

[**Coronavirus Disease 2019 (COVID-19)**](https://www.cdc.gov/coronavirus/2019-nCoV/index.html)

Contact Tracing for COVID-19: Do we still need it? (You bet we do!)

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00:00:00,336 --> 00:00:01,506

>> Well, hi everyone.

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00:00:01,506 --> 00:00:03,626

My name is Nora Spencer-Loveall.

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00:00:03,626 --> 00:00:08,606

And I'd like to welcome you to today's

CDC Partner Update Call on COVID-19.

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00:00:08,606 --> 00:00:12,346

This call serves as a way for CDC

to share weekly updates on COVID-19

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00:00:12,346 --> 00:00:17,506

and our latest resources and guidance, and to

answer questions submitted by participants.

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00:00:17,666 --> 00:00:21,066

On today's call, we'll be

discussing contact tracing.

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00:00:21,066 --> 00:00:26,626

First, we'll hear from one of our science

officers on CDC's COVID-19 emergency response.

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00:00:26,666 --> 00:00:28,556

They'll describe where we are with the response

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00:00:28,556 --> 00:00:32,136

and give us insight into

recent scientific findings.

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00:00:32,136 --> 00:00:35,716

And then we'll hear from an expert in

the Contact Tracing Innovation Section

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00:00:35,716 --> 00:00:40,846

on why contact tracing is still so

important in slowing the spread of COVID-19.

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00:00:40,846 --> 00:00:44,116

And of course afterward, our speakers

will answer your questions we received

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00:00:44,116 --> 00:00:45,816

over the last week via email.

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00:00:45,816 --> 00:00:51,556

Now, if you experienced technical difficulties

or otherwise would like to review today's call,

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00:00:51,556 --> 00:00:55,946

you can find a recording on cdc.gov

and on YouTube in eight to 10 days.

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00:00:55,946 --> 00:00:59,706

All past partner calls can be found

there, so please take some time

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00:00:59,706 --> 00:01:01,826

to review and share prior recordings.

18

00:01:02,286 --> 00:01:07,436

Today, we're so happy to announce

our new partner update landing page

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00:01:07,436 --> 00:01:11,186

where you can register for future

events and see recordings of past ones,

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00:01:11,246 --> 00:01:13,176

which should make it a lot easier to do so.

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00:01:13,396 --> 00:01:17,806

If this is your first webinar with us,

these calls generally occur every Monday

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00:01:17,806 --> 00:01:20,396

at 3:00 PM Eastern Standard Time.

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00:01:20,396 --> 00:01:24,406

Please see the link on the slide to

subscribe and receive future call invitations.

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00:01:24,856 --> 00:01:28,496

And please note this call is not intended

for media, though you're certainly welcome.

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00:01:28,536 --> 00:01:33,396

Should you be a recorder and have questions

-- excuse me, a reporter and have questions,

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00:01:33,396 --> 00:01:38,546

we invite you to reach out to media@cdc.gov.

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00:01:38,546 --> 00:01:39,566

All right.

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00:01:39,726 --> 00:01:41,506

So as I noted, these calls are designed

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00:01:41,506 --> 00:01:44,666

to share the latest science,

guidance and resources from CDC.

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00:01:44,666 --> 00:01:50,516

CDC has issued thousands of resources and

guidance materials for individuals, businesses

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00:01:50,516 --> 00:01:53,246

and the public on our website cdc.gov.

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00:01:53,476 --> 00:01:57,606

Here are a few highlights

on recent web additions.

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00:01:57,846 --> 00:02:02,166

First, CDC is updating information

for healthcare providers related

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00:02:02,166 --> 00:02:06,076

to health conditions that may

persist or recur following infection

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00:02:06,076 --> 00:02:09,886

with SARS-CoV-2 the virus that causes COVID-19.

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00:02:09,886 --> 00:02:13,166

More information is included

about what is currently known

37

00:02:13,166 --> 00:02:19,156

on these post-COVID conditions previously

referred to as late sequelae of COVID-19

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00:02:19,156 --> 00:02:23,616

or among the general public as conditions

experienced by COVID long haulers.

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00:02:23,616 --> 00:02:27,706

It's an umbrella term for the wide range

of health consequences that present

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00:02:27,706 --> 00:02:30,666

for more than four weeks after infection.

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00:02:30,666 --> 00:02:35,686

This webpage includes information about

multi-organ system effects of COVID-19,

42

00:02:35,736 --> 00:02:39,106

the effects of COVID-19 treatment

on hospitalizations,

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00:02:39,106 --> 00:02:40,636

and the condition known as long COVID.

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00:02:40,636 --> 00:02:45,176

CDC continuous active investigation

of post-COVID conditions

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00:02:45,176 --> 00:02:48,166

and will provide updates as new data emerge.

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00:02:48,166 --> 00:02:53,676

CDC is also updating the consumer-oriented

long-term effects of COVID-19 webpage

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00:02:53,716 --> 00:02:57,216

to reflect the updated terminology

from the healthcare provider web page.

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00:02:57,886 --> 00:03:03,256

Second, CDC has added a new tool to

report adverse events related to vaccines.

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00:03:03,256 --> 00:03:07,726

It's called the Vaccine Adverse

Event Reporting System.

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00:03:07,726 --> 00:03:13,566

VAERS is an early warning system used to monitor

adverse events that happen after vaccination.

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00:03:13,566 --> 00:03:17,876

It's one of several systems CDC and the

US Food and Drug Administration or FDA use

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00:03:17,876 --> 00:03:22,636

to help ensure all vaccines

including COVID-19 vaccines are safe.

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00:03:23,026 --> 00:03:28,326

FDA requires healthcare professionals to

report to VAERS certain adverse events

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00:03:28,326 --> 00:03:30,926

that occur after COVID-19 vaccination.

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00:03:30,926 --> 00:03:35,116

However, anyone can submit a report to

VEARS, including patients, family members,

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00:03:35,116 --> 00:03:38,746

healthcare providers and vaccine

manufacturers, even if it isn't clear

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00:03:38,746 --> 00:03:40,566

if the vaccine caused the health problem.

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00:03:40,826 --> 00:03:45,256

VAERS gives vaccine safety

experts valuable information

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00:03:45,256 --> 00:03:48,316

so that we can assess possible

safety concerns related

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00:03:48,316 --> 00:03:51,596

to vaccines, including new COVID-19 vaccines.

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00:03:51,676 --> 00:03:56,106

It is especially useful in quickly

detecting unusual or unexpected patterns

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00:03:56,106 --> 00:03:59,036

of health problems, also called adverse events,

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00:03:59,036 --> 00:04:01,976

that might indicate a possible

safety problem with the vaccine.

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00:04:01,976 --> 00:04:04,856

So if a health problem is reported to VAERS,

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00:04:04,856 --> 00:04:07,456

that doesn't necessarily mean

the vaccine caused the problem.

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00:04:07,456 --> 00:04:11,436

But it does warn vaccine safety experts

of a potential problem that they may need

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00:04:11,436 --> 00:04:15,076

to investigate, and alerts them

to take further action as needed.

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00:04:15,796 --> 00:04:20,946

Millions of people in the US have received

COVID-19 vaccines, and other than rare reports

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00:04:20,946 --> 00:04:26,556

of severe allergic reactions, analysis of

VAERS reports has not detected any patterns

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00:04:26,556 --> 00:04:29,926

that would indicate a safety

problem with COVID-19 vaccines.

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00:04:32,066 --> 00:04:36,776

And finally, last week, CDC updated

guidance on SARS-CoV-2 and surfaces.

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00:04:36,776 --> 00:04:41,736

At CDC we call these fomites or

surfaces that can transmit a virus.

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00:04:41,736 --> 00:04:47,316

The updated guidance highlights the risk of

transmission by touching contaminated surface

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00:04:47,386 --> 00:04:51,786

or objects is actually low

compared to direct contact,

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00:04:51,786 --> 00:04:55,646

respiratory droplet transmission

or airborne transmission.

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00:04:55,696 --> 00:04:59,296

Generally, the more people that touch

the surface, the higher the risk.

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00:04:59,296 --> 00:05:03,296

In most instances, routine cleaning

is enough to maintain a healthy home,

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00:05:03,296 --> 00:05:06,306

business or indoor community facility.

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00:05:06,306 --> 00:05:09,676

Now because hands are how we usually

touch surfaces, the most reliable way

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00:05:09,676 --> 00:05:15,386

to prevent contamination of or infection

from surfaces is to wash our hands regularly.

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00:05:15,386 --> 00:05:20,886

If soap and water aren't available, use hand

sanitizer that contains at least 60% alcohol.

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00:05:21,086 --> 00:05:24,236

So join us next week for more

information on this guidance

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00:05:24,236 --> 00:05:30,336

and in depth presentation by

a CDC expert on April 19th.

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00:05:30,696 --> 00:05:31,526

All right.

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00:05:31,646 --> 00:05:34,666

Well, today I'm so pleased to

be joined by two CDC experts.

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00:05:34,666 --> 00:05:39,246

Dr. Kyle Bernstein is the science officer

in support of the chief medical officer

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00:05:39,246 --> 00:05:41,686

on CDC's COVID-19 emergency response.

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00:05:41,686 --> 00:05:47,096

And Dr. Melanie Taylor is the Senior Advisor

for the Contact Tracing Innovation Section

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00:05:47,096 --> 00:05:50,316

of CDC's COVID-19 emergency response.

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00:05:50,416 --> 00:05:53,976

So first I'm going to turn it over to

Dr. Bernstein for some general updates.

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00:05:56,046 --> 00:05:58,696

>> Thank you, Nora, and welcome

to everyone joining us today.

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00:05:58,906 --> 00:06:00,456

My name is Kyle Bernstein.

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00:06:00,456 --> 00:06:05,276

And as I mentioned, and as mentioned,

I'm a science officer serving in support

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00:06:05,276 --> 00:06:07,986

of the Chief Medical Officer for the response.

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00:06:08,326 --> 00:06:12,446

And today I'd like to provide a brief

update on the response and review some

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00:06:12,446 --> 00:06:13,926

of the latest scientific developments.

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00:06:17,056 --> 00:06:22,736

First, for situational awareness and

update, you can see from the slide

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00:06:22,736 --> 00:06:27,066

that national COVID cases have increased

and deaths have decreased slightly

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00:06:27,316 --> 00:06:31,066

over the past week as compared

to the previous week.

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00:06:31,066 --> 00:06:36,996

As of April 10th, the seven-day

average in cases increased by 4.7%

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00:06:36,996 --> 00:06:38,936

over the previous seven-day average.

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00:06:39,226 --> 00:06:45,696

The seven-day average in deaths decreased

by 2.6% over the previous seven-day average.

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00:06:46,346 --> 00:06:50,996

Reported COVID-19 cases and

hospital admissions have been

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00:06:50,996 --> 00:06:54,846

on an upward trend since March 20th of 2020.

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00:06:55,956 --> 00:06:59,636

These statistics provide us

with very valuable information.

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00:07:00,146 --> 00:07:04,996

When these percentages are decreasing, this

tells us that mitigation efforts are working.

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00:07:05,266 --> 00:07:09,186

Yet when case counts increase,

this tells us we need to step

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00:07:09,186 --> 00:07:12,556

up mitigation efforts to

slow the spread of COVID-19.

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00:07:13,736 --> 00:07:21,166

As of April 11th, 187 million vaccine doses

have been administered in the United States.

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00:07:21,966 --> 00:07:29,766

About 119.2 million people or about

36% of the US population have received

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00:07:29,766 --> 00:07:32,466

at least one COVID-19 vaccine dose.

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00:07:32,836 --> 00:07:37,666

And 22% of the US population

are fully vaccinated.

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00:07:37,786 --> 00:07:43,916

We encourage you to visit CDC's data tracker

and the new weekly review for the latest stats

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00:07:43,916 --> 00:07:45,976

and key indicators for the pandemic.

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00:07:48,396 --> 00:07:54,276

New this week, I wanted to share some of what

we've learned from a couple reports released

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00:07:54,276 --> 00:07:58,176

in CDC's morbidity and mortality

weekly report or MMWR.

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00:07:58,176 --> 00:08:04,026

In the interest of time, I will only briefly

touch on the high points of these reports.

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00:08:04,026 --> 00:08:06,986

But you will see the links

to the reports in the chat,

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00:08:07,066 --> 00:08:10,956

or please visit cdc.gov to

read the reports in full.

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00:08:11,416 --> 00:08:18,656

The first MMWR we'd like to report on is

entitled Factors Associated with Participation

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00:08:18,656 --> 00:08:21,976

in Elementary School Based SARS-CoV-2 Testing.

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00:08:22,346 --> 00:08:30,976

From December of 2020 to January of 2021,

CDC collaborated with partners in Utah

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00:08:30,976 --> 00:08:35,686

and the Salt Lake City County School

District to offer free, in-school,

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00:08:35,916 --> 00:08:43,586

real time reverse transcription polymerase

chain reaction or RTPCR testing as part

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00:08:43,586 --> 00:08:48,056

of COVID-19 transmission

investigations in elementary schools.

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00:08:48,946 --> 00:08:56,216

Investigators analyzed data on in-school

COVID-19 testing among 594 students

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00:08:56,216 --> 00:09:02,196

who were exposed to 33 index patients

at 13 different elementary schools.

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00:09:02,586 --> 00:09:08,696

Compared with non-Hispanic white students,

Hispanic or Latino students and students

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00:09:08,696 --> 00:09:13,696

of other racial minority groups had a

higher participation in the testing program.

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00:09:14,186 --> 00:09:20,676

Participation was also higher among students

living in areas with higher rates of COVID-19.

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00:09:21,276 --> 00:09:26,906

Schools should continue to promote wearing

masks, maintaining at least three feet

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00:09:26,906 --> 00:09:31,466

of distance and quarantining close

contacts of people with COVID-19.

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00:09:31,836 --> 00:09:38,966

Second, we'd like to share an MMWR on the

Blackfeet Tribal Reservation entitled Use

134

00:09:38,966 --> 00:09:44,346

of Stay-at-Home Orders and Mask Mandates

to Control COVID-19 Transmission.

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00:09:44,996 --> 00:09:50,116

The Blackfeet Tribal Reservation is an

independent nation in northern Montana,

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00:09:50,116 --> 00:09:55,956

and has an estimated population

of 10,629 people.

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00:09:56,716 --> 00:10:02,656

They detected their first COVID-19 case

in the community on June 16th, of 2020,

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00:10:02,976 --> 00:10:08,286

the Blackfeet Tribal Business Council

mandated community prevention strategies,

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00:10:08,616 --> 00:10:11,886

and investigated the relationship

between these strategies

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00:10:11,886 --> 00:10:13,976

and changes in the daily rate of COVID-19.

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00:10:16,076 --> 00:10:19,146

Three stay-at-home orders were

issued including penalties

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00:10:19,146 --> 00:10:23,136

of incarceration, and fines up to $5,000.

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00:10:23,876 --> 00:10:28,406

These measures in combination with

wearing face masks, physical distancing,

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00:10:28,406 --> 00:10:36,516

instituting remote learning, closing the Glacier

National Parks East Gate, isolation of cases,

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00:10:36,516 --> 00:10:43,136

contact tracing and immediate quarantine after

exposure, contributed to a 33-fold decline

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00:10:43,136 --> 00:10:45,976

in the rate of new COVID-19 cases.

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00:10:46,836 --> 00:10:53,006

This investigation also indicated that

increases in COVID-19 cases followed relaxation

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00:10:53,006 --> 00:10:58,706

of stay-at-home orders, the opening of

campgrounds and gatherings at Labor Day events.

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00:10:59,716 --> 00:11:04,166

Implementing and strictly enforcing

stay-at-home orders and mask requirements,

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00:11:04,556 --> 00:11:09,876

along with ongoing case investigation and

contact tracing contributed to a decrease

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00:11:09,876 --> 00:11:13,226

in rates of COVID-19 in the

Blackfeet Tribal Reservation.

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00:11:13,786 --> 00:11:20,336

Finally, on a similar note, we want to highlight

another MMWR entitled COVID-19 Incidence

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00:11:20,336 --> 00:11:25,366

and Mortality among American Indian,

Alaskan Native and White Persons.

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00:11:26,596 --> 00:11:31,806

During March through November of 2020,

the Montana Department of Public Health

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00:11:31,806 --> 00:11:39,886

and Human Services analyzed reports of COVID-19

cases and COVID-19 associated deaths in Montana

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00:11:40,256 --> 00:11:47,516

to compare rates of infection and death among

people who are American Indian or Alaska Native,

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00:11:47,856 --> 00:11:52,356

abbreviated AI/AN, with rates

among people who are white.

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00:11:52,786 --> 00:11:58,096

The Health Department found that the

rate of infections among AI/AN people was

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00:11:58,096 --> 00:12:00,806

about two times that compared to white people.

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00:12:01,736 --> 00:12:07,606

The rate of death among AI/AN people was about

four times that compared to white people.

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00:12:08,646 --> 00:12:11,556

Several factors may have

contributed to the higher rates

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00:12:11,556 --> 00:12:15,116

of infection and death among AI/AN people.

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00:12:15,526 --> 00:12:21,516

AI/AN people in Montana might be more

likely to become infected with COVID-19

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00:12:21,516 --> 00:12:26,886

because they were more likely to live in

shared housing, because they are more likely

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00:12:26,886 --> 00:12:32,596

to be essential workers and are unable to

work from home, or because they were not able

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00:12:32,596 --> 00:12:36,246

to telework due to a lack of internet access.

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00:12:36,786 --> 00:12:42,386

In addition, AI/AN people in Montana

might be more at risk for severe illness

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00:12:42,386 --> 00:12:48,686

from COVID-19 due to challenges accessing

healthcare, and because COVID-19 risk factors

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00:12:48,686 --> 00:12:53,226

such as heart disease, type two diabetes

and cigarette smoking are common.

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00:12:54,396 --> 00:12:58,756

State level surveillance can

identify disparities among AI/AN

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00:12:58,756 --> 00:13:01,876

or other minority communities

to help inform state

172

00:13:01,876 --> 00:13:05,456

and tribal COVID vaccine allocation strategies

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00:13:05,456 --> 00:13:09,886

and help communities implement culturally

responsive public health measures

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00:13:09,986 --> 00:13:13,356

that might help reduce infections

and deaths in these communities.

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00:13:14,386 --> 00:13:18,646

With that, It's now my pleasure to hand

over the call to my esteemed colleague,

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00:13:18,706 --> 00:13:22,706

Dr. Melanie Taylor, in the

Contact Tracing Innovation Section.

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00:13:25,046 --> 00:13:26,156

>> Thank you so much, Kyle.

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00:13:26,156 --> 00:13:28,856

It's a pleasure to present alongside with you.

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00:13:29,006 --> 00:13:30,886

My name is Melanie Taylor.

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00:13:30,986 --> 00:13:34,926

I'm an infectious disease physician,

and I'm working as a senior advisor

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00:13:34,926 --> 00:13:36,776

on the Contact Tracing Innovation Section.

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00:13:36,776 --> 00:13:40,446

And today I'll be talking to

you about contact tracing.

183

00:13:40,446 --> 00:13:41,656

Do we still need it?

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00:13:41,796 --> 00:13:43,276

And the answer is, you bet we do.

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00:13:43,276 --> 00:13:45,146

Next slide, please.

186

00:13:45,146 --> 00:13:49,626

So we'll be covering quite a long list of --

well, not a long list, but a comprehensive list

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00:13:49,626 --> 00:13:51,826

of topics related to contact tracing.

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00:13:51,826 --> 00:13:55,146

And I just would like to note that the websites

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00:13:55,146 --> 00:13:57,336

for these topics will be located

at the bottom of the slides.

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00:13:57,336 --> 00:14:02,646

And we do hope to provide a copy of these slides

at some later point following the presentation.

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00:14:02,646 --> 00:14:05,226

So this again is a list of the

topics that we'll cover today.

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00:14:05,226 --> 00:14:07,076

We'll go ahead and advance to the next slide.

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00:14:07,076 --> 00:14:08,956

And let's get started.

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00:14:08,956 --> 00:14:16,686

I think we all remember December of 2020

when surges of COVID-19 cases occurred.

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00:14:16,686 --> 00:14:20,156

And although we're in a different

phase of the epidemic now,

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00:14:20,296 --> 00:14:25,276

COVID-19 pandemic control still

requires a multi-prong application

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00:14:25,276 --> 00:14:29,956

of evidence-based strategies

while improving health equity.

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00:14:29,956 --> 00:14:35,226

And included in these strategies are increasing

testing and isolation of persons diagnosed

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00:14:35,226 --> 00:14:39,556

with COVID-19 and a prompt

quarantine of exposed persons.

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00:14:39,556 --> 00:14:45,196

And these are alongside achieving

widespread COVID-19 vaccine coverage.

201

00:14:45,196 --> 00:14:45,996

Next slide.

202

00:14:45,996 --> 00:14:52,776

I'll talk to you now in the next two slides

about the process of case investigation.

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00:14:52,776 --> 00:14:55,656

What exactly is case investigation?

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00:14:55,656 --> 00:14:57,666

And what are the steps as part of that?

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00:14:57,896 --> 00:15:01,736

So case investigation is the process

of identifying people with confirmed

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00:15:01,736 --> 00:15:07,166

and probable diagnosis of COVID-19, and working

with them to assure that the person knows

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00:15:07,166 --> 00:15:12,726

of their diagnosis, that they receive health

information including symptom information,

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00:15:12,726 --> 00:15:18,736

and information on how to understand

whether when their condition worsens.

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00:15:18,736 --> 00:15:24,516

Connecting them to medical care as

needed, encouraging symptom monitoring

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00:15:24,516 --> 00:15:29,156

and emphasizing the importance

of staying home and isolating.

211

00:15:29,156 --> 00:15:34,566

We also during the case investigation

process assess the needs to support isolation

212

00:15:34,566 --> 00:15:36,626

and make referrals for healthcare.

213

00:15:36,626 --> 00:15:37,976

Next slide.

214

00:15:38,086 --> 00:15:41,756

Now, contact tracing is similar

but slightly different.

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00:15:41,756 --> 00:15:46,876

It is the process of working with people who

may have been exposed to COVID-19 to notify them

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00:15:47,096 --> 00:15:51,206

of their exposure and to discuss health

information, including potential symptoms

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00:15:51,206 --> 00:15:53,736

that may develop to facilitate testing.

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00:15:53,736 --> 00:15:59,136

And to emphasize the importance

of staying home or quarantining

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00:15:59,136 --> 00:16:02,336

in this particular case while

awaiting their test results.

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00:16:02,336 --> 00:16:06,976

We also assess the need to support quarantine

and make referrals to healthcare as needed.

221

00:16:06,976 --> 00:16:07,966

Next slide.

222

00:16:08,066 --> 00:16:11,846

Now we prioritize case investigation.

223

00:16:11,846 --> 00:16:16,656

We recommend prioritization of case

investigation and contact tracing to focus

224

00:16:16,656 --> 00:16:19,626

on four key groups, and I'll describe those.

225

00:16:19,626 --> 00:16:23,636

And this is also prioritization that

should be considered during times

226

00:16:23,636 --> 00:16:26,056

when cases increase or decrease.

227

00:16:26,056 --> 00:16:27,256

Next slide.

228

00:16:27,256 --> 00:16:35,146

Now these four prioritization groups initially

focus on time-based strategies to identify

229

00:16:35,146 --> 00:16:37,886

and reach cases and contacts quickly

230

00:16:38,156 --> 00:16:44,886

so that we achieve maximum effectiveness

with this prevention activity.

231

00:16:44,886 --> 00:16:50,496

Specifically, a six-day window is recommended

for case investigations of case reports

232

00:16:50,496 --> 00:16:56,246

that are received within that six-day window

to the health department, and contact tracing.

233

00:16:56,246 --> 00:17:00,156

People exposed to COVID-19

within the past six days,

234

00:17:00,156 --> 00:17:02,426

this is represented in the first pillar there.

235

00:17:02,426 --> 00:17:08,736

Next we focus on protecting household contacts,

because we know that they have the highest risk

236

00:17:08,736 --> 00:17:14,506

of exposure, as well as acquisition

of SARS-CoV-2 and COVID-19.

237

00:17:14,506 --> 00:17:20,426

Next, we focus on outbreaks and clusters

to identify and mitigate the circumstances

238

00:17:20,426 --> 00:17:24,046

that can lead to widespread transmission.

239

00:17:24,046 --> 00:17:29,276

And finally, we look to or seek to

protect people at increased risk,

240

00:17:29,316 --> 00:17:34,856

whether those are persons that are older

adults, people with certain medical conditions,

241

00:17:34,856 --> 00:17:37,826

and also people who may need

additional precautions due

242

00:17:37,826 --> 00:17:40,536

to an increased risk of acquisition

of SARS-CoV-2.

243

00:17:40,536 --> 00:17:42,376

Next slide.

244

00:17:42,376 --> 00:17:46,606

Now, you may ask why, again, should

we prioritize a time-based strategy?

245

00:17:46,606 --> 00:17:51,616

And the answer is that prompt investigation

of infectious cases and early identification

246

00:17:51,616 --> 00:17:56,616

and quarantine of contacts is our best

bet to prevent further transmission.

247

00:17:56,616 --> 00:18:01,296

And this includes that case investigation of

those that are reported to the health department

248

00:18:01,296 --> 00:18:04,176

within six days of specimen

collection or symptom onset.

249

00:18:04,176 --> 00:18:08,496

And again, contact tracing for those persons

who have been exposed in past six days.

250

00:18:08,496 --> 00:18:08,976

Next slide.

251

00:18:09,046 --> 00:18:13,966

Now, when cases surge, we know that the

health departments are not always able

252

00:18:13,966 --> 00:18:19,716

to cover the case investigation and

contact tracing that is required

253

00:18:19,716 --> 00:18:21,296

for the number of cases reported.

254

00:18:21,296 --> 00:18:25,996

And again, that time-based factor is

most important during these case surges.

255

00:18:25,996 --> 00:18:30,476

And as the cases go down, the next

level of prioritization is working

256

00:18:30,476 --> 00:18:36,886

with those household contacts in the highest

priority activities, but then moving on to those

257

00:18:36,886 --> 00:18:38,776

who are at increased risk for severe illness.

258

00:18:38,776 --> 00:18:44,286

And as cases decline further, then we

begin to open up the idea of reaching back

259

00:18:44,286 --> 00:18:48,746

to a longer interval, expanding case

investigation and interviews to people

260

00:18:48,746 --> 00:18:52,926

who have been diagnosed within the past 14 days.

261

00:18:52,926 --> 00:18:56,646

Now this brings up another important

tool called source investigation.

262

00:18:56,646 --> 00:18:58,116

If you can advance the slide.

263

00:18:58,116 --> 00:19:02,306

Source investigation is another important tool.

264

00:19:02,356 --> 00:19:03,816

And even advance once more.

265

00:19:05,616 --> 00:19:12,106

Source investigation is a method that

is used for many communicable diseases

266

00:19:12,106 --> 00:19:18,316

where we routinely investigate a potential

source of infection and identify people

267

00:19:18,316 --> 00:19:24,276

who may have been exposed or infected with a

given pathogen to interrupt the transmission.

268

00:19:24,276 --> 00:19:29,316

Now for COVID-19, our contact tracing

efforts have focused on prompt investigation

269

00:19:29,316 --> 00:19:34,796

of people diagnosed with COVID-19 and early

identification, and notification and quarantine

270

00:19:34,796 --> 00:19:37,846

of people who may have been recently exposed.

271

00:19:37,966 --> 00:19:39,616

That's our traditional process.

272

00:19:39,616 --> 00:19:44,926

Now source investigation is another important

and very valuable approach to contact tracing.

273

00:19:44,926 --> 00:19:48,446

And this involves looking back over

the 14 days prior to symptom onset

274

00:19:48,446 --> 00:19:52,866

or specimen collection date, to

identify interactions with people

275

00:19:52,866 --> 00:19:58,796

who are also close contacts, and places and

events where the case may have become infected.

276

00:19:58,796 --> 00:20:01,786

And this is often referred to as

backward, retrospective, reverse,

277

00:20:01,786 --> 00:20:03,376

or bidirectional contact tracing.

278

00:20:03,376 --> 00:20:04,416

Next slide.

279

00:20:04,416 --> 00:20:08,846

Now, source investigation is

applicable throughout the epidemic.

280

00:20:08,886 --> 00:20:15,446

When cases surge and overburden the resources

available through health departments,

281

00:20:15,446 --> 00:20:16,876

health departments need to scale back

282

00:20:16,876 --> 00:20:20,206

on individual case investigation

and contact tracing efforts.

283

00:20:20,276 --> 00:20:25,206

Source investigation can facilitate

outbreak and cluster investigations.

284

00:20:25,206 --> 00:20:30,126

Now, when the cases decline significantly,

source investigation then offers the opportunity

285

00:20:30,126 --> 00:20:34,626

to identify remaining cases or

sources of group transmission.

286

00:20:34,626 --> 00:20:40,746

And also important, source investigation is also

important to identify origins and transmissions

287

00:20:40,746 --> 00:20:43,496

of viral variants or variants of concern.

288

00:20:43,696 --> 00:20:46,056

So what does source investigation look like?

289

00:20:46,056 --> 00:20:47,596

Next slide please.

290

00:20:47,596 --> 00:20:54,046

This is a very simple depiction of the

direction of that source investigation

291

00:20:54,046 --> 00:21:01,396

where you see the case represented in a light

blue circle surrounded by a red striped pattern.

292

00:21:01,396 --> 00:21:06,016

You can see that source investigation

reaches back to where

293

00:21:06,016 --> 00:21:09,596

that potential case became infected or exposed.

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00:21:09,596 --> 00:21:14,296

And clusters can be identified

yielding secondary cases,

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00:21:14,406 --> 00:21:19,536

as well as other potential contacts that

may need to be notified of their exposure.

296

00:21:19,536 --> 00:21:20,626

Next slide.

297

00:21:20,626 --> 00:21:25,046

Another part of source investigation,

and traditional contact tracing actually,

298

00:21:25,046 --> 00:21:29,126

is looking back at location-based exposure.

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00:21:29,126 --> 00:21:33,776

And in this particular depiction, you

can see we have an index case depicted

300

00:21:33,776 --> 00:21:36,136

in green in the middle of the photo.

301

00:21:36,136 --> 00:21:38,716

And the people who are shown in

red are potential source cases.

302

00:21:38,716 --> 00:21:42,886

And those in blue are other close

contacts during that particular event.

303

00:21:42,886 --> 00:21:46,536

And those people displayed in black are

other attendees at a specific event --

304

00:21:46,536 --> 00:21:51,916

exposure event -- who may have been exposed

and possibly infected with COVID-19.

305

00:21:51,916 --> 00:21:57,016

And this approach focuses on review of

activities and elicitation of events, gatherings

306

00:21:57,016 --> 00:22:00,106

and places that the case attended.

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00:22:00,106 --> 00:22:05,376

And this again is called location-based

contact tracing, part of source investigation.

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00:22:05,376 --> 00:22:08,626

Now let's take a look at some specific examples

that have been published in the literature.

309

00:22:08,626 --> 00:22:12,436

Again, identifying and reporting on

the importance of case investigation

310

00:22:12,436 --> 00:22:15,996

and contact tracing as well

as source identification.

311

00:22:15,996 --> 00:22:18,116

Next slide, please.

312

00:22:18,116 --> 00:22:21,186

Now, the National Football League --

I know everyone knows that in the US.

313

00:22:21,186 --> 00:22:29,596

It has been looking closely at opportunities

to prevent COVID-19 within their league.

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00:22:29,596 --> 00:22:35,296

And this is an example of event

or group-based transmission

315

00:22:35,296 --> 00:22:40,836

where the NFL identified transmission risk,

and as a result instituted prevention measures

316

00:22:40,836 --> 00:22:43,856

that included contact tracing and quarantine.

317

00:22:43,856 --> 00:22:49,286

They had identified transmission

during their practice and game events,

318

00:22:49,286 --> 00:22:53,526

and they subsequently implemented

prevention interventions.

319

00:22:53,526 --> 00:22:53,926

Next slide.

320

00:22:54,046 --> 00:22:58,276

Another example of location or

event-based contact tracing occurred

321

00:22:58,276 --> 00:23:02,136

in a different type of sporting

event -- ice hockey.

322

00:23:02,136 --> 00:23:07,616

And ice hockey in this particular

outbreak event in Tampa Bay, Florida,

323

00:23:08,386 --> 00:23:13,036

identified a high proportion of infections

that occurred and provided evidence

324

00:23:13,036 --> 00:23:16,266

for SARS-CoV-2 transmission during

an indoor sporting activity.

325

00:23:16,266 --> 00:23:20,836

And the Florida Department of Health staff

members identified cases and contacts

326

00:23:20,836 --> 00:23:23,806

and provided isolation and quarantine

recommendations to the persons

327

00:23:23,806 --> 00:23:28,736

in the rink during the game, and then

subsequently advised ice rink management

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00:23:28,736 --> 00:23:33,296

on ice rink prevention management

for COVID 19 and disease control.

329

00:23:33,296 --> 00:23:34,546

Next slide.

330

00:23:34,546 --> 00:23:39,386

Finally, one more example on this is a

recent outbreak that has just been reported

331

00:23:39,386 --> 00:23:44,406

in the press looking at a

recent indoor bar opening event

332

00:23:44,406 --> 00:23:47,286

where 46 cases of COVID-19 were linked.

333

00:23:47,456 --> 00:23:50,986

Cases were then linked to

secondary cases among household,

334

00:23:50,986 --> 00:23:53,606

long-term care facility, and school contacts.

335

00:23:53,896 --> 00:23:56,706

And this outbreak resulted

in one hospitalization

336

00:23:56,706 --> 00:23:59,496

and one school closure affecting 650 students.

337

00:23:59,596 --> 00:24:01,546

Case investigation, source investigation

338

00:24:01,546 --> 00:24:05,726

and contact tracing identified

this event as the source.

339

00:24:05,936 --> 00:24:10,516

And implementation of prevention

activities such as isolation

340

00:24:10,516 --> 00:24:13,156

and quarantine followed closely after.

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00:24:13,156 --> 00:24:17,756

And these published examples demonstrate the

value of case investigation and contact tracing

342

00:24:17,756 --> 00:24:22,016

and developing and implementing prevention

measures of isolation and quarantine.

343

00:24:22,016 --> 00:24:27,076

And additional examples have just been described

by Dr. Bernstein among tribal communities today.

344

00:24:27,266 --> 00:24:31,656

So let's talk about the workforce that we need

to implement these important interventions.

345

00:24:31,656 --> 00:24:32,976

Next slide please.

346

00:24:35,046 --> 00:24:40,636

So I'll start a little bit with an

orientation to the workforce capacity as well

347

00:24:40,846 --> 00:24:46,086

as the current performance that we

see among the workforce capacity

348

00:24:46,086 --> 00:24:47,966

of case investigators and contact tracers.

349

00:24:47,966 --> 00:24:48,456

Next slide.

350

00:24:48,456 --> 00:24:53,126

Case investigation and contact tracing

remain important public health tools

351

00:24:53,126 --> 00:24:58,386

to identify persons that have been exposed

and recommended testing and quarantine.

352

00:24:58,386 --> 00:25:05,916

CDC estimates currently that we have

approximately 60,000 contact tracers in the US.

353

00:25:05,916 --> 00:25:09,886

And this number is obtained from states

and health jurisdictions reporting

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00:25:09,886 --> 00:25:15,946

into the Epidemiology and Laboratory

Capacity Database, abbreviated ELC.

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00:25:15,946 --> 00:25:16,746

Next slide.

356

00:25:16,746 --> 00:25:18,976

When you look at the performance of case --

357

00:25:19,516 --> 00:25:24,546

[ Inaudible ]

358

00:25:25,046 --> 00:25:30,586

2021, summarizing case investigation and contact

tracing performance, and where we found a median

359

00:25:30,586 --> 00:25:35,466

of 57% of case patients were

interviewed within 24 hours of the report

360

00:25:35,466 --> 00:25:38,336

of their COVID diagnosis

to the health department.

361

00:25:38,336 --> 00:25:43,036

We see wide variations in caseloads

among different health departments

362

00:25:43,036 --> 00:25:45,136

and contact tracing staff across the US.

363

00:25:45,136 --> 00:25:46,976

And the median workload --

364

00:25:47,516 --> 00:25:51,546

[ Inaudible ]

365

00:25:52,046 --> 00:25:56,526

29 contacts for contact tracers

per individual staff member.

366

00:25:56,626 --> 00:26:01,036

When we compare the timeliness of case

interviews with the average caseload

367

00:26:01,036 --> 00:26:04,616

for each health department, we found

that this was inversely correlated

368

00:26:04,616 --> 00:26:07,906

between the average caseload and the

timeliness of case investigations.

369

00:26:07,906 --> 00:26:14,576

That is the higher caseloads were associated

with less timely interviews of cases.

370

00:26:14,576 --> 00:26:16,226

Next slide.

371

00:26:16,226 --> 00:26:18,796

In a somewhat similar manner,

we looked at contact tracing.

372

00:26:18,796 --> 00:26:23,136

We see that a median of 55% of

contacts were notified within 24 hours

373

00:26:23,136 --> 00:26:24,886

of being named in a case interview.

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00:26:24,886 --> 00:26:29,086

And as showed in the figure, we

also found that a higher number

375

00:26:29,086 --> 00:26:33,806

of contacts per contact tracer was also

inversely correlated with timeliness.

376

00:26:33,856 --> 00:26:41,736

So we can see from these data that the

caseload as it pertains to the number of staff

377

00:26:41,736 --> 00:26:46,716

who perform these particular interventions

is a critically important piece.

378

00:26:46,716 --> 00:26:47,536

Next slide.

379

00:26:47,536 --> 00:26:50,536

So what about these case

investigators and contact tracers?

380

00:26:50,536 --> 00:26:53,666

Well, this is a very specialized skillset.

381

00:26:53,666 --> 00:27:00,636

And CDC supports national training for

case investigators and contact tracers,

382

00:27:00,636 --> 00:27:03,606

and these training programs have two components.

383

00:27:03,606 --> 00:27:07,136

Our partner, the Association of State

and Territorial Health Officials, ASTHO,

384

00:27:07,356 --> 00:27:11,006

hosts a knowledge-based online

training called Making Contact,

385

00:27:11,006 --> 00:27:14,266

a training for COVID-19 contact tracers.

386

00:27:14,266 --> 00:27:18,706

This course is an on-demand, online

knowledge-based course of four lessons

387

00:27:18,706 --> 00:27:22,366

that takes approximately

three hours to complete.

388

00:27:22,366 --> 00:27:25,616

In addition, the CDC supports

the National Network

389

00:27:25,616 --> 00:27:30,116

of Disease Intervention Training

Centers, and hosts virtual instructor-led,

390

00:27:30,116 --> 00:27:34,156

skills-based training, focusing

on skills-based learning

391

00:27:34,156 --> 00:27:37,476

in performing case and contact interviews.

392

00:27:37,476 --> 00:27:41,126

And these courses help to really hone the

communication and interview skills that are

393

00:27:41,126 --> 00:27:45,396

so beneficial and critical for new

and experienced contact tracers

394

00:27:45,396 --> 00:27:49,446

and case investigators to

perform this intervention.

395

00:27:49,446 --> 00:27:51,426

Next slide.

396

00:27:51,426 --> 00:27:52,676

What's impressive, I think, is

397

00:27:52,676 --> 00:27:57,746

that we've trained almost 94,000

persons through the ASTHO course.

398

00:27:57,746 --> 00:28:01,406

And this is as of -- this

training began in April of 2020,

399

00:28:01,406 --> 00:28:05,076

and these data are through January 2021.

400

00:28:05,076 --> 00:28:06,146

A very impressive number.

401

00:28:06,146 --> 00:28:10,416

What we see is that we found

that course participants are --

402

00:28:10,576 --> 00:28:15,336

46% of them work for state

or local health departments.

403

00:28:15,336 --> 00:28:16,956

And that -- next slide please.

404

00:28:20,056 --> 00:28:26,696

We see that during a recent five-month period,

29% of those learners speak a language other

405

00:28:26,696 --> 00:28:33,456

than English, and 99% of those who speak

another language are from our state, tribal,

406

00:28:33,456 --> 00:28:38,416

local and territorial supported jurisdictions

-- they are not international participants.

407

00:28:38,416 --> 00:28:43,216

Many of the learners are younger, with

43% of them being under 30 years old.

408

00:28:43,216 --> 00:28:46,866

And we have a very good diversity

among our course participants.

409

00:28:46,866 --> 00:28:50,896

And we wanted to just highlight that

these breakdowns are over representative

410

00:28:50,896 --> 00:28:53,526

of minority populations in the United States,

411

00:28:53,526 --> 00:28:57,296

particularly for African

American Asian populations.

412

00:28:57,296 --> 00:28:57,836

Next slide.

413

00:28:58,056 --> 00:29:03,586

The virtual skills-based training

is available also for free

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00:29:03,586 --> 00:29:08,506

and this information again is available

at the bottom of the slide on where to go

415

00:29:08,506 --> 00:29:10,476

for registration and more information.

416

00:29:10,476 --> 00:29:15,366

This training again has a skills-based focused

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00:29:15,366 --> 00:29:19,426

and there are virtual trainers

that are part of this training.

418

00:29:19,426 --> 00:29:23,956

It really is to build skills in

doing case and contact interviews

419

00:29:23,956 --> 00:29:26,326

and eliciting contacts for contact tracing.

420

00:29:26,326 --> 00:29:26,916

Next slide.

421

00:29:26,916 --> 00:29:32,636

Now I'd like to transition now to an overview of

some of the CDC guidance on case investigation,

422

00:29:32,636 --> 00:29:38,016

contact tracing, and review a few

priority topics and particular situations

423

00:29:38,016 --> 00:29:40,626

where case investigation and

contact tracing are important.

424

00:29:40,626 --> 00:29:40,986

Next slide.

425

00:29:40,986 --> 00:29:41,976

Thank you.

426

00:29:42,046 --> 00:29:47,006

The CDC provides case investigation and contact

tracing guidance and provides frequent updates

427

00:29:47,126 --> 00:29:51,286

to this contact tracing resources webpage.

428

00:29:51,286 --> 00:29:54,976

This page contains links to the major

guidance documents that further link

429

00:29:54,976 --> 00:29:58,346

out to additional tools for

use in specific situations.

430

00:29:58,346 --> 00:30:01,626

And let's walk through some of

these particular situations as well

431

00:30:01,626 --> 00:30:03,506

as the overview guidance document.

432

00:30:03,716 --> 00:30:04,476

Next slide.

433

00:30:04,476 --> 00:30:11,386

This is our overview guidance document which

provides the major program planning guidance,

434

00:30:11,386 --> 00:30:15,476

as well as tools for implementation of

case investigation and contact tracing.

435

00:30:15,476 --> 00:30:21,196

And let's walk through just a few examples

of these key topics included in the guidance.

436

00:30:21,196 --> 00:30:21,636

Next slide.

437

00:30:22,046 --> 00:30:27,396

CDC provides additional guidance or specific

and focused guidance on case investigation

438

00:30:27,396 --> 00:30:29,596

and contact tracing in specific settings.

439

00:30:29,596 --> 00:30:35,226

As an example, this document provides

considerations for how employers can partner

440

00:30:35,226 --> 00:30:39,906

with state, tribal, territorial or local

health departments to work with their employees

441

00:30:39,906 --> 00:30:44,256

to support case investigation and

contact tracing and employment settings.

442

00:30:44,256 --> 00:30:44,976

Next slide.

443

00:30:47,056 --> 00:30:51,736

A very timely example in addition is

considerations for case investigation

444

00:30:51,736 --> 00:30:56,186

and contact tracing in kindergarten

through 12th grade schools.

445

00:30:56,186 --> 00:31:00,006

And particularly the development and

implementation of COVID-19 case investigation

446

00:31:00,006 --> 00:31:02,336

and contact tracing is so important.

447

00:31:02,336 --> 00:31:07,646

And there are several -- numerous,

numerous publications on the value

448

00:31:07,646 --> 00:31:12,646

of preventing transmission of

SARS-CoV-2 in the classroom setting.

449

00:31:12,646 --> 00:31:16,396

This guidance emphasizes collaboration

between public health officials

450

00:31:16,396 --> 00:31:20,406

and K through 12 public health --

K through 12 school administrators

451

00:31:20,566 --> 00:31:24,426

to facilitate effective case

investigation and contact tracing.

452

00:31:24,426 --> 00:31:26,826

Now this guidance is undergoing updates.

453

00:31:26,826 --> 00:31:30,996

And just to note that the updated guidance

will be including the recent information

454

00:31:30,996 --> 00:31:34,626

on reducing the social distancing

to three feet in the classroom.

455

00:31:34,626 --> 00:31:35,236

Next slide.

456

00:31:35,476 --> 00:31:41,516

The K through 12 guidance will be combined

now with the guidance on case investigation

457

00:31:41,516 --> 00:31:44,566

and contact tracing in institutes

of higher education.

458

00:31:44,696 --> 00:31:48,926

And this guidance on IHE,

institutes of higher education,

459

00:31:49,276 --> 00:31:53,276

will also highlight potential

collaboration between health officials

460

00:31:53,276 --> 00:31:56,966

and IHE school administrators to

facilitate effective case investigation

461

00:31:56,966 --> 00:31:58,026

and contact tracing.

462

00:31:58,026 --> 00:31:59,706

Next slide.

463

00:32:01,046 --> 00:32:02,906

One of the key components to case investigation

464

00:32:02,906 --> 00:32:07,706

and contact tracing is emphasizing the

relationship building between health departments

465

00:32:07,706 --> 00:32:11,796

and their communities as vital to the

public health strategy and effectiveness

466

00:32:11,796 --> 00:32:14,826

of case investigation and contact tracing.

467

00:32:15,116 --> 00:32:21,096

We recognize that the relationships and

partnerships with the communities affected

468

00:32:21,096 --> 00:32:25,586

by COVID-19 are really the foundations

of our public health services.

469

00:32:25,586 --> 00:32:29,266

And these relationships also highlight

where engagement is most needed.

470

00:32:29,606 --> 00:32:34,676

CDC has developed a community engagement

checklist which you can see here that defines

471

00:32:34,676 --> 00:32:39,766

and promotes increasing health

equity and social connection

472

00:32:40,006 --> 00:32:43,396

through public health services and activities.

473

00:32:44,386 --> 00:32:44,866

Next slide.

474

00:32:44,866 --> 00:32:50,886

So now we're going to transition to some of the

examples of resources for the general public.

475

00:32:50,886 --> 00:32:56,156

And this is where we really reach out to you

to engage you in delivering messages not just

476

00:32:56,156 --> 00:33:01,476

to your public health partners,

but also to your social contacts,

477

00:33:01,476 --> 00:33:06,016

so that we can deliver the message

more fully on the importance

478

00:33:06,016 --> 00:33:07,956

of case investigation and contact tracing.

479

00:33:07,956 --> 00:33:12,316

So I'm going to start us off with a

new example -- next slide please --

480

00:33:12,466 --> 00:33:20,046

of one of our most recent messages, and that is

how to tell your close contacts about COVID-19.

481

00:33:20,046 --> 00:33:24,026

And this is where we reach out to

the community at large to ask them

482

00:33:24,166 --> 00:33:27,256

to notify their own contacts of exposure.

483

00:33:27,256 --> 00:33:30,046

And this Tell Your Contacts fact

sheet is a really important resources

484

00:33:30,046 --> 00:33:35,236

that encourages people who know they have

COVID-19 to notify their own close contacts

485

00:33:35,236 --> 00:33:38,786

so that those close contacts can

quarantine at home and get tested.

486

00:33:38,786 --> 00:33:45,306

This fact sheet, as an example of a social

resource provides content on what to do

487

00:33:45,306 --> 00:33:50,456

if you know you have COVID-19, information

on how to protect others, information

488

00:33:50,456 --> 00:33:55,386

and a description of close contacts, who

they are, how to identify your close contacts

489

00:33:55,386 --> 00:33:59,546

and an example script of what to do

and what to say to those close contacts

490

00:33:59,546 --> 00:34:01,686

to let them know that they have been exposed.

491

00:34:01,686 --> 00:34:05,236

Also important is the link

to TellYourContacts.org.

492

00:34:05,236 --> 00:34:05,956

Next slide, please.

493

00:34:08,166 --> 00:34:11,936

TellYourContacts.org is web-based

and phone-based app that can assist

494

00:34:11,936 --> 00:34:15,586

with anonymously notifying

your contacts of their exposure

495

00:34:15,586 --> 00:34:21,306

such that you can provide a message related

to that exposure and they can be aware

496

00:34:21,386 --> 00:34:25,776

of their exposure and then receive

messages on prevention and quarantine.

497

00:34:25,776 --> 00:34:30,476

This slide notes the specific steps

where you can use TellYourContacts.org

498

00:34:30,476 --> 00:34:34,186

to enter information on your close contacts

499

00:34:34,186 --> 00:34:37,096

and then they would be anonymously

notified of their exposure.

500

00:34:37,096 --> 00:34:42,896

And just to say, TellYourContacts.org was

developed from and by the National Coalition

501

00:34:42,896 --> 00:34:46,726

of STD Directors and is based on

a partner notification platform

502

00:34:46,726 --> 00:34:49,036

for sexually transmitted diseases.

503

00:34:49,036 --> 00:34:53,436

So has a great history of

success in the STD community

504

00:34:53,436 --> 00:34:56,246

and has been adapted for use for COVID-19.

505

00:34:56,246 --> 00:34:56,976

Next slide please.

506

00:34:58,396 --> 00:35:01,056

In addition to this resource, there are many

507

00:35:01,056 --> 00:35:06,236

and numerous other contact

tracing communication tools.

508

00:35:06,236 --> 00:35:11,726

And there is a specific toolkit developed by

CDC where key messages and talking points,

509

00:35:11,876 --> 00:35:16,676

for example, public service announcements,

social media posts for Facebook,

510

00:35:16,676 --> 00:35:18,946

Instagram and LinkedIn, as well as Twitter.

511

00:35:19,186 --> 00:35:21,936

Commonly asked questions

and answers are included.

512

00:35:21,936 --> 00:35:25,536

And many of these materials

are translated into Spanish.

513

00:35:25,536 --> 00:35:25,966

Next slide.

514

00:35:25,966 --> 00:35:31,956

I'm going to walk through quickly some of

these examples, and we'll talk about some

515

00:35:31,956 --> 00:35:34,606

of the opportunities for social media posting.

516

00:35:34,716 --> 00:35:38,476

So this is an example of a social

media graphic, sample messages.

517

00:35:38,476 --> 00:35:44,356

And these are related to contact tracing

and slowing the spread of COVID-19.

518

00:35:44,356 --> 00:35:46,476

And we'll walk through a few others.

519

00:35:46,476 --> 00:35:47,156

Next slide.

520

00:35:47,196 --> 00:35:55,266

So we develop social media messaging and

social media images that allow for the public

521

00:35:55,266 --> 00:36:02,056

to post alongside CDC social media

messages on Twitter, Facebook, Instagram,

522

00:36:02,356 --> 00:36:05,616

as well as other social media

platforms such as LinkedIn.

523

00:36:05,616 --> 00:36:10,406

These are examples of recently developed social

media materials specifically related to how

524

00:36:10,406 --> 00:36:12,606

to tell your contacts of your diagnosis.

525

00:36:12,606 --> 00:36:16,336

And you can see the images and messages here.

526

00:36:16,336 --> 00:36:16,976

Next slide.

527

00:36:18,106 --> 00:36:22,106

We also have social media messages related to

answering the call from the health department.

528

00:36:22,106 --> 00:36:26,006

And on this slide, you'll see three examples

of the importance of answering the call

529

00:36:26,006 --> 00:36:31,666

from the health department, participating

in case investigation and contact tracing,

530

00:36:31,666 --> 00:36:37,726

and even messages related and developed

specifically for contexts such sporting

531

00:36:37,726 --> 00:36:42,266

and athletes, so that they can be a

team player, and also information on how

532

00:36:42,266 --> 00:36:44,156

to identify who is a close contact.

533

00:36:44,386 --> 00:36:44,946

Next slide.

534

00:36:48,046 --> 00:36:51,886

These are additional social media

contact tracing messages and images

535

00:36:51,886 --> 00:36:56,446

where you can see we discuss the effectiveness

of contact tracing, as well as again how

536

00:36:56,446 --> 00:36:58,476

to identify and notify your contacts.

537

00:36:58,476 --> 00:36:58,976

Next slide.

538

00:37:00,066 --> 00:37:04,926

There are social media messages and

stories using storyboards and processes

539

00:37:04,926 --> 00:37:08,196

that describe case investigation

and contact tracing.

540

00:37:08,196 --> 00:37:09,706

This is an Instagram story.

541

00:37:09,706 --> 00:37:10,476

Next slide.

542

00:37:10,476 --> 00:37:16,536

And infographics, again, that similar

to the programming tools we use

543

00:37:16,536 --> 00:37:18,906

to educate and assist health departments.

544

00:37:18,956 --> 00:37:23,856

We also develop similar process and

tools to use to educate the public

545

00:37:23,856 --> 00:37:27,176

on case investigation and contact tracing.

546

00:37:27,176 --> 00:37:27,546

Next slide.

547

00:37:27,666 --> 00:37:34,186

One of the newer tools that we've developed

also is a one-minute video that is translated

548

00:37:34,186 --> 00:37:37,936

into Spanish on the case investigation

and contact tracing process.

549

00:37:38,186 --> 00:37:41,156

Now this is an important video

because it explains the process

550

00:37:41,156 --> 00:37:42,806

and what to expect during the call.

551

00:37:42,806 --> 00:37:48,636

And it also addresses potential public concerns

related to confidentiality and the information

552

00:37:48,636 --> 00:37:52,386

that is being shared as being

private and not shared with others.

553

00:37:52,486 --> 00:37:55,266

So again, as I mentioned before,

it is translated into Spanish

554

00:37:55,266 --> 00:37:58,566

and we consider it a very

important tool to share with others.

555

00:37:58,566 --> 00:37:58,956

Next slide.

556

00:38:01,056 --> 00:38:04,986

And just to note, too, we also

develop what to expect scenarios.

557

00:38:04,986 --> 00:38:10,206

So what to expect, for example, if you

have been around someone who has COVID-19.

558

00:38:10,396 --> 00:38:13,596

What you can expect to happen if

you've been tested for COVID-19

559

00:38:13,596 --> 00:38:15,276

and you're awaiting your results.

560

00:38:15,276 --> 00:38:17,606

And what to expect if you happen --

561

00:38:17,696 --> 00:38:22,656

or what to expect to happen if

you are diagnosed with COVID-19.

562

00:38:23,066 --> 00:38:26,666

So these are some of the messages

we hope to continue to move

563

00:38:26,666 --> 00:38:33,076

out through the social media platforms, but as

well as messages to share within the communities

564

00:38:33,076 --> 00:38:39,616

because we are constantly trying to

resocialize the importance of COVID-19

565

00:38:39,616 --> 00:38:44,146

and to dispel any myths associated

with the COVID-19 contact tracing

566

00:38:44,146 --> 00:38:46,526

and case investigation processes.

567

00:38:46,526 --> 00:38:46,946

Next slide.

568

00:38:47,106 --> 00:38:52,236

Just here at the end of the presentation, I

want to mention too that we have other tools

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00:38:52,236 --> 00:38:55,586

that are assisting with case

investigation and contact tracing,

570

00:38:55,586 --> 00:38:59,046

and with notifying persons

of a potential exposure.

571

00:38:59,046 --> 00:39:00,466

Next slide.

572

00:39:00,466 --> 00:39:04,226

So there are digital tools, and

these digital tools can be used

573

00:39:04,226 --> 00:39:05,866

to let people know of their exposure.

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00:39:05,866 --> 00:39:10,876

And I've already presented TellYourContacts.org,

but I'd like to present also tools

575

00:39:10,876 --> 00:39:14,596

that are supported by and endorsed by CDC.

576

00:39:14,596 --> 00:39:16,876

Next slide, please.

577

00:39:16,946 --> 00:39:22,456

One of those which you may know

about is exposure notification.

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00:39:22,456 --> 00:39:28,286

And this is again an initiative that augments

traditional case investigation contact

579

00:39:28,286 --> 00:39:29,896

tracing processes.

580

00:39:29,896 --> 00:39:36,216

But this particular tool is at use in

smartphones, where smartphones are used

581

00:39:36,216 --> 00:39:42,086

as sensors to detect proximity and exposure

to individuals who may have COVID-19.

582

00:39:42,086 --> 00:39:46,536

These proximity tracking tools propose to

relieve some of the challenges associated

583

00:39:46,536 --> 00:39:51,896

with traditional contact tracing, and have

been implemented in several countries as well

584

00:39:51,896 --> 00:39:55,286

as at least 27 states here in the US.

585

00:39:55,286 --> 00:40:03,036

And the opportunity to voluntarily include one

of these smartphone apps in your phone means

586

00:40:03,036 --> 00:40:07,606

that someone else who is participating

who becomes a case can then notify you

587

00:40:07,606 --> 00:40:11,116

through this digital tool

that you have been exposed.

588

00:40:11,496 --> 00:40:12,606

Next slide.

589

00:40:12,606 --> 00:40:17,536

CDC also supports SER Alert which is a

symptom monitoring tool whereby cases

590

00:40:17,536 --> 00:40:25,646

and contacts can be notified or followed in the

event that they develop symptoms or become worse

591

00:40:25,646 --> 00:40:29,396

as a result of being diagnosed with COVID-19.

592

00:40:29,396 --> 00:40:30,696

Next slide.

593

00:40:30,766 --> 00:40:33,326

So in summary, the question, let me answer it.

594

00:40:33,516 --> 00:40:35,566

Is contact tracing still needed?

595

00:40:35,566 --> 00:40:39,176

Well, I think the evidence

supports the answer to be yes.

596

00:40:39,176 --> 00:40:41,356

And we know that isolation

of cases and quarantine

597

00:40:41,356 --> 00:40:45,486

of contacts reduces ongoing

exposure and transmission.

598

00:40:45,486 --> 00:40:50,306

We also know that as vaccine coverage increases,

source investigation, case investigation

599

00:40:50,306 --> 00:40:54,326

and contact tracing can identify

remaining pockets of transmission.

600

00:40:54,386 --> 00:41:00,326

Workforce training and capacity

building continues to be very important.

601

00:41:00,366 --> 00:41:05,786

Community engagement and trust are critical

to the process and success of contact tracing.

602

00:41:05,786 --> 00:41:11,126

And we welcome you and the assistance of

our other community members and colleagues

603

00:41:11,126 --> 00:41:16,246

in disseminating CDC messaging

regarding contact tracing.

604

00:41:16,246 --> 00:41:21,366

And to finally end on a note related to

the future considerations and priorities

605

00:41:21,366 --> 00:41:26,046

for consideration, we look to contact

tracing and to priority partnerships

606

00:41:26,046 --> 00:41:31,756

with vaccine delivery to connect contacts

to vaccine sites and appointments.

607

00:41:32,006 --> 00:41:36,766

Potentially to expand the opportunities

for field-based contact tracing,

608

00:41:37,086 --> 00:41:41,736

looking at embedding case investigators

and contact tracing in health facilities

609

00:41:41,736 --> 00:41:44,276

to improve timeliness of contact tracing.

610

00:41:44,276 --> 00:41:49,396

Home-based testing and recognizing the

challenges associated with contact tracing

611

00:41:49,396 --> 00:41:53,186

when test results may not be

reported to the health departments.

612

00:41:53,186 --> 00:41:59,066

Looking always at prioritization and again, that

underlying foundational community engagement,

613

00:41:59,066 --> 00:42:04,636

which is so important to the process

and to participation and the success

614

00:42:04,636 --> 00:42:07,306

of case investigation and contact tracing.

615

00:42:07,306 --> 00:42:10,346

It was a pleasure to speak to you today.

616

00:42:10,346 --> 00:42:14,096

And we'd like to thank you all for

your participation and attendance.

617

00:42:14,486 --> 00:42:15,636

That's all for me.

618

00:42:15,636 --> 00:42:15,916

Thank you.

619

00:42:16,176 --> 00:42:18,796

>> Thank you so much, Dr.

Taylor and Dr. Bernstein

620

00:42:18,796 --> 00:42:23,026

for these incredibly informative presentations.

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00:42:23,026 --> 00:42:26,766

So before we move on to the Q&A

portion, please take a moment

622

00:42:26,766 --> 00:42:29,286

to answer the questions -- we

have a poll on your screen.

623

00:42:29,536 --> 00:42:33,716

For those of you who submitted questions

in advance of this call, thank you so much.

624

00:42:33,716 --> 00:42:37,486

We've of course received many, and

we'll try to get to as many as we can.

625

00:42:37,486 --> 00:42:42,946

Dr. Taylor, if you wouldn't mind beginning,

the first few questions are for you.

626

00:42:42,946 --> 00:42:48,886

The first one is quarantine or

isolation, what is the difference?

627

00:42:52,046 --> 00:42:53,546

>> Thank you so much for that question.

628

00:42:53,546 --> 00:42:56,166

And again, they do appear to be quite similar.

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00:42:56,166 --> 00:43:02,226

What is important to note for isolation

is that isolation refers specifically

630

00:43:02,226 --> 00:43:07,866

to cases whereby we have a person

with a known diagnosis of COVID-19,

631

00:43:07,866 --> 00:43:17,666

and we ask them to isolate to reduce and

essentially prevent exposure to someone else.

632

00:43:17,786 --> 00:43:25,876

And quarantine, on the other hand, in

practice is quite similar to isolation

633

00:43:25,876 --> 00:43:31,576

but quarantine refers specifically to

close contacts, where we ask close contacts

634

00:43:31,786 --> 00:43:36,866

to keep themselves away from others in

order to prevent ongoing transmission.

635

00:43:36,866 --> 00:43:43,456

Because we know that a close contact has been

exposed and may themselves also be a case.

636

00:43:43,456 --> 00:43:53,096

So the difference is really in the message

delivery to either a case or a close contact.

637

00:43:53,286 --> 00:43:57,936

But the premise and the prevention

intervention is ultimately the same,

638

00:43:58,196 --> 00:44:01,986

where we keep someone who's

either diagnosed or exposed

639

00:44:01,986 --> 00:44:06,406

and may become a case separate from others.

640

00:44:08,116 --> 00:44:08,506

>> Thank you.

641

00:44:08,506 --> 00:44:09,786

Excellent.

642

00:44:09,786 --> 00:44:15,146

Okay, next question is, who is considered a

close contact of someone who has COVID-19?

643

00:44:15,516 --> 00:44:17,506

>> Excellent question.

644

00:44:17,506 --> 00:44:24,426

For COVID-19, CDC defines a close

contact as anyone who was within six feet

645

00:44:24,426 --> 00:44:30,966

of an infected person for a total of 15

minutes or more over a 24-hour period.

646

00:44:30,966 --> 00:44:36,836

For example, three individual five-minute

exposures for a total of 15 minutes --

647

00:44:36,946 --> 00:44:40,166

that's a cumulative total of 15 minutes.

648

00:44:40,166 --> 00:44:44,806

And we know that an infected

person can spread COVID-19 starting

649

00:44:44,806 --> 00:44:48,686

from two days before they have any

symptoms or if they are asymptomatic,

650

00:44:48,926 --> 00:44:52,976

two days before their specimen

that tested positive was collected.

651

00:44:56,416 --> 00:44:57,276

>> Thank you.

652

00:44:57,276 --> 00:45:00,466

Okay, a third question, does

mask use help determine

653

00:45:00,466 --> 00:45:01,976

if someone is considered a close contact?

654

00:45:02,536 --> 00:45:05,426

>> Yes, this is a frequent

question as well, thank you.

655

00:45:05,426 --> 00:45:10,206

A person is still considered

a close contact even if one

656

00:45:10,206 --> 00:45:14,166

or both people wore a mask

when they were together.

657

00:45:14,246 --> 00:45:18,586

We know that masks work the

best when everyone wears them.

658

00:45:18,586 --> 00:45:24,086

However, masks are not 100% effective

at preventing spread of COVID-19,

659

00:45:24,086 --> 00:45:28,136

and the types of masks used and whether

or not they are used consistently

660

00:45:28,136 --> 00:45:31,196

and correctly varies throughout

the general population.

661

00:45:31,196 --> 00:45:33,716

Therefore, mask use is not considered

662

00:45:33,776 --> 00:45:37,366

when determining whether someone is a

close contact during case investigation

663

00:45:37,366 --> 00:45:38,486

and contact tracing.

664

00:45:40,316 --> 00:45:40,656

>> Thank you.

665

00:45:40,656 --> 00:45:42,776

All right, fourth question.

666

00:45:42,776 --> 00:45:46,376

If I received the COVID-19

vaccine, should I quarantine

667

00:45:46,376 --> 00:45:48,876

after being exposed to someone with COVID-19?

668

00:45:49,396 --> 00:45:50,196

>> Oh, this is great.

669

00:45:50,196 --> 00:45:55,256

And we are really promoting

vaccination among everyone.

670

00:45:55,256 --> 00:46:02,266

And so when you are vaccinated, based on what

we know right now, if you are fully vaccinated,

671

00:46:02,266 --> 00:46:06,896

have been exposed to someone with suspected

or confirmed COVID-19, you do not --

672

00:46:07,436 --> 00:46:13,976

you're not required to get tested or quarantine

as long as you don't have any symptoms.

673

00:46:13,976 --> 00:46:18,466

And you are considered fully

vaccinated if you have --

674

00:46:19,176 --> 00:46:24,386

or if two weeks have passed since your

second dose in a two-dose vaccine series,

675

00:46:24,386 --> 00:46:29,066

such as the Pfizer or Moderna

vaccines, or two weeks have passed

676

00:46:29,066 --> 00:46:34,406

since a single-dose vaccine series such as

the Johnson and Johnson Janssen vaccine.

677

00:46:34,406 --> 00:46:38,906

So if you don't meet these requirements,

then you're not considered fully vaccinated

678

00:46:38,906 --> 00:46:43,786

and you would need to continue to take

all precautions regarding quarantine.

679

00:46:43,786 --> 00:46:49,156

And you would be asked to quarantine

if you were considered a close contact.

680

00:46:49,156 --> 00:46:53,276

The quarantine recommendations for people

who've been fully vaccinated are in line

681

00:46:53,276 --> 00:46:57,866

with the quarantine recommendations for those

who have tested positive for COVID-19 also,

682

00:46:57,866 --> 00:47:03,566

who have been diagnosed with COVID-19 in the

past and have recovered and remain symptom free.

683

00:47:03,566 --> 00:47:04,476

Next question.

684

00:47:04,476 --> 00:47:04,676

>> All right.

685

00:47:04,676 --> 00:47:04,946

Let's see.

686

00:47:04,946 --> 00:47:11,566

I have been vaccinated, do I still need to

participate in contact tracing and quarantine

687

00:47:11,566 --> 00:47:15,336

for COVID-19 to find the close contacts?

688

00:47:15,336 --> 00:47:16,406

>> Yes. Okay.

689

00:47:16,406 --> 00:47:21,976

So this was very similar to the

question that we had just before.

690

00:47:21,976 --> 00:47:25,746

But what we encourage folks

to do is we do recognize

691

00:47:25,786 --> 00:47:28,336

that you may be contacted

by the health department.

692

00:47:28,336 --> 00:47:32,156

And we do ask that you still

participate, meaning answer the call.

693

00:47:32,156 --> 00:47:35,256

Let the case investigator or contact tracer know

694

00:47:35,256 --> 00:47:40,376

that you have been previously

investigated -- previously vaccinated.

695

00:47:40,376 --> 00:47:44,066

So the health department may still call you,

because they don't have the vaccine records.

696

00:47:44,066 --> 00:47:48,966

And they may still call you to conduct contact

tracing, even if you've been fully vaccinated.

697

00:47:48,966 --> 00:47:52,516

And in general, contact tracing,

again, involves identifying people

698

00:47:52,516 --> 00:47:58,076

who have had an infectious disease

exposure, and to identify people

699

00:47:58,076 --> 00:48:03,466

that they have potentially been -- and to

let them know of that potential exposure.

700

00:48:03,466 --> 00:48:07,836

So you would not be required to quarantine,

but we do ask that you still participate

701

00:48:07,836 --> 00:48:10,356

and answer the call from the health department.

702

00:48:10,356 --> 00:48:15,456

It helps them very much to close that

link and that loop and let you know

703

00:48:15,456 --> 00:48:19,976

of any additional information that may be

important in that particular situation.

704

00:48:23,046 --> 00:48:23,676

>> Thank you so much.

705

00:48:23,676 --> 00:48:25,436

Okay, one more question for you.

706

00:48:25,436 --> 00:48:25,826

>> Sure.

707

00:48:25,826 --> 00:48:27,656

>> I'm going to jump to the last one.

708

00:48:27,656 --> 00:48:27,896

>> Okay.

709

00:48:27,896 --> 00:48:31,606

>> Which is, how should the effectiveness

of contact tracing programs be measured?

710

00:48:32,156 --> 00:48:39,036

>> Sure. So I presented some of this data from

a recent analysis that we published in January.

711

00:48:39,036 --> 00:48:42,796

The way that we evaluate contact tracing

is we look at the number of cases

712

00:48:42,796 --> 00:48:48,136

that are investigated, the number of contacts

named, the number of contacts notified

713

00:48:48,136 --> 00:48:50,566

and the number of contacts monitor.

714

00:48:50,566 --> 00:48:53,116

And in addition to that, we

also look at the timeliness.

715

00:48:53,116 --> 00:48:57,956

So the time from laboratory

specimen collection to a reporting

716

00:48:57,956 --> 00:49:00,026

of a positive case to the health department.

717

00:49:00,576 --> 00:49:05,206

Also we look at the time that elapses from

the case report to the case interview,

718

00:49:05,206 --> 00:49:08,896

and the time from case interview

to the notification of contacts.

719

00:49:08,896 --> 00:49:15,186

Ideally, we want to see a high number of cases

investigated, a high number of contacts named,

720

00:49:15,326 --> 00:49:20,006

a high number of contacts notified,

and then also a high number

721

00:49:20,006 --> 00:49:22,526

of contacts that have been monitored.

722

00:49:22,526 --> 00:49:27,596

And alongside that, we want to see

that all of these activities --

723

00:49:27,806 --> 00:49:32,866

identify investigation of cases,

naming contacts, notifying contacts --

724

00:49:32,866 --> 00:49:34,626

happen within a very short window.

725

00:49:34,626 --> 00:49:39,216

You may remember that I mentioned a six-day

window being critical for the effectiveness

726

00:49:39,216 --> 00:49:42,576

and timeliness of case investigation

and contact tracing.

727

00:49:44,136 --> 00:49:45,536

>> Thank you so much, Dr. Taylor.

728

00:49:45,536 --> 00:49:46,806

>> You're so welcome.

729

00:49:46,806 --> 00:49:47,626

So welcome.

730

00:49:47,826 --> 00:49:48,186

Pleasure.

731

00:49:48,186 --> 00:49:49,146

>> Thank you for your time.

732

00:49:49,146 --> 00:49:49,646

All right.

733

00:49:49,646 --> 00:49:51,886

I'm going to turn it over to

Dr. Bernstein to wrap this up.

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00:49:51,886 --> 00:49:56,976

First question for you is, are air purifiers

still recommended if you're fully vaccinated?

735

00:49:58,056 --> 00:49:59,036

>> Thanks for the question.

736

00:49:59,036 --> 00:50:05,976

Yes, so CDC continues to recommend a layered

approach to reduce exposures to SARS-CoV-2.

737

00:50:05,976 --> 00:50:11,036

And this includes improvements to building

ventilation, combined with other strategies,

738

00:50:11,036 --> 00:50:16,666

things like hand washing and physical

distancing, using masks and being vaccinated.

739

00:50:16,666 --> 00:50:20,016

And all these things together are going

to be utilized to reduce the spread

740

00:50:20,016 --> 00:50:22,936

of disease and lower the risk of exposure.

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00:50:23,386 --> 00:50:26,876

We know that SARS-CoV-2 viral particles spread

742

00:50:26,876 --> 00:50:30,096

between people more readily

indoors than outdoors.

743

00:50:30,616 --> 00:50:35,626

And indoors, the concentration of these viral

particles is often higher than outdoors,

744

00:50:35,926 --> 00:50:39,726

even when there's a light wind, which

can rapidly reduce concentrations.

745

00:50:40,456 --> 00:50:45,216

So when indoors, ventilation mitigation

strategies can really help reduce viral

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00:50:45,216 --> 00:50:46,676

particle concentration.

747

00:50:46,996 --> 00:50:51,606

The lower the concentration, the less

likely these viral particles can be inhaled

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00:50:51,606 --> 00:50:56,006

into the lungs, or potentially

lowering the inhaled dose,

749

00:50:56,066 --> 00:50:59,716

and also reducing your contact

with your eyes, nose and mouth.

750

00:51:00,406 --> 00:51:02,586

So protective ventilation practices

751

00:51:02,586 --> 00:51:06,256

and interventions can help

reduce airborne concentrations

752

00:51:06,396 --> 00:51:09,976

and in turn reduce overall viral

dose to the folks who are occupants.

753

00:51:12,226 --> 00:51:13,666

>> Excellent, thank you.

754

00:51:13,666 --> 00:51:16,286

All right, here's a good one.

755

00:51:16,286 --> 00:51:20,976

Do CDC guidelines supersedes state guidelines

regarding travel or any other guidelines?

756

00:51:23,046 --> 00:51:24,236

>> Thanks for that question.

757

00:51:24,236 --> 00:51:28,266

So some states and local authorities

may issue their own recommendations

758

00:51:28,266 --> 00:51:30,956

or requirements for these jurisdictions.

759

00:51:30,956 --> 00:51:34,816

And CDC recommends that you

always follow your state, local,

760

00:51:34,816 --> 00:51:37,976

tribal or territorial guidelines

and requirements.

761

00:51:41,336 --> 00:51:42,926

>> That makes sense.

762

00:51:43,086 --> 00:51:47,436

All right, which kind of masks do you recommend

for vaccinated and not vaccinated people?

763

00:51:47,436 --> 00:51:48,906

Do we need a new type of mask?

764

00:51:50,046 --> 00:51:55,796

>> So we know that correct and consistent use of

masks is a critical step that everyone can take

765

00:51:55,796 --> 00:52:01,536

to prevent getting and spreading COVID-19,

for both vaccinated and unvaccinated people.

766

00:52:02,026 --> 00:52:05,386

We also know that masks work

best when everyone wears them,

767

00:52:05,386 --> 00:52:08,556

but we know that not all masks

provide the same protection.

768

00:52:08,946 --> 00:52:12,366

So there's a few important things

to consider when wearing a mask.

769

00:52:12,616 --> 00:52:17,656

One of the most important is making sure

your mask fits snugly around your face.

770

00:52:18,016 --> 00:52:21,886

So we recommend that you

choose a mask with a nose wire,

771

00:52:22,216 --> 00:52:27,096

you use a mask brace or fitter

to help improve fit.

772

00:52:27,096 --> 00:52:32,546

And you want to make sure that your mask is

fitting snugly over your nose, mouth and chin.

773

00:52:33,716 --> 00:52:39,616

We also want to make sure that folks pick a mask

with layers to keep your respiratory droplets in

774

00:52:39,616 --> 00:52:43,116

and other people's respiratory droplets out.

775

00:52:43,536 --> 00:52:46,336

There are a couple of options

when it comes to layering.

776

00:52:46,526 --> 00:52:50,976

So you can use a cloth mask that

has multiple layers of fabric,

777

00:52:51,316 --> 00:52:55,156

or you can wear a disposable

mask underneath a cloth mask.

778

00:52:55,426 --> 00:53:01,506

For persons with facial hair, CDC

recommends you can either shave your beard.

779

00:53:01,636 --> 00:53:04,176

If you're not willing to shave your beard,

780

00:53:04,176 --> 00:53:07,936

you can trim your beard so

that it's close to your face.

781

00:53:07,936 --> 00:53:12,676

Using a mask fitter or brace can help

improve fit for those who have beards.

782

00:53:13,226 --> 00:53:16,986

And wearing one disposable

mask underneath a cloth mask

783

00:53:16,986 --> 00:53:19,586

that has multiple layers

of fabric can be helpful.

784

00:53:19,616 --> 00:53:25,316

That second mask should push the edges of the

inner mask snugly against the face and beard.

785

00:53:26,326 --> 00:53:30,476

Masks that are specifically designed for

people with beards are being evaluated

786

00:53:30,476 --> 00:53:32,976

and information will be provided

when it becomes available.

787

00:53:36,056 --> 00:53:37,276

>> Thank you so much Dr. Bernstein.

788

00:53:37,276 --> 00:53:43,976

Okay, I'm going to jump down given

our time and ask your question.

789

00:53:43,976 --> 00:53:46,976

When should vaccinated people

be tested for COVID-19?

790

00:53:49,046 --> 00:53:52,346

>> While many of the test guidance

for vaccinated persons have changed,

791

00:53:52,346 --> 00:53:55,476

there are still several scenarios

where testing may be required.

792

00:53:56,316 --> 00:54:02,076

So if you have symptoms of COVID-19, you should

get tested and stay home and away from others.

793

00:54:02,966 --> 00:54:05,826

Some workplaces have routine

testing requirements

794

00:54:05,826 --> 00:54:09,046

for both vaccinated and unvaccinated persons.

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00:54:09,046 --> 00:54:13,686

And you'll still need to follow that

guidance and requirements for your workplace.

796

00:54:14,056 --> 00:54:17,986

Additionally, fully vaccinated

international travelers who are arriving

797

00:54:17,986 --> 00:54:23,426

in the United States are still required to

get tested within three days of their flight,

798

00:54:23,426 --> 00:54:27,876

and should still get tested three

to five days after their trip.

799

00:54:28,176 --> 00:54:32,246

International travel still

poses additional risks.

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00:54:32,486 --> 00:54:36,326

International travel may introduce new

variants, and there are differences

801

00:54:36,326 --> 00:54:41,086

in globally available vaccines and

vaccine coverage in different countries.

802

00:54:41,526 --> 00:54:45,036

So testing for international

travelers provides an additional layer

803

00:54:45,036 --> 00:54:48,666

of protection while still

lifting the burden of quarantine.

804

00:54:49,246 --> 00:54:54,546

There is an extra layer of protection while

vaccinated, and types of vaccines vary

805

00:54:54,546 --> 00:54:57,976

around the world, and to help limit the

introduction and spread of variants.

806

00:55:01,046 --> 00:55:01,226

>> Thank you.

807

00:55:01,226 --> 00:55:04,396

Okay. And on a related note,

the very last question.

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00:55:04,396 --> 00:55:08,736

If a person travels from one city to

another within their state by car,

809

00:55:09,096 --> 00:55:10,926

is that deemed to be domestic travel?

810

00:55:12,046 --> 00:55:13,046

>> That's a great question.

811

00:55:13,046 --> 00:55:20,136

Yes, so according to CDC, we define travel that

includes the movement of people and disease

812

00:55:20,136 --> 00:55:26,016

from one area to another and increases a

person's risk of getting and spreading COVID-19.

813

00:55:26,626 --> 00:55:30,736

So travel guidance requires careful

consideration to protect travelers

814

00:55:30,736 --> 00:55:34,766

and communities where travelers

are going and returning.

815

00:55:34,806 --> 00:55:38,416

So we are still in a critical

time of this pandemic and need

816

00:55:38,416 --> 00:55:42,396

to carefully consider our

approaches to lifting restrictions,

817

00:55:42,396 --> 00:55:44,766

especially while many people

remain unvaccinated.

818

00:55:47,066 --> 00:55:50,096

>> Thank you so much, Dr. Bernstein.

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00:55:50,096 --> 00:55:52,216

I really appreciate your time.

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00:55:52,216 --> 00:55:56,026

And to all our speakers today,

what a fantastic presentation.

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00:55:56,026 --> 00:55:57,496

Thank you, Dr. Taylor as well.

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00:55:57,496 --> 00:55:59,766

This concludes today's discussion.

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00:55:59,836 --> 00:56:02,186

So thanks everyone for joining our call today.

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00:56:02,186 --> 00:56:06,496

A recording will be posted on our

brand new weekly partner COVID page,

825

00:56:06,496 --> 00:56:09,126

where you can subscribe to

future calls and find recordings

826

00:56:09,126 --> 00:56:11,466

and information about previous webinars.

827

00:56:11,526 --> 00:56:15,786

The link is listed on the slide, or feel

free to click the link in the chat box.

828

00:56:15,786 --> 00:56:18,936

Our next call will take place

next week Monday, April 19th.

829

00:56:18,936 --> 00:56:22,436

The title is When to Clean, When to Disinfect

830

00:56:22,436 --> 00:56:25,846

and What Science says about

SARS-CoV-2 on Surfaces.

831

00:56:25,846 --> 00:56:31,246

Until next time, wear a mask, stay six feet

apart, avoid crowds and get that vaccine.

832

00:56:31,246 --> 00:56:31,976

Thanks so much, everyone.