



Reform of the Centers for Disease Control and Prevention

Thank you for the opportunity to provide responses to your request for information about ways to strengthen the Centers for Disease Control and Prevention (CDC).

The Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) and their more than 14,000 members have extensive experience with epidemics and pandemics including HIV, tuberculosis, malaria, Ebola, influenza and, most recently, COVID-19 and mpox. As a result, we have examined the lessons learned from the COVID-19 pandemic and other recent outbreaks, longstanding epidemics and infectious diseases (ID) threats and developed a series of recommendations for CDC reform. Input from ID clinicians on the front lines treating patients informs these recommendations and our response to the RFI.

IDSA and HIVMA and more than 14,000 ID clinicians and scientists call on Congress to support 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.

An important lesson from COVID-19 was the disproportionate impact on rural populations and Black, Indigenous and people of color communities and those with limited access to care, leading to more than 1 million deaths from COVID-19 in the U.S., with a case-fatality rate of 1.1% and 341.11 deaths per 100,000 population, one of the highest in the world.¹ Thus, an overarching consideration in reviewing the CDC's performance should include attention to how the agency can comprehensively address health inequities, which cause marginalized populations to suffer disproportionate harm from ID threats as well as from other chronic diseases and risk factors such as diabetes, heart disease and obesity. Specific recommendations are listed below.

Health Equity: Address Health Inequities and Strengthen Cultural Competence

- Increase workforce diversity within CDC and strengthen cultural competence of existing and new CDC workforce.
- Encourage cross-center and cross-department integration and collaboration between centers, branches, and divisions of CDC with the goal of advancing health equity and addressing inequities, embedding health equity in every branch/division, and coordinating with other federal agencies.
- Continue to use data regarding, and input from, historically marginalized populations in developing guidance and make additional recommendations for these populations where appropriate.
 - Increase support to improve data collection variables where necessary, including race and ethnicity data and data on sexual orientation/gender identity, housing status and drug use.
- As health equity considerations are being embedded across the agency, continue cross-cutting programs like the Antibiotic Resistance (AR) Solutions Initiative. Several antibiotic resistant pathogens are seen in higher rates among groups experiencing health inequities and warrant further study and investments to develop and implement solutions.

¹ Johns Hopkins University, Coronavirus Resource Center. Mortality Analyses. Retrieved April 19, 2023, from <https://coronavirus.jhu.edu/data/mortality>.

- Continue to include equity considerations in communications with providers and the public, including sociodemographic risk factors, to help provide justification when equity interventions are incorporated into local policies and resource allocation decisions.
- Continue to provide scientific and technical assistance to low- and middle-income partner countries to enhance abilities to respond to new and existing ID threats before they reach American soil.

1) Mission Creep:

- Do you believe the CDC is accomplishing and executing its original mission of surveillance, detection, and prevention of communicable diseases? Please provide specific examples.***
- Do you believe the CDC is accomplishing and executing its current mission of protecting our nation from all health threats? Please provide specific examples.***
- Please also offer any specific insight or thoughts around the concept of “mission creep” and whether CDC’s core functionalities and operations are impacted negatively by such mission creep,***

During the COVID-19 pandemic, a significant number of people with chronic diseases were found to be more likely to have severe illness or to die from COVID-19.² Chronic diseases also complicate the treatment of infectious diseases like HIV.³ Individuals with cancer and patients undergoing organ transplantation, individuals with substance use disorder or other highly complex care are at greater risk for a variety of serious infectious diseases, including those that are resistant to available antimicrobial therapies. Therefore, we recognize the role of noncommunicable diseases in exacerbating the consequences of communicable diseases. We support continued efforts by CDC to address chronic diseases, environmental health and other health threats that negatively impact the ability of individuals to remain healthy during and after exposure to an infectious agent and to recover quickly from illness if they become sick.

2) Leadership Structure and “Moving Forward” Reorganization:

- Please provide information and recommendations on any additional reforms to CDC leadership or its governance structure that would ensure CDC carries out its mission and mandate with appropriate Congressional oversight.***
- Please describe how you participated in the “Moving Forward” review and reorganization.***
 IDSA & HIVMA provided written feedback in response to the [Moving Forward Summary Report](#).
- Did CDC request your participation, or did you request to participate?***

² Hacker KA, Briss PA, Richardson L, Wright J, Petersen R. COVID-19 and Chronic Disease: The Impact Now and in the Future. *Prev Chronic Dis* 2021;18:210086. Retrieved April 11, 2023 from <http://dx.doi.org/10.5888/pcd18.210086>

³ Botros D, Somarriba G, Neri D, Miller TL. Interventions to address chronic disease and HIV: strategies to promote exercise and nutrition among HIV-infected individuals. *Curr HIV/AIDS Rep*. 2012 Dec;9(4):351-63. Retrieved April 12, 2023 from <https://pubmed.ncbi.nlm.nih.gov/22933247/>.

- d. *What were your recommendations for CDC?*
- e. *Based on the final rollout or subsequent communication, did the CDC agree or reject your recommendations?*
- f. *Please share any written material provided to the CDC as result of participating in the “Moving Forward” review and reorganization.*

Please see attached.

- 3) **Good Guidance Practices:** *Please offer recommendations to improve the process for consideration, development, publishing, and updating guidance to ensure a more transparent, comprehensive, inclusive, and scientifically sound framework. Please include suggestions to ensure guidance is more easily accessible and comprehensible for intended audiences, including constituents, how best to communicate the science and evidence on which the guidance is based, as well as the legally binding nature, if any, of guidance. If applicable, please identify any specific examples of how CDC guidance was used as justification for actions at the state and local level.*

IDSA and HIVMA recommend that CDC provide clear, easy-to-understand guidance on public health threats backed by scientific evidence. In addition, stakeholder input, including from health professional societies representing front-line clinicians, is critical as guidance is being developed to ensure that the CDC’s recommendations are workable in real-world health care and community settings. Specific recommendations are listed below.

Stakeholder Input: Utilize Expertise to Translate Science into Practical, Easy-to-Understand Policy

- Provide opportunities for ID clinicians to advise on public health and medical guidance in the development phase, including during public health emergencies (PHEs), to ensure guidance reflects on-the-ground needs, capacities and communication preferences in local communities. In addition, primary care clinicians and organizations that serve populations experiencing health inequities (e.g., community health centers, Ryan White clinics) may have important insights to share.
- Continue producing timely science briefs with data transparency and scientific rationale behind decisions.
- Provide short, easy-to-understand documents for use by clinicians as well as the public.
- Provide 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.
- Provide ongoing “public health town halls” (or science briefings) for the medical and scientific community for ongoing situational awareness.

It is important that communications from public health agencies are designed to inform the public and clearly let them know what they can do in response to a health threat based on the information available at a given time. Communications are most effective when they come from trusted messengers. Specific recommendations are listed below.

Public Outreach: Prioritize Public Health Communications

- 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 and ensure equitable access to information.
- It is essential that the public understands that CDC issues guidance for the entire U.S. based on best available national data, which then must be contextualized into local situations and recommendations by public health experts.
- Produce research, both internal and extramural, on effective methods of communications using 21st century technology.
- Build infrastructure to integrate communications across CDC so that the science and the communication of science are as seamless as possible.
- Provide consistent, scientific guidance **highlighting that the guidance is based on what is currently known and the expectation that it may change as more data become available to rebuild trust with the public and policymakers.**
 - Provide public forums and cadence of communications that reinforce guidance.
- Support a forum modeled after the National Prevention Council to coordinate and lead ID prevention efforts across the federal government, including **enhancing public health literacy skills to recognize mis/disinformation.**
- Leverage nongovernment messengers, including ID clinicians and community leaders from disproportionately impacted populations, in communicating to clinicians, public health professionals, community-based organizations and the public.
 - Provide training of a community health worker task force from public health professionals/experts to help deliver the messages effectively to high-priority communities from trusted messengers.

4) Morbidity and Mortality Weekly Reports Development:

a. Please provide recommendations, proposals, and suggested changes regarding the development and release of MMWR

The Morbidity and Mortality Weekly Report (MMWR) provides timely, accurate and concise dissemination of critical findings to clinicians, public health professionals and the public.

b. Would a process by which external expert stakeholders are provided the opportunity to provide additional data and arguments regarding the conclusions of the MMWR be helpful?

The current process works to provide timely evidence to the health care and public health fields. External partners are often involved in the research and other projects profiled in MMWR.

c. Should data underlying MMWRs be made publicly available?

d. Are MMWRs an appropriate tool for communicating timely, scientific updates during a public health emergency?

MMWRs are one effective tool but not the only tool for communicating timely, scientific updates during a public health emergency. Additional recommendations on communications are listed above.

5) Workforce Reform:

- a. *Please describe how CDC's current workforce could be better utilized in the field to rapidly respond to public health emergencies and combat the current health care shortages.*
- b. *How could the USPHS Commissioned Corps specifically be better utilized to serve its mission of readiness and response, while simultaneously helping to support and overcome the current workforce shortages we are facing nationwide?*
- c. *As part of the "Moving Forward" changes, Dr. Walensky announced a desire to develop a more response-ready staff, trained and ready to respond in the event of a public health emergency. What elements do you think are key to ensuring success of such an initiative?*

To protect the public, CDC staff should be ready to respond to any public health emergency, including an infectious disease outbreak or pandemic. CDC staff from across the agency who may be called into service in an emergency should be familiar with the various stakeholders in the health care and public health systems and how they interact with federal agencies. There should be broad awareness across CDC about lines of communication in an emergency and who should be coordinating with stakeholders and partners at national, state and local levels to reduce confusion, which can slow emergency response and erode trust. Information about communication lines should be transmitted to stakeholders as well. To allow adequate surge capacity at CDC, the agency should be given the authority to hire consultants in an emergency. In addition, during the COVID-19 pandemic, the CDC Foundation funded staff who were embedded in state health departments, providing much needed surge capacity.

In addition to the CDC workforce, a strong nationwide health care and public health workforce is critical for future outbreak and pandemic response. It is essential to build the workforce of ID experts in both health care and public health settings. In the 2022 Match, only 56% of ID fellowship programs filled their slots compared to 90% or 95% of other subspecialty programs, which reinforces the urgency to build a stronger ID workforce pipeline.

IDSA & HIVMA have championed the Public Health Workforce Loan Repayment Program, including the Bio-Preparedness Workforce Pilot Program, to address shortages in infectious diseases and public health capacity to respond to emergencies and ongoing challenges. **We are extremely grateful that Representatives Crow, Burgess, Trahan, Miller-Meeks and Fitzpatrick co-led a letter in support of funding for these critical efforts in FY2024.**

Additional specific recommendations to strengthen the workforce include:

- Foster partnerships between public health and health care professionals and facilities on an ongoing basis to ensure strong relationships are in place before a PHE. Ensuring sufficient workforce capacity in both public health and health care is a key first step. In addition, joint trainings, clear and regular bidirectional communication channels and clear roles and responsibilities that include protected time and compensation can all help connect health care

and public health and allow more effective and efficient emergency response, including activation of contingency clinical service teams.

- Continue to invest in the joint ID/Epidemic Intelligence Service (EIS) fellowship, including reauthorizing loan repayment opportunities for EIS officers and excluding student loan repayments made for CDC fellows from gross income.
- Public Health Workforce Development at CDC should collaborate with IDSA & HIVMA to develop new resources and tools to promote ID professions.
- Continue support for public outreach by community-based organizations and faith-based organizations, including community health workers who come from the areas they serve.

6) State Block Grant Programs: *Please explain the benefits or risks of transitioning to a block grant program for states to best access and utilize CDC funding. This could be specific to certain buckets of programs, such as chronic diseases, childhood developmental programs, specific cancer programs, etc., or offered as an option to states if they choose.*

Depending upon the design and funding levels, a block grant approach may have more risks than benefits. For example, infectious diseases can and often impact the entire country as they spread easily across state lines, underscoring the importance of national infrastructure, surveillance, data sharing and responses. A national approach facilitates more effective identification, tracking and containment of infectious diseases. It also fosters opportunities for partners across the country to share best practices and other learnings. Block grants may not provide a sufficient level of grant funding on a national level, especially allowing necessary capacity to reach local level agencies and community-based organizations.

It is important to ensure states and communities have the flexibility they need to meet the diverse and unique needs of their populations. While such flexibility may be one benefit of a block grant approach, flexibility can be provided through non-block grant approaches as well.

One of the biggest risks associated with a block grant approach may be loss of resources to an already strained public health system, disproportionately affecting areas with the greatest needs. The health departments most in need of additional support may not have the resources to apply for and manage block grants. In addition, such grants may not provide the stable workforce and infrastructure that is needed to ensure communities are protected from all health hazards. In the long term, this can lead to increased spending during emergencies to attempt to fill gaps, which is ultimately less effective and more costly than steady investments in preparedness.

7) Data and Surveillance: *Please describe how CDC can improve their use of current data standards and authorities to collect reliable data to inform federal, state, and local public health decisions, decrease unnecessary redundancies and reporting burdens on partners, and reduce the number of stand-alone systems.*

During COVID, mpox and other ID outbreaks, ready access to accurate, complete demographic data on patients who are infected is critical to making decisions about where to target resources and evaluating the impact of interventions. Specific recommendations are listed below.

Data/Information Technology: Share Science and Data Faster

- Automate data collection/sharing to the full extent possible to reduce burden on providers, health care 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. 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.
- Standardize data collection across CDC and simplify the information needed for case reporting to reduce burdens for clinicians and public health labs.
- Help reduce barriers for public health agencies to access commercial data.
- 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.
- 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.
- 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).
- 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.

In closing, CDC needs sufficient funding to meet 21st century threats and protect the American public. Due to years of underfunding, many CDC programs have not received the resources that are needed to address the many health challenges we face as a nation, resulting in many of CDC's most effective programs to prevent disease and promote health not reaching all states and communities.

Thank you for the opportunity to respond to this RFI. For additional information, please contact Eli Briggs, IDSA director of public policy, at ebriggs@idsociety.org or Andrea Weddle, HIVMA executive director, at aweddle@hivma.org.

Recommendations provided to CDC in response to Moving Forward initiative

CDC Reform Recommendations

The Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) have examined the lessons learned from the COVID-19 pandemic and other recent and continuous infectious diseases (ID) threats and developed the following recommendations for Congress and the Administration to consider as reform of the Centers for Disease Control and Prevention (CDC) is discussed.

These recommendations focus on infectious diseases; however, the mission of CDC is much broader. 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, therefore we recognize the relationship that non-communicable diseases have in exacerbating the untoward consequences of infectious diseases.

Goal – 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.

Overview of Recommendations

- **Funding** - Provide sustained, adequate resources, including workforce, to allow CDC and the state and local health departments that the agency supports to effectively and efficiently address the nation's public health needs, which have expanded over time and will continue to grow with emerging threats.
 - The workforce needed to respond to ID threats includes physicians and other clinicians, microbiology laboratory professionals, pharmacists, data scientists and public health professionals.
- **Workforce** - Implement and fund the Public Health Workforce Loan Repayment Program, including the Bio-Preparedness Workforce Pilot Program, to incentivize more individuals to pursue careers in public health and ID.
- **Health Equity** - Provide appropriate resources for CDC to address health inequities and strengthen cultural competence, including collection of data to inform strategies to increase health equity and support of community partners who serve as trusted messengers of health information.
- **Antimicrobial Resistance** - Continue support for crosscutting initiatives that address critical needs, including the Antibiotic Resistance Solutions Initiative, as CDC implements new agency-wide initiatives.
- **Stakeholder Input** - Allow vetting of CDC guidance by stakeholders including ID experts before public release.
- **Public Outreach** - Produce public communications that are easy to understand, updated as needed and backed up by scientific evidence, where available.
- **Data/Information Technology** - Expand the Data Modernization Initiative to further strengthen the information technology infrastructure at CDC and state and local health departments and continue expansion of the National Healthcare Safety Network to bolster early detection of infectious disease threats and allow for ongoing situational awareness.

- **Diagnostics** - Develop accurate diagnostics quickly and distribute them widely and equitably to affected communities/states during an outbreak or pandemic.

IDSAs and HIVMA offer the following detailed recommendations to improve CDC's effectiveness.

Funding: Invest in the CDC to Meet 21st Century Threats

- Provide the CDC director with additional flexibility to reallocate a portion of existing funding in response to emerging or shifting public health needs, including infectious diseases outbreaks.
 - Prior to declaration of a public health emergency (PHE) when an emerging infectious disease has been identified, a portion of supplemental funding should be allocated with flexibility for CDC to respond to changes in the trajectory of the outbreak, in addition to funding provided by existing mechanisms like the Infectious Disease Rapid Response Reserve Fund.
 - To maintain public and policymaker awareness and support, the director should provide timely and transparent public updates about allocation of resources during a PHE.
- Establish an effective and nimble incident command system that allows federal, state, tribal and local health jurisdictions to collaborate across state lines and under one unified incident command.
- Define CDC's and other federal agencies' roles and responsibilities in a PHE and promote stronger interagency communication and coordination throughout the response, recovery and preparedness phases.

Workforce: Prepare for Infectious Diseases Emergencies & Build Partnerships Across Public Health, Health Care Systems and Communities

In addition to the CDC workforce, a strong nationwide health care and public health workforce is critical for future outbreak and pandemic response. It is essential to build the workforce of ID experts in both health care and public health settings. In the 2022 Match, only 56% of ID fellowship programs filled their slots compared to 90 or 95% of other subspecialty programs, which reinforces the urgency to build a stronger ID workforce pipeline.

- IDSA & HIVMA have championed the Public Health Workforce Loan Repayment Program, including the Bio-Preparedness Workforce Pilot Program, to address shortages in infectious diseases and public health capacity to respond to emergencies and ongoing challenges.
- Foster partnerships between public health and health care professionals and facilities on a routine basis to ensure strong relationships are in place before a PHE. Ensuring sufficient workforce capacity in both public health and health care is a key first step. In addition, joint trainings, clear and regular bidirectional communication channels and clear roles and responsibilities that include protected time and compensation can all help connect health care and public health and allow more effective and efficient emergency response, including activation of contingency clinical service teams.
- Continue to invest in the joint ID/Epidemic Intelligence Service fellowship.
 - Public Health Workforce Development at CDC should collaborate with IDSA and HIVMA to develop new resources and tools to promote ID professions.
- Continue support for public outreach by community-based organizations and faith-based organizations, including community health workers who come from the areas they serve.

Health Equity: Address Health Inequities and Strengthen Cultural Competence

- Increase workforce diversity within CDC and strengthen cultural competence of existing and new CDC workforce.
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- Use data regarding, and input from, historically marginalized populations in developing guidance and make additional recommendations for these populations where appropriate.
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- Standardize data collection across CDC and simplify the information needed for case reporting to reduce burdens for clinicians and public health labs.
- Help reduce barriers for public health agencies to access commercial data.
- Obtain 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.
- Ensure that epidemiologic data, health inequities and distribution and Administration 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.
- 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.
- Obtain the authority to hire consultants in an emergency.

Stakeholder Input: Utilize Expertise to Translate Science into Practical, Easy-to-Understand Policy

- Provide opportunities for ID clinicians to advise on public health and medical guidance in the development phase, especially during PHEs, to ensure guidance reflects on-the-ground needs, capacities and communication preferences.
- Continue producing timely science briefs with data transparency and scientific rationale behind decisions.
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Public Outreach: Prioritize Public Health Communications

- Provide visible, national level leadership and guidance during both nonemergency and emergency times that can be translated into state and local policy.
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- Produce research, both internal and extramural, on effective methods of communications using 21st century technology.
- Build infrastructure to integrate communications across CDC so that the science and the communication of science are as seamless as possible.
- Provide consistent, scientific guidance highlighting that the guidance is based on what is currently known and the expectation that it may change as more data become available to rebuild trust with the public and policymakers.
 - Provide public forums and cadence of communications that reinforce guidance.
- Support a forum similar to the National Prevention Council to coordinate and lead ID prevention efforts across the federal government, including enhancing public health literacy skills to recognize mis/disinformation.
- Leverage nongovernment messengers, including ID clinicians and community leaders from disproportionately impacted populations, in communicating to clinicians, public health professionals, community-based organizations and the public.
 - Provide training of a community health worker task force from public health professionals/experts to help deliver the messages effectively to high-priority communities from trusted messengers.

Diagnostics: Develop Testing for Outbreaks/Pandemics

- Develop 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.
- Leverage 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.
- Provide dedicated funding for laboratory functions at CDC.
- Expand 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.
- Improve communications across the Laboratory Response Network (LRN), clinical laboratories in health care facilities and clinicians to help clinicians interpret test results.
- Invest in standardized electronic automated reporting of testing across infectious diseases.
- Provide external partners, including medical societies and other professional associations, opportunities to review and provide input on test protocols.