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www.healthwatchusa.org, www.healthconference.org

Public Comment: CDC Healthcare Infection Control Practices Advisory Committee - June 3, 2021

I would like to encourage the CDC to be the leader in the world in tracking and controlling of dangerous pathogens, to be totally transparent and to provide the public timely information. This week I became concerned that the CDC may no longer be leading the world in these imperatives.

I was reading the foreign press, the Daily Mail, and there was an article regarding the Delta Variant (B1617.2 strain) sometimes called by the public the Indian Double Mutation Variant. The article reported that this dangerous variant is on the verge of spreading rapidly in the United States, making up 1% of genetically sequenced cases in early May and is now comprising 7%.

The article's data was derived from a website, Outbreak.info. <u>https://outbreak.info/situation-reports?loc=USA&pango=B.1.617.2&selected=USA</u>

A website operated by Scripps Research with funding from the NIH, National Center for Data to Health, and the CDC. The data is obtained from the WHO Global Influenza Surveillance and Response System (GISRS) Initiative, and it is downloaded daily.

Outbreak.info's data is current up to May 27th, the official CDC Website is current up to May 8th. The CDC does not list the Delta Variant as a variant of concern. State specific data is not available for the Delta Variant on the CDC's website. State specific data is available on outbreak.info.

Needless to say, the CDC should classify the Delta variant, as a variant of concern. The CDC's main site should have easy to access and the most up to date data available in the world. Advisories regarding both the Indian Variant and the P.1 Brazilian or Gamma Variant need to be made. Both variants appear to be on the verge of spreading rapidly in the United States and as of May 27 the Gamma variant comprised 14% of sequenced cases.

We need to be genetically sequencing more cases. Outbreak.info has data on 5800 sequenced cases in the last 60 days. But this represents only 0.2% of the approximately 3 million COVID cases which have occurred over this time period. We should be sequencing approximately 5% of all cases, and 100% of the vaccine breakthrough cases, regardless if the patient was hospitalized or died.

We also need to resist setting the bar for public health success at survival. Long COVID can be disabling and is reported to be in 10 to 30 percent of even mild to moderate cases of COVID-19. The vaccines are effective against immune escape variants but only if two doses are given and even at that dosage, the vaccines do not perform as well as they do in preventing disease against the wild type of virus.

Thank you for this consideration,

Health Watch USA