

Today our “Fabulous Four” doctors working on COVID-19 – that would be NIH’s Dr. Fauci; HHS’s Dr. Giroir; FDA’s Dr. Hahn; and CDC’s Dr. Redfield – showed their stamina by testifying on COVID-19 for more than six hours in front of the full 55-member House Energy and Commerce Committee.

Their marathon -- and the grace, expertise, and fortitude they showed -- is one more indicator of the extraordinary dedication and professionalism that our public health experts bring to bear against this historic pandemic. You can find all of their testimony [here](#).

One [announcement](#) made at today’s hearing came from Assistant Secretary for Health, Brett Giroir. Signaling the importance we place on addressing the disparate impact of COVID-19 among minorities and the importance of outreach in culturally competent ways by trusted community organizations, we awarded a contract to the Morehouse School of Medicine to lead an initiative focused on effective COVID outreach and communication. More on that follows below.

*Light Moment:* Mid-way through the hearing Chairman Pallone informed Dr. Fauci that a social media storm was breaking out on why Dr Fauci had changed his face mask. Apparently Dr. Fauci had removed the black face mask he came in with and donned a red patterned mask. “I am a big Washington Nat’s fan and wanted to show it,” as he displayed the National’s logo on the mask. Go Nats!

## **Funding**

**\$40 Million in Funding Awarded to Morehouse School of Medicine to Fight COVID-19 in Racial and Ethnic Minority and Vulnerable Communities:** HHS OMH announced the selection of the [Morehouse School of Medicine as the awardee for a new \\$40 million initiative](#) to fight COVID-19 in racial and ethnic minority, rural and socially vulnerable communities. The Morehouse School of Medicine will enter into a cooperative agreement with OMH to lead the initiative to coordinate a strategic network of national, state, territorial, tribal and local organizations to deliver COVID-19-related information to communities hardest hit by the pandemic.

**Challenge Announced to Create an Online Tool to Help Socially Isolated Americans Connect and Engage:** ACL and OASH launched the [MENTAL Health Challenge](#) to combat the social isolation and loneliness that older adults, people with disabilities, and veterans often experience. A total of \$750,000 in prizes will be awarded for development of an easy-to-use online system that offers recommendations for programs, activities and resources that can help users connect to others and engage in the community, based on their individual needs, interests, and abilities. Social disconnection has enormous health consequences. Social isolation has been found to be as harmful to a person’s health as smoking 15 cigarettes a day, and people who are socially isolated or lonely face higher risk of hospitalization; depression, anxiety and suicide; heart failure and stroke; dementia; and even premature death. Not surprisingly, a recent analysis found that Medicare spends an additional \$6.7 billion every year on enrollees who are socially isolated.

## **Testing and Treatment**

**MBio COVID-19 Serology Test:** BARDA partnered with MBio Diagnostics to develop an [in vitro point-of-care serology test](#) for the detection of human anti-SARS-CoV-2 antibodies from whole blood samples. The MBio COVID-19 Serology Test is a rapid point-of-care serology test being designed to provide results in 5 minutes. This is a multiplexed cartridge-based lateral flow test that looks for anti-SARS-CoV-2 antibodies from active or past infections and allows on-site screening of people in non-professional

settings such as a drive-thru setting or a walk-up testing site. The test also can assist in immunity assessment while broadening testing options.

**CURE Drug Repurposing Collaboratory:** FDA is partnering with the Critical Path Institute (C-Path) and the National Institutes of Health's National Center for Advancing Translational Sciences (NCATS) on the [CURE Drug Repurposing Collaboratory \(CDRC\)](#). CDRC is a forum for the exchange of clinical practice data to inform potential new uses of existing drugs for areas of high unmet medical need, advancing research in these areas. CDRC will focus on capturing relevant real-world clinical outcome data through the FDA-NCATS CURE ID platform. In a pilot project focused on COVID-19, CDRC will use data collected via the [CURE ID platform](#) to aggregate global clinician treatment experiences to identify existing drugs that demonstrate possible treatment approaches warranting further study.

**FDA Maintains Pace of Applications for Medical Products During Pandemic:** In a new FDA Voices, titled [FDA maintains the pace of meeting its goals on applications for medical products during the pandemic](#), FDA Commissioner Stephen M. Hahn, M.D., explains that one of the challenges facing the FDA during the COVID-19 pandemic is how to ensure the timely reviews of medical product applications despite a surge in volume of work and practical constraints that may impact our ability to conduct on-site inspections. The FDA has maintained the same pace of meeting its goals on review of applications for medical products during the pandemic that it has maintained in recent years.

**Why Sepsis Solutions Can Help COVID-19 Patients:** ASPR released a [blogpost on assessing sepsis predictive technologies](#) to aid in the pandemic response. In 2018, BARDA launched the DRIVE Solving Sepsis program to expand the range of tools to reduce the incidence, morbidity, mortality, and cost of sepsis, and to prepare for health security threats.

**COVID-19 Rapid Response Team Guidance:** CDC updated its [rapid response team guidance](#) for the establishment and management of public health rapid response teams for disease outbreaks. CDC also updated its [RRT composition](#), its [pre-deployment processes for COVID-19](#) considerations, its [deployment processes for COVID-19](#), its [post-deployment processes for COVID-19](#), and other [additional resources](#) for rapid response. Given the concerns for COVID-19 transmission, additional pre-deployment processes may include addressing concerns associated with COVID-19 responders through counseling and the provision of sensitization materials for family members and the community.

**Experts Identify Steps to Expand and Improve Antibody Tests in COVID-19 Response:** NIH workshop attendees [reviewed capabilities and limits of SARS CoV-2 serology testing](#). More than 300 scientists and clinicians from the federal government, industry and academia published a report of their conclusions and recommendations on COVID-19 serology studies online in *Immunity*.

**FAQs on Testing for SARS-CoV-2:** FDA updated [FAQs relating to the development and performance of tests for SARS-CoV-2](#). These questions and answers provide additional clarity on existing policies and do not introduce any new policies or modify any existing policies.

**Testing Updates:** To date, the FDA has authorized 145 tests under EUAs; these include 122 molecular tests, 22 antibody tests, and 1 antigen test.

**CMS Announcements:**

**Major Organizational Change to Reduce Provider and Clinician Burden and Improve Patient Outcomes:**

CMS is announcing the creation of the [Office of Burden Reduction and Health Informatics](#) to unify the agency's efforts to reduce regulatory and administrative burden and to further the goal of putting patients first. The new office is an outgrowth of the agency's Patients over Paperwork (PoP) Initiative, which is the cornerstone of CMS's ongoing efforts to implement President Trump's 2017 executive order to "Cut the Red Tape" and eliminate duplicative, unnecessary, and excessively costly requirements and regulations. CMS is committed to leveraging the significant flexibilities introduced in response to the COVID-19 pandemic as we continue to lead the rapid transformation to value-based healthcare.

**FAQs on FFCRA and the CARES Act:** CMS updated [FAQs regarding the implementation of the FFCRA and the CARES Act](#), and other health coverage issues related to COVID-19. Similar to previously issued FAQs, these FAQs answer questions from stakeholders to help individuals understand the law and benefit from it, as intended.

**Information for Specific Populations**

**Guidance for General Population Disaster Shelters During a Pandemic:** CDC released interim guidance for [general population disaster shelters](#) during the COVID-19 pandemic. It is based on current information about the transmission and severity of COVID-19.

**Youth Programs and Camps Decision Tool:** As some communities in the United States begin to convene youth camps, CDC offers the following suggestions for ways in which [camp administrators can help protect campers, staff, and communities](#), and prevent the spread of COVID-19.

**Investigating and Responding to COVID-19 Cases at Homeless Service Provider Sites:** CDC released considerations for state and local health departments responding [to homeless service provider sites](#). Sites such as sites for overnight emergency shelters, day shelters, and meal service providers can present unique challenges for COVID-19 investigation and public health action. Because homeless service provider sites can be crowded settings, the virus may spread easily. Additionally, clients at homeless service provider sites are often older adults or have underlying medical conditions, making it more likely for them to have severe illness from COVID-19.

**Recommendations for Election Polling Locations:** CDC released guidance on the routine [cleaning and disinfection of polling locations](#) and actions polling station workers can take to reduce the risk of exposure to COVID-19.

**What Nail Salon Employees Need to Know about COVID-19:** CDC released information for [nail salon employees](#) on how to stay safe in their workplace from COVID-19.

**Health Department Resources:** In order to get and keep America open, states, tribes, localities, and territories must be able to quickly identify new cases, break chains of transmission, and protect first responders and health care workers from infection. CDC released a variety of information for health departments to serve as an easily accessible [repository of guidelines, tools, and resources](#) from CDC and others for states, tribes, localities, and territories.

**Research Updates**

**Public Health Policies Have Prevented Hundreds of Millions of Coronavirus Infections:** NIH Director Dr. Francis Collins released a blogpost titled "[Public Health Policies have Prevented Hundreds of Millions of Coronavirus Infections.](#)" A group of researchers compared public health datasets in multiple localities (e.g., states or cities) within each of the six countries before and several weeks after lockdowns. Hsiang and his colleagues measured the effects of all the different policies put into place at local, regional, and national levels. These included travel restrictions, business and school closures, shelter-in-place orders, and other actions that didn't involve any type of medical treatment for COVID-19. The result? Early in the pandemic, coronavirus infection rates grew 38 percent each day, on average, across the six countries: translating to a two-day doubling time. Applying all policies at once slowed the daily COVID-19 infection rate by 31 percentage points. The findings tell us that individual sacrifices from staying home and canceled events contributed collectively to a huge, positive impact on the world. Now, as various communities start cautiously to open up, we should continue to practice social distancing, mask wearing, and handwashing.

**Getting Smarter About Food Safety:** A Consumer Update, titled [Getting Smarter about Food Safety: The Pandemic and Lessons Learned](#), explains that throughout the COVID-19 pandemic, the experts at the FDA [have learned valuable lessons](#) that will help shape our work to create a more digital and transparent, as well as safer, food system for you and your family. In the coming weeks, the FDA will unveil the blueprint for the New Era of Smarter Food Safety, which lays out how we will use technology and modern approaches over the next decade to strengthen the ways we approach the safety of the nation's food supply, every day and in times of crisis.

**NIH Investigators Hope CD47 Study Leads to Broad-Spectrum Infectious Diseases Immunotherapy:** NIH investigators and colleagues have discovered that when the immune system first responds to infectious agents such as viruses or bacteria, a natural brake on the response prevents over activation. [Their new study in mBio describes this brake](#) and the way pathogens such as SARS-CoV-2, the virus that causes COVID-19, turn it on. Their finding provides a potential target for an immunotherapy that might be applied to a wide range of infectious diseases.