

United States Senate
WASHINGTON, DC 20510

March 3, 2020

Robert Redfield, MD
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Redfield:

On March 1st, the Centers for Disease Control and Prevention (CDC) announced that they were retesting an individual who was released from isolation at the Texas Center for Infectious Disease (TCID) in San Antonio. The individual had been released on February 29th after meeting the CDC criteria, which included resolution of any symptoms and two negative test results 24 hours apart. The individual was then returned to isolation after subsequent testing came up positive for COVID-19.

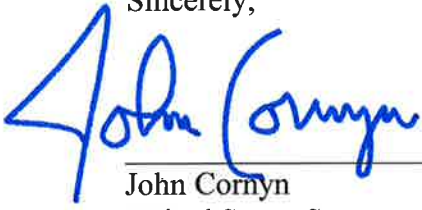
The individual had first tested positive for COVID-19 on February 12th after arriving at Joint Base San Antonio-Lackland on February 7th from Wuhan, China. The patient was then discharged from TCID after tests taken on February 21st and 25th came back negative. It has been reported that CDC was unaware that TCID had taken a third test on February 27th. It is that ~~sample that returned a positive result after the patient was released from TCID and spent an~~ estimated 12 hours in the San Antonio community.

We understand that COVID-19 is a new virus and we are still learning about the cycle of infection and diagnostic criteria. However, we are deeply concerned that CDC would allow an individual who had tested positive to reenter the community and risk wider public exposure. To this end, we have questions on how this incident occurred and how it can be avoided in the future.

1. The current criteria for release are the resolution of any symptoms and two negative test results 24 hours apart. Why was this individual tested a third time? Do the criteria need to be updated now that it has been shown that a positive result can occur after two negative tests?
2. On February 13th, it was reported that some of the COVID-19 test kits shipped to labs across the country were not working properly. What steps is CDC taking to ensure that states are provided with proper diagnostic tools?
3. Why did CDC opt to develop its own COVID-19 diagnostic test rather than use the one distributed by the World Health Organization? Are there specific concerns with using the World Health Organization test? Should public health institutions utilize both tests?

4. The 14-day quarantine for the Diamond Princess cohort ends on March 2nd. What additional steps, if any, are CDC taking to ensure there are all clear of COVID-19? What health risks do those individuals face after release from quarantine? What public health risks do the population at large face after their release?
5. How does the CDC monitor individuals released from quarantine including both checking on their health as well as their potential interactions with others?
6. Is the administration expecting additional citizens from abroad being brought to Texas for quarantine and if so, will that dictate any changes to these policies? What is the CDC's plan for individuals under quarantine should San Antonio's healthcare resources reach maximum capacity?

Sincerely,



John Cornyn
United States Senator



Ted Cruz
United States Senator

cc: The Honorable Alex Azar, Secretary of Health and Human Services
The Honorable Robert Kadlec, MD, Assistant Secretary for Preparedness and Response