

Telebriefing on COVID-19 Update

Press Briefing Transcript

Friday, January 7, 2022

Please Note: This transcript is not edited and may contain errors.

Operator:

Welcome and thank you all for standing by. At this time, all participants will be in a listen only mode until the question and answer portion of today's conference. During the question and answer portion, if you would like to ask a question, you may use star one. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Mr. Benjamin Haynes. Thank you. You may begin.

Benjamin Haynes:

Thank you, Ivy. Good morning and thank you all for joining us for today's telebriefing. We are joined by CDC director, Dr. Rochelle Walensky who will provide opening remarks. Then we will be joined by Dr. Greta Massetti and she's the principal deputy incident manager for the CDC's COVID 19 response and Dr. Henry Walke. He's the co-lead of the expanding testing and diagnostic work group for the COVID 19 response. And all three will be available to take your questions. At this time, I'd like to turn the call over to Dr. Walensky.

Dr. Rochelle Walensky:

Thank you so much. Good morning and thanks for joining us. Today, I want to provide you an update on keeping our children safe and protecting them from COVID 19. We've made tremendous progress over the past year. A safe and effective vaccine is now recommended for all children five and older. This fall, during the Delta wave, almost 100% of schools across the country open for in-person learning, providing educational, social, and mental health benefits to our children and adolescents. We continue to publish data on ways that we can keep children in school safe. And this fall, we saw that these strategies worked. Vaccine, masks, increased ventilation, and testing are all important layers of prevention that keep our children safe and keep them in school for in-person learning. Yesterday, we updated our guidance for K-12's school operations to reflect the most up to date science and evidence following our updates to isolation and quarantine guidance for healthcare settings and general public.

We have now provided updated recommendations for how students, teachers, and staff in schools should isolate after testing positive for COVID 19 or quarantine after exposure. I know that many teachers and parents have concerns about the Omicron variant. Coming back after the holiday break, many schools return to virtual learning because of a surge in COVID 19 cases in their communities, largely due to the Omicron variant. Our updated recommendations for isolation and quarantine and our prior publications and continued assessment of test to stay protocols in schools, provide the tools necessary to get these schools reopened for in-person learning and to keep them open for the rest of the school year. In addition to updating our K-12 guidance to ensure a safe and positive learning environment for children, this week we also expanded and strengthened our vaccine recommendations for children and adolescents aged 5 to 17.

We of course continue to recommend that children ages 5 to 11 be vaccinated with a two dose Pfizer Biotech mRNA vaccine series. And this week following FDA authorization, we added a recommendation for an additional dose of a vaccine for children, 5 to 11, who are immunocompromised. Further CDC's Advisory Committee on Immunization Practices met to discuss booster doses for children ages 12 to 15. I endorsed their recommendation for these children to

receive a booster dose five months after their primary series. And also their strong recommendation that all children, ages 12 to 17, should receive a booster dose to ensure that they are up to date with their vaccines and protected against the Omicron variant. Vaccination is the best tool we have to protect our children from COVID 19.

Today, we are releasing updated data from COVID Net, a population-based surveillance system that collects data on laboratory confirmed COVID 19 associated hospitalizations among children and adults through a network of over 250 acute care hospitals in 14 states. Hospitalization rates have increased for people of all ages and while children still have the lowest rate of hospitalization of any group, pediatric hospitalizations are at the highest rate compared to any prior point in the pandemic. Sadly, we are seeing the rates of hospitalizations increasing for children zero to four, children who are not yet currently eligible for COVID 19 vaccination. We are still learning more about the severity of Omicron in children, and whether these increases we are seeing in hospitalization reflect a greater burden of disease in the community or the lower rates of vaccination for these children under age 18. Currently just over 50% of children, 12 to 17 are fully vaccinated, and only 16% of those five to 11 are fully vaccinated. We know that vaccination prevents severe disease and hospitalizations.

In data posted to CDC's COVID data tracker, the rate of COVID 19 associated hospitalizations in unvaccinated adolescents age 12 to 17 years, was about 11 times higher than fully vaccinated adolescents of the same age range. For those children who are eligible, I strongly encourage their parents to get them vaccinated. And if they are 12 or older, get boosted. A review of over 26 million vaccine doses in this age group was publicly reviewed at our advisory committee this week and demonstrated the overwhelming safety of COVID 19 vaccination. Please, for our youngest children, those who are not yet eligible for vaccination, it's critically important that we surround them with people who are vaccinated to provide them protection. This includes at home, at daycare, and preschools and throughout our entire community. It has been nearly two years since CDC activated its emergency response for COVID 19. Throughout that time, this virus has changed and is constantly throwing us curve balls.

As this virus changes, the science changes and through it all, the scientists across CDC have worked every day to stay current in our recommendations. Incorporating the latest science into our guidance and partnering with state and local public health to provide recommendations that are both feasible and can be implemented in communities across the country. The past few weeks have been challenging for all of us. Omicron has rapidly become the predominant variant and cases have substantially increased rates higher than we have seen at any point throughout this pandemic. In addition, to hospitals being full, our healthcare and public health workers are frequently themselves out infected or sick, leading to additional workforce capacity challenges. We at CDC have worked incredibly hard to keep pace with the virus to provide practical guidance in real time and to do right by the American people. Every day, I am proudly joined by thousands of scientists at this agency as we continue to closely monitor all of the available data about COVID 19 and advise the country as to what we know works best to protect them in this very moment. Ben, I will now turn things back to you so that we can take questions. Thank you.

Benjamin Haynes:

Thank you, Dr. Walensky. Ivy, I believe we are ready for questions please.

Operator:

Absolutely. Again, that is star one if you have a question on the phone. Our first question is from Lena sun from the Washington post. Please go ahead.

Lena Sun:

Thanks Dr. Walensky for taking this call, taking this question, I wanted to ask whether you, are aware that people are confused about the messaging from CDC and that you would acknowledge that CDC has done a bad job of the public messaging. And whether you're, you can talk about what factors account for that, what specific steps, you and the CDC are considering. And if you could explain why you are doing this briefing today, which we're very glad to hear, and is that going to be the first of regular briefings since we haven't had one in almost a year. Thank you very much.

Dr. Rochelle Walensky:

Yeah. Thank you, Lena, for that question. We're in an unprecedented time with the speed of Omicron cases rising, and we are working really hard to get information to the American public and balancing that with the realities that we're all living with. We were seeing just before the holidays, that, you know, healthcare workers were really, having challenges in staffing as a harbinger of many things that we, anticipated would come in in many areas. This is hard and I am committed and to continue to improve as we learn more about the science and to communicate that with all of you, for the last year, I've taken your questions in about 80, over 80 briefings since I took office, and oftentimes multiple times a week, but I hear that you are interested in hearing from the CDC independently and we are eager to answer your questions and I will continue to engage with you, so I anticipate that this will be, the first of many briefings and I very much look forward to them. Thank you.

Lena Sun:

Okay. And the follow question was, why did you do one today?

Dr. Rochelle Walensky:

, well, we had heard clearly over the last week that there was interest in hearing from us independently. And so that was the reason for today.

Lena Sun:

Thank you.

Benjamin Haynes:

Next question, please.

Operator:

Thank you. Our next question comes from Erica Edwards from NBC news. Please go,

Erika Edwards:

Hey, thanks so much for doing this. And I'll second that I really appreciate this opportunity, for those of us health reporters to ask you specific questions. I also wanted to ask about the hospitalizations increasing, between kids ages zero to four. Why is that, do you think, is that just because of the increase, the overall in cases. And then also, because we get this question a lot, can you just clarify are the cases, the hospitalizations you're seeing in kids. Are they going to the hospital because of severe complications of COVID or are they, found just through routine testing and do we have a percentage for each of those, categories? Thank you.

Dr. Rochelle Walensky:

Yeah. Thank you very much, Erika. This is, I think you're, you're asking exactly the right question. So first, this is the highest number of pediatrics hospitalizations we've seen throughout this pandemic. But until now we said that about the Delta variant, as well. And it turns out, as the science evolved, it did not appear that Delta was actually or severe in, in children. So, this very well may be the fact that there are just more cases out there and that, our children are more, you know, more vulnerable when we see that they have more cases surrounding them. We do know for those, who are above the age of four, that they are well more likely to be in the hospital if they are unvaccinated compared to if they're vaccinated.

And with regard to the question of, are they coming in or that this, this is occurring a lot? Are they coming into the hospital because of COVID or when they come in, for some other reason, are they getting routine screening and they're detected with COVID? And both of those things are happening at the same time, we are seeing a rise in hospitalizations, both because they are coming in with COVID. But also because they're screening in for COVID. And so I would say we don't yet have not yet seen a signal that there is any increased severity in this age demographic. We are following the science carefully on that. I was just on a call earlier with our international colleagues to try and understand that. We have

not yet seen that signal, but we will be looking for it for sure, and I would say the best way to keep those children protected is to vaccinate them if they're eligible and surround them by sibling and parents who are vaccinated themselves.

Benjamin Haynes:

Next question, please.

Operator:

Thank you. Our next question comes from Hillary Brueck from Business Insider. Please go ahead.

Hillary Brueck:

Yeah, thanks for taking my question. I wanted to ask a little more about the new five day isolation guidance, because I think there are a lot of companies and institutions around the country that have changed their policies since the CDC came out with that. , some airlines, as you may know, are reportedly telling people to come to work, even if they're still sick at five days. Schools in New York city are saying teachers can come back still coughing as long as they're not coughing up phlegm. What are your thoughts on those kinds of policies and is there anything you wanna clarify on the five-day isolation rule?

Dr. Rochelle Walensky:

Yeah. Thank you, Hillary. So, I, let me just be clear. So, when we talk about isolation, we're talking about people who are sick, who have been, who've been detected positive with COVID. So, for those people, we are very clear that on day five after your symptoms, day zero is your first day of your initial day of symptoms. And then day one is the day after your initial day of symptoms. If on day five, you don't have symptoms anymore, then we can talk about, you know, coming out of isolation with a mask on, strictly masking for those remaining five days. But the first indication there is have your symptoms remained or not. And so, we do know that the maxim contagiousness during your period of being sick is in the day or two before your symptoms in the two to three days after your symptoms is very clear that you should not leave isolation if you're still symptomatic.

Benjamin Haynes:

Next question, please.

Operator:

Thank you. Our next question comes from Cheyenne Haslett from ABC news. Please go ahead.

Cheyenne Haslett:

Hi, Dr. Walensky, thank you for doing this. My first question is a follow up on, on the previous question, which is what data is the CDC using to decide that rapid tests are not useful for testing out of isolation, which you've talked about a bunch in last week. And would you still lean on that data if we had plenty of rapid tests to go around in the country? And I wanna secondly, just ask about the millions of Americans who have now gotten Omicron and how they should live their lives after recovering, what you know about reinfection. People have thrown around the term super immunity for vaccinated boosted, and Omicron recovered people. So should those people feel safe? Should they still be cautious? Can they get reinfected? Can they spread the virus still? Thank you.

Dr. Rochelle Walensky:

Yeah. Thank you, Cheyenne. Maybe what I'll do is I'll take the second question and I'll pass it to Dr. Walke to talk about the testing question. The first question with regard to Omicron. We don't yet know whether, if you've had Omicron, you are more susceptible or less susceptible to another infection with Omicron. We have indication that if you've had Delta, you are susceptible to an infection with Omicron and that Omicron in the lab may protect you against infection against Delta,

but we don't yet have data, that has demonstrated at least clinically, that Omicron protects you against Omicron. Those data, we, you know, we are setting up studies to evaluate that, but we don't have that information quite yet. So maybe, with that, I'll pass things to Dr. Walke, with regard to testing.

Dr. Henry Walke:

Yes. Thank you. And I'll just reemphasize that the tests that we have for SARS COV-2 are really best used early in the course of illness to diagnose COVID 19 and, and really aren't authorized by the U.S. FDA to evaluate the duration of infectiousness. So, the significance of a negative antigen test, for example, late in the course of an illness, after you've become positive is really, it's unclear what that means. And so, a negative antigen test doesn't necessarily mean that there's, there's an absence of virus. So regardless of the test result, wearing a, wearing a well-fitting mask, after those five days of isolation is still recommended.

Benjamin Haynes:

Next question, please.

Operator:

Thank you. Our next question comes from Julie Steenhuysen from Reuters, your line is open.

Julie Steenhuysen:

Thank you. Can you hear me?

Benjamin Haynes:

Yes, we can hear you.

Julie Steenhuysen:

Great. Thanks for doing this, Dr. Walensky, you know I still, I'm wondering where is the science behind isolation policy? I mean, I've, I've heard you say, that, you know, we stand on, on, years of, of science here, but some of the experts I have talked to have said that it's likely that your recommendation is based on prior variants, but given how different Omicron is, do you have data specific on Omicron and how many days you are infectious there? And I have a follow up, too. I mean, some countries have been saying that Omicron, is getting them particularly Israel, but Omicron may actually get them closer to herd immunity, but I wonder is herd immunity still a possibility given how rapidly this virus mutates? Thank you.

Dr. Rochelle Walensky:

Thank you, Julie. So, we have now in our scientific rationale for our updated isolation and quarantine guidance, dozens of papers, a scientific review of dozens of papers regarding the infectiousness of, SARS COV-2. Now this is data, these are data that, reflect both wild or wild type, alpha, and the Delta variant, and they require detailed laboratory studies that look at viral culture and those laboratory studies can take weeks to do. So yes, these are data that are grounded in science. Much of these data are related to prior variants, but it's also the case that we are unlikely to have detailed data for Omicron in exactly the same way, for weeks to come.

Benjamin Haynes:

Next question, please.

Operator:

Thank you. Our next question comes from Erin Banco from Politico. Please go ahead.

Erin Banco:

Hi, thanks so much for taking my question. My first question is from the data that's currently out there, it looks like the Omicron wave in South Africa went pretty much straight up and then quickly declined again. Is there any data that you're analyzing that shows the US Omicron wave could follow a similar trajectory? Are you concerned there are other factors that could prolong our wave? And then our second question is we've been hearing reports from inside the agency that officials working on your pandemic response team are experiencing extreme burnout. Can you talk a little bit about what you as the director are doing to rectify that situation and usher the agency through this next phase of the pandemic. Thanks.

Dr. Rochelle Walensky:

Yeah. Erin, thank you for that question. So, the wave in South Africa has been coined an ice pick shape rather than even a wave, right? A precipitous increase, and then a precipitous decline. There are many things about South Africa that make it a little bit different than, than the United States. For example, they did have a huge proportion of their population with previous disease. We have a larger proportion of our population that is vaccinated and boosted. So, there are reasons to think that they may act similarly and reasons to think they may act differently. I do think in places that we are seeing this really steep incline that we may well see also a precipitous decline, but we're also a much bigger country than South Africa. And so, it may very well be that we see this ice pick shape, but that it, travels across the country. Right now, we're of course seeing it in the Northeast, you know, highest burden.

Dr. Rochelle Walensky:

And to your second question, this has been a hard several years for the people of this agency. They were tired and, you know, I think for all of people in healthcare and in public health, this has been, this has been a hard time. I have been working hard to ensure that people have adequate time away, that we are rotating people through the response, that we, are providing data in real time. But only the data that are needed in real time so that people can actually take the time that they need. Maybe I will ask Dr. Walke to comment since he spent so much of his time as the incident manager on the response as well.

Dr. Henry Walke:

Well, thank you for that. Yeah, I guess I'll just say that, you know, I think we're all proud to serve. This is the biggest public health crisis of our lifetimes. So yes, it's exhausting and it is challenging, but, but wow. I mean, this is the time to, to all lean in. So, I think that's the general feeling across the agency is that this is a huge challenge, but we're just proud to be part of it.

Benjamin Haynes:

Next question, please.

Operator:

Next, we have a question from Mike Stobbe from the Associated Press, please go ahead.

Mike Stobbe:

Thank you. And, and I'll join the others in saying, appreciation for holding a briefing like this. I had a couple follow up questions about the COVID Net data on pediatric hospitalizations. I guess there's some rates posted, but could you share with us the actual numbers, like, quantify the, the number of hospitalizations rose from, I don't know, was it 10,000 to 20 some numbers and, was there, some geographic, was this across the country? Or were there certain geographic spots that seemed to have particularly sharp increases in pediatric hospitalizations among zero to four year olds? And, and one more, can you say any more about possible alternate explanations? You said some of the cases at least were children who are incidentally infected. I mean, is there a lot of RSV or is there something else that, that might be driving some of these hospitalizations and our youngest children? Thank you.

Dr. Rochelle Walensky:

Yeah. Thank you, Mike. So, the data that are up right now in terms of the week ending January 1st, the rate per hundred thousand in a population from zero to four are 4.3 per hundred thousand five to 17 are 1.1 per hundred thousand. And then, just to give you a context that, greater than 65 is 14.7 per hundred thousand. So, rates are higher again in these pediatric populations than we've seen previously, but they're also higher in many of our other populations and many populations that are also vaccinated. I think people in pediatrics sort of recognize that this a frequent time for pediatric admissions. This is now a busy time of year respiratory viruses and pediatric admissions in general are up when we talk to our colleagues in these pediatric hospitals, what we're hearing is, yes, there's a lot of pediatric admissions associated with many things and other respiratory viruses. We're seeing more than that than we generally do, and that some of these are coming in and they're completely asymptomatic, and we didn't expect to find them. They came in for an elective surgical procedure, they came in for something else and we're finding them diagnosed with COVID. So I think all three things are actually true in this context.

Benjamin Haynes:

Next question, please.

Operator:

Thank you. Our next question comes from Elizabeth Cohen from CNN. Please go ahead.

Elizabeth Cohen:

Hi, to join the, crowd of cheers for having this briefing. Thank you all so much. I have a two part question. One is that if we look at the K-12 school guidance, there's a chart and there's a high transmission red column. And under that column, schools are advised to cancel or hold high risk sports and extracurricular activities virtually – that's 98% of the country that's red. And so, we're wondering if, you folks think that that's actually happening. Are they following that guidance and if not, how will CDC get that message out? The second part of the question is that in the CDC isolation guidance, there is a notation "avoid people who are immune compromised or at high risk for severe disease and nursing homes in other high-risk settings until after at least 10 days" and we're trying to figure out when does that 10-day clock start? Is that 10 days after first symptoms or 10 days after getting out of isolation? And that's it.

Dr. Rochelle Walensky:

Great. Thank you, Elizabeth. So, let me take the first part of that question then I'll probably pass it to Dr. Massetti to talk about the K-12 guidance. So, what we say is for those first five days is that you are in isolation, you should stay in isolation, if your symptoms are better for those last five days. So, day six through 10, if your first day out is day six through 10, you should really wear a mask and anticipate that you might have some residual contagion in you. So, in that context, we're asking people wear your mask all the time, don't go to restaurants, don't travel and also, you know, avoid your family members or others who might be immunocompromised, avoid visiting grandma or a nursing home. So that's really day zero being your first day of symptoms; day five being, if you're feeling better, you can come out of isolation on day six; and day 10 would be the end of that. Dr. Massetti, do you wanna take the question on school?

Dr. Greta Massetti:

Yes. Thank you so much. As noted in the K-12 guidance, CDC recommends that in areas of high community transmission, that schools transition high risk sports and extracurricular activities to virtual, and that is intended to really protect that critical in-person learning time. And high-risk sports are those where increased exhalation occurs and often in close contact and, indoors. Now that is really one piece of a layered prevention strategy that that schools can use. CDC continues to recommend layered prevention, including universal masking, including screening testing, and a variety of other strategies. And our updated guidance provides information that schools can use to implement shortened isolation, a quarantine period, combined with masking, and test to stay for exposed students, to really help promote that in-person instruction.

Benjamin Haynes:

Next question, please.

Operator:

Thank you. Our next question comes from Lori Weisberg from San Diego Union Tribune. Please go ahead.

Lori Weisberg:

Thanks so much for taking the question. The CDC recently issued a recommendation advising against cruise ship travel, regardless of vaccination status. Nearly every ship that's in US waters right now is "under investigation by the CDC", yet, next week, the CDC's Conditional Sailing Order will expire and there seems to be no indication that it will be extended. So, it seems number one, counterintuitive at a time when cruise ships are seeing more breakout cases among crew and passengers and itineraries being changed. Ports in Mexico, not accepting passengers, that you would let this expire in and let the cruise ships go on a voluntary basis. So, will there be continued reporting of cases? And what are these investigations involving? What is, what are these investigations of all these ships yielding in terms of, are there stiffer requirements? It just seems puzzling that this order would expire at a time when cases are, more and more cases are being seen on the cruise ships.

Dr. Rochelle Walensky:

Thank you, Lori, for that question. So we had put out that advisory when we started to see on exactly what we were seeing on land and that is there more and more cases of Omicron of this very hyper transmissible variant. So that was the reason for the, for the alert. What I will say about the Conditional Sail Order is that, generally ships and companies are subscribing to the order without arguing to have the order that they are voluntarily practicing all of the things within that order and that we are doing the exact same oversight as we would do if the order was in place. The ships are voluntarily doing so and are commenting, and we will have publicly available, which ships are voluntarily doing so, but for the most part, everyone is participating. So that was, that is the reason. Thank you.

Benjamin Haynes:

Next question, please.

Operator:

Thank you. Our next question comes from Dana McIntire from the Augusta Press. Please go ahead.

Dana McIntire:

Thank you, Dr. Walensky. FDA just came out with a new recommendation to match the Pfizer booster shot for Moderna at five months, rather than six months. When do you think CDC will be taking its action on that? And clearly Omicron is driving this current surge with some Delta mixed in, but cannot this surge also in some way, even minor, the partially because of increased and more aggressive testing, you've said yourself, people coming in for something else get tested automatically and they are exposed. Is that not a good thing to help track the numbers?

Dr. Rochelle Walensky:

Yeah, really important question. So first let me say, before this briefing, I had the pleasure of signing off on the FDA authorized action and that now all Americans who are aged 18 and above should get a booster with Moderna at five months. Perhaps it's actually helpful to recap because we've had a lot of vaccine authorizations and recommendations over the past week. So if I might, I just wanna recap. First, FDA authorized and CDC recommended shortening the window in people who received the Pfizer. And now we adjusted Moderna from six months to five months. And then second, FDA authorized and CDC recommended that children age five to 11, who are moderately or severely immunocompromised should get an additional primary shot of Pfizer after 28 days. And then of course, we also signed off on the boosting that all adolescents between the ages of 12 to 17, who are more than five months after their Pfizer series should receive a booster shot. With regard to your testing question, it's really an important question. We are doing a bit more testing than we have been, but with regard to screening in the hospitals, those hospital screening programs have been ongoing for months now. So, I don't think that that's a reason for the increase number of cases.

Benjamin Haynes:

Ivy. We have time for two more questions, please.

Operator:

Absolutely. Our next question comes from Eben Brown from Fox news. Please go ahead.

Eben Brown:

Thank you very much. And I'll add to the chorus about how helpful this is. Director Walensky, previous directors to you had done this for many different stories, not just COVID stuff, although I know that takes up most of your time, but it's always, it's always good to have these opportunities. I think my question for you is going to talk more about the change in the protocols and very specifically, but more, first, but then more broadly. Specifically, is, is the five day wait, five days of being symptom free or five days since the onset of symptoms and then being symptom free. I'm a little confused about that and more broadly, why, what was the impetus, and the thinking going on at CDC and maybe also your colleagues at other agencies about changing those protocols when they were being changed? We know there was a lot of airline delays going on really internationally due to a shortage of staff and, those, those workers, ground crew, flight crews, whatever, were calling out sick because they had simply tested positive, but they were plenty able to work, or they felt they were able to work. They were healthy or they were at least not, not symptomatic and not ill.

Dr. Rochelle Walensky:

Yeah. And then thank you for that. So just to clarify your first question, if day zero is your first day of feeling any symptoms and day one is your first full day of symptoms. What we're saying is on day five, do you still have symptoms? And if you are symptom free on day five, then you can think about leaving isolation on day six, as long as you're reliably wearing a well fitted mask. I think will help clarify that point for you. I wanna sort of go back to where we were on December 23rd, where we were starting to hear from healthcare systems, and it was really important to just reflect back where hospitalizations are most definitely increasing. One of the challenges that we're having now, unlike prior days in this pandemic, is not that we don't have enough beds, but that we don't necessarily have enough staffing for those beds. And we were really seeing hospital healthcare work staffing as a real challenge just as the holidays were hitting. And it was a reason for our swift action in balancing the realities of all that we're dealing with right now in an anticipation of what the healthcare workforce as being a harbinger of other things to come - in our pharmacists, in our essential workers, in our police force and our ambulance force, and in many other sectors.

Benjamin Haynes:

Last question, please.

Operator:

Thank you. Our final question comes from Cheryl Stolberg from the New York Times. Please go ahead.

Sheryl Stolberg:

Hi, and I'll echo the chorus. Thank you for doing this call and especially for giving us access to agency experts. I wanted to ask you about booster doses. Israel is moving into a fourth dose. Yet, a number of experts are saying that boosting every few months is not a viable strategy. So, do you see the US moving toward a fourth dose? And if not, how does vaccination going to play out for this pandemic in the future?

Dr. Rochelle Walensky:

Yeah. Thank you, Cheryl. So we have boosted about 35% of the population that's eligible, 73 million people, and importantly, about 60% of our people over the age of 65. So right now, I think our strategy has to be to maximize the protection of the tens of millions of people who continue to be eligible for a third shot before we start thinking about what a fourth shot would look like. We're in close touch with our Israeli colleagues, and, we're working closely with them to see what kind of data they have. We will be following our own data carefully as well to see how these boosters are working in terms of waning effectiveness, not just for infection, but importantly for severe disease. So more to come as those data emerge.

Benjamin Haynes:

Thank you, Dr. Walensky and thank you, Dr. Massetti and Dr. Walke and thank you all for joining us. If you have further questions, please call the press office at (404) 639-3286 or email media@cdc.gov. This will conclude our call.

Operator:

Thank you all for participating at today's conference. You may disconnect your line and enjoy the rest of your day.

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