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IDSAs Headquarters
4040 Wilson Boulevard
Suite 300
Arlington, VA 22203
TEL: (703) 299-0200
FAX: (703) 299-0204
EMAIL ADDRESS:
info@idsociety.org
WEBSITE:
www.idsociety.org

June 30, 2021

The Honorable Jim Clyburn
Chair
Subcommittee on the Coronavirus Crisis
United States House of Representatives
Washington, D.C 20515

The Honorable Steve Scalise
Ranking Member
Subcommittee on the Coronavirus Crisis
United States House of Representatives
Washington, D.C 20515

Dear Chair Clyburn and Ranking Member Scalise:

On behalf of the Infectious Diseases Society of America (IDSAs), I thank you scheduling the “Building Trust and Battling Barriers: The Urgent Need to Overcome Vaccine Hesitancy” hearing, and for your ongoing efforts to confront the COVID-19 pandemic. IDSAs represents more than 12,000 physicians, scientists, public health professionals and other clinicians specializing in infectious diseases. Our members are on the front lines of the COVID-19 response, caring for patients; designing and updating infection prevention, diagnostic testing and patient management protocols; collaborating with state and local health departments on communications and mitigation efforts; leading health care facility responses; and conducting research to develop new tools for the prevention, diagnosis and treatment of COVID-19. We strongly urge all eligible individuals to get fully vaccinated against COVID-19 and appreciate this opportunity to share our expert perspectives on COVID-19 vaccine safety and efficacy, on the importance of boosting vaccine uptake and on strategies to overcome vaccine hesitancy.

COVID-19 Vaccine Safety and Efficacy

Research shows that all COVID-19 vaccines available in the U.S. are safe and highly effective in providing protection against COVID-19. The vaccines are also effective against novel variants of COVID-19 including the Delta variant that is now circulating in the U.S. CDC is continuing to collect real world evidence to learn more about the effectiveness of COVID-19 vaccine, including length of protection and protection against newer variants. Because no vaccine is 100% effective, a small number of breakthrough cases of COVID-19 have been reported in fully vaccinated individuals, and in these instances the vaccines help to prevent more serious illness. COVID-19 vaccines are widely credited for the significant declines in COVID-19 transmission, hospitalizations and deaths in the U.S.

Robust and compelling data demonstrate the safety of COVID-19 vaccines. Millions of people in the U.S. have now received COVID-19 vaccines under the most intense safety monitoring in U.S. history, adding greatly to information offered by clinical trial data. Serious safety problems are extremely rare and the benefits of COVID-19 vaccines far

outweigh any risks, even for young, healthy individuals. Serious side effects that could cause long-term health problems are highly unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. For this reason, the Food and Drug Administration (FDA) required each of the authorized COVID-19 vaccines to be studied for at least eight weeks after the final dose. Millions of people have received COVID-19 vaccines, and no long-term side effects have been detected.

Importance of Boosting Vaccine Uptake

In late December 2020, the U.S. launched an unprecedented and highly ambitious program to vaccinate as many people as possible as quickly as feasible. Since then we have made important strides in vaccinating individuals ages 65 and over (77.7%) and in significantly increasing vaccine supply and vaccination sites throughout the country. More than 153 million people in the U.S., or 46.3% of our population, are fully vaccinated against COVID-19. We have also boosted vaccine confidence over time across all racial and ethnic groups. The number of individuals in the U.S. getting vaccinated each day, however, is now plummeting, from a high over 3 million shots per day in mid-April to under 1 million shots per day in late June, with a concerning number of people remaining unvaccinated.

Because we know that in order to be protected against the highly contagious Delta variant one needs to be fully vaccinated, it is essential that we significantly boost COVID-19 vaccine uptake as quickly as possible. Vaccines are critical to bringing the pandemic under control. Large numbers of unvaccinated individuals across the country allow more COVID-19 transmission to occur. We continue to see higher rates of transmission in communities with lower vaccination rates as compared to communities with higher vaccine rates. As travel increases, low vaccination rates anywhere put all of us at risk. Of particular concern, greater transmission facilitates the development of more variants. Newer variants such as the Delta variant are more transmissible and more deadly. We now have data that the Delta variant is spreading faster in communities where less than 30% of the population is vaccinated, such as some in the Midwest and the Southern U.S. As additional variants develop, they may undermine the effectiveness of vaccines — underscoring the urgent need to achieve sufficiently high vaccination rates before more variants are able to develop and take hold. We expect COVID-19 transmissions to increase in the fall and winter months, making vaccination critical to preventing large surges of severely ill patients.

Strategies to Overcome Vaccine Hesitancy

Vaccine hesitancy is complex, and concerns that can vary across demographic groups fuel vaccine hesitancy. Geographically, states in the southeast and west/Midwest are among those with the lowest COVID-19 vaccination rates, while states in the northeast and west coast have some of the highest vaccination rates. According to CDC data, vaccination rates continue to lag among younger individuals, with only 20.7% of people ages 12-15, 34% of people ages 16-17, 39.1% of people ages 18-24 and 45% of people ages 25-39 fully vaccinated, compared to 79.4% of people ages 65-74 and 75.7% of people ages 75 and older. While vaccine confidence has increased over time in all racial and ethnic groups in the U.S., vaccination rates for Black/African American (22.4%) and Hispanic/Latinx (26.6%) individuals are below vaccination rates for white (31.6%), Asian (34.1%)

and Indigenous (38.2%).¹ It is important to recognize that while vaccine hesitance is a key concern, vaccine apathy as well as access issues may also slow vaccine uptake, despite important strides in improving equitable vaccine access. According to the Kaiser Family Foundation COVID-19 vaccine monitor, Republicans, individuals ages 18-49 and people in rural settings have the least desire to receive a COVID-19 vaccine at this time. Adults who want to "wait and see" before getting vaccinated are more likely to be young and people of color, while those in the "definitely not" group are more significantly Republican-leaning and in rural areas.²

Efforts to decrease vaccine hesitance and increase vaccine confidence and uptake must address concerns, fully leverage trusted messengers and cultivate trust. Many concerns about COVID-19 vaccines stem from questions about how quickly the vaccines were developed and potential side effects as well as lack of confidence in the benefits of vaccination, overconfidence in one's ability to avoid serious illness, and overall mistrust of the medical system — which can be particularly troubling for people of color due to the very real concerns of racism and health inequities. Providing evidence-based, easy-to-understand information in an empathetic and non-judgmental manner is an important strategy to boost public confidence in COVID-19 vaccines. This is being done, and it must continue and be expanded to reach more people.

A full Biologics License Application (BLA) approval of COVID-19 vaccines would likely further boost confidence in the vaccines that are now available via Emergency Use Authorization (EUA). Now that both Pfizer and Moderna have submitted their BLAs to the FDA it may be appropriate for Congress to request that FDA provide an update on the review process.

The messengers are just as important as the messages. According to Kaiser Family Foundation, 79% of people are likely to turn to a doctor, nurse or other health care provider when deciding whether to get a COVID-19 vaccine. This number is even higher for Black/African American and Hispanic/Latinx adults. CDC, family, friends, state and local health departments, pharmacists and religious leaders were found to be additional important messengers. We must better leverage primary care providers to boost vaccine confidence and uptake.³⁴ This can be accomplished by expanding overall access to primary care, increasing public messaging that encourages people to talk to their health care providers about COVID-19 vaccination, and arming primary care providers with communications tools and COVID-19 vaccines to administer in their offices and clinics. We must also continue to fund public health to support locally designed operations led by organizations such as local nonprofits, county health departments and community clinics that have built trust with residents and are capable of going door to door to dispel vaccine mythology. Government leaders on both sides of the aisle should continue promoting vaccination to their constituents and supporters to help reduce the partisan divide in vaccine uptake. The [video](#) released this spring of Republican physicians in Congress urging people to get vaccinated is a strong example.

It is also important to note that some people who are not yet vaccinated may not be vaccine hesitant, but rather vaccine apathetic. Vaccine hesitancy typically indicates that an individual is actively assessing the risks and benefits of vaccination, whereas vaccine apathy is characterized by

¹ <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

² <https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/>

³ <https://www.nejm.org/doi/pdf/10.1056/NEJMp2106137?articleTools=true>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8030992/pdf/main.pdf>

less firm opinions and little time spent considering vaccination. Individuals may be vaccine apathetic if they believe they have a very low risk of COVID-19 or of severe illness or if they are too overwhelmed by daily immediate needs (e.g. financial insecurity, family pressures, etc.) to spend time thinking about vaccination. Easily accessible messages about vaccination are important for these groups, as are continued strategies to make vaccines accessible and address underlying socioeconomic challenges that compromise access to health care.⁵

Summary of Recommendations

- Continue investing in appropriately targeted messaging to boost COVID-19 vaccine confidence, particularly among populations with the lowest vaccine uptake.
- Continue increasing public health funding in a sustainable way to support state and local COVID-19 vaccination campaigns, including the necessary workforce and partnerships with community-based organizations.
- Better leverage primary care providers to boost COVID-19 vaccine confidence and uptake.

Once again, thank you for your ongoing leadership as we continue to grapple with the COVID-19 pandemic and work to expand vaccination. Please feel free to contact Amanda Jezek, IDSA Senior Vice President of Public Policy and Government Relations if we may assist you in any way.

Sincerely,

A handwritten signature in cursive script that reads "Barbara D. Alexander".

Barbara D. Alexander, MD, MHS, FIDSA, President

⁵ <https://jamanetwork.com/journals/jama/fullarticle/2780792>