

**TESTIMONY**

**OF**

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**BEFORE THE**

**COMMITTEE ON ENERGY AND COMMERCE**

**HEALTH AND OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEES**

**U.S. HOUSE OF REPRESENTATIVES**

**AN UPDATE ON THE ONGOING FEDERAL RESPONSE TO COVID-19; CURRENT  
STATUS AND FUTURE PLANNING**

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**RELEASE ONLY UPON DELIVERY**

Chairs McMorris Rodgers, Griffith, and Guthrie, Ranking Members Pallone, Castor, and Eshoo, and distinguished members of the Committee, it is an honor to appear before you today to discuss the Centers for Disease Control and Prevention's (CDC) response to the COVID-19 pandemic, the lessons we have learned, and the steps we are taking now to strengthen our broader response capabilities.

### **COVID-19 Update**

As I come before you today, I am pleased to report that we've made significant progress in our response to COVID-19. Today, the nation is in a different position than when we began our response to this pandemic. The rapid development and deployment of safe, effective, and life-saving COVID-19 vaccines has prevented millions of severe illnesses, hospitalizations, and deaths. Nearly 70 percent of the U.S. population have completed their primary series and more than 51 million updated bivalent booster doses have been administered.

As of the week of February 6, hospital admissions have decreased nearly 9 percent from the previous week, total weekly deaths are also down about 9 percent from the previous period, and our COVID-19 Community Levels show that 96 percent of counties have a low or medium level. While these are encouraging trends, with nearly 4,000 deaths from COVID-19 in the last week, we know there is more work to be done ahead.

CDC continues to track COVID-19 variants including the Omicron subvariant XBB.1.5 which has grown to be the dominant subvariant across the country. All other virus lineages are predicted to have very slow or no growth in proportion. CDC Nowcast projections for the week ending February 4 estimates that XBB.1.5 comprises about 66.4 percent (95 percent PI 59.8-72.5 percent) of cases nationally.

Tragically, more than one million Americans, including over 2,000 children (under the age of 18), have died from COVID-19 since the detection of the first case of the SARS-CoV-2 virus over three years ago. Nearly six million people have been hospitalized, and many more continue to suffer from post-COVID conditions (“long COVID”). Vaccinations and treatments continue to be the best protection against serious illness and death from COVID-19.

Unfortunately, uptake of the new bivalent booster has been low. More than 50 million people have gotten an updated booster, but that is only 15 percent of the eligible U.S. population. Staying up to date on COVID-19 vaccines is critical because our data show that immunity decreases over time. This is particularly important for those over age 65, as they bear a disproportionate burden of the deaths from COVID-19 compared to other age groups. In December 2022, CDC published two different studies showing the effectiveness of the bivalent booster at preventing severe illness and hospitalization among both adults with competent immune systems aged  $\geq 18$  years and older adults aged  $\geq 65$  years. Additionally, these studies demonstrated the increased protection the bivalent booster provides for those with past monovalent vaccination only. CDC recently released a vaccine effectiveness study showing that bivalent COVID-19 vaccines add protection against symptomatic illness with Omicron XBB/XBB.1.5-related variants among people who previously received doses of the original COVID-19 vaccines. Vaccine effectiveness against symptomatic XBB/XBB.1.5-related infection was 49 percent among persons aged 18–49, 40 percent among persons aged 50–64 years, and 43 percent among those aged  $\geq 65$  years.

### **RSV/Influenza Update**

In addition to sustaining the ongoing COVID-19 response, CDC identified and responded to early and elevated co-circulation of respiratory syncytial virus (RSV), influenza, and COVID-

19 in the fall of 2022 that placed significant stress on our health care systems. National trends in RSV activity currently indicate that the peak of seasonal activity has passed, and seasonal influenza activity continues to decline across the country. However, CDC remains vigilant and recommends that everyone six months and older get vaccinated against flu as circulation continues.

In the face of these ongoing outbreaks, we must remain committed to prevention. During the COVID-19 pandemic, we saw a concerning drop in routine immunizations for adults and children. For example, among kindergartners, overall vaccination coverage dropped from 95% reported in the 2019-20 school year to 93% in the 2021-22 school year which means that there are nearly 250,000 kindergartners who may not be completely protected against measles alone. Routine vaccination is rebounding, but unevenly, and has not yet recovered among all groups, leading to localized outbreaks of measles and polio. While we continue to investigate the impact of the pandemic on routine immunizations, it is crucial that we take steps to help get everyone back on schedule.

### **Other Outbreaks Update**

CDC confronted significant public health challenges in 2022 beyond COVID-19, influenza, and RSV. In May, CDC confirmed the first domestic case of mpox as part of a global outbreak and acted immediately to detect additional cases; educate clinicians and the public about a pathogen unknown to many that was transmitting in a novel way; and support state and local public health responses. CDC engaged our Laboratory Response Network and commercial partners from the beginning to establish robust, accessible diagnostic testing capacity and is working hand-in-hand with our HHS and state and local partners to distribute the JYNNEOS

vaccine from the Strategic National Stockpile to protect persons at increased risk. While we have been pleased to see a dramatic reduction in mpox cases from the outbreak's peak last summer, disparities in cases and vaccination rates persist. CDC's public health efforts have led to a significant reduction in cases, from early August 2022, when cases peaked with a 7-day average of 457 cases, to the end of January 2023, when the 7-day average was 3 daily cases – a decline in mpox cases of over 99%. CDC's public health work continues to promote equitable access to vaccine for those eligible and to guard against a resurgence in mpox cases in the future.

On September 20, 2022, the Ugandan Ministry of Health confirmed an outbreak of Ebola (Sudan virus) in central Uganda. CDC deployed multiple staff skilled in epidemiology, surveillance, laboratory, and ecology to Uganda, and worked in close collaboration with the Ugandan government, World Health Organization (WHO), and other partners to immediately respond to the threat. With our partners, we trained doctors, nurses, and community health workers, disease detectives and laboratorians. Together, we equipped laboratories and treatment centers. CDC's efforts with our partners ultimately helped extinguish the Ebola outbreak in under four months – an enormous accomplishment and relief, as there are currently no FDA-approved countermeasures for the Ebola Sudan virus. To prepare domestically, CDC engaged on a near-daily basis with state, local, tribal and territorial health partners, providers, the Ugandan diaspora, the Department of Homeland Security (DHS), and the agencies represented here today, throughout the outbreak to conduct entry screening and public health monitoring of travelers from the affected area, issue clinical guidance, and implement tabletop exercises to prepare states and other jurisdictional partners in the event of a domestic Ebola case. CDC's decades-long investments in developing strong public health collaborations and relationships with the Ugandan Ministry of Health were critical in facilitating the successful containment of

this outbreak, which was officially announced last month on January 11, 2023. CDC continues to be a recognized global leader on the forefront of advancing and strengthening global preparedness to prevent, detect, and respond to future outbreaks – and ultimately safeguard the health of the American people.

## **Moving Forward**

Americans and people around the world rely on CDC to detect and respond to public health threats both foreign and domestic. For decades, CDC has been on the front lines of the public health response, providing assistance to states, tribes, territories, and local communities on the most pressing public health outbreaks and emerging issues within the United States and across the globe; threats such as H1N1, Ebola, Zika, opioid overdose, e-cigarette or vaping product use associated lung injury (EVALI), seasonal influenza, COVID-19, polio, mpox and others. This tireless dedication and commitment to response has saved countless lives by mitigating the spread of disease and preventing outbreaks before they start.

In addition to balancing the priorities of sustaining active ongoing responses to multiple outbreaks, concerted actions were initiated beginning in spring 2022 to address long-standing challenges highlighted during the COVID-19. I launched an extensive review of the agency’s organizational structures, systems, and processes to strengthen its ability to deliver on its core mission to equitably protect the health, safety, and security of Americans. In August 2022, based on this review and other substantial internal and external input, I launched the CDC Moving Forward initiative which focuses on the following top improvement areas:

- Share scientific findings and data faster
- Enhance laboratory science and quality

- Translate science into practical, easy to understand policy
- Prioritize public health communications
- Develop a workforce prepared for future emergencies – CDC and nationwide
- Promote results-based partnerships

On January 24, 2023, I announced a CDC reorganization, one of several foundational steps to achieve progress in the improvement areas outlined above. This reorganization aims to eliminate bureaucratic reporting layers, break down silos in the agency, promote foundational public health capabilities, and improve accountability at CDC. For example:

- We are consolidating the work of two centers, the Center for Surveillance, Epidemiology, and Laboratory Services and the Center for State, Tribal, Local, and Territorial Support, into one new Center that will better support communication and engagement with jurisdictions and public health partners, and align investments to build a public health infrastructure and workforce for the future.
- We are elevating the Center for Preparedness and Response to the Office of the Director, creating a centralized office to promote greater accountability and operational excellence. The office will include data, modeling, and analytics capabilities and support for a response ready workforce across the agency.
- We are creating an Office of Public Health Data, Surveillance, and Technology, which is in the Office of the Director, to support data infrastructure improvements and connect all levels of public health to critical data needed for action.
- Reorganized the Director’s Office of Communications to prioritize communication with the American public and improve the integration across CDC.

Parallel to the reorganization, my leadership team has engaged staff from across the agency on priority actions that will improve how we do our work. This work is ongoing, but I'm proud to say that CDC has already implemented numerous actions, including:

- Reduced scientific review clearance time for CDC publications by 50 percent;
- Initiated the CDC Infectious Disease Test Review Board, an internal group to promote quality assurance prior to national deployment of laboratory tests;
- Established process for institutions to submit applications for access to investigational drugs; reducing time required for institutions to apply from 14 days to 6 hours – utilized with tecovirimat for mpox; and
- Implemented executive leader performance plan changes that outline expectations for CDC leaders in response participation, data modernization, and scientific quality and timeliness.

### **New Authorities**

As the CDC community tackles challenges internal to the agency, we also need support from our partners, particularly Congress, to support revised and new authorities so that CDC can be better prepared and respond to the next emerging disease.

Historically and today, CDC is often forced to rely on “work-arounds” within our existing authorities and policies to effectively meet operational and programmatic needs, especially when dealing with administrative challenges and unnecessarily burdensome processes in the lead up to or during public health emergencies, when time is of the utmost essence. The COVID-19 pandemic and other outbreaks have only underscored how much these challenges have hampered the agency and continue to do so. If CDC is to play a key role in rapidly detecting pathogens to



ensure all levels of government are ready to respond to biological threats as envisioned in the new National Biodefense Strategy and Implementation Plan, these gaps must be addressed.

We have identified flexibilities and authorities that are critical to the agency's ability to be more effective and responsive during fast moving, large-scale public health outbreaks, and we can only achieve these in partnership with Congress. These proposals fall under two broad categories: 1) operational readiness and 2) strengthening workforce capacity. On their own, these proposals are not likely to be sufficient to change how CDC responds to the next emerging threat. However, taken together, they offer a roadmap to provide the tools and resources CDC needs to better prepare for, and respond to, the next emerging public health threat, whether from a local outbreak or a global pandemic. I have highlighted examples of a few authorities below and welcome continued discussion on ways to strengthen CDC to protect our national security through public health.

## **Data**

Data must serve as the foundation for everything we do, particularly in the context of a public health emergency response where critical decisions on where and how to target interventions must be made quickly. Having timely, high-quality data on where disease is spreading, the severity of illness, and the populations most impacted is a critical element of operational readiness. It allows state and local public health and other health care professionals, and policy makers to target resources to mitigate an outbreak and predict future spread. We are grateful that Congress has authorized and funded CDC's newest center, the Center for Forecasting and Outbreak Analytics, to improve the nation's ability to prepare for and respond to public health threats using data, modeling, and analytics. But if CDC must continue to rely on a decentralized framework for data reporting, subject to a patchwork of individually negotiated

Data Use Agreements, we will not be able to provide the best forecasts and modeling in the world.

Where we can, we are making improvements on sharing data. CDC's Center for Forecasting and Outbreak Analytics delivered four technical reports on the mpox outbreak. These reports are publicly available, have been shared widely, and provided timely updates on CDC's response to the outbreak, including our estimates of the trajectory of the outbreak. These reports were developed at the speed of the outbreak, to get the best information we had out to decision makers quickly. We included qualitative risk assessment information in these reports to deliver the bottom line up front while also making it clear the level of confidence we have in our analyses.

The way in which public health data are collected and shared has resulted in fragmented and inconsistent reporting to CDC, and to state and local public health partners. To address this issue and support more comprehensive data sharing, CDC will need updated legislation providing public health data authority for CDC to support decisions at the federal, state, and local levels, while reducing burden on providers. For example, authority included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act to require COVID-19 laboratory test reporting during the Public Health Emergency (PHE) has greatly improved the availability of laboratory data. However, this authority included in the CARES act was limited to COVID-19 laboratory testing and only lasts until the end of the current PHE. It does not help CDC gather data on other infectious diseases and conditions or during future emergencies.

### **Vaccines For Adults (VFA)**

Unlike the public health infrastructure that exists for children to receive recommended vaccines from their pediatricians, no such infrastructure exists for adults. In response to the COVID-19 pandemic, CDC built infrastructure to rapidly deploy safe and effective vaccines to the entire US population. A Vaccines for Adults (VFA) program would provide uninsured individuals access to Advisory Committee on Immunization Practices (ACIP)-recommended routine and outbreak vaccines at no cost. Establishing a robust infrastructure for adult vaccination will support response readiness by reducing vaccination coverage disparities, improving outbreak control of vaccine-preventable diseases, and enhancing and maintaining the infrastructure needed for responding to future pandemics.

### **Strengthening Workforce Capacity**

In addition to operational improvements, CDC needs a workforce that is nimble and response ready. CDC is enhancing its work to better prepare and coordinate staff across the agency ahead of emergency events to ensure they are ready for response roles when and where needed. However, CDC needs additional operational authority to implement policies to address issues such as overtime pay caps, danger pay, loan repayments, and other flexibilities that enable CDC to rapidly respond to urgent public health needs. These authorities would greatly improve CDC's workforce capacity.

### **Conclusion**

In conclusion, CDC is taking the necessary steps through our Moving Forward initiative to drive needed changes in the operations, incentives, and structure of the organization to address longstanding challenges and fully meet the public health needs of the American public today and in the future. Yet, to fully enable CDC to better prepare for, and equitably respond to, the next emerging public health threat, the agency needs the same or similar support, flexibilities, and

authorities as other federal response agencies. We must look for opportunities to apply lessons learned and advance bipartisan solutions to be better prepared for future public health challenges. Congressional action to support these proposals will improve how CDC responds to future emerging threats and will support the agency's modern-day mission. I look forward to working together to implement the solutions that will make this agency - the work of which is so critical to America's health - and our partners at the state, local, tribal, and territorial level, better prepared for what comes next.

Thank you, and I look forward to your questions.