

Congress of the United States
House of Representatives
Washington, DC 20515

April 21, 2020

The Honorable Jose Arrieta, Chief Information Officer
The Honorable Admiral Brett. P. Giroir, M.D., Assistant Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Robert R. Redfield, M.D., Director
Centers for Disease Control and Prevention
395 E Street S.W.
Washington, D.C. 20024

Dear Mr. Arrieta, Admiral Giroir, and Director Redfield:

We request that you move as quickly as possible to build upon and adapt the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC) and state public health departments' current systems and capabilities to detect and prevent the further spread of the novel coronavirus (nCV). Your partnership with states is key to your past successes in detecting and reducing the spread of infectious disease in our country. Given the difficult situation we face today, we urge you to take immediate steps to bolster the federal government's and states' testing and disease surveillance systems and infrastructure in order to rapidly expand our understanding of this new virus, who is immune to it and who is not.

As you know, to limit morbidity and mortality from novel coronavirus, the United States economy is engaged in aggressive social distancing measures and is substantially shut down. Although it is not known for how long anti-nCV antibodies will be protective, it is important to prepare for such evidence as consensus develops within the scientific community. Quickly knowing who is infected, who may have a significant level of immunity, as well as who are the most vulnerable and need additional protection, is critical to safely reopening the economy. This includes widespread and easily accessible testing for nCV, but also rapid sharing and comprehension of the subsequent test results. Fortunately, currently used systems can meet the need with the significant new investments made in the CARES Act.

First, nCV is a reportable disease. This means that everyone who is diagnosed with nCV is required to be reported to a public health authority. To whom these data are reported, and what data elements are required, entail minimal identifying data, which protects individuals' privacy.

The second system important in this response is the immunization information system (IIS), or immunization registries, that states and HHS implemented in the 1990s. This information is shared more broadly with state and territorial public health agencies via the Immunization Gateway. While this immunization data serves the purpose of "...consolidating vaccination information in state and regional IIS, this information may be used to help identify vulnerable patients during an outbreak of vaccine-preventable infection."

The CDC, states, and territories also share an influenza surveillance system. The CDC receives diagnostic test results for influenza from around the country and compiles them into a report that is shared with the public and with states and territories. This system identifies new outbreaks and alerts state public health agencies where intensified efforts to vaccinate for influenza are needed.

Building out existing capabilities to understand who may have gained some level of immunity to nCV does not represent a new or enhanced risk to privacy. Instead, with improved access to testing, these systems may benefit from a rapid increase in voluntarily shared personal health data. These systems are already relied upon for their effectiveness and efficiency and could be important tools for responding to this virus, when paired with work to ensure that both public and private labs are accurately reporting and sharing data as quickly as possible.

We understand that the CDC is already receiving lab results for nCV. By building on existing CDC systems, these nCV test results can be handled in a similar fashion to track and better understand the spread of nCV and to determine levels of immunity among patients and communities, as well as to characterize the dynamic profile of the epidemiology of nCV spread. The CDC's capabilities and systems to detect the presence of the disease must be stood up as quickly as possible, and as states expand their own surveillance capability, nCV immunity status information could pass through the HHS Immunization Gateway to state public health departments and their registries.

At the same time, state health departments need adequate resources to mount the containment efforts necessary to interrupt and reduce nCV transmission. This would include, for example, human resources as well as robust information systems. These foundational public health resources are necessary now, but also will be increasingly important as the pandemic evolves over the next few months and years. When all the states and territories have adapted and built upon their surveillance capabilities, they can become the primary recipient of information on nCV.

In closing, existing laws and systems can be applied to track the spread of nCV within defined populations and other groups who may share similar levels of exposure, geography and risk factors to determine who may and may not be immune. This type of information is critical to protect patients, workers and higher risk populations (such as those who are older or those with co-morbidities). Employment and social interaction rules can be dynamically adjusted to benefit the employee, workplace productivity, public health and stability, while containing the spread of disease. To expeditiously begin this process, existing capabilities at HHS and the CDC should be expanded and used, while states and territories build up their own detection and surveillance infrastructure. These systems are governed by robust privacy laws. We urge you to build on the CDC and states' existing systems so that this work can be completed as quickly and efficiently as possible. To begin to restore our economy, we the undersigned believe this work must begin now.

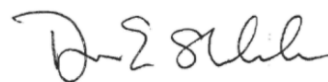
Sincerely,



Brad Wenstrup, D.P.M.
Member of Congress



David P. Roe, M.D.
Member of Congress



Donna E. Shalala
Member of Congress



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