

ONE HUNDRED SEVENTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

June 11, 2021

Saad Omer, M.B.B.S., Ph.D., M.P.H., F.I.D.S.A.  
Director  
Yale Institute for Global Health  
146 Hartford Turnpike  
Hamden, CT 06517

Dear Dr. Omer:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Wednesday, May 26, 2021, at the hearing entitled “A Shot at Normalcy: Building COVID-19 Vaccine Confidence.” I appreciate the time and effort you gave as a witness before the Committee on Energy and Commerce.

Pursuant to Rule 3 of the Committee on Energy and Commerce, members are permitted to submit additional questions to the witnesses for their responses, which will be included in the hearing record. Attached are questions directed to you from certain members of the Committee. In preparing your answers to these questions, please address your response to the member who has submitted the questions in the space provided.

To facilitate the printing of the hearing record, please submit your responses to these questions no later than the close of business on Friday, June 25, 2021. As previously noted, this transmittal letter and your responses, as well as the responses from the other witnesses appearing at the hearing, will all be included in the hearing record. Your written responses should be transmitted by e-mail in the Word document provided to Austin Flack, Policy Analyst, at [austin.flack@mail.house.gov](mailto:austin.flack@mail.house.gov). To help in maintaining the proper format for hearing records, please use the document provided to complete your responses.

Saad Omer, M.B.B.S., Ph.D., M.P.H., F.I.D.S.A.

Page 2

Thank you for your prompt attention to this request. If you need additional information or have other questions, please contact Austin Flack with the Committee staff at (202) 225-2927.

Sincerely,

A handwritten signature in blue ink that reads "Frank Pallone, Jr." in a cursive style.

Frank Pallone, Jr.  
Chairman

Attachment

cc: The Honorable Cathy McMorris Rodgers  
Ranking Member  
Committee on Energy and Commerce

The Honorable Diana DeGette  
Chair  
Subcommittee on Oversight and Investigations

The Honorable H. Morgan Griffith  
Ranking Member  
Subcommittee on Oversight and Investigations

**Attachment—Additional Questions for the Record**

**Subcommittee on Oversight and Investigations  
Hearing on  
“A Shot at Normalcy: Building COVID-19 Vaccine Confidence”  
May 26, 2021**

Saad Omer, M.B.B.S., Ph.D., M.P.H., F.I.D.S.A., Director, Yale Institute for Global Health

**The Honorable Diana DeGette (D-CO)**

1. As we approach the Biden Administration’s July 4th target date for administering at least one COVID-19 vaccine dose to 70 percent of American adults, what are your top recommendations for ways the federal government can continue encouraging COVID-19 vaccine uptake during the second half of 2021?

I covered some recommendations in my testimony. Here’s a summary:

1. Health care providers are the most trusted source of vaccine information - even among those who are vaccine hesitant. There is a need for a national Continued Medical Education (CME) program that covers evidence-based communication approaches for health care providers.
2. Currently health care providers are compensated if they vaccinate their patient; they don’t get reimbursed if the patient ends up refusing the vaccine. However, doctors do not know the outcome of counseling before the end of the visit. Making vaccine counseling itself reimbursable will facilitate this promising intervention for those most hesitant about vaccines. Many other countries do so. For example, [Australia recently instituted rebates for general practitioners who provide counseling](#) on Covid-19 vaccines.
3. Making it extremely easy to get vaccinated will tip the balance for many who are yet to be vaccinated.
4. Many nascent federal efforts to bring vaccines directly to communities, including programs that work with local civic and religious leaders need to be sustained and scaled up.

**The Honorable Michael C. Burgess, M.D. (R-TX)**

1. There have been recent reports of employees of federal agencies, specifically the agencies responsible for public health such as the Centers for Disease Control and Prevention and the National Institutes of Health, not receiving the COVID-19 vaccine. Do you have any insight indicating why this is?

- a. These agencies should be leading as examples of confidence in these vaccines.

What can we do to increase the level of vaccination within these agencies?

I agree that public health agencies should be leading as examples of confidence in COVID-19 vaccines. I think some of the communication approaches I outlined in my testimony are applicable to federal employees as well.

2. How has vaccine hesitancy in the United States compared to hesitancy in other countries where a COVID-19 vaccine is widely available?

- a. What have other countries experiencing high levels of hesitation done to address this sentiment?

Many other high-income countries have been facing similar problems with vaccine acceptance. No country has been able to get everything right but there a few examples of effective initiatives:

- France's national electronic media campaign focusing on return to normalcy as a motivation for vaccination.
- Australia recently instituted rebates for general practitioners who provide counseling on Covid-19 vaccines. This will incentivize vaccine counseling.
- Israel's use of a "green pass" that allows vaccinated people to engage in certain activities that non vaccinated individuals are not permitted to engage in provides an incentive for vaccination.

### **The Honorable Gus Bilirakis (R-FL)**

1. Should the goal of the U.S.'s COVID-19 vaccine efforts be herd immunity – why or why not?

I think the U.S's ultimate goal should be an immunization coverage of approximately 80% to obtain sustainable control of the outbreak. This is compatible with the herd immunity threshold for the known variants of concern. However, the country can safely resume a lot of activities short of that target because we have prioritized and have achieved high vaccine coverage among the highest risk groups (e.g. older individuals); resulting in substantial reduction in mortality even at overall vaccination rates short of the nominal herd immunity threshold. On the other hand, high vaccination rates will ensure that there are limited resurgences -even when the weather is more conducive or transmission and as more transmissible variants spread in the U.S.

2. If someone has already had COVID-19 and recovered, do they still need to get vaccinated with a COVID-19 vaccine – why or why not?

They should still get vaccinated as high level of immunity is not consistently achieved after infection. However, there is increasing evidence that even one dose of an mRNA vaccine may be sufficient to induce a high level of immune response among those with prior infection.

- a. Do people need to wait a certain period of time after getting infected before getting vaccinated?

Those with COVID-19 should wait to get vaccinated until recovery from their illness and have met CDC's criteria for discontinuing isolation.