

ONE HUNDRED SEVENTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

June 11, 2021

Karen Shelton, M.D.
Director
Mount Rogers Health District
Virginia Department of Health
201 Francis Marion Lane
Marion, VA 24354

Dear Dr. Shelton:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Wednesday, May 26, 2021, at the hearing entitled “A Shot at Normalcy: Building COVID-19 Vaccine Confidence.” I appreciate the time and effort you gave as a witness before the Committee on Energy and Commerce.

Pursuant to Rule 3 of the Committee on Energy and Commerce, members are permitted to submit additional questions to the witnesses for their responses, which will be included in the hearing record. Attached are questions directed to you from certain members of the Committee. In preparing your answers to these questions, please address your response to the member who has submitted the questions in the space provided.

To facilitate the printing of the hearing record, please submit your responses to these questions no later than the close of business on Friday, June 25, 2021. As previously noted, this transmittal letter and your responses, as well as the responses from the other witnesses appearing at the hearing, will all be included in the hearing record. Your written responses should be transmitted by e-mail in the Word document provided to Austin Flack, Policy Analyst, at austin.flack@mail.house.gov. To help in maintaining the proper format for hearing records, please use the document provided to complete your responses.

Karen Shelton, M.D.

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Thank you for your prompt attention to this request. If you need additional information or have other questions, please contact Austin Flack with the Committee staff at (202) 225-2927.

Sincerely,

A handwritten signature in blue ink that reads "Frank Pallone, Jr." in a cursive style.

Frank Pallone, Jr.
Chairman

Attachment

Karen Shelton, M.D.

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cc: The Honorable Cathy McMorris Rodgers
Ranking Member
Committee on Energy and Commerce

The Honorable Diana DeGette
Chair
Subcommittee on Oversight and Investigations

The Honorable H. Morgan Griffith
Ranking Member
Subcommittee on Oversight and Investigations

Attachment—Additional Questions for the Record

**Subcommittee on Oversight and Investigations
Hearing on
“A Shot at Normalcy: Building COVID-19 Vaccine Confidence”
May 26, 2021**

Karen Shelton, M.D., Director, Mount Rogers Health District, Virginia Department of Health

The Honorable Diana DeGette (D-CO)

1. As we approach the Biden Administration’s July 4th target date for administering at least one COVID-19 vaccine dose to 70 percent of American adults, what are your top recommendations for ways the federal government can continue encouraging COVID-19 vaccine uptake during the second half of 2021?

Chairwoman DeGette,

There are several ways the federal government can continue encouraging COVID-19 vaccine uptake during the second half of 2021.

First, the federal government should continue to provide funding for local health departments to hire vaccinators, health educators/community health workers to provide vaccine and education in their community regarding COVID-19, the available vaccines, and the importance of vaccination. It is important to fund not only staff, but also educational and promotional materials for outreach staff to use when they are attending events or speaking with community members. This could include funding for incentives.

Second, the federal government can coordinate and sponsor a national campaign with a diverse assortment of celebrity influencers. Well-known celebrities and influencers can have a substantial impact on someone’s choice to get vaccinated, but the services of these individuals are beyond the reach of local health departments. Creating and sharing PSAs and other marketing materials for use by local health departments would be helpful.

As you heard during the hearing, there is a wide breadth of scientific knowledge about the best ways to combat dis/misinformation and vaccine hesitancy, both from previous vaccine campaigns and new information that is specific to COVID-19 vaccines. The federal government could be of assistance in this area by helping bridge the gap between theory and practice. We would suggest convening conferences or seminars with experts in the field and state, tribal, regional, and local health departments to discuss practical ways to quickly implement best practices and academic knowledge.

Fourth, the federal government can push manufacturers for single-dose vaccine packaging. Many primary care providers are concerned about vaccine wastage, and drawing up the vaccines is a specific process that requires specific training and storage

capabilities. These barriers may make some providers opt entirely out of providing vaccines to their patients. Having a pre-filled syringe makes it infinitely easier to provide a vaccine at the moment someone is ready and in their doctor's office. This is a very important piece of making COVID-19 vaccines available in all types of health care settings.

Finally, the federal government can assist with streamlining data sharing between states. It is hard to know how many people have truly been vaccinated within a jurisdiction if vaccines are being given across state lines. Given that many goals and restrictions are tied to specific percentages, accurate and timely data is paramount.

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

1. The Doctors Caucus and I have been working to combat vaccine hesitancy. We recorded a PSA video emphasizing the safety and effectiveness, and most recently appealed to the Speaker and Office of the Attending Physicians highlighting the need for Congress to return to some pre-COVID House protocols now that most of us have been vaccinated and the CDC updated its guidelines. What else can Congress do to combat vaccine hesitancy?

Congressman Burgess,

There are several ways Congress can combat vaccine hesitancy. First, Congress can continue to provide funding for local health departments for vaccine, outreach and education efforts. This funding should include money for staffing, but also for educational and promotional materials, and could also include funding for incentives.

It would be very beneficial if Congress could coordinate, alongside other federal stakeholders, a national campaign with a diverse assortment of celebrity influencers. Well-known celebrities and influencers can have a substantial impact on someone's choice to get vaccinated, but the services of these individuals are beyond the reach of local health departments. Outreach specifically by Congressional representatives may be useful in some areas to convince constituents to be vaccinated. Creating and sharing PSAs and other marketing materials for use by local health departments would be helpful.

As you heard during the hearing, there is a wide breadth of scientific knowledge about the best ways to combat dis/misinformation and vaccine hesitancy, both from previous vaccine campaigns and new information that is specific to COVID-19 vaccines. Congress could be of assistance in this area by helping bridge the gap between theory and practice. We would suggest convening conferences or seminars with experts in the field and state, tribal, regional, and local health departments to discuss practical ways to quickly implement best practices and academic knowledge.

Fourth, Congress can push manufacturers for single-dose vaccine packaging. Many primary care providers are concerned about vaccine wastage, and drawing up the vaccines is a specific process that requires specific training and storage capabilities. These barriers may make some providers opt entirely out of providing vaccines to their patients. Having a

pre-filled syringe makes it infinitely easier to provide a vaccine at the moment someone is ready and in their doctor's office. This is a very important piece of making COVID-19 vaccines available in all types of health care settings.

Finally, Congress can assist with streamlining data sharing between states. It is hard to know how many people have truly been vaccinated within a jurisdiction if vaccines are being given across state lines. Given that many goals and restrictions are tied to specific percentages, accurate and timely data is paramount.

2. Do you believe policies and guidance allowing fully vaccinated individuals to return to pre-pandemic lifestyles serves as an incentive, motivating more people to get vaccinated?

Congressman Burgess,

The intention of these policies and guidance was to serve as an incentive, motivating people to get vaccinated. We have seen an increase in some industries where employer-verified vaccine status is linked with the ability to remove a mask while at work. For the public at large, many unvaccinated people have simply returned to pre-pandemic lifestyles. In order to truly be an incentive, these policies would need to be accompanied by confirmation of vaccination status, which is not part of said guidance or policies.

The Honorable Gus Bilirakis (R-FL)

1. Should the goal of the U.S.'s COVID-19 vaccine efforts be herd immunity – why or why not?

Congressman Bilirakis,

This is a tricky question. We know that cases are dropping locally, nationally, and internationally. We also know that the exact percentage needed to achieve herd immunity for a novel virus is difficult to determine. For different diseases, there are different percentages of vaccination required to achieve herd immunity.

The greatest threat comes from variants that can cause a rapid surge in a community with low vaccination coverage.

With a disease that spreads like COVID-19 does, none of us is truly safe until all of us are safe – it is critically important to have high levels of immunity throughout the world. The goal of the U.S.'s COVID-19 vaccine efforts should be to immunize as many people as we can.