

# United States Senate

WASHINGTON, DC 20510

March 1, 2021

Mr. Jeff Zients  
Response Coordinator  
White House Coronavirus Task Force

Dear Mr. Zients,

Thank you for the Biden Administration's efforts to lead our country through the COVID-19 pandemic. As a threat rises from new disease variants, we write to request your consideration of a new strategy to maximize the population receiving the COVID-19 vaccine in the near term. We encourage you to explore deploying existing second doses as first doses and rely on growing real-time inventory to cover future follow-on booster shots.

COVID-19 has taken the lives of over half a million Americans; thousands more continue to die on a daily basis.<sup>1</sup> In addition to maintaining key public health measures, expediting our country's recovery will require a massive ramp-up in our vaccination efforts to achieve herd immunity. We are glad to see that the Biden-Harris administration has increased its weekly vaccine allocations to states by nearly 70 percent.<sup>2</sup> We are also encouraged by FDA's authorized emergency use of a third vaccine from Johnson & Johnson, slated to provide 100 million doses by the end of June.

Recently published real-world data suggests a single dose offers effective protection against severe illness, hospitalization, and mortality. Observational data published in *The Lancet* found that Pfizer-BioNTech's vaccine was 85 percent effective against symptomatic COVID-19 in days 15-28 after one dose.<sup>3</sup> Another study published last week in the *New England Journal of Medicine* found that Pfizer's vaccine was 74 percent effective against hospitalization and 72 percent effective against COVID-19-related death in days 14-20 after one dose.<sup>4</sup> More researchers and public health experts are calling to revisit our approach to our vaccine administration strategy in light of this promising data. CDC guidance has broadened the time window for receipt of a second dose to 6 weeks (42 days) post-first dose—compared to the original windows of 21 and 28 days for the Pfizer and Moderna shots, respectively.<sup>5</sup>

The second dose remains a critical step in the vaccination process, providing an important boost in neutralizing antibodies that bolster immunity and protect against COVID-19. We are not advocating for solely a single-dose regimen. Rather, we believe deploying existing second doses to cover more first doses—coupled with using real-time inventory in the coming weeks to serve

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<sup>1</sup> CDC COVID Data Tracker. <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

<sup>2</sup> Press Briefing by White House COVID-19 Response Team and Public Health Officials. February 24, 2021. <https://www.whitehouse.gov/briefing-room/press-briefings/2021/02/24/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-7/>

<sup>3</sup> Amit, S., Regev-Yochay, G., Afek, A., Kreiss, Y., & Leshem, E. (2021). Early rate reductions of SARS-CoV-2 infection and COVID-19 in BNT162b2 vaccine recipients. *The Lancet*. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00448-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00448-7/fulltext)

<sup>4</sup> Dagan, N. et al. (2021). BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Mass Vaccination Setting. *NEJM*. <https://www.nejm.org/doi/full/10.1056/NEJMoa2101765>

<sup>5</sup> Centers for Disease Control and Prevention. Interim clinical considerations for use of mRNA COVID-19 vaccines currently authorized in the United States (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>).

as boost doses—would be the most societally beneficial choice and mitigate severe illness, hospitalization, and death. This may be particularly true during the critical window of March and April. Maintaining transparency and clarity into our projected vaccine supply in the coming weeks is critical to give states the confidence to maximize the deployment of first doses. Continuing to issue clear guidance is important, as reporting indicates that some states are stockpiling as many as six million doses in cold storage.<sup>6</sup>

Using existing doses to protect a larger proportion of the population would guard against the highly transmissible UK variant, B.1.1.7, which is projected to become the dominant variant in the U.S. by the end of March.<sup>7</sup> Additional variants with elevated infectivity such as B.1.351 and P.1 have also been identified in the U.S.<sup>8</sup> Although the gradual decline in population susceptibility, along with sustained containment efforts, has finally reduced the reproductive rate ( $R_t$ ) of the existing variant, the substantially higher infectivity of novel strains threatens a new phase of exponential growth.<sup>9</sup> Rapidly and strategically expanding first-dose vaccine coverage will help to more quickly reduce the susceptible population, protect high-risk individuals, and alleviate strain on our health care system in the face of a B.1.1.7 surge.<sup>10</sup> Slowing the spread will save lives. Based on conversations with health officials, we believe this approach is worthy of serious consideration.

We appreciate your continued efforts to carry out an equitable strategy to lead our country out of this public health crisis. We look forward to providing the necessary resources to continue this work.

Thank you for your time and attention to this important matter.

Sincerely,

/s/ Chris Van Hollen

/s/ Martin Heinrich

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Chris Van Hollen  
United States Senator

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Martin Heinrich  
United States Senator

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<sup>6</sup> <https://www.nytimes.com/live/2021/02/19/world/covid-19-coronavirus#many-us-states-are-clawing-back-vaccine-doses-from-unused-stockpiles-for-nursing-homes-and-second-doses>

<sup>7</sup> Galloway SE, Paul P, MacCannell DR, et al. Emergence of SARS-CoV-2 B.1.1.7 Lineage — United States, December 29, 2020–January 12, 2021. MMWR Morb Mortal Wkly Rep 2021;70:95–99. DOI: <http://dx.doi.org/10.15585/mmwr.mm7003e2>

<sup>8</sup> Walensky RP, Walke HT, Fauci AS. SARS-CoV-2 Variants of Concern in the United States—Challenges and Opportunities. JAMA. Published online February 17, 2021. doi:10.1001/jama.2021.2294

<https://jamanetwork.com/journals/jama/fullarticle/2776739>

<sup>9</sup> Galloway SE, Paul P, MacCannell DR, et al. Emergence of SARS-CoV-2 B.1.1.7 Lineage — United States, December 29, 2020–January 12, 2021. MMWR Morb Mortal Wkly Rep 2021;70:95–99. DOI: <http://dx.doi.org/10.15585/mmwr.mm7003e2>

<sup>10</sup> Osterholm, M. et al. Center for Infectious Disease Research and Policy (CIDRAP), Office of the Vice President for Research, University of Minnesota. “Report 7: Reassessing COVID-19 Vaccine Deployment in Anticipation of a US B.1.1.7 Surge: Stay the Course or Pivot?” February 23, 2021. <https://www.cidrap.umn.edu/sites/default/files/public/downloads/cidrap-covid19-viewpoint-report7.pdf>