July 23, 2024, House Energy and Commerce Health Subcommittee Questions for the Record Responses

Dr. Demetre Daskalakis, National Center for Immunization and Respiratory Diseases

The Honorable Cathy McMorris Rodgers

1. **What is your Center's annual budget?**

   The National Center for Immunization and Respiratory Diseases' (NCIRD) enacted program level in FY24 is $919.3 million.

   a. **How much of this funding supports grants, cooperative agreements, or other external activities and partners, versus supporting internal CDC work and activities?**

      Broadly, approximately 80% of CDC's domestically focused funding is spent in extramural activities – these are resources are used in our communities to help protect health at the local level. Variability among centers depends on intramural costs, particularly support for laboratories and other core capabilities, which are resource intensive.

      For NCIRD, which runs multiple cutting-edge laboratory facilities including the High-Containment Lab, 68% – a majority – of the funding is used to support extramural activities. CDC's \internal costs support additional valuable programmatic components, including the public health subject matter expertise, guidance development, technical assistance, and important coordination, implementation, and evaluation of evidence-based practices as essential components to the success of these programs.

      CDC continues to prioritize core public health capabilities of data, surveillance, lab, workforce, and domestic and global preparedness. These foundational components are necessary to protect health and improve lives; all of CDC's work and our support for jurisdictional partners – whether on influenza, cancer, injury prevention, or antimicrobial resistance – is strengthened when these core capabilities are strengthened.

2. **How many staff does your Center employ in total?**

   NCIRD employed 1,100 FTEs in FY24.

   a. **How many of your staff could be immediately deployed in a crisis?**

   As a lesson learned from COVID, CDC created the CDCReady Responder program within CDC's Office of Readiness and Response, to enable our multidisciplinary workforce to train before a public health event and be ready to respond when and where needed. CDC staff with diverse expertise throughout the agency are enrolled in the program as responders with specific skill sets (e.g. epidemiology, data, communications) so they are ready to contribute to specific needs during a large response such as COVID 19, or to a new health threat that comes our way. So far, 2,750 staff from across the agency have enrolled in the CDCReady Responder program. The ability to surge staff and to respond faster than ever before represents a significant improvement over how CDC operated prior to COVID and is a key example of how CDC is breaking down silos, effectively leveraging our public health workforce, and prioritizing

readiness and response. In addition, as part of the President's Budget, CDC requested authority to waive some existing bureaucratic barriers to create additional flexibility to quickly assign or deploy people from across the agency to quickly respond to emerging public health challenges.

The Honorable Mariannette Miller-Meeks, M.D.

1. **The CDC does not have a mission or purpose defined in statute. If Congress were to go down the path of authorizing the CDC overall, we would also want to authorize each of your Centers and Offices. What would your mission be? Succinctly in 2-3 sentences, please.**

   CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease, improves health and saves lives, and supports communities and citizens to do the same. NCIRD's mission focuses on the prevention of disease, disability, and death through immunization and control of respiratory and related diseases. The Center strives to accommodate the specific needs of all populations at risk for vaccine-preventable disease from young children to adults.

2. **Dr. Demetre Daskalakis, at the June CDC-ACIP meeting, a vote for a recommendation was not conducted to prevent RSV disease in adults with increased risk between ages 50-59.**

   Additionally, the fact that a vote on a recommendation was being withheld was not known to the public until the day of the meeting. This did not give time for patient groups and professional associations to sign up for public comment. How does this align with CDC's initiative to "Modernize Practices and Culture for Better Data Sharing, Impact, and Transparency" and instill confidence that the CDC is focused on its core mission of improving public health and preventing the spread of diseases?

   CDC and the Advisory Committee on Immunization Practices (ACIP) strive for public transparency in their decision-making process. ACIP postponed the June 2024 vote on RSV vaccines in adults 50-59 in response to an interim safety analysis conducted by FDA that provided new data on the risks and benefits of RSV vaccines in this age group. CDC and ACIP felt additional time and safety data were needed to inform a vote. CDC and ACIP look forward to public comment and feedback on the use of RSV vaccines in adults 50-59 at upcoming ACIP meetings.

The Honorable Kim Schrier

1. **How does CDC use seasonal flu infrastructure for avian flu, considering that avian flu might not be seasonal?**

   Seasonal influenza preparedness at CDC is also pandemic preparedness. CDC's seasonal influenza surveillance systems are built to detect novel influenza, like influenza A (H5N1), our labs are constantly sequencing and monitoring viruses with pandemic potential, and our communication systems pivot to pandemic risk communication when needed. CDC's existing

influenza surveillance systems and laboratory infrastructure are well-equipped to rapidly detect human cases of influenza A(H5N1) virus infection. CDC, state, and local public health labs have two influenza assays that can detect human influenza A (H5) cases:

- A seasonal assay that can also detects novel influenza A viruses, which would flag a lab to test further for a virus subtype; and
- An H5-specific diagnostic assay.

Labs can order these assays at no-cost from CDC through the International Reagent Resource at any time throughout the year. Beginning in 2022 with the global outbreak of H5N1 in birds, CDC labs have been assessing circulating H5N1 viruses for genetic and antigenic changes that may impact the neutralizing activity of candidate vaccine viruses (CVVs) and their predicted correlates of protection. Additionally, current CDC vaccine effectiveness platforms and special populations studies are designed to pivot in a pandemic to provide vaccine effectiveness data on new pandemic vaccines if they were to be developed and deployed.

a) **Do you think the mRNA vaccines or the model vaccines we already have will be the jumping off point for development of an avian flu vaccine?**

CDC defers to the Administration for Strategic Preparedness and Response (ASPR).

2. **We are hearing that only symptomatic farmworkers are being tested for avian flu. Many farmworkers do not report illness because they can't afford to miss work. And further complicating the situation is that we may not find out about person to person spread (family members) until there has been significant spread of disease. Even during regular flu season, most people don't see a doctor and even if they do most are not tested for "flu like illness." Are there ways to fix these gaps for more timely diagnosis and understanding about spread of disease?**

CDC recommends that all persons exposed to highly pathogenic avian influenza (HPAI) A(H5N1) infected animals be monitored for symptoms consistent with influenza infection starting the first day (day 0) of exposure and continuing until 10 days after the last exposure. Monitoring exposed individuals helps to rapidly identify human cases, provide appropriate treatment, and help understand the scope of human risk. Any person who shows signs or symptoms consistent with influenza like illness during this monitoring period should be tested for Influenza A (H5). Additionally antiviral treatment can began immediately based on clinical assessment and does not require a positive test result.

State and local health departments, with support from CDC, are actively reaching out to farms with infected dairy cows to facilitate monitoring and testing programs for workers. Between February 2022, when the first bird in the U.S. tested positive for HPAI A(H5N1), and now, more than 13,900 people have been monitored for influenza A (H5N1) and testing has been offered to anyone showing symptoms of illness.

Additionally, CDC's influenza surveillance systems are designed to detect H5N1 human cases. Since February 25, 2024, more than 44,700 specimens have been tested using a protocol that would have detected A(H5) and other novel viruses.

CDC has issued worker safety guidance to help employers and workers implement strategies to reduce exposure to H5N1 viruses. These materials are available in Spanish, English, and indigenous languages commonly spoken by dairy workers, such as K'iche' and Nahuatl.

CDC is also supporting farmworker serving organizations with COVID-19 supplemental funding to reach workers in culturally and linguistically appropriate ways. CDC recently partnered with the National Center for Farmworker Health and four Centers for Agriculture Health and Safety providing this funding through an existing cooperative agreement to increase H5-specific outreach, training, and education for dairy and poultry workers.

The Honorable Dan Crenshaw

1. **A recent University of Texas Medical Branch study estimated that in a small sample of farm workers, 15 percent had antibodies for Highly Pathogenic Avian Influenza (HPAI). This suggests that there are significant gaps in testing and detection. How does CDC plan to address these gaps, particularly with farm workers that might not report symptoms or seek out care?**

   HPAI A(H5N1) viruses continue to spread in wild birds, poultry, and dairy cattle, with limited sporadic human cases. Although human infections with influenza A(H5N1) virus are rare, having unprotected exposure to any infected animal or to an environment in which infected birds or other animals are or have been present can pose a risk of infection. Therefore, people with work or recreational exposures may be at increased risk. Monitoring those exposed individuals is important to rapidly identify human cases, provide appropriate treatment, prevent onward spread, and help understand the scope of human risk. Any person who shows signs or symptoms consistent with influenza like illness during this monitoring period should be tested for Influenza A (H5). Additionally antiviral treatment can began immediately based on clinical assessment and does not require test results.

   State and local health departments with support from CDC are reaching out to farms that have infected dairy cows to facilitate monitoring and testing programs for workers. Between February 2022, when the first bird in the U.S. tested positive for HPAI A(H5N1), and now, more than 13,900 people have been monitored.

   CDC is working with state health departments and other partners to conduct seroprevalence studies during the current outbreak, to help answer important public health questions about whether there is evidence of asymptomatic infections and what behaviors are associated with greater or lower risk for infection. CDC has been involved in studies over many years that have looked at how common neutralizing antibodies (a sign of prior infection) to influenza A (H5N1) viruses are among people with exposure to infected animals, as well as people with no such exposures. A review of these data confirms that human infections with H5N1 virus have been rare in the past, even among people with extensive exposures.

   CDC is helping to expand H5 testing the commercial market. CDC has 16 licensing agreements with 14 private sector partners, either in place or in progress, to expand H5 testing capability, and/or to expand H5 subtyping capacity among high-volume commercial testing laboratories within hospital/clinical networks.

   CDC is also supporting farmworker serving organizations with COVID-19 supplemental funding to reach workers in culturally and linguistically appropriate ways. These groups are doing outreach, developing trainings, and educating for dairy and poultry workers about avian flu and

what workers can do to protect their health and wellbeing. This includes educating workers on health protective actions, such as wearing PPE, but also efforts to understand and address barriers to testing and vaccination.