The Honorable Bill Cassidy  
Ranking Member, Committee on Health, Education, Labor, and Pensions  
United States Senate  
428 Dirksen Senate Office Building  
Washington, DC  20510  

Dear Ranking Member Cassidy:

Thank you for your letter dated September 26, 2023 soliciting public opinion on modernizing the U.S. Centers for Disease Control and Prevention (CDC). We welcome the opportunity to provide feedback on your questions.

The Coalition to Stop Flu is a multi-sector advocacy coalition dedicated to ending deaths from seasonal and pandemic influenza. Coalition members represent a unified voice for the influenza ecosystem and include public health and patient advocacy organizations; academic, scientific, and research organizations; health care professional organizations; emerging biotech companies; health care distributors; and vaccine, antiviral, and diagnostic manufacturers.

The Coalition’s federal policy agenda is aimed at saving lives, saving money, and protecting public health by enhancing the U.S. influenza ecosystem, including through proper authorization, funding, and implementation of federal influenza and adjacent programs. As the central public health agency in the United States, the activities of the CDC are crucial to ensuring that we reach our goal of eliminating deaths from influenza.

In that context, we offer responses to the following select questions:

**Making Data Work for Everyone**

1. *How can Congress improve the flow of public health data to CDC and back to states within the current system?*

2. *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?*

During the 2022-2023 influenza season, the CDC quickly reported data from states on influenza case rates. These publicly available data were extremely valuable for stakeholders, allowing public health and community organizations to better target their public messaging and pharmaceutical companies to fine-tune product distribution and evaluate clinical trials.

Yet despite their utility, publicly available flu data fall short of their potential. The current statutory and regulatory structure limits the collection by states and reporting to CDC of disaggregated data in greater detail, such as by zip code or ethnicity, which prohibits deeper understanding of attack rates and the most effective targeting of interventions. To assess immunization uptake, CDC relies on survey data, which have inherent biases, and claims data, which can experience a reporting lag. Compounding these challenges, CDC has at times been reticent to publish data for public or even interagency consumption for fear of releasing
To improve data-sharing and reporting, we recommend the CDC:

- **Enhance real-time data collection for actionable insights.** The CDC should work with state and non-governmental partners to enhance flu surveillance systems, including by obtaining more detailed and disaggregated data in areas like immunization rates to support better epidemiological analyses. Current law limits the extent to which the CDC can require states to report such data, and we recommend that Congress consider legislative enhancements to CDC’s data collection authority via authorization of a pilot program implemented for limited set of diseases: influenza, Covid-19, and respiratory syncytial virus (RSV). This program could demonstrate the value of real-time collection, sharing, and reporting for the “tripledemic” of infectious diseases now becoming the norm during the winter season. We acknowledge some stakeholders’ concerns related to potential overstepping of states’ rights with respect to data. As such, we suggest a federal-state collaboration to develop this pilot.

- **Improve data reporting.** We understand some of the limitations that the CDC faces in reporting infectious disease data, including the agency’s desire to ensure that the data have been fully vetted, are an accurate representation of reality, and will not be subject to misrepresentation. However, efficient data-sharing is critical, especially during emergencies. We propose that Congress legislatively establish an advisory board to determine the optimal process for balancing the public (and interagency) need for data access with the equally important goal of ensuring that data are not misrepresented in advancement of agendas not in the interest of public health. The Centers for Medicare and Medicaid Services (CMS) could provide a model: CMS provides vetted research institutions and individuals the opportunity to apply for access to significant amounts of Medicare data for analysis research purposes that can then be shared with the public.

6. *How can Congress and CDC better leverage both disease-specific and disease-agnostic data collection strategies? What are the benefits of both approaches, when should they be used, and how can we minimize potential silos between datasets?*

We believe that support for seasonal influenza surveillance is critical for pandemic influenza preparedness. Similarly, the history of congressional support for seasonal flu surveillance helped lay the foundation for many of CDC’s Covid-19 capabilities. While our Coalition’s particular interest in CDC data relates primarily to flu, our suggestions include both pathogen-specific and pathogen-agnostic recommendations, and the former could provide proof of concept allowing CDC to improve readiness for other infectious disease outbreaks. Specifically, we recommend that Congress and CDC:

- **Enhance support for genomic sequencing and surveillance programs.** The CDC could improve early warning capabilities through increased support for genomic sequencing programs, especially the CDC Advanced Molecular Detection (AMD) program, and push those data into the public domain for analysis. These programs may be disease-specific, as with influenza, or pathogen-agnostic, such as through leveraging the immense analytic power of next-generation sequencing and AI to identify novel pathogens (described in greater detail below).
● **Enhance rapid access to testing and treatment.** While testing has become a mainstay of the public health strategy for Covid-19, this is not yet the case for influenza. The CDC can encourage providers to differentiate among influenza, Covid, and RSV by using FDA-approved multiplex assays. In addition, we recommend that the CDC pilot test-to-treat programs for this triad of infections at key facilities, particularly for vulnerable populations that may lack access to a regular health provider. We believe that the increased volume of data will enable improved patient outcomes by enhancing understanding of influenza dynamics in vulnerable populations and thereby helping the CDC and local community partners better reach these populations. Differentiated testing and test-to-treat programs enable the right treatment for the right patient in real time.

● **Authorize and fund the National Wastewater Surveillance System (NWSS).** Established with emergency supplemental funds to monitor wastewater for Covid-19, this program has enormous potential for broader value through application to influenza, antimicrobial resistance, and other public health threats. We support Section 105 of your committee’s reauthorization of the Pandemic and All-Hazards Preparedness Act (S. 2333), which would authorize this system and allow it to provide continued value. We believe, for instance, that the CDC could compare wastewater analyses for influenza viral variants in the population against clinical samples, shedding light on mutations related to virulence or negative clinical outcomes.

*Improving Upon What Works Well*

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

● The **Advanced Molecular Detection (AMD) program**, located within the National Center for Emerging and Zoonotic Infectious Diseases, is a success story. This program has transformed public health through its incorporation of next-generation sequencing (NGS), a cutting-edge technology that is versatile and adaptable to identify almost any category of pathogen. Technological advances in NGS supported by AMD played a key role in identifying, understanding, tracking, and tracing SARS-CoV-2 and continue to offer significant value for other threats, including antibiotic-resistant pathogens and foodborne illness. Congress can best support this program by providing substantially increased appropriations to reflect the significant need and value to the public health community that the program provides.

● The CDC’s utilization of partnerships with community-based organizations during Covid-19 has been critical to the success of educational and vaccination programs. These groups helped provide value across all U.S. communities, especially those that are otherwise underserved by government or private programs. We hope that Congress and the CDC will continue to support funding for these organizations to preserve these partnerships for any number of public health needs into the future. For example, we appreciate both Congress’ and the CDC’s acknowledgement that misinformation and disinformation are a growing problem creating barriers to successful public health outcomes, and CDC should leverage these groups in the near term to help overcome information barriers and advance the use of trusted messengers to connect with people looking for reliable information. The public health emergency monies for Covid-19 provided surge financing for these groups, but not continuity, which has already led to dramatic cuts to the workforce.
Another success at the CDC is the **Advisory Committee on Immunization Practices (ACIP)**. ACIP has become the standard for establishing a harmonized scheduling of immunization across the country. The CDC’s use of outside experts to weigh in on critical questions with respect to immunization can be a model for advisory boards elsewhere at the CDC to address other issues, such as risk communication and counteracting false messages. Section 209 of the Senate’s PAHPA reauthorization authorizes the establishment of a Federal Advisory Committee to provide recommendations through a one-time report to improve the communication of scientific and evidence-based public health information. We support this provision and thank you for including it.

Finally, we encourage you and your committee to consider the “**Protecting America from Seasonal and Pandemic Influenza Act of 2023**” (H.R. 5846), which includes provisions promoting improvements to the CDC’s collection and sharing of influenza data. This legislation would, in part, re-authorize the CDC’s Public Health Data Modernization initiative and provide budget authority designed to fill gaps in our nation’s public health data infrastructure to build a strong national public health surveillance system that detects and facilitates immediate response to and containment of emerging health threats.

Thank you again for your leadership on these critical issues. We welcome the opportunity to discuss this further with you or your staff at your convenience. Niki Carelli, Coalition Executive Director, can be reached with any follow up at niki@daschlegroup.com, and further information on our Coalition and members can be found at [http://www.flucoalition.org/](http://www.flucoalition.org/).

Sincerely,

Tom Daschle  
Chairman, Coalition to Stop Flu