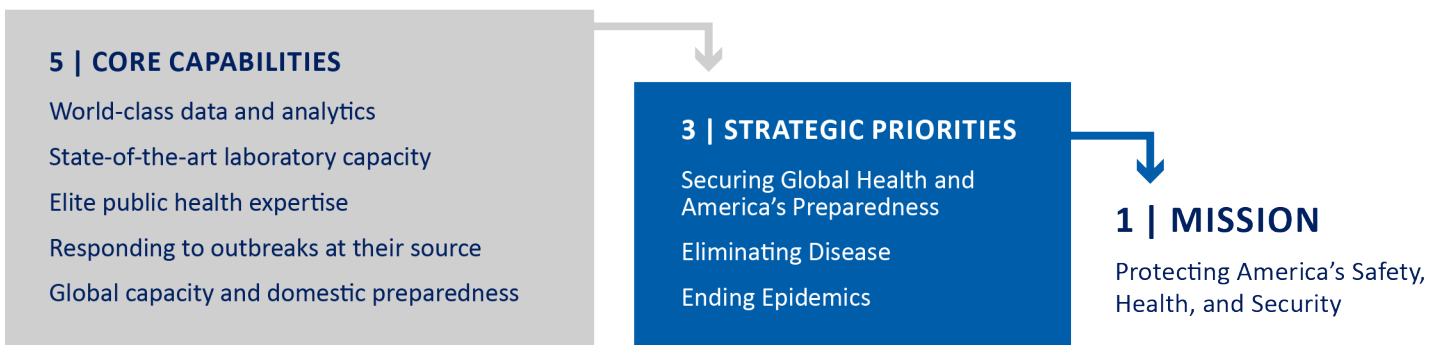




A Bold Promise to the Nation

CDC Strategic Framework & Priorities



Overview

We are excited to share with you the accomplishments and milestones reached through the Strategic Framework and Priorities in 2020.

CDC's Strategic Framework centers our work around the agency's core mission to save American lives by Securing Global Health and America's Preparedness, Eliminating Diseases, and Ending Epidemics. Our work in these areas and across public health is dependent upon CDC's core capabilities: world-class data and analytics, state-of-the-art laboratory capacity, a skilled public health workforce, the ability to respond quickly to outbreaks wherever they occur, and a strong foundation for global health capacity and domestic preparedness. With this framework as our guide, CDC put science into action across multiple initiatives in a truly unprecedented year.

The COVID-19 pandemic is a new and unique threat to global health. CDC continuously adapted and adjusted operations, leveraging technology to deliver data and guidance to inform decisive action, and learning lessons to help improve response efforts. CDC continues to build upon decades of experience and leadership in responding to prior infectious disease emergencies, employing a science-centric and data-driven approach to better understand COVID-19 and mitigate the burden and impact to our nation.

Although the COVID-19 response was a substantial part of CDC's 2020 efforts, the agency addressed dozens of other public health challenges around the world. CDC staff deployed over 2,600 times in the fight against COVID-19, but staff also deployed more than 280 times to support other public health responses, including the Ebola outbreak in Africa, the polio eradication effort, the Puerto Rican earthquake, and many others. CDC also innovated in our delivery of programs, working with partners to support telehealth for the National Diabetes



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Prevention Program, supporting childhood vaccine delivery through pharmacies, and building on other initiatives focused on maternal mortality, HIV, Hepatitis C, influenza, and the opioid epidemic, among other public health concerns.

In Fiscal Year (FY) 2020, the agency's nearly [\\$8 billion operating budget](#) and [\\$7.5 billion in COVID-19 supplemental funding](#) enabled investments in key priorities, including public health data modernization, global health security, and rapid response to the COVID-19 pandemic. In addition, the Paycheck Protection Program and Health Care Enhancement Act provided \$10.25 billion transferred from the Public Health Social Services Emergency Fund (PHSSEF) that was awarded to health departments through the CDC Epidemiology and Laboratory Capacity program for testing and contact tracing.

Our work is furthered by unique expertise and interdependent capabilities such as strategic communications, operational excellence, and extensive partnerships. Importantly, the agency's work is made possible by the incredible efforts of CDC's elite public health workforce and strong partnerships. CDC will build on the work accomplished in 2020 and continue to enhance the agency's data and analytics capabilities to address the future of public health as the world becomes increasingly digital and interconnected. We look forward to continuing to work with partners to achieve CDC's mission.

\$8 billion

Operating budget

\$7.5 billion

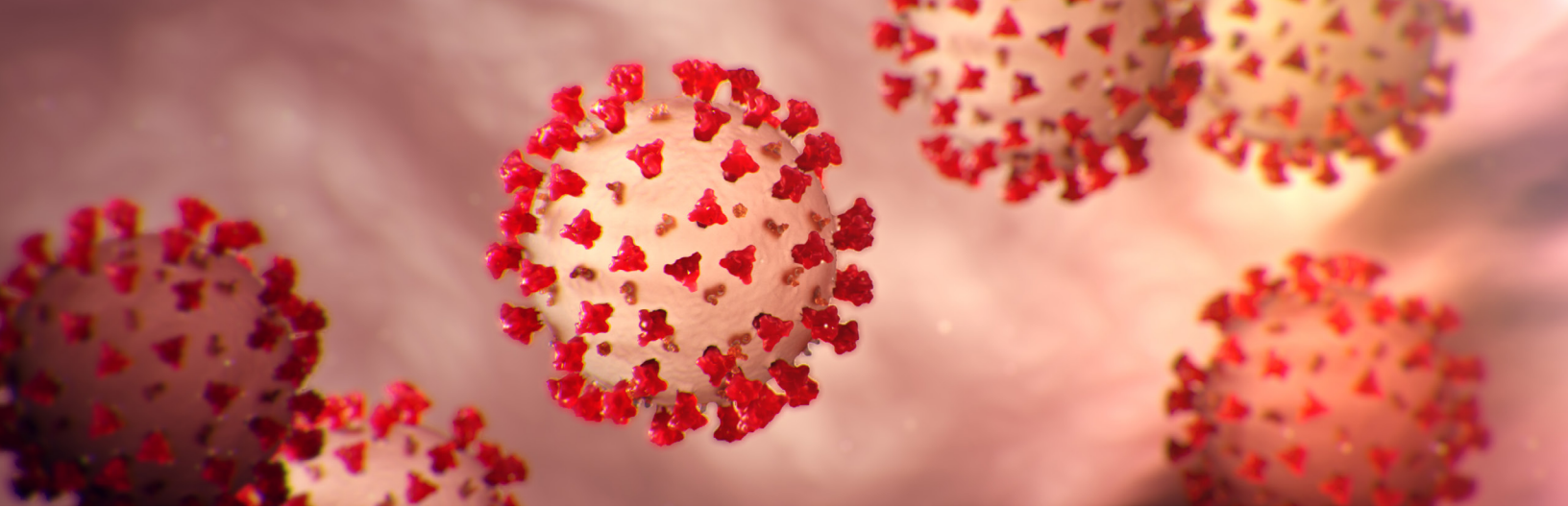
COVID-19 supplemental funding

\$10.25 billion

Transferred from PHSSEF to CDC Epidemiology and Laboratory Capacity program for testing and contact tracing



CDC staff deployed to the Los Angeles Quarantine Station and Surge Staff screened 195 passengers who arrived at March Air Reserve Base on Wednesday, January 28, 2020.



COVID-19

COVID-19 was the dominant public health issue of 2020. Although a global pandemic of this magnitude is unprecedented, CDC leveraged decades of preparation to respond decisively, adapting as the virus continued to affect every aspect of our society. Despite challenges faced in the response, the agency made tremendous efforts supporting public health in the fight against the virus and learned invaluable lessons for future public health responses. Key activities included tracking how the disease spreads, supporting and equipping healthcare workers, increasing testing capacity, working to better understand the virus and prevention strategies, developing and disseminating guidelines for the public, and supporting state, tribal, local, and territorial (STLT) agencies on the front lines of public health. Moving forward, CDC will continue to support partners, domestic and abroad, in the fight against COVID-19.

[Read more about how CDC responded to COVID-19 in 2020. You can also learn more at CDC In Action.](#)



Coronavirus Self-Checker

A tool to help you make decisions on when to seek testing and medical care

[Get Started](#)

38 million+

Times CDC's interactive Coronavirus Self-Checker was accessed in 2020

World-class Data and Analytics

Data are vital to CDC's COVID-19 response. Throughout 2020, the agency worked to modernize systems, enhance reporting, provide timely data, and integrate visualizations and other technologies to drive decision-making.

To provide COVID-19 data to the public, CDC launched the [CDC COVID-19 Data Tracker](#), which provides current information on cases and deaths by state, and laboratory testing. The agency also launched [Electronic Case Reporting \(eCR\) Now](#) to facilitate the automated generation and transmission of case reports from electronic health records to public health agencies for review and action. eCR Now is a strategic initiative that enables bi-directional data exchange between healthcare providers and public health agencies, reduces the burden of manual reporting on healthcare facilities and public health agencies, and improves completeness of reporting. Additionally, CDC provided timely data on COVID-19 mortality, including provisional death data, which included detailed data on race and ethnicity for 99% of deaths. This information supported CDC's development of analytics regarding excess deaths, incorporating both COVID-19 and non-COVID-19 causes.

CDC worked with the U.S. Census Bureau on the development of the [COVID-19 Household Pulse Survey](#) and rolled out a web-based panel survey to better understand the impact of COVID-19 on mental health, healthcare access, and mortality. State health officials have used CDC's [National Syndromic Surveillance Program \(NSSP\) BioSense Platform](#) to understand and monitor the spread of the outbreak throughout the general population, as well as targeted populations in high-risk environments such as long-term care facilities.

5,935 health facilities,
including
**3,598 nonfederal
emergency departments,**
contributed data to CDC's National
Syndromic Surveillance Program
BioSense Platform in 2020

In May 2020, CDC published a Morbidity and Mortality Weekly Report (MMWR) [article](#) highlighting an observed reduction in ordering for routine pediatric vaccines after the COVID-19 national emergency was declared. In response, CDC developed a new vaccine ordering analysis tool that monitors routine immunization ordering data, launched county-level vaccine ordering maps and analyses, and supported state programs working to address decreased pediatric immunization.

To provide additional urgently needed information on COVID-19, CDC modified the [National Healthcare Safety Network \(NHSN\)](#) so nursing homes could report cases and deaths among residents and staff, along with shortages of healthcare personnel and personal protective equipment. CDC worked closely with the Centers for Medicare & Medicaid Services (CMS) to make this reporting mandatory for more than 15,000 nursing homes certified by CMS, and to publish the data, providing the first national lens into the burden of COVID-19 in nursing homes and allowing the agency and its partners to take data-driven action.

Lab Capacity

Extensive lab capacity and scientific expertise were crucial in the fight against COVID-19. Scientists at our state-of-the-art labs worked tirelessly to enhance our understanding of COVID-19 in 2020.

213 million+
COVID-19 tests were performed by
public and private laboratories

In the early stages of the pandemic, CDC began growing SARS-CoV-2 in cell cultures, a necessary step for further studies. The cell-grown virus was sent to the National Institutes of Health's Biodefense and Emerging Infections Research ([BEI Resources Repository](#)) for use by scientists around the world. Microbiology and infectious disease researchers can request SARS-CoV-2 strains for free to aid in research such as vaccine development, antiviral research, pathogenesis research, and virus stability.

In addition to cell culture development, our lab teams shared guidance and testing resources with labs worldwide. This included guidance for safely handling and processing specific specimen types, as well as the use, performance, and interpretation of results for molecular, antibody and antigen tests. On July 2, 2020, CDC received an Emergency Use Authorization (EUA) from the Food and Drug Administration (FDA) for a new laboratory test that simultaneously identifies two types of influenza viruses (influenza A and influenza B) and SARS-CoV-2, the virus that causes COVID-19. With the new CDC test, laboratories will be able to find co-infections and conserve resources that are in short supply by testing for all three viruses at once. Also, on December 2, 2020, CDC received an EUA from the FDA for the use of pooling procedures in SARS-CoV-2 diagnostic testing. These procedures will allow laboratories to expand diagnostic testing throughput capacity. CDC also deployed laboratory scientists to the field to provide technical support to increase testing capacity in public health labs. Starting with the distribution of tests under the first CDC EUA, the International Reagent Resource (IRR) has provided support to the public health laboratories in the form of test kits, controls, and ancillary reagents. As of December 2, 2020, the IRR has provided over 3.4 million tests to state and local health departments.



This Centers for Disease Control and Prevention (CDC) public health scientist was preparing a laboratory robot to conduct SARS-CoV-2 antibody testing, using the CDC serologic test.

CDC's Epidemiology and Laboratory Capacity (ELC) funding supported recipients across the U.S. in their fight against COVID-19. More than \$10 billion was awarded by the ELC to increase testing capacity for COVID-19. Jurisdictions that received this funding have the flexibility to implement multiple testing platforms, and many utilized technologies that significantly increased testing throughput capacity. Through the wide utilization of non-traditional testing sites within communities, including the use of mobile testing, ELC funds were successfully leveraged to reach rural areas and various populations at a higher risk for COVID-19. For example, Ohio used ELC funds for mobile units providing testing for groups most at-risk for COVID-19 and who otherwise may not have had access to these services. Other states leveraged ELC funding for regional and local support, including centralized case investigation, contract tracing, and diagnostic testing.



CDC's National Health and Nutrition Examination Survey (NHANES) led the charge to repurpose unused mobile trailer units for COVID-19 testing across the country.

The pandemic punctuated certain health disparities already existing within our communities. Some jurisdictions collected data to inform decisions that best addressed the needs of their local populations. In Los Angeles County, regional and population-level data was used to identify and target testing deserts, with intensive targeting efforts aimed at high-risk settings or high-risk communities like persons experiencing homelessness, incarcerated youth and adults, and marginalized communities. Cluster detection at high-risk locations such as jails, prisons, and homeless shelters were also conducted to inform community mitigation strategies.

In the future, recipients plan to use CDC's COVID-19 funding to establish new levels of interconnectivity between surveillance and laboratory platforms, solidify data exchange mechanisms with testing sites and medical providers and in some cases, linking to vaccine registries. By linking vaccine registries and vaccine databases to surveillance platforms like the National Electronic Disease Surveillance System Base System (NBS), recipients can use CDC funds to prepare for efficiently distributed and securely monitored COVID-19 vaccination campaigns.

Elite Public Health Workforce

CDC's COVID-19 response activities required the scientific excellence and leadership of our highly trained staff. Our workforce was continuously putting science into practice while maintaining high standards of quality.

Our agency's public health staff published more than [179 MMWR](#) to share the latest science and findings from COVID-19 outbreak investigations. These reports provided critical information to the public and clinicians, including the risk of transmission at large gatherings such as choir practices, congregate living situations such as prisons and nursing homes, and workplaces setting such as meat processing plants. Additionally, these reports described the disparate impact of COVID-19 on racial and ethnic minorities and documented the elevated risk of severe outcomes for older adults and people with underlying health conditions.

CDC also hosted 26 [COVID-19 Clinician Outreach and Communication Activity \(COCA\)](#) calls to share CDC clinical recommendations, including guidance on infection control, patients at increased risk, telemedicine, underlying medical conditions, and health disparities. Combined, over 300,000 clinicians attended these live webinars to get critical information.

CDC hosted
**26 Clinician Outreach and
Communication Activity calls**
attended by
300,000+ clinicians

The MMWR series and COCA calls were supplemented by additional comprehensive COVID-19 information published on CDC.gov. Our workforce produced more than 180 guidance documents that provided critical, lifesaving information for all segments of society. These segments included public health professionals, clinicians, community organizations, businesses, the public, and other critical audiences on subjects such as infection control, hospital preparedness assessments, personal protective equipment supply planning, and clinical evaluation and management. In 2020, CDC.gov received more than 3.7 billion site visits (an increase of 220% from 2019). COVID-19 content accounts for more than 2 billion of those page views, which by itself is almost double the 1.16 billion page-views for all of CDC.gov in 2019. CDC also posted about COVID-19 more than 8,100 times on social media, generating more than 2.7 billion impressions. All consumer and community web pages are available in Spanish, Simplified Chinese, Korean, and Vietnamese, and a small number of critical resources are available in as many as 27 languages.

3.7 billion+
CDC website visits

2 billion+
of those visits focused on
COVID-19 content

Responding to Outbreaks at Their Source

CDC staff are committed to protecting America from public health threats, no matter where the threats originate. In 2020, more than 1,440 CDC staff deployed more than 2,700 times to more than 240 cities across the U.S. and 60 countries worldwide in response to COVID-19. From the Pacific islands to tribal nations to major U.S. cities, CDC staff supported epidemiologic surveillance, infection prevention and control, worker safety and health, health communications, contact tracing, repatriation, and quarantine stations.

Responding to outbreaks at their source also involved empowering our partners and the public with critical tools and information. In 2020, CDC responded to over half a million CDC-INFO calls about COVID-19 from clinicians, key partners, and the general public—twice the call volume of the H1N1, Zika, and Ebola responses

combined. More than 40,000 inquiries were from doctors, nurses, other clinicians, and health departments across the country. Thousands of these calls resulted in direct consultation with experts in infectious diseases, infection prevention and control, clinical management, and other specialties.

7,800+ CDC Staff
have logged
4.6 million+ hours
in response to COVID-19, performing
crucial public health activities around
the world

Global Capacity and Domestic Preparedness

As a leader in the global response to COVID-19, CDC worked with other U.S. government agencies, nongovernmental organizations, and ministries of health in countries around the world in the fight against COVID-19.

CDC invested **\$800 million**
to support activities that include
global disease detection,
emergency response, healthcare
worker preparedness, and
surveillance capacity across CDC
headquarters,
4 CDC regional offices,
and more than **60 countries**

CDC leveraged investments in global health security and pandemic influenza infrastructures to respond to COVID-19, investing **\$800 million** globally and providing critical support across the globe from CDC headquarters. In 2020, CDC supported 42 countries via bilateral cooperative agreements for influenza surveillance. Partner countries leveraged the infrastructure and

systems developed with this support to respond to COVID-19, including using polymerase chain reaction (PCR) testing capacity and skills at national influenza centers for COVID-19 testing. Through proactive engagement and strategic partnerships, CDC will continue to support global public health capacity and protect the United States from public health threats.

Once supplemental funding was provided by Congress, CDC awarded more than [\\$12 billion to support STLT partners](#) for their COVID-19 response activities, with the largest awards going out less than 30 days after we received funds. These awards were vital to STLT

preparedness efforts and included support for laboratory equipment, reagents, and other specialized materials needed for lab processing, testing of COVID-19 samples, and contact tracing. CDC also worked closely with health departments and other partners throughout the year to develop vaccination plans for when a vaccine was available. CDC worked with the [Advisory Committee on Immunization Practices \(ACIP\) to make COVID-19 vaccination recommendations](#) in coordination with other medical and public health experts and will continue this work throughout 2021.

\$12.3 billion

CDC awarded to STLT partners

\$200 million

of which CDC awarded to American Indian and Alaska Native communities



Field Epidemiology Training Program (FETP) resident conducting a COVID-19 test in Georgia.
Source: *TEPHINET*



CDC's Vivienne Walz, left, works with DRC Red Cross.

Key Strategic Activities and Accomplishments

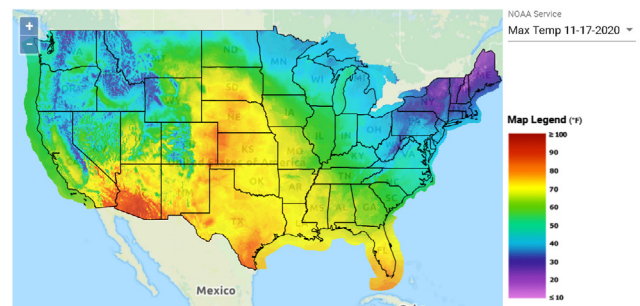
Although COVID-19 dominated worldwide attention in 2020, CDC also made progress on many other public health issues, including HIV, Hepatitis C, diabetes, and the opioid epidemic. Throughout the year, CDC remained focused on our strategic priorities: Securing Global Health and America's Preparedness, Eliminating Disease, and Ending Epidemics.

Securing Global Health and America's Preparedness

In today's globalized society, a disease threat anywhere is a disease threat everywhere. CDC continued to take action around the world to protect public health in 2020. Over the past three years, CDC has responded to three Ebola outbreaks in the Democratic Republic of the Congo (DRC). By the end of 2020, the agency worked with partners to vaccinate more than 320,000 people in DRC and adjacent areas at risk, using the recently approved Ervebo vaccine to help stop the spread of Ebola in the region. Additionally, [Africa was officially certified as wild poliovirus-free](#) in August 2020. CDC served as the lead implementing partner for U.S. efforts to eradicate polio, playing a pivotal role for three decades in helping African countries and the continent reach this milestone. Our fight against Ebola, polio, and

other diseases abroad helps ensure these public health threats do not reach our shores.

Data-driven domestic preparedness is a key focus for CDC. In 2020, CDC launched its [Heat & Health Tracker](#)—the first-of-its-kind online tool to help emergency and public health planners prepare for and respond to extreme heat events. The Heat & Health Tracker provides timely, user-friendly, local-level heat and health data that can be used to inform decisions, describe and locate vulnerable populations, and determine resources and potential needs.



Did you know in the United States...



CDC's Heat and Health Tracker helps emergency and public health planners prepare for and respond to extreme heat events.

CDC's world-class laboratories conduct ground-breaking public health research to protect Americans against health threats. Many of the pathogens studied in CDC labs can be lethal and have no vaccine or treatment,

CDC helped vaccinate **320,000** people against **Ebola in DRC** and in adjacent risk areas

so CDC maintains a high level of safety that supports a variety of research. The labs, collections, and skilled scientists provide a unique opportunity to test new tools and treatments in ways that cannot be done anywhere else. These labs run 24/7, so to maintain consistent lab operations, CDC designed a new High Containment Continuity Laboratory to ensure safe renovations of existing facilities. This ensures that CDC is always prepared to act when needed.

We leveraged our state-of-the-art lab capacity in new ways in 2020. For the detection and discovery of tickborne pathogens, we used a new metagenomic technique and identified two bacterial species identified in humans for the first time. Working with partners, CDC conducted this research using [Advanced Molecular Detection](#) (AMD) technology to sequence samples of more than 13,000 patients who were suspected of having tickborne illnesses. This success highlights the value of AMD methods to discover new bacteria associated with human illness, enhance detection and discovery of tickborne pathogens, and simplify diagnostic testing for tickborne diseases. We remain vigilant in our efforts to secure global health and prepare America for public health threats.

Eliminating Disease

CDC provides domestic and international leadership, as well as laboratory and epidemiology expertise to respond and work toward eliminating every disease we can. Leveraging CDC’s five core capabilities, the agency made significant progress across multiple fronts in 2020, particularly maternal mortality and viral hepatitis.

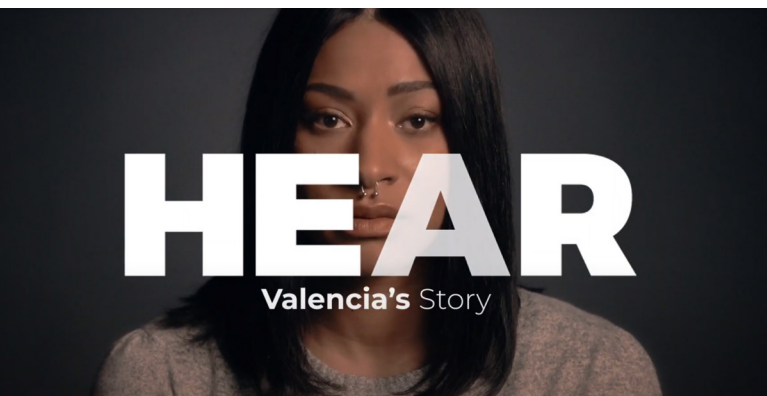
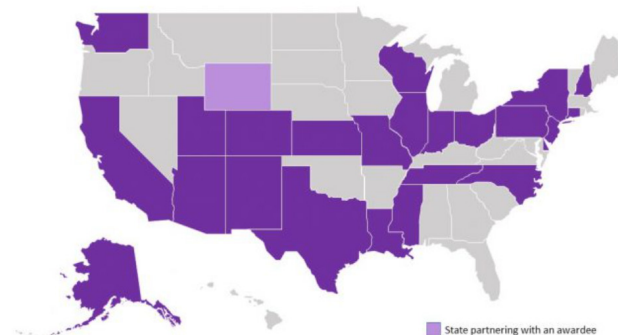
Combining our commitment to public health awareness and building on CDC’s data and science, CDC launched [Hear Her](#), a new communication campaign that seeks to raise awareness of potentially life-threatening warning

signs during and in the year after pregnancy. [Hear Her](#) expands existing efforts to more directly reach women and their support networks. The campaign encourages those supporting pregnant and postpartum women to really listen and take action when women express concerns.

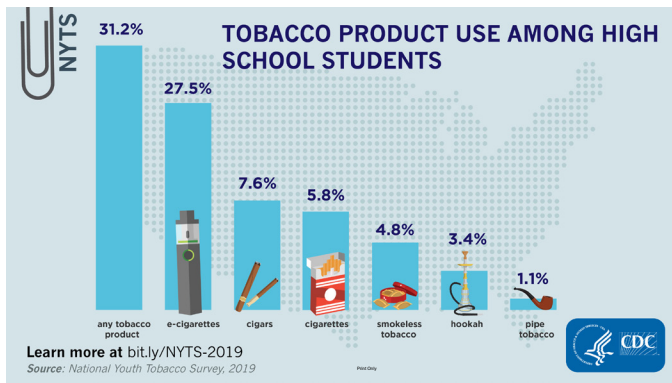
To improve the quality of care for mothers and babies, CDC supported [Perinatal Quality Collaboratives \(PQCs\)](#), which are state or multistate networks of teams that identify health care processes that need to be improved and work to implement changes as quickly as possible. These PQCs have contributed to important changes in healthcare and led to significant improvements in maternal and infant outcomes. For example, the Illinois PQC improved timely treatment for women with severe high blood pressure, increasing the percentage of patients treated within 60 minutes from 41% at baseline to 79% in the first year of the project.

CDC also worked with multidisciplinary [Maternal Mortality Review Committees \(MMRCs\)](#) in states and cities to improve the review processes of deaths among women within a year of the end of a pregnancy to inform recommendations for preventing future deaths. To date, CDC has made 24 awards, supporting 25 states, for the [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality \(ERASE MM\)](#) Program. This funding directly supported agencies and organizations that coordinate and manage Maternal Mortality Review Committees to identify, review, and characterize pregnancy-related deaths, and identify prevention opportunities. Additionally, CDC developed tools and resources for MMRCs including the Maternal Mortality Review Information Application data system to support standardized data collection and the [Informant Interview Guide For Maternal Mortality Review Committee](#) to support information collection through informant interview to provide greater context around the events leading to pregnancy-related death.

States Funded Through ERASE MM



As part of the [Hear Her](#) campaign, Valencia tells her story about the difficulties during her first pregnancy, and how she got help.



CDC experts also released new recommendations for all adults, age 18 years and older, to get tested for hepatitis C. To support and help implement these recommendations, CDC updated its Know More Hepatitis campaign with new materials and resources designed to encourage all adults to get tested. [Know More Hepatitis](#) is a national, theory-driven multi-media education campaign with the goal of increasing hepatitis C testing so those who are infected can get linked to life-saving care and curative treatments. CDC plans to continue offering healthcare providers with free online training for hepatitis C testing and treatment which follows CDC's updated hepatitis C testing recommendations.

In collaboration with FDA, CDC [released](#) the latest estimates on youth tobacco product use from the National Youth Tobacco Survey. The survey found that current use of any tobacco product declined among U.S. middle and high school students, with an estimated 1.73 million fewer current youth tobacco product users in 2020 than in 2019 (6.20 million users). These changes were driven by decreases in combustible tobacco products, e-cigarettes, cigars, and smokeless tobacco. However, about 1 in 6, or nearly 4.5 million students, were still current users of some type of tobacco product in 2020, which exemplifies the need for comprehensive and sustained implementation of evidence-based tobacco control strategies, combined with regulation by FDA, for continued progress toward reducing and preventing tobacco product use among U.S. youths.

Immunization continues to be one of the most effective public health interventions and CDC supports the implementation of state-based immunization programs, making vaccines available to children, adolescents, and adults. CDC estimates that, among children born during 1994–2018, vaccination will prevent an estimated 419 million illnesses, 26.8 million hospitalizations, and 936,000 early deaths over the course of their lifetimes, at a net savings of \$406 billion in direct costs and \$1.88 trillion in total societal costs. The nation has achieved levels near or above national targets for most of the routinely recommended childhood vaccinations. Since FY 2010, measles, mumps, and rubella (MMR) vaccinations exceeded 90% coverage rates.

Throughout the year, CDC continued to combat viral hepatitis infections. Since 2016, CDC has led an investigation into over 35,900 hepatitis A cases that were part of widespread outbreaks affecting 35 states. CDC helped every affected state in their outbreak response efforts and states have administered more than 4 million hepatitis A vaccine doses to adults since the outbreaks began. Nearly 1.3 million of those doses were distributed by CDC, which represents more than a 4-fold increase from pre-outbreak years.

Why should you get tested for hepatitis C?

- LIVER CANCER**
Hepatitis C is a leading cause of liver cancer.
- Millions of Americans have hepatitis C. Many don't know it.**
- Hepatitis C can be cured.**

All adults should get tested for hepatitis C. Talk to your doctor—it could save your life.

[cdc.gov/knowmorehepatitis](https://www.cdc.gov/knowmorehepatitis)

CDC provides campaign materials on the Know More Hepatitis webpage and encourages their use in the public domain.

Ending Epidemics

CDC works to end the epidemics of our time. In addition to responding to COVID-19, our workforce and partners continued to make progress in 2020 against opioid overdoses and HIV, supported data-driven strategies to mitigate seasonal influenza, deployed comprehensive prevention strategies for antibiotic-resistant infections, and pursued additional activities to reduce diabetes in America.

Although opioid prescribing continues to steadily decline, more than 100 Americans die each day from an opioid overdose. In 2020, CDC and the Office of National Drug Control Policy supported the Overdose Response Strategy, an initiative designed to enhance public health-public safety collaboration and strengthen efforts to reduce drug overdoses within 21 High-Intensity Drug Trafficking Areas across 34 states. In New York, public health officials shared information with law enforcement agencies through the Narcotics Intelligence Bulletin, which included a summary of harm reduction and public health activities being conducted to support people who use drugs, factors that heighten the risk of overdose during the COVID-19 pandemic, and information about emergency expanded access to treatment and recovery services.



ODMAP is a program used as a part of the ORS that provides overdose surveillance data to support areas that have spikes in overdose deaths.

CDC also launched the MATernaL and Infant Network to Understand Outcomes Associated with Treatment for Opioid Use Disorder during Pregnancy ([MAT-LINK](#)) in four clinical sites to inform clinical practice recommendations and clinical decision-making around treatment for opioid use disorder among pregnant women. Additionally, in 2020, [CDC's National Hospital Care Survey](#) received the first batch of electronic health record (EHR) data through an interoperable format and secure electronic transmission. This method ensures EHR data are submitted in a standardized format and yields higher quality data while decreasing the processing time needed to prepare resulting datasets. Better data quality at faster speeds helps CDC be better prepared to respond to opioid issues, along with other public health threats.

In 2020, CDC continued its [Ending the HIV Epidemic \(EHE\) initiative](#). CDC focused first on 50 local areas

that account for more than half of new HIV diagnoses and seven states with a substantial rural HIV burden, supporting them with the additional expertise, technology, and resources needed to address the HIV epidemic locally. For instance, CDC supported the training of nurses to offer pre-exposure prophylaxis (PrEP) and mobilized community healthcare to reach people who typically do not access to health systems. Additionally, the agency supported programs that deliver home-based HIV/STD self-tests and offered express visits for testing in clinics. CDC's EHE efforts will continue to focus on four science-based strategies—Diagnose, Treat, Prevent, and Respond. Combined with EHE funding and the efforts of our HHS partners, we can end the HIV epidemic.

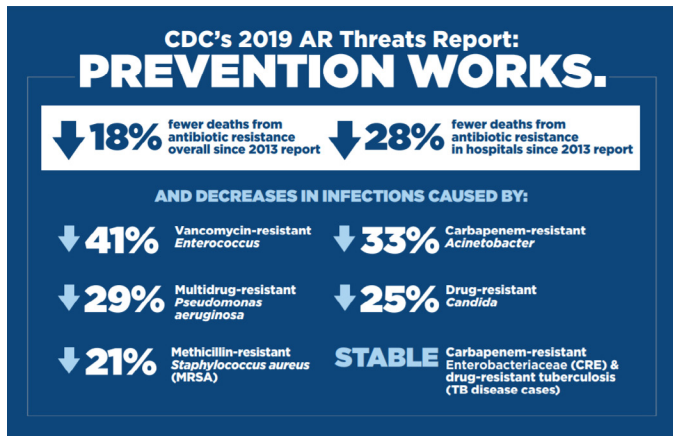
Preparing for the 2020-2021 influenza season was uniquely challenging in 2020. With the possibility of COVID-19 and influenza circulating at the same time in the fall and winter, CDC emphasized the importance of getting an influenza vaccination during the 2020-2021 influenza season. In preparation, CDC closely monitored anticipated influenza vaccine supply with U.S.-licensed manufacturers, acquired additional doses for the [Vaccines for Children \(VFC\) program](#), and purchased 9.4 million doses of adult influenza vaccine for the public sector to supplement doses that awardees requested in early 2020, before the COVID-19 pandemic.



A CDC employee receives a flu shot as a part of CDC's 2020 Health Days.

CDC also provided more efficient [National Immunization Survey \(NIS\)](#) data collection and a means to evaluate the quality of [immunization information systems \(IIS\) data](#). More than 30 jurisdictions participated in the first of a four-phase plan for IIS to become the primary source of

national, state, and local vaccination coverage assessment. CDC also funded a pilot to enhance weekly estimates of national and state influenza vaccination coverage to allow real-time assessment and improvement to influenza vaccination for the 2020-2021 influenza season.

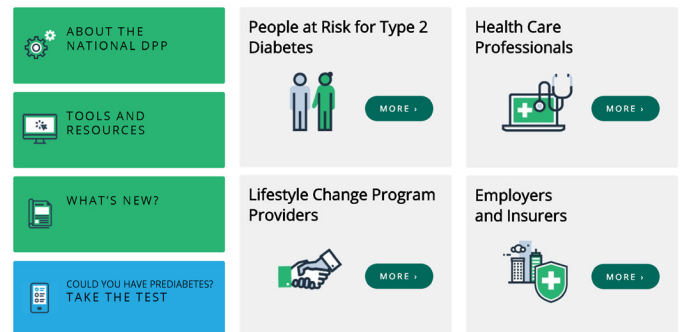


Graphic taken from CDC's 2019 Antibiotic Resistance (AR) Threats Report.

CDC released [Antibiotic Resistance \(AR\) Threats in the United States, 2019](#), which showed that more than 2.8 million antibiotic-resistant infections occur in the United States each year, resulting in more than 35,000 deaths. This is the second CDC report to show the latest national death and infection estimates from 18 antibiotic-resistant pathogens. In 2020, CDC joined other U.S. government agencies to release the National Action Plan for Combating Antibiotic-Resistant Bacteria, 2020-2025, presenting coordinated, strategic actions building off of the findings from the 2019 Threats Report to change the course of AR and improve the health of Americans. CDC continues to lead the AR public health response across [One Health](#) with activities in healthcare, food and farms, communities, and the environment at home and abroad. Goals include a global lab network, vaccine data

platform, and doubling CDC's AR investments in health departments.

CDC expanded diabetes prevention through [CDC's National Diabetes Prevention Program \(DPP\)](#). As of December 2020, approximately 2,200 diabetes self-management programs were offered and nearly 1 million people with diabetes participated. To date, about 500,000 people have reduced or reversed their risk for type 2 diabetes. CDC also innovated in delivery of programs, working with state health departments and other partners to expand the use of telehealth, text, and video chats with Diabetes Care and Education Specialists, and to offer online, distance learning, and in-person lifestyle change programs. These offerings made it easier for people with prediabetes or those at risk for type 2 diabetes to participate in using telehealth and to receive critical diabetes management services when in-person visits are not possible. As of November 2020, more than 3.7 million people visited the [National Prediabetes Awareness Campaign website](#) and completed a prediabetes risk test, and there were more than 144,500 visits to the National Diabetes Prevention Program website to find a lifestyle change program.



Dashboard for CDC's National Diabetes Prevention Program (DPP).



Workforce

Throughout 2020, CDC's mission and strategic priorities were empowered by the agency's commitment to operational excellence. Our efforts focused on Equal Employment Opportunity (EEO), CDC's Future of Work (FoW) initiative, and Diversity and Inclusion (D&I).

We invested in ensuring that our workforce reflects the diverse constituencies we serve by publishing CDC's first [EEO Strategic Plan](#) in June 2020. This plan supports the agency's future strategic direction toward developing a model EEO program and establishes targets and metrics to measure agency-wide progress in achieving our goals. In line with the strategic plan, we developed action plans to expand proactive prevention of discrimination and identify trends in workforce and other data that might indicate potential barriers to EEO within CDC. To further strengthen our commitment to EEO, we established mandatory training for managers and supervisors, with optional companion courses for employees, enhanced communication with all stakeholders through newsletters and other channels, and bolstered EEO and workforce data systems to ensure that we have the data necessary to measure progress.

CDC's FoW initiative was designed to help the agency enhance training and pipeline programs to recruit, train, and place a diverse and adaptable workforce. In 2020, CDC conducted workshops, comprehensive hands-on sessions, and a train-the-trainer session to begin preparing to support the agency's FoW activities. CDC also began developing a comprehensive Workforce Plan, including strategies from the Future of Work User

Guide such as assessing competencies to reskill/upskill staff to meet critical workforce needs and supporting leadership development.

To support the agency's D&I initiatives, CDC established the Diversity and Inclusion Executive Committee (DIESC) to oversee agency-wide commitments to a work environment and organizational culture that fosters inclusion, fairness, and equity. DIESC recommendations will ensure senior leadership commitment, accountability, and strategic action. DIESC will monitor progress toward goals, require CIO-level leadership and engagement in the implementation of best practices, and ensure that CDC-wide communications increase the visibility of agency and CIO activities to achieve greater diversity and inclusion. DIESC is co-chaired by the principal deputy director and Office of Minority Health and Health Equity director and made up of a diverse group of senior leaders from each agency CIO. The Director of the Office of Equal Employment Opportunity and Chief Human Capital Officer serve as advisors to ensure coordination and compliance with agency EEO and human resources requirements. These senior leaders have a vested interest in creating change across the agency by helping shape each CIO's efforts toward diversity and inclusion and will serve as a channel to discuss and address employee concerns among CDC leadership. This commitment was conveyed to all CDC staff.



2020

Looking Forward

In 2021, CDC will focus on and expand efforts in critical areas that align with our mission, strategic priorities, and core capabilities. In addition to focusing on COVID-19, CDC will continue to improve in key areas such as advancing our data analytics capacity, expanding our elite public health workforce capabilities in key areas such as informatics, and continuing to innovate so public health is accessible to all people. Together with our partners, CDC will continue in pursuit of our mission to protect America's safety, health, and security.

- CDC will continue to support partners, domestic and abroad, in the **fight against COVID-19** by tracking how the disease spreads, preparing healthcare workers, and supporting responders on the front lines of public health.
- CDC will support **COVID-19 vaccination programs**, including expanding the agency's vaccine safety surveillance through new systems and additional information sources.
- CDC will expand on its **Public Health Data Modernization Initiative (PHDMI)** to continue bringing public and private sector partners to create modern, interoperable, and real-time public health data and surveillance systems that will protect the American public.
- The agency will continue to build on its 2020 progress to **leverage technology and partners to deliver programs**, such as diabetes prevention through telehealth and childhood vaccine delivery through pharmacies.
- In **global health and domestic preparedness**, CDC will continue to build a sustainable foundation that protects the American people from health threats around the world, focused on building a powerful public health workforce and helping high-risk countries build their own public health capacity to respond to outbreaks.
- To **eliminate disease**, CDC will focus on expanding work on reducing maternal mortality by raising awareness of potentially life-threatening warning signs during and in the year after pregnancy through the Hear Her Campaign. Increased awareness will help women and healthcare providers act quickly when concerns arise.
- CDC will continue **HIV and viral hepatitis** prevention, treatment, screening, and monitoring activities, engaging partners in the fight to eliminate these diseases.
- To **end epidemics**, such as the nation's opioid epidemic, CDC will continue investing in STLT partners and expanding its partnerships with key sectors such as public safety to implement innovative, evidence-based, community-level interventions.
- CDC will build on its **Antibiotic Resistance (AR) Threats** report to identify emerging and worsening AR bacteria, controlling and preventing their spread and informing best practices to reduce negative public health outcomes.



Centers for Disease
Control and Prevention
Office of the Director