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

Dr. Jennifer Layden, Office of Public Health Data, Surveillance, and Technology

The Honorable Cathy McMorris Rodgers

1. **What is your Office's annual budget?**
   In FY24, the Office of Public Health Data, Surveillance, and Technology's (OPHDST) enacted program level is $175 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. CDC offers value-add by supporting grantees most effectively utilize funding to implement evidence-based programs that work. Internal costs include 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.

   For the Office of Public Health Data, Surveillance, and Technology (OPHDST), 95% is used to support extramural activities.[1]

   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 Office employ in total?**
   OPHDST employed 1,550 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.

[1] Note: FY 2023 obligations; extramural funding includes grants, cooperative agreements, and contracts. OPHDST only includes the Public Health Data Modernization line in this analysis.

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 Brett Guthrie

1. **The HHS Office of the National Coordinator for Health IT recently proposed the Public Health Interoperability, or HTI-2 rule, which places significant new requirements on technologies critical to supporting prescription drug monitoring programs. Did CDC consider the adverse impact these new, costly, and burdensome, requirements will have on states and health care providers?**

   CDC defers to ONC, which promulgated this rule.

   a. **Or how these burdens will adversely impact their substance use disorder focused work?**
   CDC defers to ONC for response.

   b. **Is this administration's measure of success the length of the red tape it imposes on states and health care providers?**
   CDC defers to ONC for response.

The Honorable Earl "Buddy" Carter

1. **It is my understanding that CDC operates several large, centralized contracts intended to accelerate the agency's data and technology modernization. How is CDC maximizing the use of these contracts?**
   The data modernization investments made during the COVID-19 pandemic have enabled rapid detection of novel health threats, state-of-the-art situational awareness, and effective communication of real-time public health information to our communities. To date, CDC's Office of Public Health Data, Surveillance, and Technology has collaborated with several federal entities, including the General Services Administration, CMS, and the US Air Force, to develop and leverage contractual mechanisms in support of CDC's effort to modernize data infrastructure, system needs, and technical architecture. The contract investments help advance the modernization of CDC and public health IT infrastructure by

working to 1) strengthen and unify critical infrastructure for a response-ready public health ecosystem; 2) accelerate data into action to improve decision-making and public health; 3) support and extend innovative partnerships; and 4) manage focused data governance to ensure strategic use of IT resources.

a. **Is there a reason the agency continues to use its resources to separately procure modernization support through other contracting mechanisms?**
To advance CDC's vision of connecting the public health data ecosystem directly into the healthcare IT ecosystem, the data modernization technology needed by CDC for planning, IT implementation, process improvement, engagement, system enhancements and evaluation continue to evolve with the speed of health IT. Thus, given the need for cutting edge and rapid innovation, CDC has leveraged other contract mechanisms to support agility in procurement as needed.

2. **Dr. Layden, given the private sector's ability to provide support at scale, how is CDC formally working with the private sector (e.g., contracts, grants) at the agency level to accelerate data modernization?**
Working with private sector data and technology partners can help save lives by focusing public health efforts, speeding our response, and connecting public health and health care with private sector innovation. As part of its data modernization initiative, CDC has taken new and unique steps to engage more frequently with private sector partners. Since 2023, CDC has hosted four national and regional summits with about 3,000 participants from 48 states and five countries. These engagements have led to stronger partnerships, collaborative problem solving, and opportunities for public health professionals to explore and test industry solutions to public health data problems. Industry is also a critical partner in executing various elements of the Public Health Data Strategy, such as our commitment to common approaches to health information exchange in collaboration with healthcare payers, providers, and public health departments. This is laying the foundation for faster exchange of more interoperable data between health care and public health.

CDC's data modernization leaders meet regularly with private sector and industry partners to share information and explore mutual solutions to pressing health data challenges. CDC held about 30 such meetings in 2023. CDC, CMS, and ONC are conducting multiple industry visits in 2024 to enhance collaboration with private sector healthcare software and IT partners to discuss shared priorities and opportunities to improve interoperability.

CDC has been working with ONC on various activities involving public sector collaboration, including engagements with health information technology vendors, healthcare providers, and state, tribal, local, and territorial health departments to support the Trusted Exchange Framework and Common Agreement (TEFCA) Public Health Exchange Purpose, and anticipation in ONC's HELIOS FHIR® Accelerator for Public Health.

The Honorable Dan Crenshaw

1. **Wastewater surveillance has proven to be an effective, noninvasive tool to detect infectious diseases in communities while safeguarding individual privacy. What is CDC doing to apply the lessons learned during the pandemic to strengthen our ability to use wastewater surveillance as an early warning system for ongoing threats, like avian influenza, RSV or the next pandemic?**

   CDC's wastewater surveillance program offers an efficient, nimble tool that supports core public health actions across the nation for addressing a wide array of infectious diseases. Wastewater surveillance began with testing for SARS-CoV-2 and expanded to include mpox during the 2022 outbreak response. With the recent international 2024 mpox outbreak, CDC continues to use wastewater surveillance as one source of data to monitor mpox transmission in the United States.

   Building on lessons learned from the pandemic, in 2023, CDC expanded wastewater surveillance to include RSV, and influenza A and B, and is using wastewater data to support the ongoing H5N1 highly pathogenic avian influenza response. Additionally, CDC has initiated efforts to pilot wastewater monitoring for other infectious disease threats like West Nile Virus and Dengue, to further assess novel approaches to surveillance that support early action to prevent outbreaks and death.

   CDC has continued to make wastewater data more accessible and actionable. To provide greater visibility for respiratory virus levels in wastewater and enhance readiness efforts for respiratory virus season, CDC released new data dashboards for avian influenza A(H5) wastewater detections, and new wastewater viral activity level data for Respiratory Syncytial Virus (RSV) and Influenza A.

   Through the Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement, CDC supports six National Wastewater Surveillance System (NWSS)'s Centers of Excellence (CoEs) including a Center in Houston, Texas. These CoE's serve as regional leaders in wastewater surveillance implementation and coordination and lead efforts to advance wastewater monitoring, pilot new methods, and conduct field studies that inform and strengthen our national wastewater surveillance program.

   CDC's wastewater surveillance program is currently supported solely through COVID supplemental funding. These activities have been pivotal in ensuring that our states and communities have the best possible data to inform public health action. For CDC to continue this critical capability, it will take additional resources from Congress. The Fiscal Year 2025 President's Budget requests $20 million for wastewater surveillance, which will allow the agency to retain a smaller program that could surge to support responses to future outbreaks. Without this additional investment, CDC will no longer be able to support this critical situational awareness tool once COVID supplemental resources are expended

2. **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 working with funding farmworker serving organizations 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.

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. OPHDST works to improve access to timely, complete, and high-quality public health data to protect our nation's health. OPHDST advances data sharing and data dissemination activities that advance early threat detection capabilities and robust situational awareness and leads the development and

support of innovative and scalable technology systems for the detection and investigation of public health threats.

2. **In 2015 the CDC removed eating disorders questions from the National Youth Risk Behavior Survey. Despite eating disorders drastically rising amongst youth and adolescents, the CDC has not re-added questions back to the national survey. Researchers across the nation have spoken out about the CDC's removal of questions and the gap in public health data for youth. Why did the CDC initially remove the questions despite there being increased rates of adolescents with life threatening eating disorders?**

   The questions included in the National Youth Risk Behavior Survey (YRBS) are determined through a voting process involving participating YRBS sites. Before each YRBS cycle, YRBS sites review and vote on changes to the questionnaire, deciding which questions to add, delete, or modify based on current public health priorities. In 2015, sites voted to remove the eating disorder questions. These questions are still available on an optional list for sites interested in including it in their state/local surveys.

   a. **Will the CDC add back the questions based off national trends and the rising rate of youth struggling with these conditions?**
      YRBS sites voted to add a question on eating disorders to the 2025 national YRBS survey.

3. **More than 21,000 babies are stillborn in the United States each year. This number has remained relatively unchanged despite medical innovations. It is believed that 1 in 4 stillbirths are preventable, however, one of the key components of turning the tide on this tragedy is reliable public health data. What is the CDC doing to better prevent stillbirth and use public health data to understand its causes?**
   CDC is committed to the public health work to understand the underlying causes of stillbirth. Fetal death data is published annually in publicly available reports and data files by the National Center for Health Statistics (NCHS) through the National Vital Statistics System (NVSS). The NVSS collects all fetal mortality records from all states to compile national statistics. NCHS improved the quality of national fetal mortality data by revising instructions on coding cause of fetal death in 2012 and developing a new system for processing and coding records within the center in 2010. To better understand trends and risk factors for fetal death, data in NCHS reports are presented by maternal race and Hispanic origin, age, tobacco use during pregnancy, and state of residence, as well as by plurality, fetus sex, gestational age at delivery, birthweight, and selected causes of death.

   CDC has a complementary portfolio of activities that investigates stillbirth risk factors and potential warning signs through a multi-pronged approach. The National Center on Birth Defects and Developmental Disabilities (NCBDDD) recently funded a pilot of population-based surveillance in Georgia, Illinois, Indiana, and southern Nevada to examine regional stillbirth prevalence using fetal

death certificates and hospital discharge data. Additionally, NCBDDD supports a small case-control study with three research centers in Arkansas, Massachusetts, and New York that conducts interviews with parents who experienced stillbirths and livebirths and analyzes the data. The findings from both activities will help identify risk factors, exposures, and potential disparities by race/ethnicity and geography while better informing the medical community in planning guidelines and services.

Additionally, through the Pregnancy Risk Assessment Monitoring System (PRAMS), CDC funds states and jurisdictions to collect site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. CDC funded a pilot to explore how PRAMS surveillance of women with recent live births can be modified for surveillance of women who experienced a stillbirth. From 2018 to 2019, the Utah Study of Associated Risks of Stillbirth (SOARS) successfully collected survey information about the experiences of women with a recent stillbirth to better understand risk factors not included in medical records or fetal death certificates. In FY 2021, CDC awarded a new cooperative agreement to Utah PRAMS to implement this data collection again. By collecting data on experiences of stillbirths directly from recently pregnant women, CDC can examine stillbirth risk factors, including quantifiable outcomes with respect to such risk factors. Additionally, since FY23 CDC has funded external partners to support jurisdictions and build capacity for stillbirth data collection. Currently, four jurisdictions are working to collect maternal self-reported data on stillbirth experiences.

Lastly, CDC's Hear Her campaign supports broader efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent maternal warning signs. One of the urgent maternal warning signs is the baby's movement stopping or slowing during pregnancy. While there is no specific number of movements that is considered normal and there is a need for more development of the evidence in this area, a change in the baby's movement is an urgent maternal warning sign that needs immediate medical attention.