Coronavirus Disease 2019 (COVID-19)

Keeping up With Critical Diabetes Care and Prevention During COVID-19

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00:00:00,086 --> 00:00:01,026
>> Hello everyone.

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My name is Angel Rocha and I would like to welcome you

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to today's CDC Partner Update Call on COVID-19.

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This call serves as a way for CDC to share updates on COVID-19 and our latest resources

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and guidances, and to answer questions submitted by participants.

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On today's call, we will discuss diabetes.
First, we will hear from one of our science officers on CDC’s COVID-19 emergency response who will describe where we are with the response and give us insight into recent scientific findings.

Then we will hear from an expert in the Division of Diabetes Translation, and an overview of diabetes care and prevention during the pandemic.

Afterwards, our speakers will answer questions we've received over the last week via email. If you experience technical difficulties, or
otherwise would like to review today's call,

14
00:01:12,816 --> 00:01:18,346
you can find the recording on cdc.gov
and YouTube in eight to 10 days.

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All past partner calls can be
found there, so please take time

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00:01:23,626 --> 00:01:26,216
to review and share prior recordings.

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For information about these webinars,
visit our COVID-19 Partner Calls webpage,

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00:01:34,106 --> 00:01:40,106
where you can register for future partner
calls and see recordings of previous webinars.

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If this is your first webinar with us, welcome.

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Please see the link in the chat to subscribe
and to receive future call invitations.

Please note, this call is
not intended for media,

although we welcome the media
who may be here today.

Should you be a reporter and have questions,
we invite you to reach out to media@cdc.gov.

Repeat, media@cdc.gov.

These calls are designed to share the latest
science, guidance and resources from CDC.

CDC has issued thousands of resources and
guidance materials for individuals, businesses
and the public on our website, cdc.gov.

Here are some highlights on just a few of our recent web additions.

First, CDC published In Consideration for Case Investigations and Contact Tracing in K-12 Schools and Institutions of Higher Education, IHE’s, providing guidance to administrators of K-12 schools, agencies and health officials on how to prepare and implement COVID-19 case investigations.

And Contact Tracing Efforts in educational Settings.
This guidance consolidates two previously published documents and highlights the importance of a well-coordinated effort between K-12 schools and IHE's and health officials. It is meant to supplement, not replace, any federal, state tribal, local or territorial privacy or public health and safety laws, rules and regulations with which K-12 schools and IHE comply.
This guidance addresses implications of updated information on identifying close contacts,

testing for COVID-19, vaccinations, mask use, isolation,

and quarantine for K-12 schools and IHE settings.

As schools and IHE's resume in-personal learning, case investigation and contact tracing are effective strategies to identify and isolate people with COVID-19,

and test and quarantine people who might have been exposed to COVID-19 in order to reduce transmission amongst staff, educators and students.
Working together, school health leaders and community members can take actions to keep K-12 schools and IHS open for in-person learning by protecting students, teachers and school staff where they live, work, learn and play.

Second, CDC and FDA have determined the use of the Janssen COVID-19 vaccine shall be resumed in the United States. The FDA and CDC have confidence that this vaccine is safe.
and effective in preventing COVID-19.

The FDA has determined that the available data show that the vaccine's known and potential benefits outweigh its known and potential risk in individuals 18 years of age and older.

At this time, the available data suggests that the chance of rare blood clotting known as thrombosis thrombocytopenia syndrome, TTS, occurring is very low.

But the FDA and CDC will remain vigilant in continuing to investigate this risk.
Healthcare providers administering the vaccine and vaccine recipients or caregivers should review the Janssen COVID-19 vaccine facts sheet for healthcare providers administering vaccination providers and fact sheet for recipients and caregivers, which have been revised to include information about the risk of this syndrome, which has occurred in a very small number of people who have received Janssen COVID-19 vaccine.

I am pleased to be joined today by two CDC experts.
Dr. Kyle Bernstein, the Science Officer in support of the Chief Medical Officer

on the CDC COVID-19 emergency response.

And Dr. Beth Bigman, the Associate Director of Science and Acting Director of CDC's Division of Diabetes Translation.

Now I'm going to turn it over to Dr. Bernstein for some general updates.

Dr. Bernstein?

>> Thank you, Angel.
And welcome to everyone joining us today.

My name is Dr. Kyle Bernstein.

And as mentioned, I'm a Science Officer supporting serving in support of the Chief Medical Officer for the COVID-19 response.

And today, I'd like to provide a brief update on the response and review some of the latest scientific developments.

So first, I'd like to provide a situational update.
You can see from the slide that national COVID-19 cases and deaths have slightly decreased over the past week as compared to the previous week.

As of April 24th, the seven-day average in cases decreased by 2.8% over the previous seven-day average.

The seven-day average in deaths decreased by 4.3% over the previous seven-day average.

We are seeing a slight decrease in reported COVID-19 cases after an upward trend that was occurring since March 20th of 2021.
These statistics provide us with a lot of very valuable information.

When these percentages are decreasing, this tells us that mitigation efforts are working.

When we see case counts increase, this indicates to us that we need to step up mitigation efforts to slow the spread of COVID-19.

As of April 25th, 228 million vaccine doses have been administered in the United States.

About 139 million people or approximately 42% of the US population have received
at least one COVID-19 vaccine dose.

And 28.5% of the US population is fully vaccinated.

We encourage you to visit CDC's data tracker on the new weekly review for the latest statistics and key indicators from the pandemic.

New this week, I wanted to share some of what we've learned from a couple of reports that were recently released in CDC's Morbidity and Mortality Weekly Report or MMWR.

In the interest of time, I will only briefly touch on the high points of these reports.
But you will see the link to the reports in the chat, and I encourage you to visit cdc.gov to read the reports in full.

First, we'd like to report on two MMWR's highlighting COVID-19 infections in fully vaccinated persons. This is sometimes known as breakthrough cases.

The first report is entitled Post-Vaccination SARS-CoV-2 Infections Among Skilled Nursing Facility Residents and Staff Members.
And the second report is entitled COVID-19 Outbreak Associated with the SARS-CoV-2 R1 Lineage Variant in a Skilled Nursing Facility after Vaccination Program.

These two reports were published late last week and summarize investigations into SARS-CoV-2 infections among staff members and residents of skilled nursing facilities in Chicago and Kentucky.

While these investigations identified infections among fully vaccinated staff and residents,
people who were vaccinated were less likely to get sick.

Most breakthrough cases resulted in asymptomatic or mild illness.

However, both reports identified a death among a fully vaccinated individual.

These infections in skilled nursing facilities demonstrate the need to promote high vaccination coverage among staff and residents in these facilities, but also the importance of ongoing compliance.
with recommended routine infection prevention and control practices.

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COVID-19 vaccines help protect people who are vaccinated from getting COVID-19

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and may reduce severity of illness among people who get vaccinated but still become infected.

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Vaccination of both skilled nursing facility residents and staff combined with ongoing infection prevention and control practices,

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along with continued routine surveillance testing are all essential to reduce the number of COVID-19 cases being introduced or spreading in skilled nursing facilities.

127
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of COVID-19 cases being introduced or spreading in skilled nursing facilities.
Finally, I'd like to highlight an MMWR on post-COVID symptoms that's entitled Healthcare Utilization and Clinical Characteristics of Non-Hospitalized Adults in an Integrated Healthcare System.

As of April 19th, 2021, over 21 million COVID-19 cases have been reported among US adults. Most of them have had mild or moderate disease that did not require hospitalization.
In order to better understand the longer-term healthcare use and characteristics of non-hospitalized adults following a diagnosis of COVID-19, CDC and Kaiser Permanente Georgia analyzed electronic health record data from healthcare visits in the 28 through 180 days after being diagnosed with COVID-19. About seven out of 10 non-hospitalized patients sought medical care in that 28 to 180 day period after their COVID-19 diagnosis.
The symptoms potentially related to COVID-19 were among the most common new visit diagnoses.

Visits for these symptoms decreased after 60 days, but for some patients continued through 120 through 180 days.

Raising awareness among patients, clinicians and healthcare systems about common new diagnoses and health needs after a COVID-19 illness is important to understand the long-term health effects of SARS-CoV-2 infection.
hand over to my esteemed colleague

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in the Division of Diabetes Translation.

149
00:13:21,096 --> 00:13:22,036
>> Thank you.

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00:13:22,926 --> 00:13:28,086
My name is Beth Bigman and I'm the Associate Director for Science and Acting Director of CDC's Division of Diabetes Translation.

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00:13:28,086 --> 00:13:30,896
I'm really glad to be here and grateful for the opportunity to speak with you all today

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about the intersection of diabetes and the COVID-19 pandemic.

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00:13:36,246 --> 00:13:40,266
I'll start today with an overview of
diabetes, then talk about the relationship between diabetes and COVID-19 infection.

And finally, highlight actions that can be taken to prevent, delay and manage diabetes and reduce the risk of severe illness from COVID-19 infection.

I'd like to start today by giving a brief overview of diabetes.

Diabetes is a chronic condition that affects how your body turns food into energy.

If you have diabetes, your body either doesn't make enough insulin
or can't use the insulin it makes as well as it should.

When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream.

Over time that can cause serious health problems, such as heart disease, vision loss and kidney disease.

Diabetes is among the leading causes of death in the United States, and is the number one cause of kidney failure, lower limb amputations and adult blindness.
Related to diabetes is prediabetes, a serious health condition where blood sugar levels are higher than normal, but not yet high enough to be diagnosed as type two diabetes.

More than 122 million Americans are living with either diabetes or prediabetes, about 34 million with diabetes, and 88 million with prediabetes. Most adults with prediabetes don't know they have it.
Reducing new diabetes cases
is a priority for CDC.

The two most common types of diabetes
are type one and type two diabetes.

Type one diabetes is thought to be
caused by an autoimmune reaction
in which the body attacks itself by
mistake and the body stops making insulin.

Approximately 5 to 10% of people
who have diabetes have type one.

It's usually diagnosed in
children, teens and young adults.

Currently, no one knows how
to prevent type one diabetes.
With type two diabetes, the body doesn't use insulin well and can't keep blood sugar at normal levels.

About 90 to 95% of people with diabetes have type two. Type two diabetes typically develops over many years, and is usually diagnosed in adults. But more and more we're seeing type two in children, teens and young adults.

There are several risk factors that increase a person's risk for developing prediabetes.
or type two diabetes, including being overweight, having a parent,

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brother or sister with type two diabetes, being physically active less than three times a week, and being 45 years or older.

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Some racial and ethnic groups are at higher risk of developing prediabetes and type two diabetes as well.

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In the last 20 years, the number of adults diagnosed with diabetes has more than tripled as the US population has gotten older and become more overweight.
However, it is possible to prevent or delay the onset of type two diabetes by losing weight if necessary, eating healthier and being more physically active.

Taking action to prevent or delay type two diabetes and to manage diabetes is always important.

This is even more true during an emergency or crisis, because diabetes can make it harder for the immune system to fight infections, increasing the risk of serious complications.
emergency or crisis can make it more difficult

for people with diabetes to manage their blood sugar.

The ongoing COVID pandemic has further underscored the importance of diabetes prevention and management.

We now know that adults with either type one or type two diabetes can be more likely than others to become severely ill if infected with COVID-19.

Which means they're more likely to need hospitalization,
to be admitted into an intensive care unit, to need a ventilator to help them breathe, or they may even die.

Building on what I just mentioned, data show that hospitalizations were six times higher and deaths 12 times higher for COVID-19 patients with reported underlying conditions such as diabetes.

In addition, data from 16 public health departments found that among those who died from COVID-19, almost half less than age 65 had diabetes, and one-third over 65 had diabetes.
Another recent study showed that diabetes was one of the most frequent conditions contributing to COVID-19 deaths, as it was included in more than 10% of studied death certificates.

The COVID-19 pandemic has also impacted how people use and access medical services. For example, some people who need diabetes services to maintain blood sugar management may not be getting them during this time.

This can lead to uncontrolled high blood sugar.

However, data show a decline in visits...
to emergency departments during the first 10 weeks of the COVID-19 pandemic.

A lack of blood sugar management and other self-management routines, even over a short time, can have a lasting negative consequence for people with diabetes.

It is crucial for people who experience any life-threatening conditions to seek immediate emergency care, even during this COVID-19 pandemic.

Another important characteristic of the COVID-19 pandemic is the disproportionate impact
on some racial and ethnic groups.

As you can see from this graph, COVID-19 associated hospitalization rates are highest among people who are American Indian or Alaskan Native, black and Hispanic or Latino.

These higher hospitalization rates likely result from a multitude of factors, including structural and social factors that can lead to increased risk for exposure to the virus that causes COVID-19 infection.
Structural factors include economic and housing policies, while social factors are things like employment that requires in-person work, such as meatpacking, agricultural, service and healthcare industries, and living in multigenerational and multifamily households.

We see similar racial and ethnic disparities among people diagnosed with diabetes.

Members of some racial and ethnic minority groups are more likely to have diabetes than non-Hispanic whites.

American Indian and Alaskan Native adults have the highest rate
of diagnosed diabetes among all US racial and ethnic groups at 14.7%.

12.5% percent of Hispanic adults and 11.7% of non-Hispanic black adults have diabetes,

compared to 7.5% percent of non-Hispanic white adults.

These racial and ethnic groups also have higher rates of obesity,

which is a primary risk factor for type two diabetes.

Given all the information I've shared so far, it's important to know how we can help people
with diabetes and prediabetes, especially in the context of COVID-19 pandemic.

First, we can increase awareness of prediabetes, and of the two key programs for diabetes prevention and management, the National Diabetes Prevention Program.

Next, we can help people with prediabetes prevent or delay the development of type two diabetes. And for people who have diabetes, we can help facilitate better management practices.
We can also encourage people with diabetes to get a COVID-19 vaccination.

As I mentioned, people with diabetes are at a higher risk of severe illness from COVID-19 infection.

Everyone 16 and older is now eligible to get a COVID-19 vaccination.

And we encourage everyone, especially those at higher risk for severe illness to get COVID-19 vaccine as soon as possible.

Widespread vaccination is a critical tool to help stop the pandemic.
Finally, we can work to address the social determinants of health to reduce and ultimately eliminate racial and ethnic health disparities.

As I mentioned, increasing awareness of prediabetes and of two key CDC programs to prevent, delay and manage type two diabetes are important actions we can take.

The first program I want to highlight is CDC National Diabetes Prevention Program, or the National DPP.
The National DPP is a partnership of public and private organizations working to prevent or delay type two diabetes.

In addition to CDC, this partnership includes other federal agencies, state and local health departments, national and community organizations, employers, public and private insurers, healthcare professionals, university community education programs, and businesses that focus on wellness.

The National DPP strives to make it easier for people with prediabetes to participate
in an affordable, high-quality lifestyle change program to reduce their risk of type two diabetes and improve their overall health.

Research shows that participants who lost 5 to 7% of their body weight and added 150 minutes or two and a half hours of exercise per week cut the risk of developing type two diabetes by 58%. This risk was cut by 71% for people over age 60.

Participating in the program can also lower the risk of having a heart attack or stroke, improve overall health, increase
energy and may reverse prediabetes.

To improve access to and participation in the National DPP lifestyle change program, CDC has supported 10 national organizations to start new in-person programs in underserved areas.

These organizations are committed to enrolling both general and priority populations. Certain populations are being prioritized because they have been under-enrolled and in the National DPP’s lifestyle change program despite relatively high rates
of type two diabetes.

Currently, there are more than 1,800 CDC recognized National DPP delivery organizations offering in-person and virtual classes across the country.

These lifestyle change programs use approved curriculums that meet established, scientifically proven requirements and standards.

In these programs, a trained coach helps participants make lasting changes, like eating healthier, reducing stress, and increasing physical activity.
The program also includes group support from others with common goals and struggles.

It's important to underscore that the National DPP is not a fad diet and exercise class or a quick fix.

It's a year-long program focused on long-term changes and lasting results to prevent or delay type two diabetes.

Both in-person and online CDC recognized National DPP programs can be found by searching on the web page shown on this screen.
Just as the National DPP is critical to help people prevent type two diabetes,
diabetes self-management, education and support services, or DSMES are important for people who already have diabetes.

These services help people with diabetes learn how to take the best care of themselves, and avoid or delay serious health complications, such as kidney disease and vision loss.

DSMES services include a healthcare team who teaches participants how to stay healthy.
and how to incorporate self-care lessons into daily life.

I will explain more about these lessons in a moment.

But for now, I want to mention that the first step in accessing DSMES services is to talk to a doctor and specifically ask for a referral.

People with diabetes can find the diabetes education program in their area using the tool referenced on this slide.

As I mentioned, DSMES can help improve health outcomes.
and increase healthy behaviors
for people with diabetes.

For example, participants learn to eat healthy,
be active, check blood sugar, take medicine,
solve problems, cope with the emotional side of diabetes,
and reduce the risk of other health problems.

Some benefits of DMSES participation could include improved A1C, blood pressure and cholesterol levels, better medication adherence,
and fewer or less severe
diabetes related complications.

321
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Most insurance plans including Medicare and Medicaid, cover up to 10 hours

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of diabetes education in the first year of diagnosis

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if the patient’s physician documents the need and makes a referral.

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CDC supports state and local health departments to improve access to DSMES services.

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CDC also supports infrastructure for community health workers who link health systems and community resources for people with diabetes.
In summary, research to date shows that people with diabetes are at an increased risk for severe COVID-19 illness, including hospitalization, intensive care unit admission, ventilator use and even death.

This further underscores the importance of diabetes prevention and management and amplifies the importance of working with populations disproportionately impacted by diabetes, as these populations have also been more heavily impacted by COVID-19.
Taking action to prevent COVID-19 infection, including getting vaccinated, wearing a mask and practicing social distancing are even more important for people at increased risk for severe COVID-19 illness, such as people with diabetes, and for members of their households.

Before I end, I want to mention some of the ways CDC is addressing COVID-19 illness and severe complications among people with diabetes.

CDC is conducting studies to better understand why some people are more likely to develop severe COVID-19 illness.
We are participating with organizations to explore risk factors for COVID-19 and diabetes, such as social determinants of health.

We're supporting telehealth options for delivery of the National Diabetes Prevention Program and diabetes self-management, education and support services.

And we're encouraging vaccination for all adults, including those with diabetes.

Please visit the websites listed on this slide for additional information.
Thank you, Dr. Bigman and Dr. Bernstein, for those extremely informative presentations.

Before we move on to the Q&A portion of the call, please take a moment to answer the questions through the poll on your screen.

For those of you who submitted questions in advance of this call, thank you.

We received many excellent questions and we'll try to get to as many as we can today.

I'll give you a minute to complete the poll before we get started with questions.
Dr. Bernstein, if you could start us off by answering the first few questions,

I'll start with the first question post.

With summer, can I wear a face shield instead of a mask?

Thanks for that question.

So CDC continues to not recommend using a face shield or goggles as a substitute for masks.

Goggles or other eye protection can be used in addition to wearing a mask.

And I think there's a couple of things to think about when we're talking about face shields
and goggles as a primary source of protection.

First, goggles do not cover the mouth and nose.

Face shields are not as effective as masks at protecting you or the people around you from respiratory droplets.

Additionally, face shields have large gaps below and alongside the face where your respiratory droplets may escape and reach others around you and will not protect you from respiratory droplets from others.
Thank you, Dr. Bernstein.

Next question.

Are there any special recommendations for cleaning my electronics like my phone?

With respect to cleaning electronics like iPads, tablets, touchscreens or phones,

consider putting a wipeable cover on your electronics.

This will make cleaning easier.

We encourage you to follow the manufacturer's instructions.
for cleaning all electronic devices.

If soap and water is not suitable for cleaning your electronics, use a disinfectant from the EPA List N and note that many of the products for electronics contain alcohol because it dries quickly.

>> Thank you.

Next question.

When conducting birdwatching or wildlife tours, can binoculars be shared
or should they be cleaned between uses?

>> So while COVID-19 spreads less commonly through contact with contaminated surfaces,

it is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

So to prevent spread, we recommend that binoculars should be cleaned before being shared.

>> Thank you.
Next question.

During this pandemic, how safe am I being a passenger in someone else's car, knowing all the occupants and knowing they've been vaccinated?

If you've been fully vaccinated, it's generally safe together indoors,
or in this case an enclosed vehicle, with other fully vaccinated people

without wearing a mask or staying six feet apart.

CDC does recommend reducing the risk
by improving the ventilation in the vehicle if possible.

So for example, driving with the windows open or set the air ventilation or air conditioning or non-circulation mode.

Indoor visits between fully vaccinated people and unvaccinated people who do not wear masks or physically distant from one another are likely low risk for the vaccinated people.

Therefore, the level of precaution taken should be determined by the characteristics of the unvaccinated people who
remain unprotected against COVID-19.

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>> Thank you, Dr. Bernstein.

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The next set of questions are for Dr. Bigman.

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First question, why isn't in type one diabetes on the high risk list for COVID vaccine prioritization?

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Well, initially, only type two diabetes was included on the prioritization list.

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But additional research showed that those with type one diabetes are also more likely to get severely ill from COVID-19.
As a result, diabetes overall which includes both type one and type two is now on CDC's prioritized list.

No matter what type of diabetes a person may have, we are encouraging everyone to get a COVID-19 vaccination as soon as possible.

>> Thank you.

Next question.

Do people with diabetes have a higher chance of serious complications from COVID-19?
Yes, people with diabetes are more likely to develop severe COVID-19 illness.

In general, people with diabetes are more likely to have severe symptoms and complications when infected with any virus.

But the risk for severe illness is likely to be lower if their diabetes is well managed.

However, having heart disease or other complications in addition to diabetes could worsen the chance of getting seriously ill from COVID-19, because having more
than one condition makes it harder for your body to fight the infection.

>> Moving on to the next question, what can we do to help prevent people from developing diabetes during COVID?

>> The increased risk for people with diabetes from the COVID-19 pandemic illustrates how important diabetes prevention and management are.

However, the need to social distance has impacted some of our programs.
Because of this, CDC has focused heavily over the past year on supporting telehealth options for delivery of both the National DPP lifestyle change program to help people with prediabetes reduce their risk for type two diabetes,

and the diabetes self-management education and support services for people who already have diabetes.

Telehealth allows people to continue to participate in these programs without increasing their risk of exposure to COVID-19.
Thank you.

Next question, what else is CDC doing to learn about the risks of COVID-19 for people with diabetes?

CDC and its partners are conducting extensive research to learn more about the intersection of COVID-19 and diabetes. This includes disease surveillance and field investigations to better understand why some people are more likely to develop severe COVID-19 illness.
Some questions that we're learning more about include whether the risk of severe illness differs between type one and type two diabetes.

Whether this risk is associated with high glucose levels or specific diabetes medications.

To what extent do end stage renal disease and chronic kidney disease, common complications of diabetes, increase an individual's risk of severe complications?

And in general, how do common comorbidities associated with diabetes such as obesity,
heart disease and hypertension, for example,

What we learn from these efforts will provide important information to help CDC scientists and other public health officials protect our most vulnerable populations.

Knowing more about the risk factors for severe COVID-19 illness can help healthcare providers advise precautions for patients as they go about daily life.
Next question, how is CDC addressing the health disparities that exist among people with diabetes that put them at higher risk for COVID-19?

Well, reducing health disparities is a cornerstone in all of our work at CDC. We are conducting studies to better understand why some people, such as those with diabetes and with certain racial and ethnic groups, are more likely to develop severe COVID-19 illness.

We're also partnering with organizations to explore risk factors for COVID-19 and diabetes,
such as social determinants of health.

And we are encouraging vaccination for all adults with diabetes.

In addition, CDC has numerous diabetes prevention educational programs, working to end health disparities in high-risk and vulnerable populations.

For example, we are funding 10 national organizations to further build out the National Diabetes Prevention Program in underserved areas of the US, and to reach priority populations.
Currently under-enrolled in the program.

Also, the CDC-led Appalachian Diabetes Control and Translation Project is working to reduce the impact of type two diabetes among people who live in high-risk, economically distressed Appalachian communities.

And our Native Diabetes Wellness Program honors and the balance between cultural practices and Western science in Indian country to promote health and help prevent type two diabetes among Native Americans who are at risk.
In summary, CDC's work to address health inequities include scientific research,

community programs, policy effort, and workforce development.

Through this work, we aim to better understand social determinants of health and combat inequities illuminated through the COVID-19 pandemic.

>> Thank you, Dr. Bigman.

We have some follow up questions for Dr. Bernstein.

Dr. Bernstein, who is tasked with ensuring
that each industry implements updated guidelines in a timely manner?

>> The Occupational Safety and Health Administration, or OSHA,

provides guidance for employers and workers in most workplace settings outside of healthcare,

to help them identify the risks of being exposed to and/or contracting COVID-19 at work.

And to help them determine appropriate control measures to implement.

OSHA has separate guidance for healthcare and emergency response settings.
And in the chat, we're posting a link
to the OSHA guidance on mitigating

and preventing the spread of COVID-19 in the
workplace, which provides more information

on how to protect workers from potential
exposures, according to their exposure.

Next question.

What is the guidance for barbers, beauticians
and trade schools to mitigate for COVID-19?

>> These entities should evaluate
their workplaces to identify activities
where workers cannot maintain social distancing

They should use appropriate combinations of controls following the hierarchy of controls to address these situations to limit the spread of COVID-19.

While protecting workers, it is important to note that control recommendations or interventions to reduce the risk of COVID-19 must be compatible with any safety programs, existing rules regarding health and public safety,
and personal protective equipment
normally required for the job task.

Some approaches that can be considered
can be creating a COVID Workplace Health

and Safety Plan, or taking action if a worker

or a client is suspected or
confirmed to have COVID-19.

Finally, developing hazard controls
using the hierarchy of controls

to prevent infection among workers.

All of these recommendations and
more can be found on the CDC website,

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and the link is posted here in the chat.

00:43:24,076 --> 00:43:24,846

>> Thank you.

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We have two more questions.

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How likely is it to become infected through the eyes?

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>> Thanks for that question.

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So infections occur mainly through exposure to respiratory droplets when a person is

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in close contact with someone who has COVID-19.
People produce these respiratory droplets when they cough or sneeze, when they sing, talk or even just simply breathing.

Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.

Respiratory droplets can also land on surfaces and objects. So it's possible that a person could get COVID-19 by touching a surface or object that has virus on it and then
touching their own eyes, mouth or nose.

However, spread from touching surfaces is not thought to be a common way that COVID-19 spreads.

>> Thank you.

Last question.

What is the timeline for the three vaccines currently with an emergency use authorization to receive full approval?

>> There's no predetermined
timeline for vaccine development.

The US Food and Drug Administration, or FDA, expects vaccine manufacturers to include in their emergency use authorizations, or EUA's, a plan for active follow up for safety, which includes monitoring deaths, hospitalization and other serious or clinically significant adverse events among individuals who received the vaccine under an EUA. And this helps inform ongoing risk-benefit determinations.
to support continuation of the EUA.

FDA also expects manufacturers who receive an EUA to continue their clinical trials to obtain important safety and effectiveness information and pursue licensure or approval.

>> Thank you, Dr. Bernstein and Dr. Bigman, for providing this timely information.

This concludes today's discussion.

Thank you everyone for joining our call today.

A recording will be posted on our partner call web page where you can find other recordings.
and information about previous webinars.

Our next call will take place on Monday, May 24th.

As announced last week, we will be reducing the frequency of these webinars from a weekly to a monthly cycle.

Please make sure to sign up for the upcoming partner call announcement to stay informed.

The link is listed on the slide, or feel free to click or copy the link and contact us.

Thank you again for attending, and a special thank you to those
who have been attending the partner call on a weekly basis.

We truly appreciate your commitment to getting the most up to date information from our CDC experts.

Until next time, wear a mask, stay six feet apart, avoid crowds and please get a vaccine.

Over and out.