We ask Congress to provide $5 MILLION in FY 2022 to the CDC’s Vision and Eye Health program to update national prevalence estimates of blinding eye diseases and vision impairment, which will help slow rates of vision loss and blinding eye disease in the United States.

The Centers for Disease Control and Prevention (CDC) helps prevent vision impairment and eye disease by using surveillance, epidemiology, and research to develop evidence-based, interventional public health policies and practices through state and community partnerships. Data generated from the most reliable surveillance and epidemiological tool available—the National Health and Nutrition Examination Survey (NHANES)—is critical to the CDC’s efforts to prevent vision loss and eye disease for those most at risk. Unlike with self-reported survey instruments that are currently the only source of vision and eye health data, NHANES captures prevalence estimates of conditions that may have previously been unknown to the patient, which speaks to the strength of its data in creating a true, reliable, and accurate illustration of vision loss and eye disease.

However, due to a consistent underfunding of our national public health system, surveillance, capacity, and infrastructure, the CDC has not been able to use NHANES to collect reliable, national level data of vision impairment and eye disease since 2008.

Due to chronic underfunding of our national public health system, our best-known national estimates of vision loss and eye disease is almost 15 years old.

This data is urgently needed as states and communities need the best information available to promote early detection and intervention, reach underserved, high-risk, and rural populations, and coordinate services to those who live with vision loss—especially as our nation continues to manage the deadly COVID-19 pandemic.

We cannot respond to the needs of patients who are living with blinding eye disease, low vision, or vision loss using data that predates such trends as our rapidly aging population, skyrocketing rates of chronic disease, new stresses to our eye health such as device use and technology, and rising costs of health care. Surveillance is necessary to understand how COVID-19 and other novel infectious diseases affect people who live with vision loss, blinding eye disease, or a disabling visual impairment. In the long term, not having this critical information base will create gaps in our knowledge of COVID-19 and other infectious diseases and hamper future response efforts.

Many of the circumstances that surround vision loss and eye disease—including the presence of chronic disease, disparities along racial and ethnic lines, socioeconomic circumstances, and age—are at the intersection of COVID-19 and its most serious consequences.

Several conditions associated with the most serious complications of COVID-19 are analogous to vision and eye issues, including: diabetes, heart problems, depression and social isolation, longer hospitalization and readmission, and need for long-term care.

89% of the U.S. population is unaware that eye complications caused by diabetes have no warning symptoms.

46.7% of adults aged 65 and older with a severe vision impairment have experienced a fall.

63.5% of children aged 3 to 5 years have not yet seen an eye care provider.

The National Academies of Sciences, Engineering and Medicine specifically names the CDC’s Vision Health Initiative as vital to vision loss prevention and health promotion.