

Questions for Centers for Disease Control and Prevention Director Dr. Rochelle Walensky

March 30, 2022 Hearing: “Moving Beyond the Coronavirus Crisis: The Biden Administration’s Progress in Combating the Pandemic and Plan for the Next Phase”

Question from Chairman James E. Clyburn (SC-06)

1. In February 2021, CDC published guidance titled, “Operational Strategy for K-12 Schools Through Phased Prevention” (“school guidance”). Please answer the following in connection with the school guidance:

- a. Was the content of CDC’s published school guidance based on the best available science at the time?

CDC Response: Yes, CDC’s Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs¹ summarizes the scientific evidence behind the K-12 Schools guidance and recommendations. Each update of the science brief captures our understanding of the scientific evidence at the time the brief or update is published.

- b. Why is it important for CDC to engage with stakeholders as it develops guidance that would impact those stakeholders?

CDC Response: CDC engages with partners and stakeholders impacted by guidance and recommendations issued by the agency. Engagement helps ensure that our recommendations are feasible to implement and allows CDC to receive beneficial feedback to help ensure usefulness, clarity, and usability, as well as identify areas that may need strengthening to meet our goal of protecting public health across America’s schools.

Since the beginning of the pandemic, CDC has presented data and information on school-related issues to a variety of stakeholders, such as early care programs/educators; public health organizations; state, tribal, local, and territorial health departments; the U.S. Department of Education; parent organizations; healthcare providers; and various NGOs. Throughout these engagements, CDC maintains an open, ongoing dialogue about the issues most concerning to those working to keep schools safe and open for in-person learning and to help address these concerns in the guidance CDC provides.

- c. How has this school guidance and other CDC guidance helped schools to safely reopen and stay open for in-person instruction?

CDC Response: CDC understands that students benefit from in-person learning, and safely

¹ [Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs - Updated | CDC](#)

returning to, and maintaining, in-person instruction continues to be a priority. CDC’s guidance for schools, throughout the pandemic, has always been based on our understanding of the science at the time that each iteration of the guidance has been published. Recommendations such as increasing vaccination, emphasizing prevention guidance (e.g., physical distancing, screening testing, masking, ventilation, etc.) and recommending local jurisdictions monitor community transmission to maintain and bolster in-person learning has been supported by the data and evidence² collected. Currently 99 percent of the nation’s schools are open. These recommendations are helping schools make the decisions necessary to safely reopen and stay open as the COVID-19 pandemic continues.

2. In your written testimony, you noted that “there are many Americans who have a compromised immune system, one or more disabilities, or other serious medical conditions who continue to be at elevated risk” from the coronavirus, and stated that “[w]e must continue to use the prevention tools in our toolbox to limit the impact of COVID-19 on communities.” Please elaborate on what the federal government is doing to ensure those who are most vulnerable to the coronavirus are not being left behind as we emerge from the crisis phase of the pandemic.

CDC Response: Every death from COVID-19 is a tragic loss. While progress has been made to protect people with disabilities during the COVID-19 pandemic, more work is needed.

CDC works with national, state, local, tribal, territorial, and community partners to promote COVID-19 vaccination among diverse populations. In order to support these partnerships and make COVID-19 vaccines more readily available across communities, CDC has provided specific guidance about vaccination for people who are moderately or severely immunocompromised³ and people with disabilities⁴ on CDC’s COVID-19 website tools. CDC worked with the Federal Emergency Management Agency (FEMA)⁵ and the Administration for Community Living (ACL)⁶ to make resources available to help ensure equitable vaccination opportunities to people with disabilities and their caregivers.

For the first time, the National Immunization Surveys⁷ now include questions on disability status that provide estimates of the number of people with disabilities who received the COVID-19 vaccine. CDC has provided funding to embed Disability Specialists in 28 states, territorial, and local health departments across the United States and are working to assess, plan, implement, and evaluate disability inclusion efforts within these agencies.⁸

With CDC support, partners developed and launched an online central repository⁹ of COVID-19 resources for health departments and organizations that serve people with disabilities. CDC has

² [Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs - Updated | CDC](#)

³ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html#mod>

⁴ <https://www.cdc.gov/ncbddd/humandevlopment/covid-19/people-with-disabilities.html>

⁵ www.fema.gov/disaster/coronavirus/governments/community-vaccination-centers-playbook

⁶ <https://acl.gov/DIAL>

⁷ www.phetoolkit.org/resources.cfm?issue=COVID-19

⁸ <https://www.cdc.gov/ncbddd/humandevlopment/covid-19/inclusion-of-people-with-disabilities-preparedness-planning-response.html>

⁹ www.phetoolkit.org/resources.cfm?issue=COVID-19

developed numerous resources specifically to support people with intellectual and developmental disabilities (IDD). For example, CDC has developed the CDC COVID-19 Toolkit for People with Disabilities,¹⁰ which includes guidance and tools to help people with disabilities, and those who serve or provide direct support for them, make informed decisions about protecting their health. Additionally, resources, in both English and Spanish, including social stories, videos, and posters were developed for people with IDD who also have literacy challenges and for direct care providers. These resources provide CDC guidance in accessible formats¹¹ such as American Sign Language, braille, and easy-to-read materials that create broader access to vital COVID-19 prevention and vaccination information.

People with IDD and their care providers were interviewed, and their feedback helped CDC develop the above resources to ensure that they are relevant and tailored to these individuals' information needs. CDC recently engaged in joint in-depth interviews with Spanish-speaking people with IDD and literacy challenges and their caregivers. We used their insights to develop COVID-19 Spanish-language resources on booster shots and have begun distributing them to our partners and the public. CDC continues to identify and engage in opportunities that align with the guiding principles of the CDC COVID-19 Response Health Equity Strategy,¹² and we work to reduce the disproportionate burden of the pandemic on key populations.

¹⁰ www.cdc.gov/ncbddd/humandevelopment/covid-19/toolkit-for-people-with-disabilities.html

¹¹ <https://cidi.gatech.edu/covid>

¹² <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/cdc-strategy.html>

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Question from Rep. Nydia M Velázquez (NY-07)

1. How has the American Rescue Plan helped schools stay open safely, and how vital has this legislation been in supporting our children?

CDC Response: The American Rescue Plan Act has been a critical component in supporting our children and helping schools reopen and stay open safely. In April 2021, CDC awarded \$10 billion to support the safe reopening of schools through the Epidemiology and Laboratory Capacity for Prevention and Control of Infectious Diseases (ELC) cooperative agreement. The ELC directly funds 64 state, local and territorial public health departments, which manage the COVID-19 school testing efforts in their respective jurisdictions, along with other COVID-19 response activities. The ELC Reopening Schools award can support increased screening testing and related prevention strategies in all K-12 schools within the recipient’s jurisdiction.

The ELC *Reopening Schools Program* has supported state, local and territorial health departments to report more than 46.3 million tests in schools from April 2021 – February 2022. In February 2022, more than 1 in 3 school districts reported conducting active testing. Reported weekly school testing peaked at 2.68 million tests per week in mid-January in the midst of the Omicron wave. Data indicated that 99% of schools were open for in-person learning in February 2022.

Questions for the record from Rep. Miller-Meeks, M.D.

Committee on Oversight & Reform
Select Subcommittee on the Coronavirus Crisis

**“MOVING BEYOND THE CORONAVIRUS CRISIS: THE BIDEN ADMINISTRATION’S
PROGRESS IN COMBATING THE PANDEMIC AND PLAN FOR THE NEXT PHASE”**

For Dr. Walensky, Director of Centers for Disease Control:

1. The 2018 Farm Bill authorized a three-part approach to animal disease prevention and management, which all work together to protect the United States from foreign diseases. Additionally, the U.S. Department of Agriculture (USDA) announced a Strategic Framework to work towards eradicating foreign animal disease through a One Health approach. HHS and the CDC are to be advising under these efforts to ensure coordination. Do you feel that the USDA is equipped to respond to the next outbreak, whatever it may be? How can the federal government better utilize private sector expertise and knowledge to respond to zoonotic diseases in the future without depending on foreign entities, such as China?

CDC Response: It is important to distinguish foreign animal diseases from zoonotic diseases. Foreign animal diseases are diseases that affect animals, but that are not currently found in the United States. Zoonotic diseases spread between animals and people. Both animal diseases (when no “foreign” specification is added) and zoonotic diseases can be endemic, meaning they exist at an underlying level in a particular population, or they can be novel or emerging, meaning they are entirely new, or new to a particular area or population. Animal diseases and zoonotic diseases are categories that overlap but are not the same.

CDC works closely with USDA and other federal partners to coordinate One Health activities. One example is the One Health Federal Interagency COVID-19 Coordination (OH-FICC) Group. The OH-FICC, coordinated by CDC, brings together public health, animal health, and environmental health representatives from more than 20 federal agencies, including USDA APHIS, to collaborate and exchange information on the One Health aspects of COVID-19. CDC also holds regular coordination calls with USDA. This has allowed a forum for CDC and other partners to ask questions and provide feedback to USDA on their new framework. CDC has highlighted the importance of USDA working to address non-livestock species including companion animals and both captive and free-ranging wildlife like farmed mink and white-tailed deer. CDC hopes to continue to strengthen our One Health collaboration with USDA and other interagency partners as we work to formalize a One Health Coordination Unit at the federal level along with a National One Health Framework for the United States,

The Animal and Plant Health Inspection Service’s (APHIS) recent American Rescue Plan surveillance program strategic framework is focused on monitoring and surveillance of susceptible animals for SARS-CoV-2, though it also envisions expanding beyond SARS-CoV-2 to other diseases in animals.

Surveillance and prevention of diseases in animals is only one important aspect of disease prevention in people. Early detection of disease in animals can only protect public health when animal health data are rapidly and consistently shared with public health authorities at the federal, state, local, tribal and territorial levels to be translated into action. Interoperability among information systems used in human and animal health sectors for zoonotic diseases is currently limited. Connecting public health surveillance data on people (and animals when relevant), with surveillance data for livestock and other production animals, companion animals, and wildlife, is vital to strengthening our nation's ability to combat zoonotic diseases effectively.