

Congress of the United States
House of Representatives
Washington, DC 20515

February 23, 2021

Dr. Rochelle Walensky, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Director Walensky,

We write to encourage the Centers for Disease Control and Prevention (CDC) and other federal agencies to improve their coordination with Virginia's public health authorities to ensure an equitable and efficient vaccine distribution effort. It is imperative that CDC provide Virginia and all states with visibility into data collected from federal vaccination drives to avoid confusion and provide the public with a clear understanding of the national vaccine drive.

As you know, Virginia receives a weekly allocation of doses from the federal government that it manages according to its own priorities. This allocation is the single largest source of vaccines for Virginia. More than 1.4 million Virginians have signed up to be vaccinated from this allocation through the Virginia Health Department and according to the Commonwealth's prioritization guidelines.

In addition to the state-distributed allocation, the federal government administers several other vaccination programs, each targeting different populations and with separate procedures for patients to sign-up for an appointment. These federal programs are generally beyond the state's control:

- The Federal Long-Term Care Facility program is administering doses at long-term care facilities through CVS and Walgreens;
- The Federal Retail Pharmacy Partnership began receiving a rapidly increasing number of doses to administer at retail pharmacies across the Commonwealth;
- Another federal program will distribute vaccines through Federally Qualified Health Centers; and
- Various federal agencies are distributing vaccines to servicemembers, federal employees, and veterans across Virginia.

Unfortunately, the complicated array of programs has caused significant confusion and frustration for public health officials and the general public. The varied eligibility requirements and appointment-making procedures favor the technologically savvy and well-resourced who can navigate the different systems. Retail pharmacy partners have been reluctant to coordinate their outreach and appointments with state public health officials' priorities, meaning vulnerable individuals patiently waiting their turn according to health department guidelines could be passed over.

Additionally, information technology snafus have harmed reporting and information sharing with the states. Lags in information sharing between the different programs can lead to duplicate appointments,

causing additional work for already overburdened public health officials and could lead to vaccine doses going to waste. Our state reports especially limited visibility into how federal agencies are distributing vaccines to their servicemembers, employees, or veterans in Virginia.

It is imperative that the CDC and other federal agencies work to streamline data reporting and improve communication with the states to reduce the risks of redundancy and inefficiency. Thank you very much for your consideration of this urgent matter.

Sincerely,



Abigail D. Spanberger
Member of Congress



Elaine G. Luria
Member of Congress