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## Division of Infectious Diseases

June 30, 2021

The Honorable James E. Clyburn, Chairman  
The Honorable Steve Scalise, Ranking Member  
House Select Subcommittee on the Coronavirus Crisis  
2157 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Clyburn and Ranking Member Scalise:

We are submitting this letter to the Select Subcommittee on the Coronavirus Crisis as two Professors of Medicine and Public Health at Emory University.

Dr. Carlos del Rio is a Distinguished Professor of Medicine in the Division of Infectious Diseases at Emory University School of Medicine and Professor of Global Health and Epidemiology at the Rollins School of Public Health. He is Executive Associate Dean for Emory at Grady Memorial Hospital, co-Director of the Emory Center for AIDS Research (CFAR) and co-PI of the Emory-CDC HIV Clinical Trials Unit and the Emory Vaccine Treatment and Evaluation Unit. In addition, he is the Vice-President of the Infectious Diseases Society of America and a member of the National Academy of Medicine where he serves as the International Secretary. Throughout the COVID-19 pandemic Dr. del Rio has been working in patient care, doing research, writing scientific papers and doing countless media appearances to inform the public about the pandemic. Pertinent to the work of your committee he is an investigator in the Moderna® phase 3 clinical trial and thus intimately familiar with the process of development, testing and approval of that vaccine.

Dr. Walter Orenstein is currently the Associate Director of the Emory Vaccine Center. Previously he worked in the US Immunization Program at the CDC for 26 years including 16 years (1988-2004) when he was Director of the United States Immunization Program. During the 1990s, Dr. Orenstein was the CDC lead for a Presidential Initiative, called the Child Immunization Initiative which successfully reached the goal of achieving at least 90% immunization coverage among children. Dr. Orenstein has also been the co-editor of the standard textbook in the field of vaccinology, currently titled "Plotkin's Vaccines" for the last 5 editions. Finally, Dr. Orenstein is a member of the National Academy of Medicine and Chair the Immunization and Vaccines-related Implementation Research Advisory Committee for the World Health Organization.

As you know the COVID-19 pandemic has been devastating not only for the United States but for the world. Thus far in the U.S. over 33 million people have been infected and over 600,000 have died as a result of COVID-19. In addition to the loss of lives there has been economic pain and social isolation that have been hard on many Americans.

**Emory University School of Medicine**

WMB 2101  
1639 Pierce Drive  
Atlanta, Georgia 30322

Tel: 404-712-2279  
Fax: 404-712-2278

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In this unprecedented tragedy a bright spot has been the way in which COVID-19 vaccines were developed, tested, and deployed. It took less than a year to go from having a new virus identified to having not only one, but three highly effective vaccines given Emergency Use Authorization by the U.S. Food and Drug Administration (FDA). Vaccines protect in two ways. First, they protect the individual vaccinated by inducing an active immune response that destroys the SARS-CoV-2 virus, the cause of COVID-19, before it causes disease. Second, they break the chains of human-to-human transmission so other persons who cannot be vaccinated (e.g., a legitimate medical contraindication) or do not have an immune system capable of making a protective immune response, are indirectly protected because they are not exposed to the virus. This is known as “Herd Immunity” or “Community Protection”.

Since the first person was vaccinated outside a clinical trial in December 14<sup>th</sup>, 2020, over 180 million people have received at least one dose of a Covid-19 vaccine, including about 154.2 million people who have been fully vaccinated. But vaccines do not save lives. Vaccinations save lives. A vaccine dose that remains in the vial is 0% effective regardless of how effective the vaccine was in clinical trials. While many Americans have been vaccinated, many have not. Only 63% of those eligible for vaccination have received at least one shot and 54% are now fully vaccinated. In addition, the number of shots given per day has dropped sharply from over 3 million/day in mid-April to just under 1 million per day. As a result, there are many in our country that are not vaccinated and thus at risk for COVID-19. As a clinician I can tell you that virtually everyone we have now in the hospital with COVID-19 or who is dying from COVID are unvaccinated individuals.

With the emergence of the highly contagious Delta variant in our country, it is urgent that we redouble our efforts to try to get as many vaccinated as possible. President Biden had set the goal to give at least one shot to 70% of Americans by the 4<sup>th</sup> of July, while this was a lofty goal it is clearly not enough as, in order to be fully protected from the Delta variant, not one but two shots are needed.

Today, despite the ample supply of vaccines in the U.S. there are still many who still cannot access a vaccine or are hesitant to be vaccinated. Vaccine hesitancy is a complex issue and many people are reluctant to be vaccinated today because they have valid questions or because they have heard or seen misinformation about the vaccine safety. It is thus critically important that we develop strategies to overcome vaccine hesitancy. States in the southeast and West/Midwest are among those with the lowest COVID-19 vaccination rates in addition, there continues to be significant racial and ethnic disparities in vaccine uptake with Black/African American and Hispanic/Latinx having vaccination rates lower than Whites. In addition, Republicans, individuals ages 18-49 and people in rural settings have the least desire to receive a COVID-19 vaccine currently.



It is our opinion that efforts to decrease vaccine hesitancy and increase vaccine confidence must leverage trusted messengers and cultivate trust. For that reason, we think it is important for members of Congress, Republicans and Democrats, to endorse vaccination and encourage their constituents to get vaccinated. We also think it is necessary for state and local health departments to work with trusted community organizations such as Churches and other Community-Based Organizations to promote vaccination. Research should be supported to determine what messages best address vaccine hesitancy concerns. In essence, what is needed is the right message, delivered by the right messenger, through the right communications channels. Finally, primary care providers need to be given access to vaccines so that they can immunize patients in their offices rather than send them to a vaccination site.

For outreach to those who have not yet been vaccinated we recommend that Congress appropriate resources so that Community Health Workers can be hired by state and local health departments to go into communities to vaccinate individuals.

Finally, we suggest that Congress contact the FDA and inquiry about the timing for the full approval of the vaccines currently under EUA. We think that full FDA approval will help increase the number of persons willing to be vaccinated against COVID-19. At this point both Pfizer and Moderna have submitted their BLA to the FDA so approval may be forthcoming soon.

We want to thank you and your Committee for your ongoing leadership as we continue to tackle the COVID-19 pandemic and work to end it. Please feel free to contact either of us if you have further questions.

Sincerely,

Carlos del Rio, MD  
Professor of Medicine and Public Health  
Co-Director, Emory CFAR

Walter Orenstein, MD  
Professor of Medicine and Public Health  
Associate Director of the Emory Vaccine Center