



Centers for Disease Control and Prevention

National public health leadership is essential, particularly during a pandemic, to rapidly detect and respond to emerging threats, develop and implement evidence-based prevention strategies, and promote health equity and well-being. CDC has long been the gold standard in public health, not only leading US responses, but promoting public health worldwide. It will be imperative to strengthen domestic and global public health infrastructure, including a public health workforce, and restore public confidence in CDC and its independent expert decision-making.

We support the appointment of Rochelle Walensky, MD, MPH as the CDC Director. Dr. Walensky is a widely respected public health leader, who is a skilled and experienced communicator with expertise in applying science to understanding, responding to and controlling pandemic threats that include HIV and COVID-19. She also has a demonstrated commitment to health equity and to advancing community-based strategies. Importantly, the position and the agency as a whole should be protected from political interference to the extent possible.

We greatly appreciate that President-elect Biden has already released a national COVID-19 response plan, and we urge a strong leadership role for CDC in the response. CDC is well suited to lead many aspects of the national response, including mitigation strategies to guide state and local assessment of disease activity and impacts with corresponding prevention strategies that include mask use, guidance for schools and restrictions on certain activities.

National Center for Immunization and Respiratory Diseases

Vaccine Allocation

The success of any COVID-19 vaccine hinges on a transparent, effective and equitable administration and allocation plan. We emphasize the importance of national guidance and leadership of the CDC and its Advisory Committee on Immunization Practices (ACIP) in collaboration with state, local and tribal governments that appropriately utilizes existing vaccine infrastructure.

Trust in federal vaccine processes is critical for the effectiveness of a COVID-19 vaccination campaign. Trust is built in part through policies that ensure vaccine availability, acceptability, accessibility and affordability. Communities of color, particularly Black/African American, Latinx and Indigenous communities have been disproportionately impacted by COVID-19 and are

more likely to face barriers to vaccination; Black/African American communities, in particular, have understandable mistrust in the health care system.

Additionally, certain populations may still need additional assistance for a successful vaccination campaign. For instance, Medicaid beneficiaries may face challenges getting vaccinated in the 12 states that have not expanded Medicaid coverage. We are also concerned that veterans may be subject to cost-sharing for an office visit, which could be a barrier to many veterans receiving the vaccine. Individuals experiencing homelessness are also likely to experience difficulty in accessing vaccines and additional work may be necessary in order to reach these individuals and track their vaccination.

As most COVID-19 vaccine candidates require two doses, public health systems and vaccine providers must employ strategies to ensure individuals receive their second doses at the recommended intervals and employ tracking to ensure individuals receive the same vaccine for their second dose, as well as tracking and reporting of any adverse events. Further, there may need to be additional coordination for individuals who may move during the period between doses or who may go to a different facility for the second dose. Some of the COVID-19 vaccine candidates require complicated storage and handling protocols, and there will need to be clear education about those protocols to ensure appropriate use. All of these activities require robust funding for state and local public health departments and vaccine providers to successfully address the multiple complexities inherent in a COVID-19 vaccination campaign.

Even before COVID-19, adult immunization rates lagged far below CDC recommended targets. Efforts made now and in the coming months to support COVID-19 vaccination should be leveraged to support permanent improvements to our immunization infrastructure necessary to boost and track adult immunizations.

Current inadequate global cooperation may result in certain low- and middle-income countries not receiving access to the vaccine. More must be done to address global equity.

We recommend:

- **Utilizing ACIP recommendations to guide vaccine administration and allocation during periods of limited supply;**
- **Allocating additional funding to CDC and state and local health departments and vaccine providers to support vaccine administration, leveraging and enhancing existing vaccine infrastructure;**
- **Making COVID-19 vaccines available at no cost to recipients, which may involve both legislation as well as administrative policies to address the uninsured, veterans, etc.**
- **Supporting the delivery of vaccines to vulnerable populations including individuals experiencing housing instability and other high-risk groups in congregate and other community settings;**
- **Developing an ongoing national adult immunization infrastructure program that corresponds with the successful Vaccines for Children program and electronically**

captures adult immunizations across health systems, as recommended by the National Academies of Medicine;

- **Increasing global cooperation in vaccine development and distribution to ensure equitable access for low- and middle-income countries.**

Vaccine Confidence

Vaccine hesitancy was already on the rise before the pandemic, as evidenced by recent outbreaks of measles. We call for open, clear communication with the public to improve confidence in a COVID-19 vaccine and vaccine confidence overall. A November 2020 Gallup poll found that only 58% of Americans overall, and only 48% of non-white Americans are willing to receive a COVID-19 vaccine. The most frequent concern cited was the speed with which vaccines are being brought to market. To complement the activities of the Food and Drug Administration (FDA) to provide transparency in the vaccine approval review process, by providing the data supporting a vaccine's authorization or licensure, CDC should be engaged in key educational and outreach activities. It will be particularly important to ensure vaccine providers have confidence in the data supporting a vaccine's approval and tools are developed to help providers discuss the safety and efficacy of a vaccine with their patients.

We recommend:

- **Conducting targeted listening sessions with communities that mistrust the system, including Black/African American and Latinx communities in order to better understand their concerns and barriers to uptake and potentially how to address them;**
- **Conducting targeted educational efforts to help vaccine providers understand the data supporting a vaccine's authorization or licensure and build vaccine confidence among their patients to best overcome the barriers as identified above;**
- **Utilizing traditional and non-traditional vaccine and health communication partners to distribute information, in partnership with organizations that work with underserved populations and have longstanding trust in communities hardest hit by the pandemic;**
- **Conducting a real-time assessment of vaccine hesitancy and targeting interventions to communities in greatest need of increased vaccine confidence and uptake.**

National Center for Emerging and Zoonotic Infectious Diseases

Antimicrobial Resistance

Antibiotics underpin modern medicine, allowing us to successfully provide cancer chemotherapy, transplantation, other surgeries, and care of complex patients, including patients with COVID-19 who develop secondary infections. But antimicrobial resistance threatens to undo decades of medical progress. The *National Action Plan for Combating Antibiotic Resistant Bacteria*, launched by the Obama-Biden Administration set the stage for important progress, but significant work remains. We must strengthen public health infrastructure to improve surveillance and data collection to better understand emerging resistance threats. Antibiotic stewardship programs have been shown to reduce inappropriate antibiotic use, improve patient outcomes and lower health care costs. We must provide the

resources and policy mechanisms necessary to fully implement stewardship programs across the continuum of care and effectively leverage diagnostic testing and laboratory expertise.

We recommend:

- **Increasing investments in the Antibiotic Resistance Solutions Initiative to meet domestic and global needs to prevent, detect, contain and respond to multidrug resistant infections;**
- **Requiring hospitals to report antibiotic use and resistance data to the National Healthcare Safety Network and providing increased funds to support reporting in order to measure and drive progress of prevention and stewardship efforts;**
- **Establishing a new grant program to support the implementation of antibiotic stewardship programs, as proposed in the Pioneering Antibiotic Subscriptions to End Upsurging Resistance (PASTEUR) Act;**
- **Establishing standards for staffing of antimicrobial stewardship programs that recognize the value of stewardship in all health care settings;**
- **Regularly updating the Core Elements of Antibiotic Stewardship Programs to keep pace with emerging science and provide clear guidance on activities that should be undertaken to reduce inappropriate antibiotic use;**
- **Collaborating with the Food and Drug Administration and the Department of Agriculture in support of a One Health approach.**

Advanced Molecular Detection

The Advanced Molecular Detection (AMD) program is leading the SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES), a national genomics consortium that coordinates large-scale, rapid SARS-CoV-2 sequencing across the US. Widespread participation from clinical microbiology and public health laboratories, academic institutions, and the private sector has enabled the SPHERES consortium to generate information about the virus that will strengthen COVID-19 mitigation strategies. Over the past six years, AMD has invested in federal, state, and local public health laboratories to expand the use of pathogen genomics and other advanced laboratory technologies to strengthen infectious disease surveillance and outbreak response.

We recommend:

- **Increasing investments in AMD, SPHERES and other surveillance efforts to accelerate the COVID-19 response and efforts to combat additional current and future public health threats.**

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

Access to HIV, viral hepatitis, sexually transmitted infections (STI) and tuberculosis (TB) screening and prevention services has been limited due to the stress of the coronavirus pandemic on public health programs and the public health workforce. Clinic closures, restricted hours and the deployment of health department staff to respond to the pandemic have

resulted in disruptions to the prevention and treatment of communicable diseases. National surveillance data is needed to evaluate the scope of the impact and to direct resources to where they are most needed to mitigate disruptions in prevention and treatment services. In addition, providers report shortages of supplies for STI screening and for viral load monitoring because the same supplies also are necessary for SARS-CoV-2 testing. In addition to the impact of the pandemic on HIV, viral hepatitis, STIs and TB, we also are concerned about the impact on other serious infections linked to injection drug use due to restricted access to substance use treatment and harm reduction services.

We recommend:

- **Releasing data reports on the impact of the coronavirus pandemic on HIV, viral hepatitis, STI and TB cases in addition to infections linked to injection drug use;**
- **Developing a national plan for maintaining a supply of testing and diagnostic supplies to test for HIV, viral hepatitis, STIs and TB, as well as COVID-19;**
- **Directing resources to CDC-funded programs in areas with increases in cases of communicable diseases, including funding for harm reduction services;**
- **Prioritizing funding for implementation of the National Viral Hepatitis Action Plan.**

Center for Global Health

The Center for Global Health is one of our first lines of defense against global infectious disease threats, including HIV, TB, malaria and parasitic infections and emerging health threats, that include SARS-CoV-2, Ebola and other infections. The Center provides essential support to low and middle-income countries to build capacities to prevent, detect and respond to their health threats before international spread, as well as accelerate progress against longstanding epidemics. CDC experts in epidemiology, surveillance, informatics, laboratory systems and other essential disciplines work with their counterparts in resource-limited settings to strengthen critical public health services and pandemic preparedness.

The Center mobilized rapidly to help partner countries prepare for and respond to the COVID-19 pandemic, including strengthening capacities to get timelier and more accurate data to inform public health decision-making and strengthen the public health workforce globally. The Center is currently working to mitigate COVID-19 transmission in communities, across borders and in healthcare facilities, particularly among healthcare workers and public health personnel while working to minimize disruptions to essential health services. While the Center received some funding through COVID-19 emergency supplemental packages, the Center has received four-times that amount in requests for assistance from partner countries hit hard by the pandemic.

We recommend:

- **Providing additional resources to help countries respond to COVID-19 and implement and evaluate vaccination and therapeutic programs in resource-limited countries;**

- **Sustaining funding to strengthen global capacities to prevent, detect and respond to infectious diseases threats.**

National Center for Preparedness and Response

The response to COVID-19 has demonstrated the importance of strong and consistent national leadership and guidance informed by the best available data and science in addition to the need for federal resources to support emergency responses given the limited flexibility available to states within their budgets. Timely communication and data-sharing across all levels of government and with health care professionals and the public is critical to successful public health responses. Clinicians particularly report a need for stronger communication across hospitals and long-term care facilities to support successful transfer of patients during the pandemic.

Health care systems and state and local public health funding and corresponding emergency response capacity have been decreasing for over a decade. As hospitals face record surges in COVID-19 patients, new strategies are needed to support overwhelmed facilities. A significant and sustained investment in public health infrastructure and workforce is urgently needed to ensure better integration of clinical health care delivery systems and public health response, as well as to ensure every community has a public health agency that, in addition to performing comprehensive public health functions, is well-positioned and prepared to respond to emergencies.

We recommend:

- **Increasing funding for the Public Health Emergency Preparedness Program to increase federal, state and local capacity to prepare for and respond to infectious diseases outbreaks and other emergencies.**

For questions regarding our recommendations, please contact Amanda Jezek, IDSA Senior Vice President for Public Policy and Government Relations at ajezek@idsociety.org or Andrea Weddle, HIVMA Executive Director at aweddle@hivma.org.