Coronavirus Disease 2019 (COVID-19)

CDC COVID-19 Partner Update Call: Vaccinate Update in the Fight Against COVID-19

Monday, October 4, 3PM EDT

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>> Hello, everyone.

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My name is Tochukwu Igbo, and I would like to welcome you

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

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

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and guidance and to answer questions submitted by participants.

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On today's call, we will share information on vaccine update in the fight against COVID-19.

First, we will hear from the Deputy Chief Medical Officer, CDC's COVID-19 Emergency Response, who will describe where we are with the response and give us insight into recent scientific findings.

Then we will hear from the vaccine taskforce co-lead who will be sharing information on the vaccine as we work through the ever-evolving COVID-19 pandemic.

Afterwards, our speakers will answer questions we've received over the last week via email.
If you experience technical difficulties or otherwise would like to review today's call,
you could find the recording on cdc.gov and YouTube in 8 to 10 days.

All past partner calls can be found there, so please take time to review and share prior recordings.

For more information about these webinars, visit our COVID-19 partner calls web page where you can register for future partner calls and see recordings of previous webinars.
If this is your first webinar with us, welcome.

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

Please note this call is not intended for media, although we welcome the media who may be here today.

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

Again, that's media@cdc.gov.

Next slide, please.

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

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

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Here are some highlights; we'll be providing links to these in the chat as well.

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First, the COVID Data Tracker Weekly Review.

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This webpage and newsletter highlights key data from CDC's COVID Data Tracker, narrative interpretation of the data and visualizations from the week.

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As highlighted in the name, the review is updated weekly and summarizes important trends in the pandemic and brings together CDC data and reporting in centralized location.

It represents the extensive data that CDC uses to track the pandemic on a daily basis, specific information that can be found via the COVID Data Tracker Weekly Review; includes state and territory data; and variants, reported cases, testing, vaccinations, hospitalizations and deaths.

Second, studies show that after getting vaccinated against COVID-19 protection
against the virus may decrease over time and be less able to protect against the Delta variant.

Although COVID-19 vaccination for adults age 65 years and older remains effective in preventing severe disease, recent data suggests vaccination is less effective at preventing infection. Recent data also shows that among healthcare other frontline workers, vaccine effectiveness against COVID-19 infections is decreasing over time.
This lower effectiveness is likely due to the combination of decreasing protection as time passes since getting vaccinated, example of waning immunity,
as well as the great infectiousness of the Delta variant.

Vaccines are now widely available. In most cases, you do not need -- you do need an appointment. Do not wait for a specific brand. Learn how to find a COVID-19 vaccine so you can get it as soon as you can.
All currently authorized and recommended COVID-19 vaccines are safe.

They are effective and reduce your risk of severe illness.

CDC does not recommend one vaccine over another.

People with moderately to severely compromised immune systems should receive an additional dose of mRNA COVID-19 vaccine after the initial two doses.

With that said, now I'm going to turn it over to Dr. Cope with some general COVID-19 updates.

Dr. Cope.
Thank you, Igbo, and welcome to everyone joining us today.

I'm Dr. Jennifer Cope.

And, as mentioned, I am the Deputy Chief Medical Officer for CDC’s COVID-19 Emergency Response.

Today I'd like to provide a brief situational update and then review some of the latest scientific reports from CDC.

So, for the numbers, we have some good news.

We've been seeing a consistent decline in cases over the past several weeks.
Deaths usually lag behind case counts, but we are now seeing a decrease in deaths as well.

As of October 3, compared to the last week, this week, the seven day average number of cases decreased by 10% to approximately 103,000 cases per day.

And the seven day average number of deaths decreased by 2% to about 1500 per day.

Decreasing numbers suggests that the increase in vaccinations as well as community mitigation activities such as masks, physical distancing and avoiding crowds
and poorly ventilated indoor spaces have contributed to the decrease in the spread of COVID-19.

On the far right of the slide, we have our vaccine vaccination numbers. We see that over 395 million COVID-19 vaccine doses have been administered in the United States. Overall, almost 65% of all Americans have received at least one vaccine dose, and almost 56% of Americans are fully vaccinated.
Widespread vaccination is a critical tool to reduce the risk of hospitalization due to COVID-19.

We encourage you to visit CDC's COVID-19 Data Tracker for the latest COVID-19 statistics and key indicators from CDC.

New this week, I'd like to share some recent work from three reports that were early releases in CDC's Morbidity and Mortality Weekly Report or MMWR on September 17.
To read the full reports, you will see links in the chat, or please visit cdc.gov.

First, I'd like to mention a report called Comparative Effectiveness of Moderna, Pfizer and Johnson & Johnson vaccines in preventing COVID-19 Hospitalizations Among Adults Without Immunocompromising Conditions.

Two two-dose mRNA COVID-19 vaccines from Pfizer and Moderna and a one dose viral vector vaccine from Johnson & Johnson are currently used in the United States.

Among US adults without immunocompromising
conditions, vaccine effectiveness

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against COVID-19 hospitalization during
March 11 through August 15, 2021,

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was highest for the Moderna vaccine at
93%, followed by the Pfizer vaccine at 88%

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and the Johnson & Johnson vaccine at 71%.

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Although these real-world data suggests some
variation in levels of protection by vaccine,

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00:08:08,216 --> 00:08:14,556
all FDA approved or authorized COVID-19
vaccines provide substantial protection

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against COVID-19 hospitalization.

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Next, we have a report called COVID-19 Related School Closures and Learning Modality Changes, United States, August through September 2021.

Beginning in January 2021, the US government prioritized ensuring continuity of learning for all students during the COVID-19 pandemic.

To gather information about the status of school operations, federal public health and education agencies used statistical model information and systematic internet searches.
to identify districts and schools most affected by COVID-19 related disruptions.

The findings of this report showed that most, actually, 96% of public and private schools have remained open for full in-person learning during this time period.

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Finally, CDC released a report called Safety Monitoring of an Additional Dose of COVID-19 Vaccine, United States, August 12 through September 19, 2021.

In this report among 306 Pfizer clinical trial participants,
adverse reactions after dose three were similar to those after dose two.

During August 12 through September 19, among 12,591 v-safe registrants who completed a health check-in survey after all three doses of an mRNA COVID-19 vaccine, 79.4% and 74.1% reported local or systemic reaction respectively after the third dose; 77.6% and 76.5% reported local or systemic reactions after the second dose respectively.

Voluntary reports to v-safe found no unexpected patterns of adverse reactions.
after an additional dose of COVID-19 vaccine.

CDC will continue to monitor vaccine safety including for the additional COVID-19 vaccine doses.

With that, it is now my pleasure to hand over the call to my esteemed colleague, co-lead for CDC's Vaccine Task Force, Dr. Jennifer Layden.

>> Apologies.

Sorry. One minute.

One technical difficulty.
As we're waiting for Dr. Layden, if the poll is still open, folks are still welcome to fill out the poll.

Apologies, everyone.

Just a few moments as we sort out a technical difficulty.

Okay. Sorry about that.

Apologies for that.

I had a technical glitch on my computer and lost access to a couple things.
Hi, everyone.

Good afternoon.

My name is Dr. Jennifer Layden, and I serve as the co-lead for CDC's Vaccine Task Force.

I'm happy to be here today with you all, and thank you for attending this presentation.

I'm here today to provide an update on our work and to review CDC's new recommendations on COVID-19 vaccine boosters.

Next slide, please.
The Advisory Committee on Immunization Practices, often referred to as ACIP, and CDC have endorsed the guiding principles of efficient distribution, as well as jurisdictional flexibility for the COVID-19 vaccination program.

During a pandemic, efficient, expeditious and equitable distribution and administration of approved vaccine is critical.

And, within national guidelines, state and local jurisdictions should have the flexibility to administer a vaccine based on
local epidemiology and demand.

Next. As of October 3, 2021, the US has administered nearly 396 million doses of COVID-19 vaccines; 65% of the population has received at least one dose of the vaccine, and 56% are fully vaccinated.

This effort has been possible due to collective and coordinated action from state and local and federal jurisdictions as well as private partners.

Currently, there are three vaccines that have been approved or authorized
by the Federal Drug Administration or FDA.

Pfizer-BioNTech is approved for people who are aged 16 years and older and authorized for people aged 12 to 15 years old.

Moderna is authorized for people aged 18 years and older.

And, finally, the Johnson & Johnson or Janssen vaccine is authorized for people aged 18 years and older.

These three vaccines were tested in diverse populations, adult populations,
including minorities and older adults.

All the available vaccines have been proven effective at preventing serious illness, hospitalizations and death from COVID-19 disease.

Hundreds of millions of people in the US have received COVID-19 vaccines under the most intense safety monitoring process in US history.

All COVID-19 vaccines used in the US were carefully evaluated in clinical trials and authorized or approved because the benefits outweigh the risks.
COVID-19 vaccines are being held to the same safety standards as other routine vaccines.

Several experts in independent groups evaluate the safety of vaccines before being given to people in the United States.

And before any vaccine received authorization or approval,

the FDA carefully reviewed all the safety data from clinical trials.

Then the Advisory Committee on Immunization Practices, or ACIP, which is an independent body
of experts, reviews all safety data before recommending use.

FDA and ACIP have qualified scientific and clinical experts with minimal conflicts of interest reviewing all the data.

After any vaccines are authorized and in use, both FDA and CDC continue to monitor their surveillance -- their safety.

There are safe -- surveillance systems in place that can rapidly detect possible vaccine safety problems.
One of them is called the CDC v-safe program.

It's a smartphone-based after vaccination health checker for people who receive COVID-19 vaccines.

There's also the Vaccine Adverse Event Reporting System known as VAERS, which is the national system that collects reports from healthcare professionals, vaccine manufacturers and the public on adverse events that happen after vaccination.

There's also collected reports of adverse events that are unexpected, appear to happen more often
than expected or have unusual patterns.

These are then followed up with specific studies.

Next, I'd like to talk a bit more about how we're ensuring efficient, expeditious and equitable distribution and administration of vaccines.

Strategic partnerships have been critical to the success of getting vaccines in the arms this past year.

Just to highlight a couple of examples,
one is something called the Federal Retail Pharmacy Program or FRPP.

This program is a public private partnership that involves 21 national pharmacy partners and a network of independent pharmacies, representing over 40,000 retail and long-term care pharmacy locations nationwide.

Additionally, we've worked closely with FQHC to ensure that our nation's underserved communities and those populations disproportionately affected.
by COVID-19 are equitably vaccinated against COVID-19.

The HRSA or Health Resources and Services Administration and CDC launched a program that directly allocated a limited supply of the vaccine to select HRSA-funded health centers.

As vaccine supply has increased, distribution and administration sites expanded with a focus on ensuring equity as well as increasing access given many available options to the US population.
Today, vaccine sites include pharmacies, doctor's office, LTC providers, as well as options for homebound populations in other settings to get the vaccine.

The federal government is committed to ensuring that residents and staff in long-term care settings such as nursing homes, assisted living, residential care communities, group homes and senior housing have access to COVID-19 vaccines to receive both the primary series as well as booster doses.
a lot to prepare their sites

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and have strategic partnerships in place to access COVID-19 vaccine.

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We've encouraged long-term care providers to consider what option,

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either clinics within their settings or locations outside of their facility,

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would work best for their residents and staff to coordinate access

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to the COVID-19 vaccines and boosters.

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CDC is making sure that everyone who needs support will receive it
to ensure individuals receive the booster doses when it is recommended for them.

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CDC also supports health department's with implementation and technical assistance.

Much of the technical assistance is provided by our regional teams that provide a single point of contact for jurisdictions.

CDC provides a range of clinical support.

We develop clinical considerations and address topics from managing anaphylaxis.
to vaccinating homebound persons.

We have developed training and resources to support healthcare professional

and vaccine storage, handling, preparation and administration.

We also respond to clinical inquiries and staff a call center with provider questions.

CDC also helps health departments and providers tracking COVID-19 vaccine distribution

and administration activities through existing IT systems, together with those newly developed

to support COVID-19 vaccine tracking,
allowing for reliable rapid data collection used to inform decision-making.

Lastly, we have a Vaccinate With Confidence Team, which provides a range of support to health departments as we work together to build trust in the vaccine, the vaccinator and the vaccination system.

We have developed communication toolkits to promote vaccine confidence among various audience like essential workers.
We provide confidence consults to jurisdictions to help troubleshoot with vaccine confidence issues.

We have developed a rapid community assessment guidance to diagnose and address vaccine confidence barriers amongst specific populations, to just name a few.

We've come a long way and have great momentum, but we still have much work to do.

Looking ahead, our COVID-19 vaccine implementation efforts are focused on continued efforts to conduct surveillance for variant viruses; continued studies to look at
and examine vaccine effectiveness;
expansion of vaccine eligible populations;

continuing to combat vaccine hesitancy;
and continuing to focus on vaccine equity.

Next, I'm going to provide an update and
share CDC's current vaccine recommendations

for both primary series as well
as additional doses for people

who are severely immunocompromised, as well as
the recommendations regarding booster doses.

Currently, COVID-19 vaccine is recommended
for everyone ages 12 years of age and older
in the United States for
the prevention of COVID-19.

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Next slide, please.

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We want to make sure we have the time
to highlight primary series vaccine --

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vaccination for pregnant and lactating
people, as COVID-19 vaccinations remains low

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in this group, CDC strongly recommends COVID-19
vaccination either before or during pregnancy

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because the benefits of vaccination
outweigh known or potential risks.

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Pregnant and recently pregnant people
with COVID-19 are at increased risk
for severe illness, death
and pregnancy complications.

As of September 27, 2021, more than 125,000
laboratory confirmed COVID-19 cases have been
reported in pregnant people, including more
than 22,000 hospitalized cases and 161 deaths.

CDC's recommendations align with those
from other professional medical
organizations serving people who are pregnant,
including the American College of
Obstetricians and Gynecologists as well
as the Society for Maternal and Fetal Medicine.
Accumulating data provide evidence of both the safety as well as the effectiveness of COVID-19 vaccination in pregnancies.

CDC also recommends that people with moderately to severely compromised immune systems receive an additional dose of mRNA COVID-19 vaccine at least 28 days after a second dose of either Pfizer or Moderna mRNA COVID-19 vaccine.

Before I move to the booster recommendations, I want to emphasize as CDC and ACIP have, the populations most vulnerable to
COVID-19 are those that are unvaccinated,

and the nation's priorities should remain getting everyone fully vaccinated

The COVID-19 vaccines approved and authorized in the United States continue to be effective in reducing risk of severe disease, hospitalization and death,

Nearly all the cases of severe disease, hospitalization and death from COVID-19 continue
to occur among those not yet vaccinated.

Data shows hospitalization rates are 10 to 22 times higher among unvaccinated compared to vaccinated adults.

Now on to booster recommendations.

On September 22, CDC's Advisory Committee on Immunization Practices met on the 22nd as well as the 23rd and carefully examined the latest data around vaccine effectiveness.

This is followed by a robust and deliberative discussion around booster shots.
Studies show that getting vaccinated against COVID-19,

protection against the virus may decrease over time and be less able to be protective against the Delta variant.

Although COVID-19 vaccination for adults aged 65 years and older remain effective in preventing severe disease, recent data does suggest that vaccinations less effective and in preventing infection from mild illness with symptoms.

Emerging evidence also shows that, among healthcare and other frontline workers,
the vaccine effectiveness against COVID-19 infection is decreasing over time.

This lower effectiveness is likely due to the combination of decreasing protection as time passes since getting vaccinated, often referred to as waning immunity,

as well as the greater infectiousness of the Delta variant.

On September 23, ACIP recommended certain populations receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least six months after the completion
of the Pfizer vaccine primary series.

In addition, the CDC Director recommended a booster shot for those in high risk occupational institutional settings.

It's important to note that ACIP and CDC's recommendations are bound by what FDA authorization allows.

At this time, the FDA's Pfizer booster authorization only applies to those select populations who received the Pfizer vaccine as their primary series.
People in the recommended age group who received the Moderna or J&J Janssen vaccines will likely need a booster shot, and more data on the effectiveness and safety of these booster shots are expected in the coming weeks.

ACIP will continue to meet to evaluate new data and may recommend booster shots for other populations and vaccine recipients soon.

Next, I'd like to summarize the recommendations regarding the booster dose.
People age 65 years and older, adults 50 to 64 years with underlying medical conditions and residents in long-term care settings should receive a booster shot of Pfizer COVID-19 vaccine at least six months after their Pfizer primary series.

The risk of severe illness from COVID-19 increases with age and can also increase for adults with certain underlying medical conditions.

Therefore, CDC recommends that individuals 50 to 64 with underlying medical conditions receive a Pfizer booster shot.
Because residents in long-term care settings live closely together in group settings and are often older adults or have underlying medical conditions, they're at increased risk of infection and severe illness from COVID-19.

People aged 18 to 49 who are at high risk for severe COVID-19 due to certain underlying medical conditions may receive a booster shots of Pfizer COVID-19 vaccine at least six months after their primary series,
their Pfizer primary series based on their individual benefit and risk.

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In people aged 18 to 64 who are at increased risk for COVID-19 exposure and transmission

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because of either occupational or institutional settings may receive a booster shot

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of Pfizer COVID-19 vaccine at least six months after their Pfizer primary series,

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based on their individual benefits and risks.

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COVID-19 vaccine effectiveness against severe disease remains high

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for healthcare personnel and other essential workers.
Those with even mild illness often cannot work.

In addition, some individuals may care for or live with other at-risk people, such as immunocompromised population. And others may live in congregate settings such as homeless shelters or correctional facilities where there is a higher risk for transmission. Occupations at increased risk include the types of frontline essential workers and healthcare workers listed here.
I'd also like to note that the definition of fully vaccinated does not change with these booster recommendations.

For public health purposes, people who have completed a primary series are considered fully vaccinated greater than or equal to two weeks after completion of the primary series.

This applies to all people including those who received an additional booster as recommended for moderate Ro severe immunocompromised people NS those who receive a booster shot.
Next, a few quick updates as we enter potential flu season as well.

While it is uncertain what will happen this flu season,

CDC is preparing for a seasonal flu virus to spread this fall and winter.

Reduced population immunity due to the lack of flu activity since March 2020 could result in a severe flu season.

Also, if there's flu and COVID-19 at the same time,
along with other potential serious respiratory viruses like RSV,

356
00:30:27,996 --> 00:30:31,856
this could place a renewed high burden on the healthcare system.

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During 2019 to 2020, nearly 200 children in the United States died from flu.

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About 80% of those children were not vaccinated against the flu virus.

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Certain racial and ethnic minority groups are at higher risk for developing severe illness,

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resulting in hospitalization, intensive care admission or in-hospital death.

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Flu vaccine -- vaccination is especially important
for these individuals and in these communities.

CDC recommends that all people six months in age and older get vaccinated against the flu by the end of October ideally.

However, vaccination should continue throughout the flu season, even into January or later.

Few additional notes I wanted to highlight regarding the timing of flu vaccination.

Children should be vaccinated for flu as soon as the vaccine is available.

Early flu vaccination can also
be considered for people who are

369
00:31:35,066 --> 00:31:37,876
in their third trimester of pregnancy.

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00:31:43,706 --> 00:31:47,076
We also wanted to make some
comments regarding coadministration

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00:31:47,076 --> 00:31:49,116
of flu and COVID-19 vaccination.

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00:31:51,216 --> 00:31:56,886
COVID-19 vaccine may be given with
other vaccines without regard to timing.

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00:31:57,056 --> 00:32:02,186
This includes administration of COVID-19 and
other vaccinations -- vaccines on the same day.

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00:32:02,546 --> 00:32:06,936
But limited data exists on getting
COVID-19 vaccines with other vaccines,
including flu vaccines, experience with giving other vaccines together has shown the way our bodies develop protection; and possible side effects are generally similar,

whether vaccines are given alone or with other vaccines.

Given all vaccines for which a person is eligible at the same visit is considered a best practice, as it increases the probability or chance that people will be up to date on recommended vaccines.

It also is an important part of immunization practice,
especially if a healthcare provider is uncertain

that a patient will return for additional doses of vaccine.

More information on the flu season as well as coadministration of vaccines can be found on our website, which are listed here.

A plug for our COVID-19 vaccines web page with key things to know regarding your vaccination.

This resource on the webpage has numerous useful information as well as information

about the fully vaccinated and booster shots
as well as links to vaccine finder websites.

Next slide, please.

>> Thank you, Dr. Layden; thank you, Dr. Cope, for all the information.

Let's see.

We're now in the Q&A portion or questions and answer portion.

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

We received many excellent questions, and we'll try to get to as many as we can today.
Dr. Layden, if I -- permit me to start with you.

The first question, we received several questions about when people who have had Moderna or Johnson & Johnson vaccine and are recommended for booster shots can get their booster.

What should they do or expect?

>> So there currently is for individuals who received Moderna or J&J vaccine,

there's continued effort to review the safety and effectiveness to approve booster shots for those that received those.
In coming weeks, we anticipate FDA to meet and then ACIP to meet, discuss recommendations and regulatory approval for potential boosters.

>> Thank you for that.

Let's see.

Another question.

A few other questions have been about natural immunity from having COVID-19 versus vaccine immunity.

Could you discuss if you please what we
know about the effectiveness and waning

00:35:10,046 --> 00:35:14,266
of both natural immunity
versus vaccine immunity.

00:35:18,246 --> 00:35:20,646
>> Sure. Do you want me to take that question?

00:35:20,646 --> 00:35:21,016
>> Sure.

00:35:21,536 --> 00:35:26,716
>> Start with it and Dr. Cope
can chime in if anything else.

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So we know that getting COVID-19 vaccine
may offer some natural protection,

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often referred to as immunity.

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Current evidence suggests that reinfection
with a virus that causes COVID-19 is uncommon,

especially in that first 19 days after initial infection.

However, experts don't yet know for sure how long the protection last.

Vaccination helps protect you even if you've already had COVID-19 vaccination.

So the recommendation is, even if you have had COVID-19, that you should still get vaccinated.

Evidence is emerging that people get better protection by being fully vaccinated compared

with having had COVID-19 infection alone.
>> Thank you.

And let me move on to another question.

Many restaurants are requiring vaccinations and boosters for their staff to maintain a safe environment for both employees and guests.

Is CDC including restaurant workers as individuals at increased risk for COVID-19 exposure and transmission and are making them eligible for boosters or not?

>> So the list that was provided a few slides back regarding occupational risk is not meant
It's meant to provide the starting framework for occupations where it's known that there's a high risk of transmission as well as a risk for exposure. Individuals who are concerned about their potential risk, it is encouraged and recommended that they talk to a provider to discuss the benefit and risk of receiving a booster. We also got a few questions about the safety of the COVID-19 vaccine for pregnant people and including safety for the baby or fetus.
Can you speak a bit more about the vaccine safety and protection for these groups?

>> Yeah, absolutely.

Thanks for that important question.

As I mentioned during the presentation,

CDC does strongly recommend COVID-19 vaccination either before or during pregnancy

because the benefits of vaccination outweigh the potential or known risks.

We do know that pregnant and recently pregnant people are at increased risk, unfortunately,
for severe illness or death for pregnancy related complications.

There continues to be effort to evaluate the safety.

Currently, the evidence about the safety and effectiveness of COVID-19 vaccination, although limited, has been growing.

These data do suggest that the benefits of receiving a COVID-19 outweigh any known or potential risks.

COVID-19 vaccines do not cause infections,
including in pregnant people and their babies.

None of the COVID-19 vaccines contain the live virus that causes COVID-19, so a COVID-19 vaccine cannot make anyone sick with COVID-19 or transmit it to the baby.

Vaccination of pregnant people helps to build antibodies that may also help protect the baby.

When pregnant people receive an mRNA COVID-19 vaccine during pregnancy,

their bodies build antibodies against COVID-19 similar to nonpregnant people.

Antibodies made after a pregnant person received an mRNA have been found in umbilical cord blood.
This means that COVID-19 vaccination during pregnancy might help to protect both the mom and the baby against COVID-19.

More data is needed to determine how these antibodies may protect the baby, but it is encouraging evidence.

>> Thank you very much.

And another question.

What should people do who can't receive the full vaccination series due
One important pieces of information is to ensure that they talk to a provider. There's numerous types of allergic reactions, and it's good to identify if this is a severe anaphylactic type of event or another adverse event. There are some contraindications including anaphylaxis, and it's important to talk to provider to understand what type of event an individual has. For those individuals who are not able to
receive an additional dose because of a severe adverse event such as anaphylaxis, continued prevention strategies,

effective prevention strategies are critical so wearing the masks, keeping the distance from other individuals, avoiding large crowds.

Those all are effective and can help to prevent exposure and transmission of the virus.

>> If someone is vaccinated but contracted COVID-19, is a booster still necessary?

>> I'm sorry.
Can you repeat that question?

I missed the first part of it.

>> Sure. So, Dr. Layden, so if someone is vaccinated but contracted COVID-19, is a booster still necessary for them?

>> So some of that depends on the time, certainly -- the timing.

Certainly right now, individuals are recommended to get the primary care of COVID-19 vaccination, even if they've had prior infection.

Currently, the recommendations around boosters
are to give a dose of a booster six months after the primary series, six months after the last dose of your primary series.

We will continue to learn more about boosters, especially in the setting of having a natural infection.

But at this time, we do recommend that individuals who’ve had COVID-19 continue to get the COVID-19 vaccines because it's been shown to be effective and provide greater protection.
>> Thank you for that.

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Now, this question, I think we also had this
and there seems to be a lot more discussion just

00:42:32,856 --> 00:42:34,996
in terms of comparing all the vaccines.

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Is there a waning immunity with
Moderna or Johnson & Johnson vaccines?

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If not, are these two vaccines more
effective than the Pfizer vaccine?

00:42:50,276 --> 00:42:51,266
>> So great question.

00:42:51,536 --> 00:42:57,566
Again, the evidence is continuing to accumulate
as far as both the level of waning immunity
for those vaccines -- vaccines or against those vaccines, as well as the effectiveness

and safety of giving a booster shot for those that receive Moderna and J&J.

We do anticipate that data regarding these topics will be reviewed in coming weeks by FDA and that there may be some movement on making recommendations for booster shots among these individuals.

But that data's still accumulating and needs to be reviewed before there is approval and recommendations regarding those booster shots.
Thank you.

Let's see here.

Will there be a need for a second booster?

This question we've had [inaudible].

Thank you for that question.

Currently there is no data available yet for what long-term needs will be for COVID-19 vaccine, both primary series and boosters.
The science is constantly evolving.

And CDC and FDA will continue to assess data as it becomes available to help inform decisions in the future.

>> Thank you.

And, moving on, will you be giving the public more options other than the three available vaccines that are currently offered?

Novavax, for example, why is this welcomed in other countries and not the United States?
Great question.

There's different regulatory bodies or agencies in different countries and parts of the world.

Currently, the vaccines that are approved here in the United States, to be given here in the United States are those that have gone through FDA approval. FDA does a rigorous job evaluating the safety and effectiveness of the vaccine data to make recommendations and approval for these vaccines.

As more vaccines go through that FDA approval process, there could be more
or additional vaccines that are recommended.

>> Thank you so much for that.

And this other question, you mentioned a bit

about having the COVID-19 vaccine along with the flu vaccine.

Question is, do I need a booster shot if I've had two doses of a shingles vaccine?

>> If you had two doses of a shingles vaccine,

is the question about if they should get a booster of COVID-19?
Yes. If it's proper to get a booster, a booster vaccine, a COVID-19 booster shot if they've had two doses of the shingles vaccine.

Okay. In addition to flu vaccine, COVID-19 vaccine can be given with other vaccines as well.

So if an individual -- it's recommended and they're one of the individuals that should be getting the vaccine or booster,

then it is recommended that they get that booster.
So they'd essentially be getting other vaccines shouldn't limit or prevent from getting COVID or flu vaccine.

>> Okay. Thank you.

And I have a couple more questions, and I'll pivot to Dr. Cope if I may.

First question, is there any updated information as to when nursing home staff will need to get vaccinated?

>> So all nursing home staff should be vaccine -- should get the vaccine --
the primary series vaccine as well as flu vaccine.

So individuals who work in such settings and have not yet gotten the primary series, they should get the primary series of COVID-19 vaccines and also encouraged and recommended to get the flu vaccine.

Individuals who work in such settings as long-term care facilities may get the COVID-19 vaccine booster.

Of note is that this is only at this
point approved for those individuals

00:47:35,336 --> 00:47:38,136
who had the Pfizer vaccine
as the primary series.

00:47:38,386 --> 00:47:44,536
And it's recommended that they get it six months
after their last dose of the primary series.

00:47:48,146 --> 00:47:49,136
>> Thank you so much.

00:47:50,376 --> 00:47:54,526
What is the CDC's position
on holding off on boosters

00:47:54,526 --> 00:47:58,936
until more people worldwide have
the chance to be vaccinated?

00:48:04,516 --> 00:48:13,426
>> The CDC is committed to providing
global vaccination as well as vaccination
to individuals within the US -- within the US.

CDC booster recommendation currently applies to about 26.4 million adults in the US, a number that will change over time as more people become eligible.

This still represents a small percentage of the population.

It is meant to ensure that those who are already vaccinated but might be at increased continue to receive protection against the virus.

The President has reaffirmed his commitment to lead in an international
and coordinated vaccination effort and recently announced that the US will donate 80 million US vaccines and the 60 million doses of AstraZeneca vaccine previously announced in at least an additional 20 million doses of US authorized vaccine. We continue to donate from excess supply as that supply is delivered to us through the manufacturers. >> Thank you so much, Dr. Layden.
Let me just pivot now to Dr. Cope, if I may.

What is the time frame for the effects of the booster shot on three times vaccinated individuals?

Will it change the quarantine or isolation time if a person who has received a booster and has COVID compatible symptoms?

Are antibody screening tests being done to gather data on the boosted rate of protection?

And we have also another related question that asks,
Does the CDC still not recommend quarantine for an individual with an exposure to a confirmed case who is an asymptomatic and tested positive via PCR in the past 90 days.

So I recognize that's a lot of questions. And if you want me to restate that or retake it piece by piece, let me know.

So for the first part about changes to quarantine or isolation
for vaccinated individuals, so people who are fully vaccinated do not need to quarantine after they've had a close contact with someone who had COVID-19 unless they develop symptoms. However, fully vaccinated people should get tested three to five days after their exposure, even if they don't have symptoms. And they should also wear a mask indoors in public for 14 days following that exposure or until they get a test result that is negative. If you have symptoms of COVID-19, you should get
tested and stay at home and away from others.

And if you test positive, then you follow the isolation instructions to isolate at home for ten days.

I think regarding the antibody screening tests, antibody testing is not currently recommended to assess for immunity to SARS-CoV-2, which is the virus that causes COVID-19, following COVID-19 vaccination to assess the need for vaccination in an unvaccinated person or to determine the need to quarantine after a close contact with someone who has COVID-19.
There's lots of antibody testing being done in studies right now, but it's not recommended as a current routine practice for those scenarios.

And then similar to the recommendations for vaccinated people who've been exposed, if someone tested positive for COVID-19 with a viral test within the previous 90 days, and has subsequently recovered and then remains without COVID-19 symptoms, they do not need to quarantine after a close contact.

However, close contacts with
prior COVID-19 infection

608
00:51:57,006 --> 00:52:03,276
in the previous 90 days should wear a mask
indoors and public for 14 days after exposure.

609
00:52:03,276 --> 00:52:08,516
They should monitor themselves for symptoms
and isolate immediately if symptoms develop

610
00:52:08,516 --> 00:52:10,866
and then consult with a healthcare professional

611
00:52:10,866 --> 00:52:14,616
for testing recommendations
if they develop new symptoms.

612
00:52:19,426 --> 00:52:20,836
>> Thank you, Dr. Cope.

613
00:52:22,446 --> 00:52:25,476
This concludes today's discussion.

614
00:52:25,476 --> 00:52:29,786
I think this is all the questions
we have for the panelists.

615
00:52:29,786 --> 00:52:35,146
I thank you, the panelists, for the
time and also the information presented.

616
00:52:35,146 --> 00:52:37,866
Thank you everyone for joining our call today.

617
00:52:37,866 --> 00:52:44,186
A recording will be posted on our partner call
web page where you can find other recordings

618
00:52:44,186 --> 00:52:47,026
and information about previous webinars.

619
00:52:47,356 --> 00:52:52,216
Make sure to sign up for the upcoming
partner call announcement to stay informed.

620
00:52:52,746 --> 00:52:57,756
The link is listed on the
slide that's up currently.

621
00:52:57,756 --> 00:53:02,346
Or feel free to click or copy
the link in the chat box.

With that, I think we can adjourn now.

But thank you, Dr. Layden.

Thank you, Dr. Cope.

And everyone who attended, our
sincere thanks for attending.

And a special thank you to those who've
been really showing their commitment
to getting the most up-to-date
information from our CDC experts.
Thank you.

629
00:53:25,256 --> 00:53:28,536
And, with that, we'll adjourn and end the call.

630
00:53:29,396 --> 00:53:29,716
Goodbye.
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