

Congress of the United States
Washington, DC 20510

December 21, 2021

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue
Washington, DC 20201

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

Dear Secretary Becerra and Director Walensky:

We write to call on the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) to monitor, report, and address racial and other demographic disparities in COVID-19 breakthrough cases nationwide. Existing racial disparities in health outcomes and health care access have compounded the risks of COVID-19 for communities of color, resulting in a disproportionate share of COVID-19 infections and fatalities in those communities.¹ We are concerned that this may also be true for breakthrough infections, but without comprehensive data collection, experts are unable to identify and track racial disparities or other trends in these cases.²

Public health experts have explained that additional data on breakthrough cases could provide critical information regarding the spread of new variants in the country, including the Omicron variant.³ David Kessler, Chief Science Officer of the White House COVID-19 Response Team, suggested that the presence of the Omicron variant in the United States would likely be coupled with an increase in breakthrough cases,⁴ and early evidence has shown that breakthrough infections due to Omicron, though less severe than infections among people who are not fully vaccinated, are growing.⁵ For these reasons, we urge the CDC to collect and monitor racial and other demographic data related to COVID-19 breakthrough cases nationwide.

¹ Kaiser Family Foundation, “Racial Disparities in COVID-19: Key Findings from Available Data and Analysis,” Samantha Artiga, Bradley Corallo and Olivia Pham, August 17, 2020, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/>.

² The Washington Post, “Opinion: Racial disparities may be emerging in breakthrough infections. We must track them better.” Oni Blackstock, Alexandra Skinner and Julia Raifman, October 18, 2021, <https://www.washingtonpost.com/opinions/2021/10/18/racial-disparities-may-be-emerging-breakthrough-infections-we-must-track-them-better/>.

³ NPR, “U.S. races to detect and track omicron, hampered by an unwieldy surveillance system,” Rob Stein and Carmel Wroth, November 30, 2021, <https://www.npr.org/sections/health-shots/2021/11/30/1059917469/omicron-variant-us-detect-track>.

⁴ *Id.*

⁵ NY Times, “Scientists Are Racing to Gauge the Threat of Omicron,” Emily Anthes, December 16, 2021, <https://www.nytimes.com/2021/12/16/health/coronavirus-omicron-variant.html>.

The COVID-19 pandemic has revealed longstanding, systemic racial and ethnic inequities in the U.S. health care system. Since the onset of the pandemic, over 50 million Americans have been infected by SARS-CoV-2, and more than 800,000 have died from COVID-19.⁶ We began advocating for public disclosure of racial and ethnic demographic data in March 2020,⁷ and the subsequent release of these data made clear that COVID-19 disproportionately affects communities of color.⁸

For example, Black, Latino, and Indigenous communities continue to experience a disproportionate burden of COVID-19 cases and deaths.⁹ Age-adjusted data also show that, since the start of the pandemic, Black, American Indian and Alaska Native, and Latino people have been at least twice as likely to die from COVID-19 as their white counterparts.¹⁰ People of color are more likely to have many of the chronic health conditions that the CDC has identified as risk factors for complications from COVID-19.¹¹ Black, Latino, and Indigenous communities have been at increased risk of hospitalization, face greater barriers to testing, and in many areas, make up the majority of frontline workers who are at risk for increased exposure to the virus.¹² The CDC has also identified “many inequities in social determinants of health that put racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19,” including: discrimination, barriers to health care access, decreased utilization of health care, disproportionate representation in jobs classified as “essential workers,” higher likelihood of living in crowded housing, and higher poverty rates.¹³

The rapid development and deployment of COVID-19 vaccines resulted in a dramatic drop in COVID-19 hospitalizations and deaths.¹⁴ And we were glad that, in February, Secretary Becerra

⁶ Centers for Disease Control and Prevention, “COVID Data Tracker,” <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>.

⁷ Senator Elizabeth Warren, “Lawmakers Urge HHS to Address Racial Disparities in Access to Testing and Treatment during the Coronavirus Pandemic,” press release, March 30, 2020, <https://www.warren.senate.gov/oversight/letters/lawmakers-urge-hhs-to-address-racial-disparities-in-access-to-testing-and-treatment-during-the-coronavirus-pandemic>.

⁸ WBUR News, “Pressley and Warren Call for Racial Data in Coronavirus Testing,” Aaron Morrison, March 30, 2020, <https://www.wbur.org/news/2020/03/30/pressley-warren-race-data-coronavirus-testing>.

⁹ Kaiser Family Foundation, “Racial Disparities in COVID-19: Key Findings from Available Data and Analysis,” Samantha Artiga, Bradley Corallo and Olivia Pham, August 17, 2020, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/>.

¹⁰ Kaiser Family Foundation, “COVID-19 Cases and Deaths by Race/Ethnicity: Current Data and Changes Over Time,” Samantha Artiga, Latoya Hill and Sweta Haldar, October 8, 2021, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/>.

¹¹ New York Times, “As Coronavirus Deepens Inequality, Inequality Worsens Its Spread,” Max Fisher and Emma Bubola, March 16, 2020, <https://www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html>.

¹² Kaiser Family Foundation, “Racial Disparities in COVID-19: Key Findings from Available Data and Analysis,” Samantha Artiga, Bradley Corallo and Olivia Pham, August 17, 2020, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/>.

¹³ Centers for Disease Control and Prevention, “Health Equity Considerations and Racial and Ethnic Minority Groups,” November 30, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>, Kaiser Family Foundation, “COVID-19 Risks and Impacts Among Health Care Workers by Race/Ethnicity,” November 11, 2020, <https://www.kff.org/report-section/covid-19-risks-and-impacts-among-health-care-workers-by-race-ethnicity-issue-brief/>.

¹⁴ New York Times, “Coronavirus in the U.S.: Latest Map and Case Count,” accessed December 21, 2021, <https://www.nytimes.com/interactive/2021/us/covid-cases.html>.

committed to improving data collection for COVID-19 vaccine distribution.¹⁵ However, given the inordinate vulnerability of people of color throughout this public health emergency, we are concerned that there may be racial disparities among Americans experiencing COVID-19 breakthrough cases.

While most states publicly report some data on breakthrough infections, only four report data by race and ethnicity.¹⁶ But this limited data already suggest the existence of racial and ethnic inequities. For example, in King County, Washington, the data indicates that hospitalization rates tied to breakthrough infections are higher for Black, Indigenous, and Pacific Islander residents than their white counterparts.¹⁷

At the federal level, the CDC stopped reporting robust national data on all breakthrough cases in May.¹⁸ The CDC now only reports national data on severe breakthrough cases that result in hospitalization or death – and these data are not publicly available by race or ethnicity.¹⁹

And because health care falls within the federal government’s trust and treaty obligations to tribal nations,²⁰ the government has an obligation to determine how COVID-19 breakthrough cases are affecting Indian Country and to report this information to tribal governments and Congress.

For these reasons, we urge you to resume collecting data on COVID-19 breakthrough infections nationwide with breakdowns by race, ethnicity, and other demographic characteristics and to make this data publicly available as soon as possible. Comprehensive data collection would allow experts to better understand patterns in breakthrough cases, identify COVID-19 variants earlier, and analyze the potential effect of compounding “racial and ethnic inequities in wealth, health, education, work, housing, and medical care” on vaccine response.²¹

¹⁵ Senator Elizabeth Warren, “At Senate Finance Committee Hearing, HHS Secretary Nominee Xavier Becerra Commits to Improving Health Equity Data in COVID Vaccine Distribution and Across Our Health Systems,” press release, February 24, 2021, <https://www.warren.senate.gov/newsroom/press-releases/at-senate-finance-committee-hearing-hhs-secretary-nominee-xavier-becerra-commits-to-improving-health-equity-data-in-covid-vaccine-distribution-and-across-our-health-systems>.

¹⁶ The Washington Post, “Opinion: Racial disparities may be emerging in breakthrough infections. We must track them better,” Oni Blackstock, Alexandra Skinner and Julia Raifman, October 18, 2021, <https://www.washingtonpost.com/opinions/2021/10/18/racial-disparities-may-be-emerging-breakthrough-infections-we-must-track-them-better/>.

¹⁷ King County, “COVID-19 outcomes by vaccination status,” October 27, 2021, <https://kingcounty.gov/depts/health/covid-19/data/vaccination-outcomes.aspx>. The Washington Post, “Opinion: Racial disparities may be emerging in breakthrough infections. We must track them better,” Oni Blackstock, Alexandra Skinner and Julia Raifman, October 18, 2021, <https://www.washingtonpost.com/opinions/2021/10/18/racial-disparities-may-be-emerging-breakthrough-infections-we-must-track-them-better/>.

¹⁸ Centers for Disease and Control, “The Possibility of COVID-19 after Vaccination: Breakthrough Infections,” November 9, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html>.

¹⁹ *Id.*

²⁰ Indian Health Service, “Basis for Health Services,” n.d., <https://www.ihs.gov/newsroom/factsheets/basisforhealthservices/>.

²¹ The Washington Post, “Opinion: Racial disparities may be emerging in breakthrough infections. We must track them better,” Oni Blackstock, Alexandra Skinner and Julia Raifman, October 18, 2021,

We also request answers to the following questions by January 11, 2022:

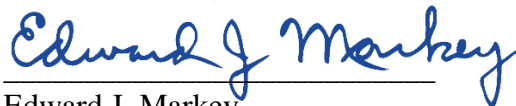
1. Are HHS and CDC identifying racial, ethnic, and other demographic disparities in severe COVID-19 breakthrough cases?
 - a. Are HHS and CDC using existing data on severe breakthrough cases to identify patterns in breakthrough infections, COVID-19 variants, and/or vaccine response?
2. Do HHS and CDC have plans to collect and publicly report racial, ethnic, and other demographic data for all COVID-19 breakthrough cases? If not, why not?
 - a. If so, do HHS and CDC have plans to use this data to identify the presence and risks of new variants, including Omicron?

Thank you for your consideration of this urgent matter.

Sincerely,



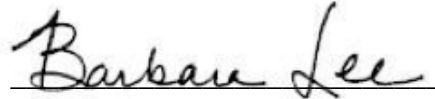
Elizabeth Warren
United States Senator



Edward J. Markey
United States Senator



Ayanna Pressley
Member of Congress



Barbara Lee
Member of Congress