Secretary for Preparedness and Response (ASPR) to inform decisions regarding the procurement, distribution, and allocation of these monoclonal antibody therapies. This information continues to be updated as new science becomes available. CDC recently updated the patient-focused website information on March 23, 2021 and will continue to assess and update, as needed.

[1] https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html
[2] https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html

Furthermore, CDC's National Healthcare Safety Network (NHSN) COVID-19 Module for Long-Term Care Facilities (LTCFs) also tracks monoclonal antibody utilization in LTCF residents. CMS-certified nursing homes (~15,400 facilities) are required to report this information to NHSN. CDC shares monoclonal antibody utilization data with CMS and HHS Protect weekly to inform ongoing response efforts.

To provide ongoing support to clinicians and the general public on this topic, CDC has a dedicated team of physicians, nurses and pharmacists who are available 7 days per week to respond to questions on monoclonal antibodies. Using the COVID-19 supplemental funding, CDC has also collaborated with the Infectious Disease Society of America (IDSA) to further provide on-call clinician support services to ensure that U.S. healthcare providers have 24/7 access to consult with other infectious disease clinical experts around the treatment and care of their patients with COVID-19. This includes discussions on whether monoclonal antibodies would be recommended treatments for specific patients. Every week, CDC and IDSA also host clinician calls and webinars to focus on timely issues of relevance to clinicians. Informational updates on monoclonal antibody treatments has been one of the topics presented on these calls. To date, at least four calls have been held between November 2020 through March 2021 on monoclonal antibodies. These calls include discussions on the latest scientific data, new FDA EUAs for monoclonal antibody treatments (e.g., bamlanivimab and etesevimab administered together), and the opportunity for healthcare providers to engage with colleagues from all over the country to address important clinical questions as well as share their experiences and best practices. The calls are also recorded so that healthcare providers who were not able to attend can also access this valuable resource and have up-to-date information on important clinical issues.[3]

The Honorable Kathleen Rice (D-NY)

1. **President Biden has encouraged states to prioritize vaccinations for those over the age of 65, yet there are still reports of older Americans struggling to make vaccination appointments or get to vaccination sites.**
    a. **What is CDC hearing about the scope of this challenge, and what efforts are unerway or planned at CDC to support states in reaching the remaining older Americans who have not yet been vaccinated—including those in long-term care facilities and others who are home-bound?**

CDC Response: While vaccination rates indicate progress, the Biden Administration is continuing efforts to make vaccines more accessible. The National Strategy for the COVID-19 Response and Pandemic Preparedness calls on the U.S. Government to mount a safe, effective, and comprehensive vaccination campaign that reaches people in all communities and includes strategies to vaccinate hard-to-reach and high-risk populations.

An initiative that has been critical in vaccinating individuals age 65 and over is the Pharmacy Partnership for Long-Term Care Program, which was designed to provide end-to-end management of the COVID-19 vaccination process for a particular high-risk population while simultaneously reducing burden on facilities and jurisdictional health departments. The federal Pharmacy Partnership for Long-Term Care Program is just one tool jurisdictions have used to

[3] https://www.idsociety.org/multimedia/clinician-call

increase access to vaccine in long-term care facilities (LTCFs) and other congregate settings. The vaccination clinics have now successfully concluded in skilled nursing facilities (SNFs) and in a majority of assisted living facilities enrolled in the program. However, ensuring steady access to vaccine is necessary after the program ends in early April, because new residents are being admitted to these facilities daily, and new staff and residents who may have initially been hesitant may now wish to be vaccinated. In mid-March, the federal government started providing a direct allocation of COVID-19 vaccine to LTC pharmacies participating in the Federal Retail Pharmacy Program through three group-purchasing organizations across the country.

Additional recent programs by the federal government – including direct vaccine allocations to health centers and FEMA-supported mass vaccination clinics – are helping focus vaccine administration in disproportionally affected communities, including older Americans. The Administration also set a goal for all 40,000 locations in the Federal Retail Pharmacy Program to activate by April 19. This would mean that almost 90 percent of Americans live within 5 miles of a retail pharmacy that could distribute COVID-19 vaccines. Of the 40,000 locations nationwide, 45 percent are in the highest-need neighborhoods. This is an important component to address the disproportionate and severe impact of COVID-19 on communities of color and other underserved populations.

CDC also provides guidance to accommodate the needs of older adults, including planning vaccination outreach, planning for appointments, scheduling appointments, giving vaccines, and planning for after vaccinations. This guidance also includes considerations for vaccinating homebound populations such as establishing vaccination strike teams or working with emergency medical services, home health providers, and others who can administer vaccines. There is also a CDC web page for ensuring equitable vaccination for older adults and people with disabilities, including homebound.

Mobile and pop-up clinics are another key to achieving our COVID-19 vaccine goals by making vaccine accessible to populations that experience barriers. The U.S. government is working with state, territorial, local, and tribal partners to support and accelerate jurisdictional mobile vaccination efforts. In some communities, travel distance, limited access to medical providers or vaccine clinics, lack of mass transportation, mobility issues, work and family care schedules, lack of vaccine confidence and other factors make it difficult for some people to access traditional vaccine venues. In addition to public health, pharmacy, and provider vaccination sites, other strategies will be needed, including mobile vaccination sites. The U.S. government is expanding and accelerating support for these efforts, through FEMA, the Veterans Administration, and CDC and our pharmacy partners. We are supporting over 500 mobile sites in partnership with jurisdictions.

2. As you know, the American Rescue Plan includes funding for technical assistance to help states reach vulnerable and underserved Americans.

a. How is CDC working with states to support the vaccination of those in underserved communities and others vulnerable to COVID-19?

CDC Response: In February 2021, CDC published Considerations for Increasing COVID-19 Vaccination: Reaching and Increasing Uptake in Priority Populations which provides jurisdictions with a framework for balancing equitable access, service delivery, and vaccine demand while engaging priority populations and increasing vaccine confidence. CDC is working closely with jurisdictions to provide recommendations to

address these challenges. For example, CDC recommends that vaccine providers and pharmacy partners offer a non-digital solution for scheduling appointments, such as the ability to schedule appointments in-person or by phone. CDC also developed The Guide for Community Partners as a resource for organizations with community-level reach that are looking to get engaged in or support COVID-19 vaccination confidence and access in racial and ethnic minority communities. There is also a list of best practices that summarizes some of the information in the guide for community-based and faith-based organizations.

Three billion dollars, including $1.71 billion in American Rescue Plan funding, will be provided to CDC's immunization awardees through a supplemental award. At least 75% of funds should focus on strategies that ensure equity by identifying vulnerable populations and directing funding to specific programs and initiatives intended to increase access, acceptance, and uptake of vaccination by populations disproportionately affected by COVID-19.

In addition to expanding the COVID-19 vaccine supply and vaccination sites, the Administration is committed to equitable access. President Biden signed an Executive Order on Ensuring an Equitable Pandemic Response and Recovery and the Administration's COVID-19 Health Equity Task Force is charged with addressing health inequities caused by COVID-19. On March 17, 2021, CDC announced the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved Communities, Including Racial and Ethnic Minority Populations and Rural Communities, a $2.25 billion funding opportunity to address COVID-19 related health disparities.

b. What role do local providers play in reaching these populations and how are they engaged in states' vaccination efforts?

CDC Response: CDC is committed to reducing COVID-19-related health disparities and continues to identify and engage in opportunities that align with the guiding principles of our COVID-19 Response Health Equity Strategy. Further, as vaccine supply increases, primary care physicians (PCP) and medical offices can play a much larger role in COVID-19 vaccination while supporting efforts to improve vaccine equity. As a component of the measures a jurisdiction may take to address disparities, CDC recommends that at least 60% of doses distributed to medical offices be allocated to those located in the most socially vulnerable communities in each jurisdiction. By doing this, jurisdictions have the potential to quickly increase vaccine access in communities that have the greatest need and to address disparities in vaccination coverage and access. By focusing on distributing vaccine to medical offices located in neighborhoods with high social vulnerability index (SVI) scores, jurisdictions can increase access for people most at risk based on factors like socioeconomic status, household composition, minority status, language spoken, housing type, and access to transportation.

In addition, the Health Resources and Services Administration (HRSA) and CDC launched the Health Center COVID-19 Vaccine Program to ensure our nation's medically underserved communities and those disproportionally affected by COVID-19 are equitably vaccinated. The program provides a direct supply of COVID-19 vaccines to select HRSA-funded health centers.

In the first phase of the program, HRSA invited 250 health centers to participate. These health centers specialize in caring for populations disproportionately affected by COVID-19, including people experiencing homelessness, agricultural workers, residents of public housing, and those with limited English proficiency. Beginning on March 11, 2021, to further accelerate the delivery of vaccines to underserved communities and disproportionately affected populations, HRSA invited an additional 700 health centers to participate. These health centers will have the opportunity to join the program over the next 6 weeks, increasing the total number of invited health center participants to 950. The 700 invited health centers include those that serve high proportions of low income and minority patients, provide services to rural/frontier populations, operate Tribal/Urban Indian Health Programs, and/or utilize mobile vans to deliver services.

c. Is there a timeline for when local physicians' offices will receive vaccines to ensure we are creating easier and more familiar access points?

CDC Response: In April 2021, CDC will publish a Guide-for-Jurisdictions-on-PCP-COVID-19-Vaccinations. This guidance will outline four steps jurisdictions can take to expand vaccination opportunities provided by PCPs and medical offices.

To support these efforts, CDC is providing jurisdictions with a list of medical offices that should be prioritized to provide vaccines. The list focuses on medical offices already enrolled as COVID-19 vaccinators located in the most socially vulnerable census tracts in each state. Jurisdictions should increase the number of doses distributed to these providers so that at least 60% of doses distributed to medical offices are allocated to those located in the most socially vulnerable communities in each jurisdiction. Some jurisdictions currently provide vaccine to certain primary care physicians (PCPs), such as pediatricians, with whom they have longstanding immunization partnerships. As vaccine supply increases, more vaccine doses will be available for distribution to PCPs.

3. We are seeing a wide range of interpretations of CDC's COVID-19 vaccine allocation recommendations, and some states are choosing to prioritize only those with conditions the CDC has stated are known to increase a person's risk of complications for the disease with no allowance for physician discretion. However, we know that rare diseases like cystic fibrosis are not able to generate the same level of evidence on the impacts of COVID-19 as quickly as conditions that affect many more Americans. Even more troubling, other states are shifting to a solely age-based distribution system that leaves out younger populations with high-risk rare diseases like cystic fibrosis.

a. **What is the CDC doing to ensure that people who have rare diseases like cystic fibrosis are prioritized for vaccination?**

CDC Response: When the COVID-19 vaccine supply was limited, CDC provided recommendations to federal, state, and local governments about who should be vaccinated first. CDC's recommendations adopted those of the Advisory Committee on Immunization Practices (ACIP), an independent panel of medical and public health experts.

CDC experts continually review scientific literature regarding rare conditions and medical conditions and possible associated risk for severe illness from the virus that causes COVID-19. Based on ongoing review of the literature, CDC has identified medical conditions or risk behaviors, including cystic fibrosis, that are associated with increased risk for severe COVID-19. The risk for COVID-19–associated hospitalization increases with the number of high-risk medical conditions, from 2.5 times the risk for hospitalization for persons with one condition to 5 times the risk for those with three or more conditions[4].

As CDC continues to update its webpages and communication with healthcare providers, CDC also encourages providers to consider each patient's individual situation carefully to determine the risk of severe illness or disease for that particular individual. Many patients have multiple factors that could influence their risk for severe disease and should consult with their healthcare provider regarding vaccination and other treatment.

b. Will you consider creating new guidance or clarify your existing guidance to recognize these populations and ensure they receive access ahead of healthy individuals?

CDC Response: While the end goal is to offer vaccines to the entire U.S. population, identifying priority groups for COVID-19 vaccination was critical while vaccine supply was limited. The Advisory Committee on Immunization Practices (ACIP), CDC's independent vaccine advisory committee, voted to recommend that those with medical conditions associated with increased risk for severe COVID-19 be included in phase 1c of their interim recommendation for allocation of COVID-19 vaccine. CDC adopted that recommendation, which provided guidance for federal, state, territorial, and local jurisdictions in developing and implementing their vaccination plans.

The conditions that place individuals at high risk for severe COVID-19 illness mentioned on CDC's website represent those for which there is currently sufficient evidence to draw conclusions and make recommendations. The list of high-risk medical conditions that put people at increased risk for severe COVID-19-associated illness is being updated routinely as new data become available. CDC's current guidelines are also meant to help healthcare providers provide the best care possible for those patients, and to inform those individuals about their level of risk so they can make individual decisions about illness prevention, including eligibility for vaccination. Individuals with any underlying medical condition should consult with their healthcare providers regarding vaccination and other treatment.

While the list of conditions at high risk for severe COVID-19 illness has been used by state health officials and other decision-makers to inform vaccine eligibility during the first months of the vaccination program when supplies were limited, many states have now opened vaccination eligibility to all adults.

The Honorable Morgan Griffith (R-VA)

1. The U.S. has secured more than enough doses to vaccinate every eligible adult

[4] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

in America and as manufacturing and distribution efforts ramp up, the U.S. will soon have more supply then demand. One area that remains a concern is vaccine hesitancy. Can you all describe efforts underway by the current administration to increase vaccine confidence across the U.S.?

CDC Response: CDC is working in coordination with federal, state, local and tribal governmental and non-governmental partners using strategies to build trust in the vaccine, the vaccinator, and the vaccination system.

CDC's Vaccinate with Confidence Strategy is built on three pillars: 1) Build trust: Share clear, complete, and accurate messages about the vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the vaccination system. 2) Empower healthcare personnel: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients. 3) Engage communities and individuals: Engage communities in a sustainable, equitable, and inclusive way—using two-way communication to listen, build trust, and increase collaboration.

CDC is making significant investments in vaccine confidence strategy implementation, providing funding and technical assistance to traditional and non-traditional partners in support of efforts that can reach diverse populations and sectors throughout the U.S. CDC's Vaccinate with Confidence Team Initiatives include:

1. Creating an Insights Unit within CDC to gather and analyze behavioral and digital data
2. Partnering with community-based organizations, faith-based organizations, and immunization groups to collaborate on vaccine confidence strategies
3. Collaborating with the CDC Vaccine Task Force Communications Team on toolkits for various audiences
4. Conducting COVID-19 Vaccine confidence consults and deploying strike teams for states/jurisdictions to troubleshoot vaccine confidence issues
5. Developing a Rapid Community Assessment Guide to diagnose and address vaccine confidence barriers among specific populations
6. Making Data for Action grants to academic institutions to collaborate with states/jurisdictions on rapid solutions
7. Creating a Digital Vaccine Information Resilience Corps within CDC to offer hands-on support to state/jurisdictions for digital listening
8. Providing technical assistance to other teams within the CDC Vaccine Task Force who support essential workers and disproportionately affected populations.

2. **President Biden recently announced members of the Administration's COVID-19 Health Equity Task Force. How will this task force work to increase vaccine confidence among minority populations who are disproportionately affected by the virus and underserved communities?**

CDC Response: The Administration's COVID-19 Equity Task Force is charged with ensuring equity is a focus of the vaccination program. The Task Force is providing recommendations for addressing COVID-19 inequities related to race, ethnicity, geography, disability, sexual orientation, and gender identity. The Task Force will also make recommendations for improving data collection and use, as well as a long-term plan to address data shortfalls regarding underserved populations. Collecting and providing timely, robust, and actionable data to address those disproportionately impacted by COVID-19 is a

priority for HHS and our agencies, and we are taking action to achieve this.

The Biden administration announced a series of actions to expand access to COVID-19 vaccines to the hardest-hit and highest-risk communities across the country. With funding in large part from the American Rescue Plan Act, HHS will invest nearly $10 billion to expand access to vaccines and better serve communities of color, rural areas, low-income populations, and other underserved communities in the COVID-19 response.

CDC is also prioritizing equity in the COVID-19 response and continues to work closely with jurisdictions to provide recommendations on equitable vaccine access. In February 2020, CDC published Considerations for Increasing COVID-19 Vaccination: Reaching and Increasing Uptake in Priority Populations, which provides jurisdictions with a framework for balancing equitable access, service delivery, and vaccine demand while engaging priority populations and increasing vaccine confidence.

In March 2021 CDC announced the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved Communities, Including Racial and Ethnic Minority Populations and Rural Communities, a $2.25 billion funding opportunity to address COVID-19-related health disparities. Also in March 2021, CDC announced plans to invest $3 billion to support local efforts to increase vaccine uptake and equity. At least 75% of funds should focus on strategies that ensure equity. This funding will go directly to states, territories, and some large cities, enabling them to support local health departments and community-based organizations in launching new programs and initiatives intended to increase vaccine access, acceptance, and uptake. This funding will focus on reaching communities hit hardest by the pandemic, including those with a high social vulnerability index, minority communities, and rural areas.

3. What can we expect from any future workplace guidance and how will that guidance impact businesses that are open?

CDC Response: CDC's workplace guidance is developed based on the evolving science, what CDC learns from our field teams, and stakeholder feedback. Specifically, CDC's General Business Guidance was created to assist businesses and employers, including restaurants and other small businesses, with developing and implementing a workplace COVID-19 plan to keep their workers healthy. The guidance has been summarized for specific workplaces and workers that have unique considerations, e.g., nail salons, gyms. It is important to note that CDC does not have regulatory authority over worker safety standards and cannot require the implementation of its guidance. Inspections to ensure compliance with safety standards in the workplace are the responsibility of the Occupational Safety and Health Administration (OSHA) in the Labor Department. CDC plans to review and update all COVID-19 workplace safety and health guidance to reference the OSHA emergency temporary standards (ETS) once released.

State and local jurisdictions play an important role in deciding how this guidance document is implemented within the workplace. These guidance documents may also be adapted by businesses and employers to respond to rapidly changing local circumstances. Overall, decisions about implementing and adhering to CDC guidance are at the discretion of the businesses, employer, as well as state and local health departments.

CDC will continue to update its workplace safety and health recommendations, as appropriate, and continue working closely with OSHA to ensure worker safety standards are aligned with the latest science.

4. **In the event that the vaccines require annual booster shots, what are CDC plans to ensure processes are in place, including the ability to distribute vaccines to traditional medical and vaccine settings?**

CDC Response: A patient is considered fully vaccinated ≥2 weeks after a 2-dose mRNA COVID-19 vaccine series or ≥2 weeks after a single dose of Johnson & Johnson (J&J) Janssen COVID-19 Vaccine. Although the need for and timing for COVID-19 booster doses has not been established, CDC's immunization infrastructure could be used for future vaccinations.

The Honorable Michael C. Burgess, M.D. (R-TX)

1. **In early March, the Centers for Disease Control and Prevention issued a report to congress on vaccine distribution strategy, as required by the Consolidated Appropriations Act of 2021. During the recent Oversight and Investigations Subcommittee hearing, you said that you were certain there were similar concepts in this five-page strategy to the previous Administration's nearly 80-page vaccine plan entitled, "*COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*." Can you elaborate on these similarities?**

CDC Response: On October 29, 2020, CDC published the COVID-19 Vaccination Program Operational Guidance which included the COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook and annex. The playbook serves as a model for state, territorial, tribal, and local public health programs and their partners on how to plan and operationalize a vaccination response to COVID-19 within their jurisdictions. The document's sections cover specific areas of COVID-19 vaccination program planning and implementation and provide key guidance documents and links to resources to assist those efforts. Many, but not all, of the COVID-19 Vaccination Program activities described may overlap with routine activities; routine immunization and pandemic influenza program activities can serve as a foundation for COVID-19 vaccination planning. The playbook was shared with jurisdictions prior to the FDA Emergency Use Authorization of any COVID-19 vaccinations in the U.S. The purpose of the playbook was to prepare jurisdictions for vaccines when they were made available. The Annex was published in January and provided additional guidance and considerations to jurisdictions regarding when and how to transition from vaccinating initial populations of focus to reaching and increasing uptake in additional priority populations. It provided a framework for balancing equitable access, service delivery, and vaccine demand and offered tools for engaging priority populations and increasing vaccine confidence. The annex also shared strategies for leveraging private-public partnerships.

In March 2021, CDC submitted the Report to Congress (RTC) on Coronavirus Vaccine Distribution Strategy and Spend Plan. The report provided a description of the support CDC has provided to state, local, tribal and territorial jurisdictions for vaccine preparedness and

response activities. The RTC included information on CDC's immunization cooperative agreements to support increases in vaccination capacity and to ensure safe and equitable distribution and administration of COVID-19 vaccines. It also covered other vaccine and distribution-related activities such as shipping, data systems, safety and effectiveness and communication efforts.

The Honorable Gary Palmer (R-AL)

1. **In our hearing you refused to give an answer when asked if President Trump was responsible for the over 500,000 COVID deaths that have occurred in the United States. Please respond with a simple yes or no, is President Trump responsible for the 550,000 U.S. deaths from COVID?**

CDC Response: CDC remains focused on the future and that means getting COVID-19 under control. Cases have been decreasing since mid-April, but the seven-day moving average of deaths remains well over 600 per day. That number will have to come down significantly before we can say that coronavirus is under control in the U.S.