United States Senate
WASHINGTON, DC 20510

September 16, 2020

Dr. Robert Redfield
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Dr. Redfield,

I write today to request that the Centers for Disease Control and Prevention (CDC) review the evidence of the impact of the Coronavirus Disease 2019 (COVID-19) on young adults (18-34) with chronic health conditions to determine their level of risk for COVID-19 and update the agency's risk designations in accordance with the results of this review.

CDC plays a critical role in educating the American people about some of the most pressing public health issues in order to improve the health of our citizens. This is particularly true as our country continues to navigate the COVID-19 pandemic and learn more about this novel virus.

As you know, individuals with certain underlying medical conditions are at increased risk of severe illness from COVID-19. CDC regularly reviews the latest evidence and data on risk factors related to COVID-19 and makes this information available to the public on the agency's website. CDC also includes an assessment of the level of risk posed to certain populations – such as children who have medical complexity – or associated with various underlying medical conditions like cancer, sickle cell disease, or chronic kidney disease and makes recommendations on actions these populations should take based on their risk factors.[1]

According to an analysis of CDC COVID-19 surveillance data (through May 2020) from the David Geffen School of Medicine at UCLA and UCLA Kaiser Permanente Center for Health Equity Center for Health Equity, young adults (ages 20-39) with underlying health conditions that contract the virus are hospitalized at a rate six times higher than their peers and admitted to the ICU at a rate nearly nine times higher. Devastatingly, among 20-39 year olds, deaths were over eighteen times higher for those with reported underlying conditions compared to those without reported underlying conditions.[2] [3]

This is particularly concerning as we have seen infection rates spike related to colleges and universities reopening. Currently, over 1,020 colleges have reported over 51,000 cases of COVID-19.[4] Additionally, young adults are the least likely to be insured, and those ages 19-25

[1] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
[2] Wisk, L.E. Coronavirus Disease 2019 Case Surveillance for Young Adults in the United States: January 22–May 30, 2020. Unpublished data.
[3] https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w
[4] https://www.nytimes.com/interactive/2020/us/covid-college-cases-tracker.html

had the highest uninsured rate (14.3 percent) of any age group in 2018.[5] This age group has been hit particularly hard by the economic impacts of the pandemic as well. In August 2020, 14.1% of young adults ages 20-24 were unemployed, the second highest of any age cohort (only 16-19 year olds are unemployed at a higher rate).[6]

Medical advances in the past few decades have greatly reduced mortality and morbidity of childhood conditions, allowing many children to enter adulthood and providing young adults with increasing opportunity to not just survive but to thrive with their conditions. However, our health care delivery system has struggled to keep pace. This population does not have a sufficient age-appropriate health system after they turn 18 and graduate from pediatric medicine and many general practitioners do not have adequate training in the care of young adults with chronic conditions, especially those that began in childhood. The National Academy of Medicine and the National Research Council have acknowledged the young adult population as a particularly vulnerable population and called for improving the transition process from pediatric to adult care.[7] Additionally, they note that despite the fact that young adults are "different from both adolescents and older adults they often are combined with one or the other in statistical reporting and research design, as well as in policy and program classification," which doesn't allow for a full understanding of this population and the health disparities they face. This report recommends that outcomes for this specific population be measured taking into account relevant differences between young and older adults.[8]

Thank you in advance for your attention to this matter. I look forward to hearing from you and welcome the opportunity to work together to ensure that this population has the information and resources necessary during the COVID-19 pandemic.

Sincerely,

Chris Van Hollen
U.S. Senator

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5 https://www.healthaffairs.org/do/10.1377/hblog20190911.805983/full/#:~:text=The%20uninsured%20rate%20among%20non,percent)%20of%20any%20age%20group.

6 https://www.bls.gov/web/empsit/cpseea10.htm

7 https://pediatrics.aappublications.org/content/142/5/e20182587#ref-24

8 https://www.ncbi.nlm.nih.gov/books/NBK284782/#sec_000057