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October 20, 2023

The Honorable Bill Cassidy, MD
Ranking Member
Senate HELP Committee
Washington, DC 20510

RE: Request for Information – CDC Reform

Dear Ranking Member Cassidy,

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to provide feedback to you and the Health, Education, Labor and Pensions (HELP) Committee regarding CDC reform. IDSA represents more than 12,000 infectious diseases (ID) physicians, scientists and other health care and public health professionals who specialize in infectious diseases. Our members work across a variety of settings, including hospitals, academic medical centers, long term care facilities, public health departments, publicly funded clinics and private practice.

We appreciate the Committee's leadership in developing policies to strengthen public health and pandemic preparedness. While IDSA's recommendations focus on infectious diseases, we also recognize the relationship that non-communicable diseases have in exacerbating the untoward consequences of infectious diseases and support a broad mission for CDC.

As an overarching goal, IDSA strongly believes the United States needs a robust and sustainable public health infrastructure, led by the CDC as the premier public health agency, that is sufficiently resourced to serve all residents equitably, effectively and efficiently. Below, we offer recommendations and responses to your request for information regarding strategies to ensure CDC can carry out its core functions and bolster public health and emergency preparedness. We welcome continued dialogue and collaboration with you and the Committee on these topics.

Making Data Work for Everyone

2. How does electronic health record (EHR) data currently factor into CDC's data modernization efforts? Are there instances in which partnerships with integrated health care organizations or EHR vendors could provide data directly to CDC to conduct sentinel surveillance and generate insights, rather than relying solely upon data collected through health departments?

The EHR is an important tool in ensuring access to health data for surveillance purposes, which is especially critical in public health emergencies. The EHR should connect with public health systems employed by health departments to ensure public health at the state and local level are included in surveillance efforts.

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3. How could more of CDC's datasets, methodology, and assumptions be shared quickly with outside researchers so that CDC's analyses and conclusions can be validated or clarified?

Data collection/sharing should be automated to the fullest extent possible to reduce burden on providers, health care systems, labs and public health agencies. To achieve this, public health agencies need resources to automate their data monitoring and reporting systems and better access to patient-level data and demographic information to ensure equitable response and planning. Computer programs should be created and put in place to help different platforms integrate seamlessly into the CDC database. Information technology systems need to be in place in addition to regulatory levers to ensure information is shared without barriers such as cumbersome individual data use agreements.

Further, there should be increased efforts to reduce barriers for public health agencies to access commercial data. This allows a more comprehensive approach to surveillance, and research and data collection.

4. CDC's Center for Forecasting and Outbreak Analytics intends to provide information to support timely decision-making and action. How can this approach be applied across CDC, and how can CDC's data better inform the actions of other federal, state, and local decision-makers?

While much of the US public health discourse is currently focused on data modernization, we need to ensure it is collaborative, scalable and centered around social determinants of health if there is going to be a real effect. Communities and individual patients are impacted by simultaneous, multiple factors, and data is needed to track and monitor these impacts. To achieve this, IDSAs recommends the following:

- As discussed above, we must automate data collection/sharing to the fullest extent possible to reduce burden on providers, healthcare systems, labs, and public health agencies. Public health agencies need resources to automate their data monitoring and reporting systems and better access to patient-level data and demographic information to ensure equitable response and planning. This is often the case with electronic medical records (EMR) where providers are unable to access multiple EMR systems to get the full clinical picture of one patient – let alone an entire community.
- Additionally, leading federal and independent agencies should be given the coordination authority, capacity, and resources to collect accurate global and

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nationwide data (including patient-level data on subpopulations) and share it back with local communities, including territorial, state and local public health departments, in a timely manner to help inform and strengthen local responses. Moreover, these agencies must ensure that this ongoing data surveillance and collection inform research and development of medical countermeasures and vaccines in real time that can have the greatest public health impacts and build in systems to ensure equitable access to new therapeutics and vaccines.

- There is also a need to establish an effective and nimble incident command system (ICS) that allows federal, state and local health jurisdictions to work effectively with one another across state lines and under one unified incident command.
- Agency divisions such as CDC Division of Preparedness and Emerging Infections (DPEI) should be given more support to coordinate multiple branches efficiently.

5. How can the data and analyses that CDC generates be more accessible to and useful for the American people?

CDC should ensure that it focuses on translating data and analyses to easy-to-comprehend communications to the general public; ensure these communications are in multiple languages, can be easily found and accessed on the CDC website, and have easily accessible explanations of scientific data and findings. When delivering this information to the public, and especially communities most susceptible to health misinformation, this information should be delivered by trusted messengers with ties to the community they're speaking to, including ID clinicians and community leaders from disproportionately impacted populations.

7. What types of data collection support CDC's core mission, and what types of data collection or data elements are less necessary?

IDSAs supports standardized data collection across CDC and simplification of the information needed for case reporting to reduce burdens for clinicians and public health labs.

Further, CDC should collect and analyze data on societal factors that impact health (e.g., homelessness, substance misuse, poverty) layered with human movement data to help identify heat maps of where clusters of access barriers may exist in order to help pinpoint the need for alternative operations (beyond the brick-and-mortar clinical paradigm).

There is also a need to ensure that epidemiologic data, health inequities and distribution needs inform research and development of medical countermeasures and vaccines that can have the greatest public health impacts and build in systems to ensure equitable access to new therapeutics and vaccines.

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9. Do you see any opportunities to improve CDC's public health data modernization initiative and related efforts to implement public health data standards?

CDC should be given the authority, capacity and resources to collect accurate nationwide data (including patient-level data on subpopulations) and share it back with local communities, including public health departments, in a timely manner to help inform and strengthen local responses.

Additionally, efforts should be made to strengthen IT infrastructure at CDC and state and local health departments including user friendly interfaces for clinicians to report and analyze data and for access by the public and facilitate connections between health care systems/providers and public health agencies.

The National Healthcare Safety Network is urgently in need of upgrades to be as effective as possible in infection prevention and control. Resources should be provided to allow facilities serving marginalized and vulnerable populations to integrate with data reporting systems.

Improving Upon What Works Well

1. A key to CDC's success to date has been its relationships with state and local health departments around the country. How can these relationships be better supported?

As stated above, the United States needs a robust and sustainable public health infrastructure, led by the CDC as the premier public health agency, that is sufficiently resourced to serve all residents equitably, effectively and efficiently. Sustained investment in public health infrastructure and capacity to facilitate connections between public health and health care is critical to achieving this goal.

There must be a protected space at CDC to ensure the agency has effective multi-sectoral communications based around scientific findings. One possible solution is to establish a new mechanism (or add this component to an existing scientific or data release mechanism) to share real-time scientific information and data that clearly differentiates it from current CDC (or WHO) scientific publications (i.e. MMWRs, Science Briefs, and Vital Signs). While creating a dynamic forum of information is incredibly important, we still need to strengthen and expedite the process in which we publish results (including laboratory data) featured in articles in peer-reviewed journals during public health emergencies (perhaps by engaging outside reviewers and reducing the number of internal review layers and personnel involved). Next, we need to establish priority areas of scientific focus based on

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emerging public health emergency trends and needs rather than relying on individual/center priorities (which may be static by virtue of their bureaucratic oversight). Infrastructure should be built to integrate these communications and communication channels across CDC so that the science and the communication of science are as seamless as possible.

To support strong relationships between health departments and CDC, we also recommend the CDC provide visible, national level leadership and guidance during both nonemergency and emergency times that can be translated into state and local policy. Communicating recommendations with associated scientific evidence through a variety of communication channels and methods is critical during public health emergencies to calm public anxiety, ensure equitable access to information, and provide guidance to state and local health departments.

To further support public health and the diagnostic supply chain, we support standardization to and across states for diagnostic support and a streamlined process to access testing that promotes equitable access, minimizes confusion, facilitates rapid turnaround time and supports clear communication of results to the treating clinician. This is especially important during public health emergencies, where diagnostics need to be accessed and delivered with clear instructions to clinicians utilizing novel tests.

2. How can CDC's epidemiological, laboratory, and other core public health and scientific work be encouraged further?

IDSAs supports increasing resources to CDC's core functions in public health and scientific work to sustain federal pandemic preparedness efforts. To achieve this goal, we recommend:

- Providing dashboards for use by health care and public health professionals with real-time, accurate data in plain language that can be shared with policymakers and the public.
- Leveraging the capacities of academic clinical laboratories and commercial laboratories to ensure sufficient testing capacity during an outbreak; enhance partnerships with clinical laboratories for transitions before, after and between outbreaks.
- Providing dedicated funding for laboratory functions at CDC.
- Expanding the clinical laboratory workforce, including trained clinical laboratory staff at CDC, in state and local public health laboratories and at academic clinical laboratories and health care facilities, including providing incentives for students to enter microbiology laboratory careers.
 - Provide laboratory director training to increase numbers of staff that are qualified to direct CLIA-certified clinical laboratories.

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- Improving communications across the Laboratory Response Network (LRN), clinical laboratories in health care facilities and clinicians to help clinicians interpret test results.
- Investing in standardized electronic automated reporting of testing across infectious diseases.
- Providing external partners, including medical societies and other professional associations, opportunities to review and provide input on test protocols.

6. What other aspects of CDC's work do you think are functioning well? How can Congress better support and preserve these activities?

Partnerships across CDC, state and local public health, and clinical medicine have been central in responses to COVID-19 and other outbreaks and ongoing infectious diseases threats, including antimicrobial resistance, HIV, viral hepatitis, and infections linked to the opioid epidemic. It is critical that we invest in building the public health workforce and the infectious diseases clinical workforce—as ID health professionals typically work at the intersection of public health and health care. It is critical to invest in workforce recruitment and development, collaboration and trainings to strengthen these partnerships.

As one example of these partnerships, professional societies and clinicians should be consistently engaged in the development and review of CDC guidance documents to ensure guidance is clearly and effectively communicated and reflects on the ground needs and capacities in health care facilities and communities. While this happens frequently, we appreciate CDC's commitment to increasing the consistency of this engagement.

IDSa supports a number of critical areas of work at CDC housed across programs and projects. Some of these areas that we believe are especially critical to pandemic preparedness and readiness work, and should be supported further include:

- **Antibiotic Resistance Solutions Initiative (ARSI):** IDSa members see the impact daily that antimicrobial resistance AMR has on patients. A [report from CDC](#) found that U.S. antimicrobial-resistant infections and deaths rose 15% in 2020 due to the COVID-19 pandemic, wiping out progress made in 2012-2017 to lower U.S. deaths from AMR—progress that would not have been possible without CDC investments during that time. Increased support and funding would help expand antibiotic stewardship across the continuum of care; increase grant awards at the state and local level; expand the AR Laboratory Network globally and domestically to strengthen the identification, tracking and containment of deadly pathogens; and support AMR research and Prevention Epicenters.
- **National Healthcare Safety Network (NHSN):** The National Healthcare Safety Network is urgently in need of upgrade to be as effective as possible in infection prevention and control. Resources should be provided to allow facilities serving

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marginalized and vulnerable populations to integrate with data reporting systems, as well as continue expansion of the National Healthcare Safety Network to bolster early detection of infectious disease threats and allow for ongoing situational awareness.

- **Advanced Molecular Detection (AMD):** Increased support would expand the use of pathogen genomics by federal, state and local public health laboratories; sustain important partnerships with academic research institutions; and bolster training to ensure integration of genomics into AMR surveillance and response.

11. How might CDC's mission, strategic goals, and objectives be refined to better reflect and enable these core functions?

As stated above, IDSAs recognizes the importance of a broad mission for CDC to address all the factors that impact health. For example, during the COVID-19 pandemic, people with chronic diseases were found to be more likely to have severe illness or to die from COVID-19. Non-communicable diseases have a clear relationship to exacerbating the untoward consequences of infectious diseases. This can be especially detrimental to pediatric patients with non-communicable diseases, who are especially at risk of diseases like RSV. As such, a holistic view of communicable and non-communicable diseases is needed.

Mechanisms to Modernize

2. How can Congress or the Executive Branch improve recruitment and retention of quality staff? For example, how can high-achieving staff have better opportunities to advance their careers within CDC?

CDC is competing with the private sector for expert scientific staff. To better position CDC to attract and retain quality staff, CDC requires sufficient resources to offer competitive salaries and loan repayment or other incentives. Increasing the workforce at CDC, and for public health in general, is a key component of the infrastructure needed to handle future public health emergencies.

IDSAs welcomes continued collaboration on developing these important topics. If you have questions about these comments or would like to connect, please contact Eli Briggs, director of public policy, at ebriggs@idsociety.org.

Sincerely,



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