Dear Director Redfield:

Thank you for your work, and that of everyone at the Centers for Disease Control and Prevention, to protect our nation from the spread of the 2019 Novel Coronavirus. The challenge we face is enormous, in large measure because so little is known about this disease. To address the lack of information that has hampered some federal response efforts, the CDC should expand and strengthen its capabilities to develop near real-time reporting of outbreaks such as COVID-19. We will be ready and willing partners in that effort.

We recognize the CDC has already put significant effort into reporting cases and outcomes of COVID-19 thus far, including specific updates in the Morbidity and Mortality Weekly Report (MMWR), the National Notifiable Diseases Surveillance System, the National Syndemic Surveillance Program's BioSense Platform, and the Influenza-like Illness Surveillance Network. This work is vitally important, but may not be enough to equip us to respond as fast as is required – particularly as states move toward plans to re-open businesses, schools, and retail locations.

Despite having a world-class public health system, COVID-19 exposed many vulnerabilities in the United States' ability to proactively monitor and mitigate the spread of a novel infectious disease outbreak. Our public health biosurveillance and data collection should be able to provide comprehensive, near real-time reporting. Currently, fewer than 10 percent of nationally notifiable disease reports are submitted in a format that allows for near real-time analysis. It is critical CDC support the modernization of state public health data systems to ensure they have the data to inform public health actions and work with states and other stakeholders to implement a more robust data gathering system to provide near real-time visibility into the size and scope of the COVID-19 outbreak on a national level; track, triage, and quickly respond to hotspots; and prepare our nation for the next pandemic.

We are deeply concerned federal public health officials are behind the curve in assessing public health threat levels, because they lack immediate visibility into population health data. Any differences between state reporting methods create a lag in data analysis, and this lag, in turn, hampers the federal government's ability to assist state and local governments, appropriately distribute resources, or make sustainable and effective policy decisions. It is imperative that interagency decisions, which impact all levels of government, are based on real-time needs and threats assessments. Further, in our shared goal of protecting public health, Congress must be equipped with more complete information to facilitate new

---

1 Centers for Disease Control and Prevention, “Novel Coronavirus Reports,” [https://www.cdc.gov/mmwr/Novel_Coronavirus_Reports.html](https://www.cdc.gov/mmwr/Novel_Coronavirus_Reports.html)
pathways for the agency, remove any legislative impediments, and work seamlessly with our counterparts in our home states.

Many experts have called for disease monitoring programs, similar to existing influenza monitoring, to track infection and spread rates while an outbreak is in its infancy, before escalation.\textsuperscript{6,7} Such a system necessarily functions with information from state and local health departments, close coordination with providers and local hospital systems, and can provide high-quality granular data to tailor interventions early. Only with robust near real-time reporting can our nation effectively respond to COVID-19 and future pandemics.

This week's supplemental COVID-19 funding provided the agency an additional $1 billion for public health data surveillance and analytics infrastructure modernization, test reporting, and workforce support. A public health biosurveillance and data collection system for COVID-19 must, at a minimum, include the following, while protecting individual privacy:

1) Aggregated case information from state and local health departments, physicians, hospitals, labs, and coroners;
2) Rates of hospitalization from the disease broken down by underlying health conditions that may contribute to the health outcome;
3) Patient treatment regimens associated with each underlying health condition and outcomes;
4) Rates of intensive care unit admissions, duration of stay, recovery data, and mortality; and
5) Appropriate demographic information.

Such a surveillance system will also allow the agency to provide a more comprehensive report to Congress, as required in the Paycheck Protection Program and Health Care Enhancement Act. We urge the CDC to quickly make much needed investments in public health surveillance and data systems throughout the country to improve near real-time reporting of outbreaks and strengthen our disease monitoring systems as soon as possible.

If there are statutory constraints or other barriers that prevent the CDC from implementing a more robust public health surveillance and data collection system, we will work to address any such barriers as appropriate to improve our national capacity to detect infectious diseases.

This is neither the first infectious disease pandemic in the United States, nor will it be the last. Now is the time to establish the infrastructure for real-time, robust reporting, to prepare us for a potential second wave of COVID-19 and any future pandemic.

Thank you for your service to our nation and for your consideration of this urgent matter.

Sincerely,

Mitt Romney
United States Senator

Kyrsten Sinema
United States Senator
