

**TESTIMONY**

**OF**

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**BEFORE THE**

**COMMITTEE ON OVERSIGHT AND REFORM**

**SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS**

**U.S. HOUSE OF REPRESENTATIVES**

**MOVING BEYOND THE CORONAVIRUS CRISIS: THE BIDEN ADMINISTRATION'S  
PROGRESS IN COMBATING THE PANDEMIC AND PLAN FOR THE NEXT PHASE**

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**RELEASE ONLY UPON DELIVERY**

Chairman Clyburn, Ranking Member Scalise, 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) ongoing response to the COVID-19 pandemic. It is my privilege to represent CDC, America's health protection agency. Since launching an agency-wide response to the COVID-19 pandemic over two years ago, CDC has learned more each day about this novel pathogen, how it spreads, and how it affects people and communities. We are committed to continuing our work to provide science-based guidance about how we can best protect ourselves and our communities as the virus and the pandemic evolves.

### **State of the Pandemic/Update on Omicron**

This virus has thrown us many curveballs, as emerging variants have presented new challenges; Omicron is only the most recent example.

Cases and hospitalizations from the Omicron variant peaked quickly and we are relieved to see the spike in cases and hospitalizations continuing to recede in the United States. Despite presenting with less severe disease than prior variants, the Omicron variant was responsible for extremely high absolute numbers of cases, resulting in high levels of severe disease, hospitalization, and death. In fact, the 7-day moving average for hospitalizations was higher during the peak of the Omicron wave than during the peak of Delta in September 2021. Thankfully, we are now seeing steep declines in COVID-19 hospitalizations and are now near the historic low of new hospitalizations we experienced in June 2021 before the Delta surge.

Even with all of our progress, a public health emergency still exists. The United States averages nearly 700 deaths every day from COVID-19, the majority of which are among those who are not vaccinated. To put that into context, our worst flu season of the last decade resulted in about 140 deaths per day over the entire year.

Despite widespread availability of vaccines and booster doses, we know that some parts of the country continue to see their healthcare systems stretched thin by the pandemic. In addition, there are many Americans who have a compromised immune system, one or more disabilities, or other serious medical conditions who continue to be at elevated risk. We must continue to use the prevention tools in our toolbox to limit the impact of COVID-19 on communities.

We have been closely monitoring a subvariant, known as BA.2, since mid-December. As of today, we know that it's slightly more transmissible than Omicron, BA.1, but it does not seem to evade our vaccines or our immunity any more than the prior version of Omicron and it does not seem to lead to any more increased severity of disease. Additionally, early studies demonstrate that if a person has previously had Omicron, they likely have pretty good protection against BA.2, at least for now. All of this reinforces the importance of being up to date on COVID-19 vaccination to prevent hospitalization and death.

### **Community Levels**

We are in a stronger place as a nation when it comes to protecting our communities and ourselves against severe disease because of our efforts – like vaccination, improvements in access to testing, widespread availability of high-quality masks, and investments in improved ventilation. The overall risk of severe disease is now generally lower, particularly for those who are up to date on their vaccines. Still, the virus will continue to circulate in our communities.

Just a few weeks ago CDC released an updated framework, COVID-19 Community Levels, for measuring and monitoring the risk COVID-19 poses to communities. This framework focuses our prevention efforts on minimizing severe disease, protecting people at high risk for severe illness, and preventing hospitals and healthcare systems from being overwhelmed.

We are now combining case incidence with metrics of severe disease, such as new hospitalizations and hospital capacity to determine if the level of COVID-19 and severe disease in a community is low, medium, or high. CDC is encouraging decision-makers to track their respective local COVID-19 Community Level and implement appropriate prevention and mitigation measures using this new framework.

Our newly updated metrics and data inform CDC recommendations on prevention measures, like masking and testing. Importantly, COVID-19 Community Levels and public health prevention strategies can be dialed up when our communities are experiencing increased rates of infection and more severe disease and dialed down when those rates are lower.

This new framework is the result of much deliberation and careful analyses. I am appreciative of all our staff who have worked tirelessly, deliberately, and alongside our public health partners to get us to the point where we can tailor public health prevention strategies based on these important metrics of disease activity.

As of March 24<sup>th</sup>, more than 99% of the U.S. population is in a location with low or medium COVID-19 Community Level.

## **Testing**

CDC continues to work closely with the White House and interagency partners on multiple fronts to support access to testing – both in the community and at home. As announced by the administration on January 12th, CDC, in partnership with the Assistant Secretary of Preparedness and Response, is supporting the allocation of 5 million point-of-care rapid antigen tests per month for school testing programs. Since the program began, CDC has allocated 5.3 million tests to more than 1,100 school districts.

CDC also continues to support Operation Expanded Testing, which provides no-cost screening testing for schools, childcare centers, congregate settings, and communities that are under resourced. In January, the administration also announced an additional 5 million lab-based tests available through this program specifically to support school testing. To date, approximately 5 million tests have been performed and roughly half of those were performed in schools.

The Increased Community Access to Testing (ICATT) program is another testing initiative jointly managed by CDC and other agencies with four primary objectives: working with pharmacies to ensure no-cost and equitable access to COVID-19 diagnostics, establishing surge testing sites to provide infection control to populations at elevated risk for SARS-CoV-2 transmission, establishing community testing sites to increase access to COVID-19 testing in under-resourced communities, and supporting testing of unaccompanied noncitizen children in U.S. government custody along the southwest border. Through mid-March, ICATT had supported over 37.4 million tests across the U.S.

Together, these actions help Americans access the tests they need to help stop the spread of COVID-19.

## **Genomic Sequencing and Surveillance**

Viruses are constantly changing, and this includes SARS-CoV-2. Genomic sequencing allows scientists to identify and monitor how SARS-CoV-2 changes over time, understand how these changes affect the characteristics of the virus, and use this information to better evaluate

how it might impact vaccine effectiveness and health. CDC closely monitors and analyzes the evolution of SARS-CoV-2 and the emergence of variants domestically and internationally. Our national genomic surveillance system can reliably detect variants circulating at 0.1% prevalence nationally with 99% probability.

Building on years of investments, CDC has intensified efforts to vastly expand genomic sequencing capacity at both the federal and state levels over the past year. In addition to direct support to public health laboratories, CDC provides support to academic institutions to conduct genomic surveillance research in collaboration with public health agencies and augments sequencing capacity through contracts with commercial diagnostic laboratories to support the national genomic surveillance system and the sequencing of tens of thousands of specimens per week.

CDC began detecting Omicron through its routine baseline genomic surveillance on December 5, 2021, and the first sequence-confirmed cases of Omicron were identified within 4 days of CDC's activation of the National SARS-CoV-2 Strain Surveillance (NS3) program's enhanced surveillance mechanism.

The rapid detection of Omicron in the U.S. reflects the work that CDC and partners have done over the course of the pandemic to build local capacity, enhance communication and information exchange, and advance new technologies. CDC continues to accelerate this work, as it is essential to the nation's ability to rapidly detect and respond to emerging threats. In addition, CDC and other federal agencies continue to work with international partners to learn more about variants circulating globally and will continue to monitor all data sources closely to identify cases of COVID-19 from emerging variants across the world.

## **Vaccination Efforts**

December 14, 2021 marked the one-year anniversary of the COVID vaccination program in the U.S. Since December 2020, more than 560 million doses of COVID-19 vaccine have been administered. Overall, as of March 28, 2022, over 217 million people in the U.S. have been fully vaccinated and over 97 million people have received a booster dose. Approximately 69.6% of the U.S. population 5 years of age and above have completed a primary vaccination series, up from approximately 66% in early January, and 46.4 of the population 12 years of age and above has received their booster dose. While progress is being made, these numbers indicate there is still

more work to be done. Vaccination remains the best public health measure to protect from disease, slow the spread of SARS-CoV-2, and reduce the likelihood of new variants emerging. CDC recommends that everyone 5 years and older protect themselves from COVID-19 by getting vaccinated.

Reports released in 2022 continue to highlight the importance of getting vaccinated and boosted to protect against severe COVID-19 associated with either the Delta or Omicron variant. Scientists are continuing to investigate Omicron, including how well vaccinated people are protected against infection, hospitalization, and death. Early signs are encouraging, as research continues to show fully vaccinated patients have less severe illness, as well as a lower likelihood of ICU admission and death.

CDC recommends that everyone ages 12 years and older should get a booster shot 5 months after vaccination with an initial Pfizer-BioNTech or Moderna series, or 2 months after the J&J/Janssen vaccine. CDC recommends clinical preference for individuals to receive an mRNA COVID-19 vaccine over Johnson & Johnson's COVID-19 vaccine for primary and booster vaccination due to risk of rare, but serious adverse events. In addition, CDC recommends that people 5 years of age and older who are moderately or severely immunocompromised receive an additional primary dose of vaccine.

Strong confidence in COVID-19 vaccines within communities leads to more adults, adolescents, and children getting vaccinated, which in turn leads can lead to fewer SARS-CoV-2 related illnesses, hospitalizations, and deaths. CDC is employing a variety of approaches to improve vaccine uptake, including developing training materials for healthcare providers to have empathetic conversations, funding a number of on-the-ground social mobilization efforts, offering communication materials to the public, and distributing the COVID-19 State of Vaccine Confidence Insights Reports.

## **Global Efforts**

CDC works closely with public health authorities around the world, including targeted support to nations to strengthen their capacity to prevent, detect and respond to COVID-19, as well as support for, multilateral partners, including WHO, Africa CDC and UNICEF. These efforts help provide timelier and more accurate data to inform public health decision-making,

strengthen the public health workforce globally, mitigate COVID-19 transmission across borders, and minimize disruptions to essential health services.

In addition, CDC is working with global partners and over 70 low- and middle-income countries to support planning, implementation, and evaluation of COVID-19 vaccination programs, including vaccine safety programs. CDC is also supporting countries' development of timely, high-quality data on vaccine delivery and safety and providing technical assistance and personnel to GAVI, COVAX, and WHO to assist with the development and implementation of global strategies and policies to distribute vaccines and implement vaccine programs.

### **Looking Ahead**

As the pandemic and the virus evolve, we at CDC are working quickly to adapt with it, including identifying new strategies to understand what is happening in real time to better inform our decision-making and guidance. For example, in early February, CDC unveiled new National Wastewater Surveillance data. We are tracking more than 750 testing sites nationwide, covering over 88 million Americans. Of these, 672 sites are currently represented on COVID Data Tracker. This empowers local and state officials to detect increases in SARS-CoV-2 infection 4-6 days before traditional sentinel signals like test positivity, case counts, and hospitalizations.

CDC is also working to improve our ability to collect real-time, high-quality information through our Data Modernization Initiative—to update core data and surveillance infrastructure across the public health landscape.

### **Conclusion**

As we share the latest information with the public, we look to your bipartisan support to amplify the message of what we know. Our proven prevention strategies will help keep children in school and prevent hospitalizations and deaths. I also hope that we can work together to make sure we never go through something like this again. We must be better prepared for the next public health emergency.

We must bolster our public health infrastructure by supporting new authorities to enable us to be better prepared, and resources like those in the FY2023 President's Budget to support pandemic preparedness, data modernization, public health laboratories, domestic and global disease surveillance, and state, territorial, and local public health partners. We must continue to

make investments now to make sure we maintain and address the long-standing vulnerabilities in our public health system. I am committed to working with Congress to find common ground to support our public health system and make meaningful strides toward achieving health security for all Americans now and into the future. I welcome continued dialogue and collaboration to think about how to prevent what comes next even as we still combat this virus.

Thank you and I look forward to your questions.