



**Statement for the Record Submitted by
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Hearing of the Subcommittee on Health of the House Committee on Energy and Commerce
“Booster Shot: Enhancing Public Health through Vaccine Legislation”
Tuesday, June 15, 2021, 10:30 A.M.**

Chairwoman Eshoo, Ranking Member Guthrie, and distinguished members of the House Energy and Commerce Subcommittee on Health, thank you for your commitment to ensuring pregnant women and babies have access to timely vaccines by considering the bills during today’s hearing. March of Dimes commends you for holding this hearing to examine a topic of utmost importance to maternal and child health.

On behalf of March of Dimes, the nonprofit organization leading the fight for the health of all moms and babies, we appreciate this opportunity to submit testimony for the record. We began that fight more than 80 years ago as an organization dedicated to eradicating polio in the U.S., a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

March of Dimes’ ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Rates of preterm birth are increasing, the U.S. is one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in birth outcomes between women and infants of color and their White peers.

We know the pandemic has only worsened this crisis. According to Centers for Disease Control and Prevention (CDC) data, expectant mothers with the virus had a 50 percent higher chance of being admitted to intensive care and a 70 percent higher chance of being intubated than non-pregnant women in their childbearing years.ⁱ The data also shows pregnant Latina and Black women were infected at higher rates than White woman. As we know, COVID-19 strikes the respiratory and cardiovascular systems, which are the two systems already strained during pregnancy.

Pregnancy affects every system in a woman’s body and the immune system changes so that it can protect not only the mother, but the baby. This can make pregnant women more susceptible to certain infections as different parts of the immune system are enhanced while others are suppressed. Therefore, it is crucial that pregnant and lactating women have access to COVID-19 vaccines. They must be included in vaccine trials so that there is data to allow

them to make informed decisions with their medical providers about getting the vaccine and to ensure that the vaccine is safe and effective for them.

We also know, the health and well-being of mothers and infants are inextricably linked. By improving the health of women before, during and between pregnancies, we can improve outcomes for both them and their infants.

VACCINES PLAY A CRITICAL ROLE PROTECTING THE HEALTH OF PREGNANT WOMEN AND THEIR BABIES

Vaccines are considered one of the greatest public health successes of modern medicine. It is estimated that from 1994 to 2016, the U.S. childhood immunization program prevented 381 million illnesses, 855,000 deaths, and nearly \$1.65 trillion in societal costs.ⁱⁱ Adult immunizations have similarly prevented millions of fatalities and illnesses from diseases like influenza and pneumococcal disease.ⁱⁱⁱ

Immunizations play an especially critical role in the health of pregnant women and young children. For pregnant women, rubella (or German measles) is among the most dangerous infectious diseases. Rubella can cause stillbirth, miscarriage, or severe birth defects that can affect almost every part of the newborn's body, including deafness, cataracts, heart defects, intellectual disabilities, and liver and spleen damage.^{iv} During the last major rubella epidemic in the United States, which took place 1964-1965, an estimated 12.5 million people contracted rubella, 11,000 pregnant women miscarried their pregnancies, 2,100 newborns died, and 20,000 babies were born with congenital rubella syndrome. Today, congenital rubella syndrome in newborns is all but unknown in the United States due to the incredible success of the measles, mumps and rubella (MMR) vaccine. Rubella was declared eliminated in the United States in 2004.^v

Influenza can also have disproportionate dangers for pregnant women compared to other individuals. Due to changes in their immune system, heart, and lungs during pregnancy, pregnant women and women up to two weeks postpartum are more vulnerable to severe illness from flu, including illness requiring hospitalization.^{vi} During the H1N1 pandemic influenza outbreak of 2009, several studies indicated that pregnant women were at increased risk of hospitalization, admission to an intensive care unit, death, and other severe outcomes related to that strain of influenza.^{vii} Data from the first month after the appearance of 2009 H1N1 showed that pregnant women were four times more likely to be hospitalized than the general population.^{viii} Although pregnant women represent only 1 percent of the U.S. population, they accounted for about 5 percent of all 2009 H1N1-related deaths.^{ix} Influenza vaccination plays a critical role in protecting the health of both pregnant women and their babies.

Our nation cannot afford to let down its guard and allow the return of diseases that threaten the lives and health of pregnant women, children, and families. While child vaccination rates remain high in most part of our nation, there are communities around the country susceptible to outbreaks of vaccine-preventable diseases due to low vaccination rates.^x

It is imperative that our nation move aggressively to protect public health by ensuring that all Americans receive the full schedule of recommended vaccinations as medically appropriate. The rise of non-medical exemptions in some communities is allowing dangerous infectious diseases to gain a foothold from which they can spread. The resulting reduction in herd immunity endangers not only pregnant women and children, but those who cannot be vaccinated, such as those with medical conditions that compromise their immune systems.

THE NEED TO EDUCATE PREGNANT WOMEN AND PROVIDERS ABOUT VACCINES

Since last year, experts have warned that COVID-19 is likely to move from pandemic to endemic, with the virus becoming more like the common cold, an illness that circulates constantly, making the goal of achieving “herd immunity” unlikely.^{xi} That means the nation’s efforts to boost confidence in the COVID-19 vaccines are not just about vaccinating enough people now to end the pandemic, but also about long-term acceptance of the vaccines. The long-term impact of the coronavirus may result in annual booster shots. Now more than ever, we as a country must prioritize efforts to boost confidence in the COVID-19 vaccines not only to end the pandemic, but also build acceptance of the vaccines in every community, especially among pregnant women.

That being said, the March of Dimes is concerned that that the missteps made with regard to vaccinating pregnant women against COVID-19 could result in years-long, potentially devastating, consequences for millions of mothers and babies. What is even more alarming is the declining access to routine pediatric vaccines. A recent report from the CDC found that while childhood vaccinations were delayed early in the pandemic, they have not returned to pre-coronavirus levels now that most stay at home orders have been lifted.^{xii}

Maternal vaccines in general are critical to the health of moms and babies. However, on average, only half of pregnant people get their flu vaccines and less than half get the vaccination to protect against pertussis (whose outbreaks are on the rise). In addition, there are significant barriers to maternal immunization access for those living in black and brown communities.

While we applaud the Biden Administration’s commitment to reach vaccination goals by this summer, we feel very strongly that there needs to be a nationwide campaign specifically aimed at pregnant women and their health care providers that will assist them getting the very best information about being vaccinated. Without a sustained communication effort, we will continue to see an information gap with persistent myths circulating instead of sound science. In fact, last fall, Harvard University published a study on the lack of trust in COVID-19 vaccines among expected mothers even before the vaccination program was launched.^{xiii}

Now that vaccines are available to everybody, it is our duty to reach birthing people and provide them with timely, critical information. That’s why March of Dimes supports **H.R. 951, the Maternal Vaccinations Act of 2021**. This bill, part of the larger package of legislation under the **Black Maternal Health Momnibus Act of 2021**, strongly supported by March of Dimes, would create a national campaign to raise awareness about maternal vaccinations (including

COVID-19) and increase maternal vaccination rates. Women from communities that historically have had low vaccination rates would be a particular focus, an important consideration as Black, Latino and Indigenous women are disproportionately impacted by both the pandemic and the nation's ongoing maternal health crisis. H.R. 951 would also provide evidence-based, culturally congruent resources, and build partnerships with key maternal and community-based organizations.

We also strongly support the ***Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act of 2021 (H.R. 1550)***, and ***Strengthening the Vaccines for Children Act of 2021 (H.R. 2347)***.

H.R. 1550, the PREVENT HPV Cancers Act, would establish national public awareness campaign at the CDC to increase HPV vaccination rates and understanding of HPV-associated cancers, increase funding at the National Cancer Institute to expand, intensify and coordinate research on HPV-associated cancers, and give states critical resources to improve their immunization information systems. Most importantly, the bill would focus on early detection by expanding funding for the CDC's Cervical Cancer Early Detection initiative to make sure resources are dedicated to underserved communities.

H.R. 2347, the Strengthening the Vaccines for Children Act, would greatly improve patient access and care by expanding eligibility under the Vaccines for Children program to cover more children, incentivize provider participation in the program, expand vaccine education efforts to combat vaccine hesitancy, and track immunizations to better coordinate services for underserved communities.

We also urge Congress to ensure the CDC's 317 Immunization Program has ample funding to do its vital work, including developing evidence-based consumer education campaigns to educate the public about the safety and effectiveness of vaccines.

March of Dimes is proud of our legacy in helping to end the terrible scourge of polio. We know that the same success is possible for other vaccine-preventable diseases, but only if individuals and families are receiving immunizations as recommended by the CDC. The efforts from the Subcommittee today are an important step in achieving our goal of providing expecting mothers and families with the best information possible on immunizations, and we applaud your efforts. We urge the swift advancement of these important bills and look forward to working with you toward their enactment.

ⁱ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm>

ⁱⁱ Centers for Disease Control and Prevention (CDC). (2018). VFC Infographic: 20 Years of Protection. Retrieved from <https://www.cdc.gov/vaccines/programs/vfc/20-year-infographic.html>

ⁱⁱⁱ CDC. (2016). Vaccine-Preventable Adult Diseases. Retrieved from <https://www.cdc.gov/vaccines/adults/vpd.html>.

^{iv} CDC. (2017). Pregnancy and Rubella. Retrieved from <https://www.cdc.gov/rubella/pregnancy.html>.

^v CDC. (2017). Rubella in the U.S. Retrieved from <https://www.cdc.gov/rubella/about/in-the-us.html>.

^{vi} Rasmussen SA, Jamieson DJ, Uyeki TM. (2012). Effects of influenza on pregnant women and infants. *American Journal of Obstetrics & Gynecology*, 207(3 Suppl):S3-8. Retrieved from [https://www.ajog.org/article/S0002-9378\(12\)00722-3/pdf](https://www.ajog.org/article/S0002-9378(12)00722-3/pdf).

vii Ibid.

viii Ibid.

ix Ibid.

^x Hill HA, Elam-Evans LD, Yankey D, Singleton JA, Kang Y. (2018). Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017. *Morbidity and Mortality Weekly Report*, 67:1123–1128. Retrieved from <https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm>.

^{xi} Reaching ‘Herd Immunity’ Is Unlikely in the U.S., Experts Now Believe - The New York Times (nytimes.com)

^{xii} https://www.cdc.gov/mmwr/volumes/70/wr/mm7023a2.htm?utm_source=STAT+Newsletters&utm_campaign=12c638d914-MR_COPY_02&utm_medium=email&utm_term=0_8cab1d7961-12c638d914-151002033

^{xiii} Globally, most pregnant women and mothers would get COVID-19 vaccine and vaccinate their children; acceptance in U.S. and Russia lags | News | Harvard T.H. Chan School of Public Health