STATEMENT OF

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BEFORE THE

COMMITTEE ON HEALTH, EDUCATION, LABOR AND PENSIONS (HELP)
U.S. SENATE

VACCINES: SAVING LIVES, ENSURING CONFIDENCE AND PROTECTING PUBLIC HEALTH

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INTRODUCTION

Chairman Alexander, Ranking Member Murray and distinguished members of the committee, thank you for the opportunity to address the importance of immunizations in children and adults, particularly in the context of the COVID-19 pandemic, and the actions we are taking to ensure the health and safety of all Americans.

I am grateful to you for focusing attention and action on this critical health issue. Getting children and adults immunized, protecting millions from preventable infections, is a battle we can win--and win now.

I would like to start by clarifying terms often used in discussions on this topic. **Vaccination** refers to the act of introducing a vaccine into the body to produce immunity to a specific disease. **Immunization** is the process by which a person develops immunity through the act of vaccination. Though their meanings are different, they are often used interchangeably.

I should also define a couple of other terms. **Vaccine confidence** is the trust that parents, patients, or healthcare professionals have in the safety and effectiveness of vaccines, and the processes and policies involved in vaccine development, licensure, manufacturing, and recommendations for use. Secretary Azar has declared that "one of the most pressing public health challenges our country faces is vaccine hesitancy, driven in part by misinformation. **Vaccine hesitancy** refers to delay in acceptance or refusal of vaccines despite their availability and is different from the anti-vaccine movement according to researchers[1,2,3]. Vaccine hesitancy, named one of the top 10 global health threats in 2019 by the World Health Organization, is a product of complacency, inconvenience, and lack of confidence[4].

While I will describe the current status, benefits, challenges, and actions related to childhood and adult vaccinations, including that for seasonal influenza, I want to ground this discussion in the reality of COVID-19. The pandemic has affected

[1] World Health Organization. Ten threats to global health in 2019. https://www.who.int/emergencies/ten-threats-to-global-health-in-2019

[2] The National Academies of Sciences, Engineering, and Medicine. Vaccine Access and Hesitancy – The Public Health Importance of Vaccines. https://www.nationalacademies.org/news/2020/06/vaccine-access-and-hesitancy-the-public-health-importance-of-vaccines

[3] Natbony, J., & Genies, M. (2019). Vaccine Hesitancy and Refusal. Pediatrics in review, 40(Suppl 1), 22.

[4] World Health Organization. Addressing Vaccine Hesitancy. https://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/

every household and almost every facet of our lives and livelihoods. We are deep in the fight against the virus that causes COVID-19, and that fight may become more complex in the weeks and months ahead when it and the flu virus will most likely circulate together.

We are confident that safe and effective vaccines will be developed for COVID-19. But they are not yet available. In the meantime, we rely on the heroic efforts of the frontline healthcare workers to treat those who become ill and dedicated public health workers to test the people who need to be tested and implement control and prevention practices that prevent further spread of the disease. In addition, I want to highlight the three things we can all do right now to protect ourselves and each other – washing our hands, wearing a mask, and watching our distance by maintaining at least 6 feet between others and avoiding large gatherings.

One more action is critical. One of the most powerful acts that Americans of every age can take is to be up-to-date on their immunizations. Keeping up with recommended vaccinations is important for all age groups. Teens should be protected against meningitis and preventable cancers with recommended vaccinations. Adults need vaccines too to help them stay healthy and avoid diseases such as shingles, influenza, whooping cough, tetanus, and pneumococcal pneumonia. Children and adults with health conditions are particularly susceptible to diseases and there are vaccines specifically recommended for them. Missing or delaying vaccines puts our country at risk of having to fight outbreaks of preventable disease and could take precious resources away from the COVID-19 response in communities across America.

As a physician, public health expert, parent, and the Nation's Doctor, I can confidently and unequivocally state that **vaccines are safe, effective, and life-saving**. The science is indisputable and the benefits are real. To help all Americans reap these benefits, we must ensure that they have the facts on vaccines, communicate vaccine confidence and overcome vaccine hesitancy, and make the case that, this year, **more than ever**, being current on recommended vaccinations is essential to preserve health, prevent disease, reduce the burden on the healthcare system, and restore our economy.

CHILDHOOD IMMUNIZATIONS

Vaccinating babies according to the recommended immunization schedule ensures that they are protected against 14 serious childhood illnesses such as measles,

meningitis, and whooping cough[5]. The good news is that over 90 percent of parents choose to protect their children through vaccinations.[6,7]

However, in some communities in the United States, misinformation has contributed to parents choosing to delay or refuse vaccinations for their children. While overall vaccination rates remain high, nearly 12 percent of parents refuse at least one recommended childhood vaccine[8], over 30 percent of parents delay one or more recommended childhood vaccines[9], and many parents are getting school immunization exemptions for personal, rather than health reasons.

These trends tend to be concentrated in geographic pockets and in certain communities. For example, the large outbreaks of measles in and around New York City in 2018 and 2019 were concentrated among unvaccinated children. They began when a returning traveler who was infected with measles abroad exposed a community that did not have a communitywide or "herd" immunity. New York accounted for nearly 75 percent of the 1,270 reported measles cases across 31 states in the United States in 2019, the most in a single year since 1992[10]. As a result, our country nearly lost its status as a measles-eliminated country, an important public health milestone that was achieved in 2000[11]. More importantly, people, primarily children, suffered needlessly from a preventable disease.

What stopped the measles outbreak in New York was the community coming together with elected, religious, and other leaders speaking as one voice to connect public health messages and vaccination efforts with community members, including parents who had not vaccinated their children. This coalition spoke on how safe vaccines are and how they protect people, listened to concerns expressed by the parents of children and the community and dispelled myths and

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[5] Centers for Disease Control and Prevention. Vaccinate Your Baby for Best Protection. https://www.cdc.gov/features/infantimmunization/index.html

[6] Centers for Disease Control and Prevention. Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2018–19 School Year. https://www.cdc.gov/mmwr/volumes/68/wr/mm6841e1.htm?s_cid=mm6841e1_w

[7] Centers for Disease Control and Prevention. Vaccination Coverage by Age 24 Months Among Children Born in 2015 and 2016 — National Immunization Survey-Child, United States, 2016–2018. https://www.cdc.gov/mmwr/volumes/68/wr/mm6841e2.htm?s_cid=mm6841e2_w

[8] Freed GL, Clark SJ, Butchart AT, Singer DC, Davis MM. Parental vaccine safety concerns in 2009. Pediatrics.2010;125(4):654-9.

[9] Smith PJ, Humiston SG, Marcuse EK, Zhao Z, Dorell CG, Howes C, Hibbs B. Parental Delay or Refusal of Vaccine Doses, childhood vaccination coverage at 24 months of age and the health belief model. Public Health Rep.

[10] Centers for Disease Control and Prevention. Measles Cases and Outbreaks. https://www.cdc.gov/measles/cases-outbreaks.html

[11] Centers for Disease Control and Prevention. Measles Elimination. https://www.cdc.gov/measles/elimination.html

misinformation on vaccines, and made it possible for the children and the community to get vaccinated conveniently.

In my role as Surgeon General, I was deployed to see some of these cases first hand and observed the vast disruption an outbreak can cause in a community. One example is the outbreaks in Washington State last year. I met with parents, clinicians, and public health experts to chart a path forward to tackle myths and misinformation surrounding vaccines and make informed decisions based on scientific evidence.

First, parents must have time with trusted, well-informed, and caring providers who listen to their concerns and address their questions. Some providers I spoke with went beyond their clinic walls to share their advice, hosting "ask the doctor" sessions, often after normal business hours, that enabled non-judgmental conversations with parents. Some parents visited their healthcare professionals two or even three times before ultimately deciding to get their children vaccinated. With time, support, and compassion from their clinicians, these parents made the choice to protect their children with vaccines. There's an old saying—"people don't care how much you know until they know how much you care." This adage comes true when healthcare teams talk with parents about giving vaccines to their children.

Second, start conversations on vaccines between parents and providers early. We need to talk to parents of infants and young children and with pregnant women, answer questions, and reduce vaccine hesitancy. We need to leverage available data and seek additional data on how to best communicate with African American, Latino/Latina, Asian American, Native American, and other racial and ethnic communities, cultures, socially or economically disenfranchised communities, and other close-knit communities subject to large outbreaks of measles in 2019.

Third, we have to further develop partnerships and work with trusted messengers to stop myths and contain the spread of misinformation on vaccines. We can do that by promoting trustworthy vaccine information to be disseminated by trusted voices through outlets to which people go to get information. We need to build and normalize a culture of immunization in healthcare practices, our schools, our workplaces, and our communities. To do that, we also need help from state and local policy makers who set the tone and advance policy decisions, and enable best public health practices such as immunization programs to protect us and our communities. Finally, we recognize the power of a communications campaign to reinforce social norms about vaccination, combat myths, and utilize tested and

tailored messaging to respond to common questions and sharpen focus on personal and community benefits of vaccination.

IMMUNIZATIONS DURING PREGNANCY

I mentioned earlier that we need to start the conversation on vaccines with parents early. It starts with expectant mothers and women who may become pregnant. They need to know the facts about vaccines and how vaccines protect them and their babies. However, only about half of pregnant women get the recommended flu and whooping cough vaccinations during pregnancy. African American and Latina women who are pregnant have even lower rates of these vaccinations. Those who do not get these vaccines are at risk for potentially serious complications during pregnancy.

When pregnant women are immunized against flu and whooping cough vaccines, they pass on antibodies to the unborn baby, providing protection for several months after birth, until babies can safely be vaccinated. Newborns whose mothers did not receive flu or whooping cough vaccines are at risk for the diseases and complications including hospitalization and death.

Pregnancy results in changes to women's respiratory and immune systems and doubles their risk for serious complications that require hospitalization if they get the flu. Pregnant women age 15 to 44 years account for 24 to 34 percent of hospitalizations due to flu each year in the United States. That disproportionate rate of hospitalizations for pregnant women with the flu is even more striking if we take into account that only 9 percent of women in this age group are pregnant.

How effective are the flu and whooping cough vaccines for pregnant women? Research has shown that getting a flu vaccine reduces a pregnant woman's risk of hospitalization due to the flu by 40 percent, and their newborn babies' risk of hospitalization by 72 percent. The case for flu vaccination for pregnant women cannot be much stronger than this. Pregnant women should get the flu vaccine at any time during her pregnancy to protect her and her baby against serious complications from the flu.

Whooping cough is a serious disease in babies, but they cannot get the vaccine until they're at least 2 months of age. Babies younger than 2 months of age who get whooping cough require hospitalization 67 percent of the time. Babies in this age group also make up 69 percent of deaths all caused by whooping cough. This is why the vaccine against whooping cough is recommended for pregnant women

during her third trimester. The whooping cough vaccine prevents 78 percent of whooping cough in babies younger than 2 months of age.

ADULT IMMUNIZATIONS

Vaccines are recommended not only for children and pregnant women, but for adults throughout their lifespan. Adults need to keep up-to-date on their vaccines because immunity from childhood vaccines can wear off over time. Additionally, adults are at risk for different diseases because of their age, health conditions (like heart disease and diabetes), occupation, and other reasons. As it is for children, vaccination is one of the most effective, convenient and safest ways to prevent disease and stay healthy.

In the United States, 140,000 to 710,000 flu-related hospitalizations and 12,000 to 56,000 deaths occur from flu-related illnesses each year—mostly among the elderly. Additionally, about 320,000 people get pneumococcal pneumonia each year, resulting in 150,000 hospitalizations and 5,000 deaths—again mostly among the elderly. Most of us know at least of someone who has had to endure the severe, unrelenting pain that accompanies shingles, long after the disease itself has cleared. Each year, 1 million people get shingles in the United States.

There are vaccines for adults that can prevent these and other diseases that can cause serious illnesses, hospitalizations, and even death. Young adults should get the flu vaccine; the tetanus, diphtheria, and pertussis vaccine (Tdap); and, if they did not receive it before, the human papillomavirus (HPV) vaccine. Older adults should get the flu, Tdap, shingles, and pneumococcal vaccines. Other vaccines are indicated for adults with health conditions.

Despite the benefits of these routine vaccinations, the vaccination coverage rates for adults are low. Only about 45 percent of adults age 19 years or older receive the flu vaccine each year, with racial and ethnic minorities and younger adults having lower coverage rates. Pneumococcal vaccination coverage among adults age 19–64 years at increased risk for pneumococcal disease is about 25 percent and for those age 65 years or older is about 69 percent. Shingles vaccination rate is about 35 percent for adults age 60 years or older. The shingles vaccine is now recommended for adults age 50 years or older, so going forward, data on the shingles vaccination rate will change.

Given these low vaccination coverage rates for adults, additional efforts to promote vaccines for adults are needed. Similar to efforts for children, trusted, well-

informed, and caring providers need to listen to the concerns expressed by their adult patients, answer questions, and strongly recommend vaccines; have conversations on vaccines early and frequently; and actively work to stop myths and contain the spread of misinformation on vaccines. These efforts require time, energy, and resources. We need to better equip and enable our healthcare providers to do this critical preventive health work.

IMMUNIZATION DURING THE EARLY COVID-19 PANDEMIC

Unfortunately, but not surprisingly, the COVID-19 pandemic disrupted life-saving vaccinations at all levels, putting millions of children and adults at risk for vaccine-preventable diseases. Efforts to control the spread of COVID-19 during the early months of the pandemic resulted in providers closing their practices and patients canceling their appointments as communities were subject to social distancing, stay-at-home and other public health response measures.

Early pandemic data on the Vaccines for Children (VFC) program—CDC's over $4 billion program that supports a network of public and private health care providers to administer free vaccines to about half the children in the United States—painted an alarming picture. VFC providers across the country ordered 3 million **fewer** doses of vaccines compared to the same period in 2019[12]. At the same time, there was a substantial decrease in childhood vaccine administration rates in eight large healthcare systems in the United States. When the vaccination status at milestone ages of children in Michigan was evaluated in the aftermath of the national public health emergency declaration in March 2020, coverage rates for essentially all childhood vaccinations declined substantially compared to the same time period in previous years. Data indicate that vaccination coverage rates for adults were similarly adversely impacted.

Subsequent data suggest that vaccine ordering through the VFC program and vaccine administration rates have largely recovered from the declines in the early months of the pandemic but the backlog of vaccinations that have been delayed, particularly for adults, have not yet been resolved.

IMMUNIZATION DURING THE UPCOMING INFLUENZA SEASON

For the upcoming flu season, the viruses that cause COVID-19 and influenza will be inextricably linked. The question is how we can best prepare Americans to stay

[12] Santoli, J. M. (2020). Effects of the COVID-19 pandemic on routine pediatric vaccine ordering and administration—United States, 2020. MMWR. Morbidity and Mortality Weekly Report, 69.

healthy from both threats. Although the world has changed over the last nine months due to COVID-19, one thing has not: **getting the flu vaccine is the best way to prevent the flu**.

Everyone six months of age or older should receive a flu vaccine every year. We should do better to reach people with high risk for serious complications from the flu, such as older adults and those with health conditions, African American and Latino/Latina communities, and younger adults who have the lowest flu vaccination rates among adults.

At least part of this lower participation is due to a reluctance and mistrust of vaccines and health systems. We need to do a better job of conveying the right message the right way. We need to be sensitive to the cultural norms of the diverse communities that comprise America and work with the trusted leaders and service providers in those communities to communicate that vaccines are safe and effective and that vaccines save lives. Again, we need to work with our communities to establish an expectation that children and adults are current in their vaccinations and that being up-to-date is the norm.

The disparities in low uptake of flu and other vaccinations echo those we have observed with how COVID-19 has disproportionately impacted racial and ethnic minority communities. In recent data (August 22), African Americans and Native Americans are hospitalized due to COVID-19 at four to five times the rate of whites. Hispanic Americans are hospitalized at three times the rate of whites. The reasons are many and are rooted in long-standing socioeconomic conditions that reduce resilience, opportunity, and health. These conditions make it harder for people of color to get and stay healthy.

That is why it is imperative public health leaders, members of Congress, federal and state agencies, and communities all across the country, concentrate our efforts to ensure that the most vulnerable populations are protected from both the flu and other vaccine-preventable diseases, in addition to COVID-19.

While widespread vaccination for the flu each year is **always** important, we must aim for record-breaking vaccination rate for **this** upcoming season. Of course the flu vaccine does not protect against COVID-19, but the possibility of coming down with the flu amidst the COVID-19 pandemic is concerning. We should take advantage of all the tools available to protect ourselves, our families, and our communities. And getting the flu vaccine gives each of us one big tool to do that. As I described earlier, the flu vaccine can help us stay out of hospitals and reduce

possible exposure to COVID-19, and help conserve healthcare resources that our healthcare professionals and healthcare systems desperately need.

PATH FORWARD

This moment in our national and global lives is one of unprecedented challenge. It is also one of unparalleled opportunity. With will, intention, collaboration, and intelligent (data-informed) resourcing, we can close past gaps and break past records to vaccinate millions of Americans, across all age groups, genders, races, ethnicities, and geographies. We can protect and preserve health---and healthcare resources--if we work together now.

Secretary Azar has declared that "one of the most pressing public health challenges our country faces is vaccine hesitancy, driven in part by misinformation."[i] Vaccination saves lives, but only if people trust that they are safe and effective, and agree to receive the vaccine. We must take responsibility to counter misinformation and ensure that every American understands the importance of vaccines throughout their lives.

The U.S. Department of Health and Human Services (HHS) is using a three-tiered approach to improve vaccine confidence through: 1) research and evaluation, 2) collaboration and partnerships, and 3) communication strategies and knowledge dissemination. We continue to look for opportunities to advance and promote vaccinations for all Americans and have championed vaccinations in a variety of ways. From the more traditional avenues like an op-ed in the New York Times and events in town halls, hospitals, and community centers across the nation, to connecting with individuals on digital platforms and social media by hosting things like the #HHSVaxChat, we have strived to reach people directly.

Our efforts also include advancing research to better understand vaccine confidence as well as partnerships to help counter misinformation. The Department has a long history of working with external and trusted partners to counter misinformation online. Last year, in partnership with Twitter, the platform provided a resource box Vaccines.gov when a Twitter user searched for vaccines or immunization. This collaboration gave Twitter users direct access to accurate, science-based information on Vaccines.gov.

On top of that, HHS has also made improvements to Vaccines.gov to make it mobile-friendly and increase both the ease of and access to information about

vaccines, making it a go-to resource for common questions and a resource hub for others to communicate about the life-saving value of vaccines.

In addition, CDC developed *Vaccinate with Confidence*, a strategic framework to strengthen vaccine confidence and prevent outbreaks of vaccine-preventable diseases in the United States. *Vaccinate with Confidence* will strengthen public trust in vaccines by advancing three key priorities: protect communities, empower families, and stop myths.

The HHS Office of Minority Health (OMH) recently announced funding of the National Infrastructure for Mitigating the Impact of COVID-19 (NIMIC) Initiative. NIMIC seeks to develop and coordinate a strategic and structured national network of national, state/territorial/tribal and local public and community-based organizations that will mitigate the impact of COVID-19 on racial and ethnic minority, rural and socially vulnerable populations.

The NIMIC initiative is a three-year cooperative agreement between OMH and the Morehouse School of Medicine to fight COVID-19 in racial and ethnic minority, rural and socially vulnerable communities. The Morehouse School of Medicine and OMH will lead the initiative to coordinate a strategic network to deliver COVID-19-related information to communities hardest hit by the pandemic. Though focused on COVID-19, this network will nurture community level connections, build trust, and enhance local capacity and infrastructure, generating benefits well beyond those related to the pandemic.

The Office on Women's Health serves as a trusted resource for women and families, including recommendations for vaccinations during pregnancy and the most current updates about the health impacts of COVID-19.

U.S Public Health Service Commissioned Corps officers are leading efforts to increase acceptance of and access to influenza vaccine, particularly in underserved and racial and ethnic minority communities. Officers are implementing innovative strategies to ensure that culturally competent messages on the importance of influenza vaccination reach these communities, while also increasing access through partnerships with states, federally-qualified health centers, and Federal entities such as the Bureau of Prisons and the Indian Health Service.

The Health Resources and Services Administration (HRSA) launched a social media campaign with the hashtag #WellChildWednesdays to encourage parents and stakeholders to maintain a regular schedule of well-child visits and

immunizations. Every Wednesday for ten weeks, social media messages promoted the importance of immunizations and well child visits with pediatric providers. The Office of the Surgeon General, along with numerous HHS operating divisions and other national, state and local public health partners amplified the 10 HRSA posts, which reached more than 330,000 people and generated at least 500 additional posts using the #WellChildWednesdays hashtag.

The Administration on Children and Families supported distribution of HRSA's eNews messages (sent via tweet #WellChildWednesdays), including their message encouraging parents to bring their children to the doctor for vaccinations and extending their reach in the following ways:

- The Office of Child Care posted the message on its website, and sent it to 4,450 stakeholders through the OCC Announcements email blast.
- The Early Childhood Development Office sent the message to its Federal partners' list serve of over 73 Federal staff across multiple agencies.
- The Office of Head Start sent the message to over 1600 Head Start Grantees and conducted a webinar: *Keeping Our Children Well During COVID-19*, which included information on the early childhood vaccination schedule.
- Head Start can send messaging about vaccinations for children and flu shots for parents/staff to 1,600 grantees, 250,000 staff and 1,000,000 children.
- The Children's Bureau will send communication to all child welfare offices including foster parents and courts regarding the importance of vaccination schedules including the flu vaccine.

Last month marked "National Immunization Awareness Month," a time when our messaging is usually ramped up on the importance of vaccinations. This year, we launched **Catch Up to Get Ahead**, an effort to increase childhood immunization rates that fell so dramatically during the early months of the pandemic. The Catch Up to Get Ahead toolkit is available on vaccines.gov and includes talking points, safety protocols, payment information, and other helpful materials to help get children catchup on the vaccines that have been delayed by the COVID-19 pandemic.

The effort focused on increasing vaccination opportunities, informing parents that it is important and safe for their children to get vaccinated during COVID-19. Its goals were to: 1) increase access to childhood vaccines by encouraging vaccination service providers to expand their service hours, 2) redouble communication efforts about vaccine safety and the importance of staying up-to-date on vaccinations, and 3) promote policies that reduce barriers to vaccinations. This was a coordinated

HHS effort through my office, the Office of the Assistant Secretary for Health (including the Office of Infectious Disease and HIV/AIDS Policy, the Office on Women's Health, and the Regional Health Offices), the Office of Minority Health, CDC, the Health Resources and Services Administration, and the Indian Health Service.

Lastly, on August 19, HHS issued a third amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to increase access to childhood vaccines by authorizing state-licensed pharmacists to administer all routinely recommended vaccines for children age 3 through 18 years during the COVID-19 pandemic. The goal was to decrease the risk of vaccine-preventable disease outbreaks as children begin to return to daycare, preschool, and primary and secondary school across the United States. Looking ahead, when COVID-19 vaccines are licensed and recommended for use, the PREP Act will greatly increase the vaccines' access to children and adults in the United States.

CLOSING

Our goal is to communicate the best available evidence to the public to help them stay safe and healthy. To protect children, adults, and pregnant women through vaccinations in the time of COVID-19, we offer the following recommendations, gleaned from experts across the Federal Government and healthcare systems.

First, everyone should know that all vaccines including the flu vaccine can be delivered safely during the COVID-19 pandemic. Healthcare providers for children and adults should:

- Communicate with patients about how they can be safely vaccinated during the pandemic;
- Follow infection control guidance to prevent the spread of COVID-19;
- Assess the vaccination status of all patients at every visit;
- Strongly recommend the vaccines they need;
- Administer recommended vaccines or refer patients to a vaccination service provider such as a pharmacy or health department (delay vaccination for people with suspected or confirmed COVID-19);
- Ensure that vaccination records are maintained at the patient's usual medical home;
- Implement effective strategies for catch-up vaccinations such as patient reminder-recall; and

- Submit records of vaccines administered in the state or local immunization information system.

We're frequently asked when the best time to get the flu vaccine is. The timing of onset of the influenza season is unpredictable, and there are concerns that vaccine-induced immunity might wane over the course of a flu season if given too early in the season. To address this concern, Americans 6 months and older should get vaccinated for the flu during October or as soon as possible after October, as additional flu vaccine becomes available.

We have all been deeply affected by the pandemic and there is much work to be done to mitigate the challenges we face as a result of COVID-19. Despite the challenges, I remain steadfast in my resolve to use our scars, losses, and lessons learned during COVID-19 as an opportunity to make our communities healthier, more resilient and more just. And increasing vaccination rates for children and adults is a key part of that opportunity.

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[i] Youtube. Highlights of HHS Secretary Alex Azar's remarks to NVAC & commitment to vaccination. June 7, 2019. https://www.youtube.com/watch?v=SpJHDl09SQs. Accessed September 10, 2019.