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ONE HUNDRED SIXTEENTH CONGRESS

Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE

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September 14, 2020

Mr. Robert R. Redfield, M.D.
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Director Redfield:

We write to request information about the actions that the Centers for Disease Control and Prevention (CDC) has taken to prepare for the challenge of combatting COVID-19 coinciding with the influenza season later this year. During the last two decades, this Committee has examined both seasonal influenza and bio-preparedness in numerous oversight hearings. As you told *The Journal of the American Medical Association (JAMA)* in July, "I do think the fall and winter of 2020 and 2021 are going to be probably one of the most difficult times that we've experienced in American public health."[1] We share your concerns about the unprecedented convergence of two highly contagious respiratory viruses that can cause life-threatening illness and death.

Experts have noted that, in the upcoming influenza season, there could potentially be 100 million cases of influenza-like symptoms that could overwhelm current testing capacity.[2] Health experts also note "the stress on hospitals will be greatest if the COVID-19 and influenza epidemics overlap and peak around the same time."[3] Little is known about the interaction

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[1] Alexandra Sifferlin, How to Avoid a Deadly Mix of Covid-19 and the Flu, Medium Coronavirus Blog (Aug. 17, 2020), *available at* https://coronavirus.medium.com/how-to-avoid-a-deadly-mix-of-covid-19-and-the-flu-c9063933635a.

[2] Erika Edwards, Money and speed needed for COVID-19 tests needed to combat 'impending disaster,' NBC NEWS (July 16, 2020), *available at* https://www.nbcnews.com/health/health-news/money-speed-covid-19-tests-needed-combat-impending-disaster-n1234037.

[3] Edward A. Belongia and Michael T. Osterholm, Covid and flu, the perfect storm, Science (June 12, 2020), *available at* https://science.sciencemag.org/content/sci/368/6496/1163.full.pdf.

between COVID-19 and influenza and the possibility of people being infected with COVID-19 and influenza at the same time.[4]

Public health and infectious disease experts have also warned that the United States needs to increase its influenza vaccination rate substantially this fall to mitigate a potentially deadly confluence of seasonal influenza an anticipated second wave of COVID-19.[5] According to the CDC, influenza vaccination rates for adults nationally have ranged between 40 and 45 percent over the last decade.[6] Health officials are particularly concerned about people at higher risk for both COVID-19 and influenza, such as African Americans and Hispanics, with traditionally lower vaccination rates.[7] Public health experts have stressed the importance of high vaccination rates in the upcoming influenza season. Public health experts have stated that "[h]igh vaccine coverage would reduce influenza-related mortality, while also helping to preserve the capacity and function of the health system during circulation of influenza viruses and [COVID-19]."[8] In addition to preventing influenza, the influenza vaccine can also decrease the severity of illness. For example, it has the potential to prevent 40 percent of influenza-associated hospitalizations during pregnancy.[9]

In the face of this challenge, we believe there are tools and ideas that have the potential to mitigate this problem. First, steps have already been taken by CDC and the private sector to ramp up production and facilitate distribution of the influenza vaccine. There has been record production of doses to ensure an adequate supply for increasing influenza vaccination coverage. For the 2020-2021 season, manufacturers have projected that they will provide as many as 194-198 million doses of influenza vaccine, which is more than the 175 million dose record set during the 2019-2020 influenza season.[10] CDC has purchased an additional 2 million doses of pediatric influenza vaccine and 9.3 million doses of adult influenza vaccine directly from manufacturers to be distributed to states.[11] Typically, CDC purchases about 500,000 doses for

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[4] Debora MacKenzie, What happens when flu meets Covid-19?, THE GUARDIAN (July 19, 2020), *available at* https://www.theguardian.com/society/2020/jul/19/what-happens-when-flu-meets-covid-19.
[5] Kenneth J. Terry, Flu-COVID 'Collision' Expected This Fall, Health Experts Warn, MEDSCAPE (June 23, 2020), *available at* https://www.medscape.com/viewarticle/932813.
[6] Centers for Disease Control and Prevention, Flu Vaccination Coverage, United States, 2018–19 Influenza Season, *available at* https://www.cdc.gov/flu/fluvaxview/coverage-1819estimates.htm (last visited Sept. 26, 2019).
[7] Sandra Crouse Quinn et al, *Exploring Racial Influences on Flu Vaccine Attitudes and Behavior: Results of a National Survey of African American and White Adults*, 35 Vaccine 1167, National Center for Biotechnology Information, U.S. National Library of Medicine (Feb. 22, 2017), *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5839483/.
[8] Lawrence Gostin and Daniel Salmon, *The Dual Epidemics of COVID-19 and Influenza*, JAMA VIEWPOINT (June 11, 2020), *available at* https://jamanetwork.com/journals/jama/fullarticle/2767284.
[9] Centers for Disease Control and Prevention, CDC Newsroom Releases, *Flu vaccine reduces risk of flu hospitalization among pregnant women* (Oct. 11, 2018), *available at* https://www.cdc.gov/media/releases/2018/p1011-flu-vaccine-reduces-risk-pregnant-women.html.
[10] Centers for Disease Control and Prevention, Frequently Asked Influenza (Flu) Questions: 2020-2021 Season (last updated Aug. 14, 2020), *available at* https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm; Lena Sun, *CDC and drugmakers boost flu vaccine doses amid fears of an unprecedented respiratory illness season*, THE WASHINGTON POST (June 24, 2020), *available at* https://www.washingtonpost.com/health/2020/06/24/cdc-drugmakers-boost-flu-vaccine-doses-amid-fears-an-unprecedented-respiratory-illness-season/.
[11] Centers for Disease Control and Prevention, Influenza, What You Need to Know for 2020-21 (last updated Aug. 20, 2020) *available at* https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm.

adults.[12] In addition, to aid distribution of the vaccine, the U.S. Department of Health and Human Services has recently expanded access to influenza shots at pharmacies.[13]

Second, we understand that CDC is working on a public education campaign by conducting targeted communication outreach to specific groups who are at higher risk for complications from influenza.[14] For example, special measures could be taken by the CDC and public health departments to promote and highlight vaccines indicated for seniors that boost the immune response. Persons 65 years or older are a particularly vulnerable population to both seasonal influenza and COVID-19.[15] On average, persons 65 years or older represent about 90 percent of deaths in a severe influenza season in the U.S.[16] There is a FDA-approved high-dose influenza vaccine and a FDA-approved adjuvanted influenza vaccine for seniors that have been on the market for several years and have substantial evidence of superior efficacy over standard dose influenza vaccines.

Third, simultaneous testing for COVID-19 and influenza can help boost the public health responses to both diseases. In the first pillar of the Committee Republican's Second Wave Report on testing and surveillance, we noted the importance of differentiating COVID-19 cases from influenza cases, to rapidly detect outbreaks and prevent co-infections.[17] The report urged that combined diagnostic testing kits for both COVID-19 and influenza, also referred to as multiplex assays, be developed and made widely available for the fall.

Recently, the CDC provided information on some positive developments with regard to such multiplex assays.[18] The FDA issued an Emergency Use Authorization (EUA) for CDC's Influenza SARS-CoV-2 Multiplex Assay on July 2, 2020, and CDC released these reagents for distribution to states' public health laboratories on August 5, 2020.[19] As of August 14, 2020, 135 multiplex assays, which each contain about 500 tests, have been shipped to 101 laboratories across the U.S.[20] CDC has provided these kits to each state's or territory's main public health

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[12] *Id.*
[13] Lena Sun, *Flu and COVID-19: In the face of looming double threat, U.S. expands access to flu shots at pharmacies*, THE WASHINGTON POST (Aug. 20, 2020), *available at* https://www.washingtonpost.com/health/2020/08/20/flu-covid-19-face-looming-double-threat-us-expands-access-flu-shots-pharmacies/.
[14] Centers for Disease Control and Prevention, Frequently Asked Influenza (Flu) Questions: 2020-2021 Season (last updated August 14, 2020), *available at* https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm.
[15] *See* Letter from House Energy and Commerce Committee Republican Leader Greg Walden, Subcomm. on Health Leader Michael Burgess, M.D., and Subcomm. on Oversight and Investigations Leader Brett Guthrie, to Dr. Robert Redfield, Director of the CDC (Feb. 26, 2019).
[16] *Id.*
[17] H. Comm. on Energy and Commerce Republican Staff Report, *COVID-19 Second Wave Preparedness Part 1: Testing & Surveillance* (June 2, 2020), *available at* https://republicans-energycommerce.house.gov/wp-content/uploads/2020/06/COVID-19-Second-Wave-Report_Testing-Surveillance_FINAL.pdf.
[18] CDC Legislative Affairs Office email to Republican Committee Staff (Aug. 14, 2020).
[19] Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), *CDC's Diagnostic Mutliplex Assay for Flu and COVID-19 at Public Health Laboratories and Supplies, available at* https://www.cdc.gov/coronavirus/2019-ncov/lab/multiplex.html (last updated Aug. 2, 2020); Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), *CDC Diagnostic Tests for COVID-19, available at* https://www.cdc.gov/coronavirus/2019-ncov/lab/testing.html (last updated Aug. 5, 2020).
[20] CDC Legislative Affairs Office email to Minority Committee Staff (Aug. 14, 2020).

laboratory, as well as any regional or local laboratories that the state/territorial laboratory has approved to provide SARS-CoV-2 surge testing support.[21]

According to the CDC:

> Testing for all three viruses simultaneously in a single test reaction rather than three separate tests will allow public health laboratories to continue surveillance for influenza while testing for COVID-19. This will save public health laboratories both time and resources, and potentially help mitigate supply shortage issues this autumn and winter if testing volumes increase substantially. We expect that it will improve throughput at least threefold compared to using the current CDC single-plex SARS-CoV-2 assay due to the multiplexing of SARS-CoV-2 and positive control reactions. Another benefit of the new test is that laboratories will be better able to find co-infections of influenza and SARS-COV-2, which is important for doctors to diagnose and treat people properly.[22]

Influenza results from multiplex assays run by Public Health Laboratories will be included in these data as part of its weekly FluView report.[23] CDC is also working on including co-infection reporting of influenza and SARS-CoV-2 into this report.[24]

The CDC also believes the use of the multiplex assays and the public information about the tests will encourage more commercialization of the multiplex assays noting:

> CDC encourages manufacturers to use the CDC-published design when working with FDA to obtain an EUA. CDC has made the detailed technical information readily available ... so that commercial developers can use this information if they wish in developing similar proprietary tests. CDC has also granted assay manufacturers right of reference to our EUA. This allows developers to use the data CDC submitted to FDA to streamline their efforts when applying for an EUA. CDC has taken these steps in order to catalyze the development and validation of these assays by the commercial sector. CDC also believes that FDA should prioritize the review of EUA applications for multiplex assays.[25]

Given the public health concerns and the available tools and proposals regarding the upcoming influenza season, we ask that you please provide a briefing for Committee staff by September 28, 2020 to discuss the following:

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[21] *Id.*
[22] *Id.*
[23] *Id.*; Centers for Disease Control and Prevention, Influenza (Flu), *Weekly U.S. Influenza Surveillance Report, FluView, available at* https://www.cdc.gov/flu/weekly/index.htm.
[24] CDC Legislative Affairs Office email to Minority Committee Staff (Aug. 14, 2020.
[25] *Id.*

1. What actions are being taken to ensure access to influenza vaccines for people who usually get their vaccine at the workplace, but are now out of the office and teleworking? Are creative outreach venues being considered to administer the influenza vaccine, such as mobile influenza vaccine sites arranged through collaboration with mobile health care groups such as blood bank organizations that have blood mobiles; mobile mammogram vans; mobile medical tents stationed in pre-announced locations for set periods of time and variable hours; and drive-thru vaccine stations?

2. What actions are being taken to increase vaccination coverage in the U.S., including towards increasing availability and accessibility of influenza vaccines for COVID-19 high risk patient categories?

3. What is the status of efforts being taken to increase access and availability to combined testing technology that can simultaneously test for COVID-19 and seasonal influenza strains?

4. What additional resources may be necessary to help public service messaging and promotion to increase influenza vaccination rates?

5. How can our Committee help support the CDC's efforts to increase influenza vaccination for the upcoming influenza season?

6. To what extent could public health measures to prevent the spread of COVID-19 also reduce the spread of seasonal influenza?

We appreciate your attention to this matter. If you have any questions, please contact Alan Slobodin of the Republican Committee staff at (202) 225-3641.

Sincerely,

Greg Walden
Republican Leader

Brett Guthrie
Republican Leader
Subcommittee on Oversight
and Investigations

Michael C. Burgess, M.D.
Republican Leader
Subcommittee on Health