

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

March 9, 2015

Dr. Thomas Frieden
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Frieden:

Pursuant to Rules X and XI of the U.S. House of Representatives, the Committee on Energy and Commerce is continuing its examination of the U.S. public health response to seasonal influenza. We appreciated the participation and testimony of the CDC at the hearing on February 3, 2015, and Dr. Anne Schuchat's follow-up meeting on February 23, 2015 with committee staff.

The committee seeks further information regarding the U.S. public health response to seasonal influenza. We believe understanding the lessons from this influenza season could improve the U.S. public health response in the future, particularly to a severe influenza season with a mismatched vaccine and possibly save thousands of lives.

To assist the committee's inquiry please respond to the following questions by March 23, 2015:

1. If in the future there is another drift of influenza strain and/or a significant risk of a seasonal influenza vaccine mismatch or low effectiveness, under what circumstances would CDC support the production of an off-cycle monovalent seasonal influenza vaccine? What are the criteria for such a decision? Will CDC apply the same rigor used for deciding on a monovalent vaccine to respond to a pandemic as that used for deciding on a monovalent vaccine to respond to a seasonal influenza drifted strain?
2. Did CDC staff between May 1, 2014 and November 1, 2014 ever examine possible responses for the U.S. to the drifted influenza A H3N2 strain? If so, when, and what staff were involved? What were the potential responses considered, and what was the basis for the decision on each of the proposed responses?

3. What criteria does CDC use to determine that an influenza strain targeted in a current vaccine has significantly drifted and may significantly lower the effectiveness of the current vaccine (i.e., degree of mismatch, trends, locations of mismatch)?
4. There have been significantly drifted influenza viruses before, four times over the last 20 years according to CDC's testimony. Did the CDC have a contingency plan in case the influenza vaccine was mismatched to a drifted H3N2 A strain? What was the plan, and how was it implemented? Will CDC make any changes in the contingency plan? If so, please identify and explain the changes.
5. Does CDC have a specific public communication strategy when there is a mismatched influenza vaccine in a severe flu season? If so, what is it?
6. Since the hearing another study on the high-dose influenza vaccine was published in The Lancet Infectious Diseases. The study funded by FDA, and co-authored by Centers for Medicare and Medicaid Services (CMS) and CDC personnel, found the high-dose vaccine was 22 percent more effective than standard vaccines in older populations. This finding was similar to a previous study that showed 24 percent more effectiveness. When will CDC include the high-dose vaccine on the agenda for CDC's Advisory Committee on Immunization Practices (ACIP) meeting to see if the advisory committee would be willing to express a preference for the high-dose vaccine indicated for people 65 years of age and older?
7. In a future influenza season with a drifted strain and/or vaccine mismatch like this season, will the CDC defer until after the influenza season starts from issuing a health advisory that aims to raise more awareness among doctors and patients about antiviral drugs and recommends the use of these drugs as soon as possible for high risk groups? Or will CDC issue such a health advisory as soon as there is a new WHO recommendation, even if it is several weeks before the start of the U.S. influenza season?
8. What actions is CDC taking to assess the use of adjuvants to boost the effectiveness of a seasonal influenza vaccine that is viewed as having substantially lower than typical effectiveness rate for a seasonal influenza vaccine? What does the current data show, and what additional data (if any) would CDC need to make such an assessment?
9. Are vaccination rates the best performance metric for evaluating CDC's performance related to influenza? Are there other performance metrics that could be used to evaluate CDC's performance?

If you have any questions regarding this request, please contact Alan Slobodin with the committee staff at (202) 225-2927 and Elizabeth Letter of the Democratic committee staff at (202) 225-3641.

Sincerely,



Tim Murphy
Chairman
Subcommittee on Oversight
and Investigations



Diana DeGette
Ranking Member
Subcommittee on Oversight
and Investigations

Cc:

The Honorable Fred Upton, Chairman

The Honorable Frank Pallone, Jr., Ranking Member