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United States House Homeland Security Committee

"Confronting the Coronavirus: Perspectives on the COVID-19 Pandemic One Year Later"

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Testimony of
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Chairman Thompson, Ranking Member Katko, and distinguished members of the committee, thank you for inviting me here today to speak about Illinois' response to the coronavirus pandemic. Over the past year in Illinois, we have had more than 1.1 million cases of COVID-19 and, unfortunately, more than 20,000 of our people have succumbed to this baleful disease.

From the outset of the pandemic, our response has been guided by a focus on data, science, and equity. The year 2020 was marked by mitigations necessary to curb infection transmission and protect health care capacity, but they also left an indelible mark on the state of Illinois and the lives of our residents.

As a state we have made huge investments in testing and contact tracing and are proud to rank 5th among states and territories for the number of COVID tests administered. Illinois was the first state in the country to validate the Centers for Disease Control and Prevention's (CDC) COVID-19 PCR test and all three of our state laboratories began running samples early in the pandemic. These three laboratories began statewide sentinel surveillance testing almost a year ago, enabling Illinois to determine how COVID-19 was circulating in our communities.

So, it is with great hope that we embrace the advent of vaccines that are a pathway to ending this calamitous period in our state and national history. Through efficient and effective distribution of the vaccine, we can suppress the spread of the virus and save many lives. The Illinois Department of Public Health (IDPH) has been working in close partnership with our 97 local health departments, hospitals, retail pharmacies, federally qualified health centers (FQHCs), and many other partners across the state to ensure vaccination occurs with both velocity and equity. To date we have enrolled hundreds of new providers to receive and administer COVID vaccines. We have also expanded scopes of practice to allow more health care providers to administer vaccines, such as dentists, pharmacists and EMTs above the basic level.

In Illinois, vaccines are currently distributed according to the population of each county, adjusted to ensure health equity using the COVID-19 Community Vulnerability Index (CCVI), a measure of vulnerability to COVID-19 at the state, county, or census tract level that combines health determinants such as epidemiology of underlying chronic conditions and access to care with the CDC Social Vulnerability Index.[1] Due to the initial limited supply of vaccine and the established priority groups, we directed our allocations of vaccine to local health departments (with subsequent distribution to hospitals) and our large retail pharmacy partners. As vaccine availability continues to increase, we will allocate across a growing, more expansive provider network throughout the state.

The ultimate benefits of vaccination against COVID-19 will depend on how well we are controlling the spread of the virus and how swiftly and broadly we can implement the vaccine.[2] In Illinois, 1,779,143 people have received their first dose of vaccine as of February 21, 2021.[3] We are doing everything we can to vaccinate our share of the more than 200 million people necessary to achieve herd immunity against COVID-19.[4]

In order to reach populations that have been disproportionately impacted by COVID, IDPH has been intentional about engaging hard hit communities across the state with the most up-to-date information, answering questions and addressing any concerns people may have, particularly around vaccine hesitancy and distrust. False narratives abound—especially in our communities of color— and we must come together to create confidence and trust in the available vaccines. To this end we created a COVID-19 Ambassador program to support state efforts to stop the spread of COVID-19 by enlisting individuals to promote and share information among their friends, family, peers and neighbors on prevention measures, testing resources, vaccines and other relevant information.

While we await additional vaccine supply and the approval of new vaccines by the Food and Drug Administration (FDA), we must continue the public health measures that will control the spread of the virus: masking, testing, and social distancing. A multi-pronged approach supported by the federal government that includes the following could improve the effectiveness of nonpharmaceutical interventions in Illinois and across the country:

- An aggressive expansion of genomic sequencing infrastructure to assess the threat of new variants, including the ability to analyze higher numbers of COVID-19 samples and easily transfer data between the CDC, state-run labs, and public health practitioners to inform mitigation efforts.

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[1] Surgo Ventures. (2020, December). *COVID-19 Community Vulnerability Index (CCVI) methodology*. https://covid-static-assets.s3.amazonaws.com/US-CCVI/COVID-19+Community+Vulnerability+Index+(CCVI)+Methodology.pdf

[2] Paltiel, A. D., Schwartz, J. L., Zheng, A., & Walensky, R. P. (2020). Clinical outcomes of a COVID-19 vaccine: Implementation over efficacy. *Health Affairs*, *40*(1). https://doi.org/10.1377/hlthaff.2020.02054

[3] Centers for Disease Control and Prevention. (2021, January 31). Number of people receiving 1 or more doses reported to the CDC by state/territory and for selected federal entities per 100,000 [Data set]. Retrieved from https://covid.cdc.gov/covid-data-tracker/#vaccinations

[4] Randolph, H. E., & Barreiro, L. B. (2020). Herd immunity: Understanding COVID-19. *Immunity*, *52*(5), 737-741. https://dx.doi.org/10.1016/j.immuni.2020.04.012

- Continuation of paid sick leave as required by the now-expired Families First Coronavirus Response Act (FFCRA), which one study found led to more than 400 fewer reported cases of COVID-19 per state per day compared to the pre-FFCRA period and to states that had already enacted paid sick leave.[5]
- Support for widespread molecular testing and isolation,[6] especially for high-priority populations, and rapid point-of-care testing in high-priority settings, including schools and workplaces.
- Additional direct payments to individuals to encourage compliance with public health guidance for quarantine, isolation, and stay-at-home orders,[7] especially in economically marginalized communities.[8]
- Distribution of masks, preferably medical-grade,[9] to every person to enable universal masking.[10]
- Grants to improve indoor air ventilation[11] in high-priority settings, including schools and long-term care facilities.
- Promulgation of national standards and practices for contact tracing, especially for data collection.
- Workforce expansion strategies for vaccinators and other public health personnel, including deployment of federal personnel to Illinois as a force multiplier to our already substantial but inadequate immunization resources.
- Intentional community engagement and education strategies to promote vaccine science as a preventive method to thwart vaccine misinformation and distrust for any future campaigns.

Much has transpired over the past year; we have endured unthinkable loss and mounted a forceful response to contain the spread of this disease, save lives and rollout a massive effort to vaccinate our population.

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[5] Pichler, S., Wen, K., & Ziebarth, N. R. (2020). COVID-19 emergency sick leave has helped flatten the curve in the United States. *Health Affairs*, *39*(12). https://doi.org/10.1377/hlthaff.2020.00863

[6] Rannan-Eliya, R. P., Wijemunige, N., Gunawardana, J. R. N. A., Amarasinghe, S. N., Sivagnanam, I., Fonseka, S., Kapuge, Y., & Sigera, C. P. (2020). Increased intensity of PCR testing reduced COVID-19 transmission within countries during the first pandemic wave. *Health Affairs*, *40*(1). https://doi.org/10.1377/hlthaff.2020.01409

[7] Wright, A. L., Sonin, K., Driscoll, J., & Wilson, J. (2020). Poverty and economic dislocation reduce compliance with COVID-19 shelter-in-place protocols. *Journal of Economic Behavior & Organization*, *180*, 544-554. https://dx.doi.org/10.1016/j.jebo.2020.10.008

[8] Chang, S., Pierson, E., Koh, P. W., Gerardin, J., Redbird, B., Grusky, D., & Leskovec, J. (2020). Mobility network models of COVID-19 explain inequities and inform reopening. *Nature*, *589*, 82-87. https://doi.org/10.1038/s41586-020-2923-3

[9] Tufekci, Z., & Howard, J. (2021, January 13). Why aren't we wearing better masks? *The Atlantic*. https://www.theatlantic.com/health/archive/2021/01/why-arent-we-wearing-better-masks/617656/

[10] Howard, J., Huang, A., Li, Z., Tufekci, Z., Zdimal, V., van der Westhuizen, H., von Delft, A., Price, A., Fridman, L., Tang, L., Tang, V., Watson, G. L., Bax, C. E., Shaikh, R., Questier, F., Hernandez, D., Chu, L. F., Ramirez, C. M., & Rimoin, A. W. (2021). An evidence review of face masks against COVID-19. *Proceedings of the National Academy of Sciences of the United States of America*, *118*(4). https://doi.org/10.1073/pnas.2014564118

[11] Noorimotlagh, Z., Jaafarzadeh, N., Martinez, S. S., & Mirzaee, S. A. (2020). A systematic review of possible airborne transmission of the COVID-19 virus (SARS-CoV-2) in the indoor air environment. *Environmental Research*, *193*, 110612. https://doi.org/10.1016/j.envres.2020.110612

One of the biggest hurdles to a successful response over the past year has been a lack of communication and muddled messaging from the highest levels of government. Though it is still early, the Biden Administration has already demonstrated a strong desire to better engage the states and this is a major improvement from where we were a year ago. In concert with improved communication, we are seeing increases within our vaccine supply chain and commitment from the federal government to augment what states have already implemented. The promise of a three-week lead time on vaccine allocation projections has been welcome news to states and our partners on the ground. In Illinois, as may be the case in other states, addressing the large number of second doses due to the public and its impact on available first doses has been challenging. An informative and transparent discussion on vaccine allocation to the states on the part of the federal government could go a long way to helping states like Illinois address the angst felt by local governments who receive small quantities of doses.

While we appreciate the increased planning and transparency, this has not eliminated the need for additional vaccine supply. In testimony I made a few weeks ago to the House Energy and Commerce Committee, I urged the federal government to leverage all resources and powers at their disposal to ramp up the manufacturing and purchase of additional vaccine and associated supplies. I applaud news that the Biden Administration has invoked the Defense Production Act to increase production of vaccines, at-home coronavirus tests and additional personal protective equipment (PPE); as we know, the advent of vaccines does not eliminate the need for PPE or testing. With production increases and the pending approval of an additional vaccine on the market, we are hoping to see significant increases to vaccine allocations in the next few weeks. Our local health departments, FQHCs, hospitals and other partners are standing ready to ramp up exponentially.

Looking back to where we were last year and the difficulty we faced in procuring PPE, I am grateful for how far we have come. When I testified before this committee a year ago, our largest concern was the lack of PPE for healthcare workers and for our residents. I discussed our challenges in supplying local health departments and hospitals with required PPE and the state's extraordinary efforts to source common products like masks and gloves. Today we are in a much better position as production and demand have equalized. Even so we learned a valuable lesson about the global supply of medical products that must inform our future planning for strategic stockpiles and domestic production. We trust the federal government is acknowledging that lived experience and look forward to discussions with you to harden our systems against future crises.

Being a national leader in COVID-19 testing comes with a commitment to maintaining and increasing testing levels. Illinois began its COVID-19 testing mission in its three state laboratories with very small supplies of reagents, viral transport media (VTM) and consumables required to run tests. Further, a year ago we did not have a comprehensive network of public laboratories capable of rapidly scaling to meet a demand such as COVID-19. Like today's vaccine crunch, IDPH with assistance from the federal government went about resourcing needed supplies to not only maintain but increase by orders of magnitude the availability of testing. Not leaving our fate in the hands of others, IDPH developed its own recipes for VTM and reagents. We optimized our PCR processes to reduce time and resource consumption. Automation and high-throughput equipment allowed the state health department labs to go from processing hundreds to thousands of samples per day.

Going forward Illinois acknowledges the need for a robust and enduring public health lab infrastructure, we ask the federal government to join with us in building increased education opportunities for people interested in becoming laboratorians and researchers. This must be accomplished by investing in public universities and colleges, both for increasing degrees as well as by providing laboratory infrastructure that serves as a training platform in good times and back up lab capacity in troubled times.

Public health infrastructure was again critical as Illinois approached vaccine delivery. Long before COVID-19, IDPH along with federal and local partners developed medical countermeasure plans for mass vaccination in Illinois. Even so, in September 2020, IDPH organized its COVID-19 vaccination plan with an understanding that unlike other crises, this potential antidote would come in small quantities to start and with significant handling challenges. A different approach involving local and national providers, focused on equity and compassion for those people most ravaged by this disease would be required.

Notwithstanding our planning, Illinois has experienced the same difficulties as other states. Vaccination efforts in Illinois were hampered by conflicting federal messaging a lack of consistent information on vaccine deliveries. Operation Warp Speed's many unmet promises left Illinois holding the bag as our people sought reliable answers to when they could expect to be vaccinated. Reduced or postponed allocations and outright cancellations left Illinois receiving far fewer doses than advertised. We have taken great satisfaction in the improvements made in both communication and actual doses delivered since late January and stretch forth our hands in anticipation of even higher allocations of vaccine to shortly come.

We have distributed vaccine with equity garnishing our every thought. We have also focused on speed, partnering with those who could vaccinate the population the fastest, while working with others to improve their delivery of services, such as the activation of the National Guard to increase capacity and support local operations across the state. Illinois is ready for more vaccine and we will not delay in its use.

On January 25, 2021, the state moved into Phase 1B of our vaccine rollout.[4] Initial advice from the CDC Advisory Committee on Immunization Practices (ACIP) targeted frontline workers and adults aged 75 years and older for Phase 1B.[12] In keeping with our commitment to equity and understanding the disparities in life expectancy, generally, and age at death from COVID-19 in Illinois specifically,[5] IDPH chose to expand our priority populations for 1B to include adults aged 65 years and older. In doing so, Illinois sought to save lives in a truly equitable manner, recognizing that longstanding inequities, as well as institutional racism has reduced access to care, caused higher rates of environmental and social risk, and increased co-morbidities for people of color. After taking into account the expectation of increased vaccine supply in the coming weeks, Governor JB Pritzker announced that on February 25th the state will expand Phase 1B eligibility to include people aged 16 to 64 years with co-morbidities and underlying

[12] Dooling, K., Marin, M., Wallace, M., McClung, N., Chamberland, M., Lee, G. M., Talbot, H. K., Romero, J. R., Bell, B. P., & Oliver, S. E. (2020, December 22). The Advisory Committee on Immunization Practices' updated interim recommendation for allocation of COVID-19 vaccine – United States, December 2020. *Morbidity and Mortality Weekly Report*, *69*(5152), 1657-1660. http://dx.doi.org/10.15585/mmwr.mm695152e2

conditions associated with increased risk for more severe COVID-19 as defined by the CDC,[13] along with individuals with disabilities.

In late January, Governor Pritzker also announced the activation of the Illinois National Guard to assist local health departments in administering vaccinations; a move that was made possible by the Biden Administration approving 100% federal coverage of the cost. To date 44 teams have been deployed across the state and over the course of February more than 50 total National Guard teams will be deployed to expand access to vaccines in high-need areas across the state, in concert with clinics hosted by local health departments, hospitals and pharmacies. The Federal Emergency Management Agency (FEMA) has been a great partner in our efforts and the increase to 100% (up from 75% initially) federal cost coverage of these sites has allowed us to support more high priority areas in the state than we initially expected.

Finally, in order to expeditiously administer vaccinations I have urged the federal government to assist state efforts by partnering with us to establish federally run mass vaccination centers. Since then, we have discussed the idea of such mass vaccination centers in Illinois with the federal government and are hopeful that this federal/state partnership will come to fruition.

In order to bring this pandemic to an end, states need continued, consistent support and resources from the federal government. New, highly contagious variants are threatening our progress and we need our federal partners to align their efforts with ours to help solve practical, operational issues; thankfully we seem to be moving in this direction.

Thank you for the opportunity to share Illinois' experience over this past year. We will continue to let data, science, and equity guide our approach and I look forward to working with Congress and the Administration to see the other side of this pandemic.

[13] Centers for Disease Control and Prevention. (2021, February 3). *People with certain medical conditions*. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html