

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**TESTIMONY**

**OF**

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CHIEF SCIENTIFIC OFFICER  
COVID-19 RESPONSE**

**BEFORE THE  
HOUSE OF REPRESENTATIVES SELECT SUBCOMMITTEE  
ON CORONAVIRUS CRISIS**

**Reaching the Light at the End of the Tunnel:  
A Science-Driven Approach to Swiftly and Safely Ending the Pandemic**

**RELEASE ONLY UPON DELIVERY**

## **Introduction**

Chairman Clyburn, Ranking Member Scalise, and distinguished Members of the Select Subcommittee, I am Dr. David Kessler, and I am honored to be serving as the Chief Scientific Officer for the COVID-19 Response. Thank you for the opportunity to testify before you today, provide this update, and discuss our planned actions and priorities going forward.

Today, the United States is in a special position, with three vaccines authorized for the prevention of COVID-19. I am pleased to report that more than 75 percent of people over the age of 65 have received at least one dose and over 55 percent of them are fully vaccinated. President Biden recently announced that all adults should be eligible for a vaccine by April 19.

I want to acknowledge up front the important work that was done to bring a vaccine to the American people in record time. As we deliver vaccines and therapeutics, I have the great privilege of working closely with General Gustave Perna and his team from the Department of Defense (DoD), as well as my colleagues from the Department of Health and Human Services (HHS) who are also appearing before you today. It is important for Members of this Committee to know that today, there is one COVID-19 Response team that is coordinated throughout all levels of government. We are all part of that team.

I pledge to work with all Members of this Subcommittee and Congress as we advance our COVID-19 Response efforts to bring COVID-19 under control.

Today, I am here to share with you the latest information on vaccine supply and production and to discuss some of the challenges we need to address.

One of the first tasks that we undertook was to make sure we have enough vaccine available for American adults by the end of May. We are encouraged by a recent Centers for Disease Control and Prevention (CDC) study reviewing data from the first three months of vaccinations with Pfizer and Moderna among health care personnel, first responders, and other frontline and essential workers. The real-world

observational data showed the mRNA vaccines were 90 percent effective in preventing SARS-CoV-2 infection, two or more weeks after full vaccination.

While we have planned to provide enough vaccine for all American adults, these doses are not yet in hand and still need to be produced. I have worked throughout my career on drug regulation and I know that quality in the manufacturing of these vaccines is essential. There is a very strong government team supporting the efforts to produce these vaccines, working with the manufacturers to provide operational and logistical assistance to help them achieve these goals.

As President Biden has stated, there is a difference between simply having a vaccine supply and getting shots in arms. I am privileged to work with colleagues on the COVID-19 Response who coordinate efforts with state and local partners to deliver and administer those doses. We have provided Federal support for over 800 community vaccination centers, with Federal personnel on the ground at more than 400 community vaccination centers and mobile sites. We have also launched a program to directly send doses to 21 pharmacy companies, now including around 30,000 stores, with over 40 percent located in high risk zip codes. We are increasing the number of stores to more than 40,000 by April 19, meaning that 90 percent of all Americans will have a vaccination site within 5 miles of where they live. In addition, we have launched a program to directly send vaccine to community health centers, currently reaching 500 centers, with plans to reach up to 950 by the end of April. We have opened 30 high-volume, federally-run sites that have already administered over 2.1 million shots in some of America's most disadvantaged neighborhoods. At our Community Vaccination Centers around 60 percent of the vaccines have been administered to minorities. Underlying all of these efforts is an unwavering commitment to vaccine equity. We are committed to providing all Americans with equal access to these important vaccines.

Today, I want to provide specific updates on three topics that we know are vitally important to the overall effort to bring COVID-19 under control in America.

First, as a pediatrician, I know it is essential that we carefully evaluate data on the safety and effectiveness of the vaccines in adolescents and children. We are currently supporting multiple clinical trials in adolescents and children, including clinical trials with messenger RNA (mRNA), adenovirus, and recombinant protein vaccine platforms. Those studies will help us understand vaccine safety and immunogenicity in pediatric populations, which is a high priority for us. We are concerned with the recent increase in cases in younger populations, including teens and children. We expect that data on vaccine safety and effectiveness in adolescents and children will be carefully reviewed by the FDA and CDC, which, as it normally does, will benefit from the recommendations of its Advisory Committee on Immunization Practices (ACIP). If vaccines are authorized for adolescents and children in the coming months, we will work to distribute the needed doses to those populations.

In addition, we are confronting new and emerging variants. Over the last several months, we have witnessed an increasing prevalence in viral variants that have raised questions about how effective current vaccines will be in the future. Through our own funding of additional studies and close collaboration with developers that have funded independent trials, we have been able to get, and to continue to obtain, critical insight into this situation. While the current vaccines have proven highly effective, we continue to plan for the future. To that end, and as my colleagues will describe further, we have begun partnering with product developers to support efforts to produce the next iteration of these vaccines. We will remain vigilant and pursue options to protect Americans if the need arises.

The third issue I want to address today is our planning around the questions of if and when Americans who have been vaccinated might need a booster dose. In collaboration with my colleagues testifying today, we are studying the durability of the existing vaccines to continue to mount an effective immunological response.

Preliminary data show that neutralizing antibodies persist for some time after the second dose of an mRNA vaccine with a relatively slow decline over time. As with other vaccines, such as the influenza vaccines, a subsequent dose may be important to provide continued protection against the wild-type strain but also may be critical to

maintain protection against variants. The good news is that there are many potential options that we can consider for potential booster doses. We are evaluating and expanding studies to determine which options would be effective to achieve ongoing protection. As you can imagine there are numerous potential combinations of vaccine doses that might help protect Americans in the future. Therefore, we are also planning now to make sure we have sufficient vaccine available to support this potential need.

I look forward to working with Members of this Committee as we address the issues I have highlighted. Thank you for the opportunity to testify today on our recent COVID-19 Response actions.