

**TESTIMONY**

**OF**

**ROCHELLE P. WALENSKY, M.D., M.P.H.**

**DIRECTOR**

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**BEFORE THE**

**COMMITTEE ON HEALTH, EDUCATION, LABOR & PENSIONS**

**U.S. SENATE**

**AN UPDATE ON THE ONGOING FEDERAL RESPONSE TO COVID-19: CURRENT  
STATUS AND FUTURE PLANNING**

**June 16, 2022**

**RELEASE ONLY UPON DELIVERY**

Chair Murray, Ranking Member Burr, and distinguished members of the Committee, it is an honor to appear before you today to discuss the Centers for Disease Control and Prevention's (CDC) ongoing response to the COVID-19 pandemic. It is my privilege to represent CDC, America's health protection agency. Since launching an agency-wide response to the COVID-19 pandemic over 2 years ago, CDC has learned more every day about this novel pathogen, how it spreads, and how it affects people and communities. We are committed to continuing our work to provide science-based guidance about how we can best protect ourselves and our communities as the virus and the pandemic evolve.

### **State of the Pandemic**

Last month, we reached a tragic milestone: 1 million reported deaths from COVID-19 in the United States, a heartbreaking reminder that COVID-19 is still with us. While we mourn the overwhelming loss that these numbers represent, and we honor each of the individuals who have passed, there are many reasons for hope. We have learned an incredible amount about this virus in a short period of time. We have increased access to the tools we need to protect ourselves and those around us.

Over the past two months we have seen increases in cases and hospitalizations on the national level. Cases are beginning to level off on the national level, although we continue to see increases in some regions of the country. And, while the 7-day average of daily deaths continues to decrease, there are still tragically too many deaths each day from this disease. Although COVID-19 continues to circulate, we now have vaccines, tests, and treatments that work to prevent severe disease and death. Most Americans have some immunity due to receipt of vaccines, past infection, or both. In February, CDC transitioned to using COVID-19 Community Levels, leveraging community level data to offer guidance to local jurisdictions and to empower them to decide when and where to implement prevention measures. CDC looks at the combination of three metrics — new COVID-19 admissions per 100,000 population in the past 7 days, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 population in the past 7 days — to determine the COVID-19 community level. New COVID-19 admissions and the percent of staffed inpatient beds occupied represent the current potential for strain on the health system. Data on new cases acts as an early warning indicator of potential increases in health system strain in the event of a COVID-19

surge. Jurisdictions can use these data to prioritize efforts to minimize the impact COVID-19 has on our health, our healthcare systems, and our society, while focusing efforts on protecting those who are most at risk of severe illness. As of June 9, 2022, nearly 78 percent of the U.S. population is in a location with low or medium COVID-19 Community Level.

The pandemic is not over, and we must continue to do all we can to decrease severe disease and death. Despite widespread availability of vaccines, including booster doses, we know that some parts of the country continue to see their healthcare systems stretched thin by the pandemic. In addition, there are many Americans who have a compromised immune system, one or more disabilities, other serious medical conditions, or who continue to be at elevated risk because of their age or other factors. We must continue to use the prevention tools in our toolbox to limit the impact COVID-19 has on those who are most vulnerable and our communities.

### **Genomic Sequencing and Surveillance**

CDC continuously monitors and analyzes the evolution of SARS-CoV-2 and the emergence of variants domestically and internationally, and our national genomic surveillance system can reliably detect variants, including those circulating at low levels. CDC's National Genomic Surveillance System employs critically important and comprehensive strategies to detect and track variants.

Building on years of investments, CDC has intensified efforts to vastly expand genomic sequencing capacity at both the federal and state levels over the past year. In addition to direct support to public health laboratories, CDC provides support to academic institutions to conduct genomic surveillance research in collaboration with public health agencies. CDC also augments sequencing capacity through contracts with commercial diagnostic laboratories to support the national genomic surveillance system and the sequencing of thousands of specimens per week.

The rapid detection of emerging variants, including Omicron and its subvariants, in the U.S. reflects the work that CDC and partners have done over the course of the pandemic to build local capacity, enhance communication and information exchange, and advance new technologies. CDC continues to accelerate this work, as it is essential to the nation's ability to rapidly detect and respond to emerging threats. In addition, CDC and other federal agencies continue to work with international partners to learn more about variants circulating globally;

CDC will continue to monitor all data sources closely to identify cases of COVID-19 from emerging variants across the world.

As the pandemic and the virus evolve, we at CDC are working quickly to adapt with it, including identifying new strategies to understand what is happening in real time to better inform our decision-making and guidance. For example, in early February 2022, CDC unveiled new National Wastewater Surveillance data. We are tracking more than 995 testing sites nationwide, covering over 110 million Americans. Of these, 773 sites are currently represented on COVID Data Tracker. This empowers local and state officials to detect increases in SARS-CoV-2 infection 4-6 days before traditional sentinel signals like test positivity, case counts, and hospitalizations.

### **Vaccination Efforts**

Since December 2020, more than 591 million doses of COVID-19 vaccine have been administered in the U.S. Overall, as of June 13, 2022, over 221 million people in the U.S. have received their primary vaccine series and over 104 million people have received at least one booster dose. Approximately 71 percent of the U.S. population 5 years of age and above have completed a primary vaccination series and 48.8 percent of the population 12 years of age and above have received their booster dose. While progress is being made, these numbers indicate there is still more work to be done. Vaccination remains the best public health measure to protect from severe disease. CDC recommends that everyone who is eligible protect themselves from COVID-19 by getting vaccinated and staying up to date on their vaccinations. This includes CDC's recommendation for boosters for anyone five years and older and a second booster of an mRNA vaccine for adults ages 50 years and older and for people aged 12 and older who are moderately or severely immunocompromised.

Strong confidence in COVID-19 vaccines within communities leads to more adults, adolescents, and children getting vaccinated, which in turn can lead to fewer SARS-CoV-2 related hospitalizations and deaths. CDC is employing a variety of approaches to improve vaccine uptake, including developing training materials for healthcare providers, funding a number of on-the-ground social mobilization efforts, offering communication materials to the public, and distributing the COVID-19 State of Vaccine Confidence Insights Reports, which

identify the public's questions, concerns, frustrations, and misinformation they are encountering while providing readers ways they can act on the findings.

Furthermore, the Federal Retail Pharmacy Program continues to be an important component in our commitment to address the disproportionate and severe impact of COVID-19 on communities of color and other underserved populations. CDC partnered with 21 national pharmacy organizations and independent pharmacy networks that represent over 41,000 locations nationwide – to ensure that the public has access to COVID-19 vaccines in a familiar setting. Almost 90 percent of Americans live within five miles of a retail pharmacy. As of June 8, 2022, more than 254 million doses have been administered and reported by retail pharmacies across programs in the U.S., which includes approximately 8 million doses administered onsite in long-term care facilities in the early days of the vaccination program. As of June 8, 2022, 42 percent of the cumulative doses administered through these pharmacy programs have gone to a person from a racial or ethnic minority group. CDC continues to identify and engage in opportunities that align with the guiding principles of the CDC COVID-19 Response Health Equity Strategy, and CDC works to accelerate and strengthen efforts to reduce the disproportionate burden of the pandemic on communities of color and other populations of focus.

## **Global Efforts**

CDC global health experts have worked tirelessly with partners and public health officials globally to respond to the COVID-19 pandemic, leveraging and adapting our global health investments, systems, and programs for the global COVID-19 response. CDC has worked hand-in-hand with Ministries of Health in dozens of countries to provide critical support during the COVID-19 pandemic. CDC's ability to leverage core public health capacities overseas for the global COVID-19 response is built on longstanding investments in surveillance, laboratory networks, emergency management, and workforce development. For example, CDC has supported the development and strengthening of over 30 national Emergency Operations Centers worldwide, and CDC's PEPFAR-supported investments in laboratory networks and systems have been critical to COVID-19 diagnosis and surveillance, with 73 percent of PEPFAR-supported centralized labs implementing SARS-CoV-2 testing.

Just as in all our work at CDC, advancing health equity is a core tenet of CDC's global health work. CDC supports over 70 countries to receive and administer COVID-19 vaccines.

Around the world, CDC is committed to widespread and equitable access to safe and effective COVID-19 vaccines, while continuing to build capacity for essential immunization systems. CDC's approach to global health prioritizes host country ownership, investment in local partnerships, development of sustainable capabilities, and sharing of technical expertise. CDC works to identify, partner with, and reach underserved populations around the globe.

### **Looking Ahead**

When looking ahead, the FY 2023 Budget Request for CDC and ATSDR, provides an important framework to establish future investments in public health. This includes \$10.7 billion in program funding for ongoing and expanded efforts to support our mission—protecting America from health, safety, and security threats, at home and abroad. The FY 2023 Budget also outlines transformative mandatory proposals, building upon the lessons learned through our experience with COVID-19 and emphasizing recovery and revitalization of the nation's public health system. The proposed new Vaccines for Adults program highlights my and the Administration's commitment to health equity by creating a structure and mandatory funding stream through which uninsured adults would have access to all vaccines that have been recommended by CDC's Advisory Committee on Immunization Practices and CDC. In addition, that program will help sustain the adult vaccine infrastructure built with investments during the COVID-19 pandemic, and it will be a critical step towards being prepared for the next pandemic. The Budget also proposes \$81.7 billion for pandemic preparedness at the Department of Health and Human Services, of which \$28 billion would be allocated to CDC. This will provide early warning and situational awareness, strengthen core capabilities, and strengthen public health systems including workforce and global health security.

Congressional support for these initiatives, accompanied by additional authorities to collect public health data, will make the nation better prepared for future pandemics, but there are still additional COVID-19 problems to solve here at home and abroad. To continue essential COVID-19 response activities, as delineated in the Administration's \$22.5 billion supplemental request to Congress on March 2, 2022, CDC needs additional funds to support infrastructure for surveillance and laboratory capacity, as well as to support ongoing global response needs, including to accelerate vaccine uptake through the U.S. Initiative for Global Vaccine Access, to limit the spread of variants and protect lives here and globally.

In April 2022, CDC announced the launch of the new Center for Forecasting and Outbreak Analytics (CFA). CFA seeks to enhance the nation's ability to use data, models, and analytics to enable timely, effective decision-making in response to public health threats for CDC and its public health partners. CFA's work will focus on three main goals: to predict, inform, and innovate. CFA has begun to build a world-class outbreak analytics team with experts across several disciplines to develop faster, richer evidence to predict trends and guide decision-making during emergencies. CFA will also continue to advance the state of the science of outbreak data, models and analytics to improve the nation's ability to respond to health emergencies.

### **Conclusion**

While we have come a long way since the beginning of the pandemic, there is still much work to be done, and we all have a role to play. I continue to encourage everyone who is eligible to get vaccinated and boosted to protect both themselves and their fellow community members from COVID-19. We must bolster our public health infrastructure by supporting new authorities to enable us to be better prepared, and resources like those in the FY2023 President's Budget to support pandemic preparedness, data modernization, public health laboratories, domestic and global disease surveillance, and state, territorial, and local public health partners. We must also continue to make investments now to make sure we address the long-standing vulnerabilities in our public health system. I am committed to working with Congress to find common ground to equitably support our public health system and make meaningful strides toward achieving health security for all Americans now and into the future.

Thank you, and I look forward to your questions.