CDC Chief Medical Officer Deb Houry, MD, on the next phase of COVID-19 data, vaccines and care

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

AMA Update welcomes Deb Houry, MD, MPH, chief medical officer and deputy director for program and science at the CDC, to discuss the end of the public health emergency (PHE) and what it means for physicians and patients. Dr. Houry discusses data collection, vaccine coverage and the future of care as we emerge from crisis mode after more than three years. AMA Chief Experience Officer Todd Unger hosts.

The AMA has resources to help with this next phase. Find all you need to know about post-PHE telehealth use, policy, coverage and payment with the AMA Telehealth Quick Guide.


Speaker

- Deb Houry, MD, MPH, chief medical officer; deputy director for program and science, CDC

Transcript

Unger: Hello and welcome to the AMA Update video and podcast series. Today we’re talking about the end of the public health emergency and what it means for physicians and patients. Here to discuss these changes is Dr. Deb Houry, chief medical officer and deputy director for Program and Science at the CDC in Atlanta. Dr. Houry was also the recipient of AMA’s award for outstanding government service earlier this year. I'm Todd Unger, AMA’s chief experience officer in Chicago. Welcome, Dr.
Houry. It is a pleasure to have you today.

**Dr. Houry:** Thanks so much for having me. Look forward to talking with you around what this means for us in the public as well as CDC and as really clinicians and what we can do about this.

**Unger:** Well, it feels like something that we've been talking about for months. And now it's here, the end of the public health emergency that was first declared nearly three and a half years ago Dr. Houry, why is now the right time to end it?

**Dr. Houry:** Great question, I'd say after three plus years of the pandemic and months as you mentioned preparing for the end of the public health emergency, now is the time to move forward. And our country, we're finally at a point where we can protect ourselves, our families and our communities. We have more tools and resources than ever before. And we have the data for this phase of COVID-19.

And although the future will be different, CDC, public health officials, members of the public will still be able to understand COVID dynamics and make informed decisions. And although it's no longer a societal emergency, per se, it does remain an ongoing public health challenge. We still have COVID cases. And we will continue to have cases in the near future. But hospitalizations and deaths are significantly down.

**Unger:** Well, speaking of keeping an understanding of that, a lot of that rides on data collection. And there are going to be some changes in that. What data collection and reporting is going to continue to help ensure that we maintain awareness of surges in COVID cases, and prevent us from being blindsided by, say, a new variant?

**Dr. Houry:** So hospitals will still be able to get a strong sense of transmission levels from surrounding hospital data and emergency visits as well as things like wastewater and lab testing. Hospitals can reference the sentinel surveillance programs like COVID-Net, where we get data from hospitals nationwide as well as large private health care databases. At CDC, we expect to have increased access to national line level case and death data and stronger COVID-19 genomic surveillance as well as monthly vaccine coverage too.

We are very committed to ensuring that hospitals have the information they need to best protect patients and employers. And I also want to just mention, we did recently update our interim infection prevention and control recommendations for health care personnel. And this is really a helpful tool to allow administrators, clinicians, patients, really in health care settings to be flexible and making changes to protect their staff and patients.

**Unger:** Dr. Houry, one area of concern in data collection is that the metrics that are tracking transmission levels are changing. What does this mean for hospitals that rely on this data? And how
will the CDC issue health care guidance without it?

Dr. Houry: So we will have changes in data reporting. But we'll continue to provide timely insights through several different data sources. One is our nationwide hospitalization data will be reported on a weekly basis and serve as the primary COVID-19 surveillance metric. And since February 2022, we have found that the community levels and the hospital surveillance have matched up 99% of the time. And we will also report emergency department visits for COVID-19 from the National Syndromic Surveillance program. And this is really an early indicator of evolving trends. And this will be on COVID data tracker.

I would say that states will now provide data voluntarily without the data authorities that previously required them to submit more frequently and comprehensively. But we are confident we'll have the data we need.

Unger: Now, one of the other key areas of concern around the end of the public health emergency is the impact that there is going to be on vaccine coverage. What's being done to address this? And how can health care providers help?

Dr. Houry: So once the federal supply has been used, we will continue to support vaccine coverage for millions of uninsured Americans through the HHS Bridge Access program for COVID-19 vaccines and treatments program. Those with Medicare can count on access to COVID-19 vaccines without out-of-pocket costs after the public health emergency ends. Medicaid will cover COVID-19 vaccines until the end of September 2024. And after that many people will still have coverage thanks to the American Rescue Plan Act.

We are also hopeful that the proposed vaccine for adults program, if enacted into law, would permanently solve access gaps for adults. And providers are among the most trusted sources when it comes to encouraging vaccine uptake. So we really encourage all clinicians to talk with patients about their coverage and recommend and COVID-19 vaccines.

Unger: Now as part of this phase, the CDC itself is changing its structure. Tell us more about that restructuring and how the newly created coronavirus and other respiratory viruses division is going to work.

Dr. Houry: So in the CDC's moving forward initiative has followed the agency wide review of our operations and really how to optimize them. And we want it to be this just more than revamping organizational chart. So our objectives are to do things like sharing scientific findings and data faster, translating science into practical, easy-to-understand policy and prioritizing public health communications, and certainly promoting results based partnerships. And this is where I'm delighted to be here today with all of you at AMA, and to develop a workforce prepared for future emergencies.
So with our COVID-19 agency wide emergency response, we're moving that into a permanent home and the National Center for Immunization and Respiratory Diseases. And it will go into a new division called the Coronavirus and Other Respiratory Viruses Division or CORVD. And this is where our COVID-19 activities will continue as part of our day-to-day, routine work alongside other respiratory diseases.

**Unger:** Are there any other changes that you're working toward?

**Dr. Houry:** So we are also looking at how to evolve our institutional culture. There's certainly a lot of lessons learned during COVID. And we are now a nimble, response based institution. Our staff are response ready. And our job descriptions reflect that. We're also working on the speed of disseminating our science. And our clearance times have increased have decreased significantly.

We are also looking at ways to ensure that we share data regularly with the public on things like COVID, but also, like, overdose and maternal mortality because we know that timely action, understandable science and accountability are really at the core of this shift to improve health outcomes.

**Unger:** Now Dr. Houry, two big issues that occurred over the pandemic, one about vaccine safety, and another about equitable distribution. Those have been big questions, big issues to deal with throughout the pandemic. Will we still be able to track adverse events with vaccines? And how do we continue to build vaccine confidence among the public and ensure the vaccines are available to every community?

**Dr. Houry:** Thank you, it's so important to address this. And first, I just want to say that COVID-19 vaccines are safe and effective. Millions of people in the U.S. have received these vaccines under the most intense safety monitoring and our history. And CDC vaccine safety efforts are not tied to the public health emergency. So they will continue. And this includes our longstanding vaccine safety system that ensures that vaccines are safe as possible by monitoring them after they are authorized or approved to identify any possible risks.

And we know that hearing about vaccine safety can instill confidence in communities nationwide and by building trust by answering questions and sharing data along the way. This is where we really look to all of you as physicians to be the trusted messenger and share facts like bivalent boosters provide 2.7 times protection against death.

And as for assuring vaccine availability, as mentioned, COVID-19 vaccines will continue to be free. And once the federal supply is gone, we'll continue to support measures like the HHS Bridge Access program for COVID vaccines and treatments program to maintain vaccine access for millions of uninsured Americans to the COVID-19 vaccine.
Unger: Now Dr. Houry, I know that some people may see the ending of the public health emergency as the end of the pandemic. How should we be thinking about the ending of the public health emergency? And how can physicians help explain the difference to their patients?

Dr. Houry: So I think it's important to first note that the end of the public health emergency is not the end of COVID-19. So risk certainly remains for those who are at higher risk like older Americans, people who are immunocompromised and those living with disabilities. And so, CDC will continue our commitment to prevent severe illness and death by providing the information needed to protect our nation's health.

Physicians can explain to their patients that this public health emergency is a formal designation that triggers responses across the government following an outbreak. But COVID-19 is not spreading like it once was. And 96% of people have protection from vaccines or prior infection. So the public health emergency is no longer needed.

Unger: Well, now that we're emerging from the quote crisis phase of the pandemic, where do you see the greatest opportunity for change and improvement?

Dr. Houry: So I think the greatest opportunity for change and improvement really lies in prevention and preparedness. So CDC is now delivering science faster and making it more accessible so that people can adjust their behaviors as they see fit. And internally, we are developing our capacity to quickly stand up response structures and processes when needed.

It's important to note that our ability to respond to another pandemic must not be contingent on emergency declarations anymore. We cannot afford to, once again, wait six months for complete hospitalization data or require dozens of data use agreements to understand who's getting vaccinated. And while we're committed to doing our part, we do also need to address the barriers that challenge prevention and preparedness efforts. And congressional support is needed. It's significant as it grants the authorities needed to fulfill our potential.

And with congressional backing we can mandate data reporting from states, flex our budget, higher directly. So implementing and sustaining these improvements over our nation's public health, infrastructure will become challenging without it. And we could see ripple effects across modernization policy overall. So we know we need to do what we can. And we will. But we can't do it alone.

Unger: Well, thank you so much, Dr. Houry, for joining us today. And thank everyone at the CDC for their leadership and getting us through this three and a half year public health emergency. That's it for today's episode. AMA also has resources to help physicians with this transition, like our telehealth quick guide to answer post-public health emergency questions on telehealth use, policy, coverage and payment. You can find this in the description of this episode look for that link.
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