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Transcript – CDC Media Telebriefing: Update on COVID-19

Press Briefing Transcript

Friday, June 6, 2020

Audiorecording [MP3 – 6 MB]

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Operator: Welcome and thank you for standing by. At this time all participants are in listen-only mode until the question and answer session. You may press 1 to answer a question. This is being recorded. If you have any objections, you may disconnect at this time. I will now turn it over to Paul Fulton. Thank you. You may begin.

Paul Fulton: Thank you all for joining us today for this briefing to update you on the CDC’s COVID-19 response. We are joined by director Dr. Robert Redfield and CDC’s incident manager Dr. Jay Butler. Dr. Redfield will give opening remarks and Dr. Butler will discuss an MMWR being released later today as well as suggestions on how to navigate daily life as communities reopen. They will take your questions later. Limit your question to one and limit it to the information being presented today. If you have questions about other topics, contact the CDC media office, media@CDC.gov. At this time I will turn the call over to Dr. Redfield.

Robert Redfield: Thank you, Paul. And thank all of you for joining us today. The CDC’s COVID-19 response is now in its sixth month. While we are making progress, we have a lot of work ahead as we reopen America. CDC, like the scientific and public health institutions around the world, continue to learn a great deal about this new virus. We focus on how it’s spread among people, how it’s highly transmissible, and how people who are asymptomatic or presymptomatic can also contribute to spreading. Our recommendations have evolved based on the new information that becomes available, but it continues to be extremely important that we embrace the recommendations of social distancing, hand-washing, and wearing of face coverings when we are in public as some of the key defenses that we have against this virus.

Later during this briefing Dr. Butler is going to discuss the findings of an MMWR that looks at how the American people have responded to these key public health recommendations during the pandemic. Dr. Butler is going to share specifics, but I wanted to take a moment to really say thank you to the American people for basically being selfless in taking on the precautions that we have requested of social distancing, wearing a face covering, and hand hygiene to protect the most vulnerable from the threat of COVID-19. I know the people are eager to return to normal activities and ways of life. However, it’s important that we remember that this situation is unprecedented and that the pandemic has not ended. As I said earlier, it’s going to be critical to continue to embrace the principles of social distancing, hand hygiene, and wearing a face covering in public. That is why today we are releasing some commonsense suggestions people can take to reduce their risk as their communities open up and they reengage in daily life and attend larger gatherings.

Each of you have been active responders to this pandemic, making changes in your life and taking on new challenges in the face of this evolving health threat. We recognize how hard some of these changes have been and the consequence some of them have had on individuals and families and communities. So, once again, to the American people, I would like to say thank you for being the individual public health heroes that we need right now to fight this pandemic. Now I’d like to turn this discussion over to Dr. Jay Butler, our COVID-19 incident manager, to discuss our recommendation.

Jay Butler: Thank you, Dr. Redfield. Good afternoon and good morning, everybody. It’s a pleasure to be able to speak with you today. We are now deep into a global pandemic caused by a virus that we didn’t even know existed only six, seven months ago.

So I suppose the bad news today is the pandemic is not over, and it’s important to recognize that. While COVID-19 is still making headlines everywhere, we know that the pandemic hasn’t affected everyone everywhere in the same way. The good news is nationally we have been successful in flattening the curve. The number of new cases each day has been relatively plateaued over a prolonged period of time. But right now communities are experiencing different levels of transmission, and this is occurring as they gradually ease up on some of the community mitigation efforts and gradually reopen. We recognize that we are all getting tired of staying at home. People long for the life that they had back in December. As we live — as we head into the summer months, we know that Americans will be looking forward to reconnecting with family and friends and be able to attend events, and we want that to occur as safely as possible.

Today the CDC is releasing two online resources aimed at helping people make decisions about how to resume some activities while continuing to follow many of the public health recommendations that can still help us to all protect ourselves and our communities. Every activity that involves interacting with others has some degree of difficulty right now. We want to provide you with the information and suggestions you need to make decisions about which activities may be able to resume and what level of risk you may have to accept. Here is a general rule of thumb. The more closely you interact with others, the longer the interaction lasts and the greater the number of people involved in the interaction, the higher the risk of COVID-19 spread. Understanding these risks and how to adopt different prevention measures can help you protect yourselves and others against the virus. We continue to ask everyone to follow the guidance of their state and local health authorities and also we all do our part to embrace prevention strategies, including social distancing as much as possible, maintaining a distance of at least six feet from other persons, washing your hands or using an alcohol-based hand cleaner on a regular basis, and wearing a face covering in public where appropriate. We actually practice what we preach here at CDC. So for face coverings we get into the building wearing one. The face covering that I wear, I use this instead of a tie or socks to express my personality. So I have one, a cloth-based covering made with patterns of grizzly bears and salmon on them to show my homage to my home in Alaska. I also have one with an Alaska state flag on it. So these steps of social distancing, hand hygiene, and face covering can help reduce the risk of COVID-19 spread and protect those most vulnerable to severe disease. Today we’re releasing the information on our website to help people make informed decisions about whether to go out and what precautions to take if they do. These documents give suggestions on things you can think about and questions you can ask both about how much COVID-19 activity there is in your community and what type of event or activity you are considering. We recommend that you get the answers to these questions and consider what they mean when making your decisions. These suggestions also provide practical tips for given situations. For example, when dining out, see if there is an option to sit outside or ensure that the tables are at least six feet apart so you can maintain social distancing. If you hit the gym, don’t share items that can’t be cleaned or sanitized after use, and refrain from high-fives and elbow bumps which involve getting closer than six feet to others. If your local library is open, see if curbside pickup is available. If you want to gather with friends for a cocktail, as much as possible use single-serve options and remind guests to wash their hands before and after eating. Maintain social distancing, wear cloth face coverings when possible, practice hand hygiene, and avoid sharing frequently touched items. I recently was able to get together with some friends for the first time in about ten weeks, and it was nice to reconnect, and we were able to do these things and have a safer gathering that way. And, finally, for those interested in larger gatherings, we have also added a page or our website with suggestions to help people planning or attending events or gatherings as they prepare for enjoying larger events.

Before we take questions, I want to mention a report that has been published in the MMWR today. The article underscores the fact that American people have taken mitigation efforts seriously to prevent the spread of sars-cov-2, and it demonstrates our country’s collective spirit in responding to the pandemic. This was an online survey involving adults nationwide, and particularly those from New York City and Los Angeles, and this was conducted in May to assess adherence to public health recommendations. Results of the survey showed that respondents generally supported stay-at-home measures and non-essential business closures. They reported often or always wearing face coverings in public areas, and they believe that their state restrictions were the right balance and not — they believed — sorry, let me try this again. They agreed that their state’s restrictions were the right balance of being restrictive and not too restrictive. So I want to thank the American people for helping us get through the last few months. This represents an incredible public health achievement, and the American people are responsible for that. The direction of the pandemic is in all of our hands, so let’s wash those hands. And I ask for your continued efforts. I know it’s difficult to make changes to our daily lives. We are not out of the woods yet. In the coming weeks we could see increases in the number of cases of COVID-19 as states reopen and as there is an increase in public gatherings as we move into the summer across the country. It’s too soon to tell if this will happen, but the CDC is working closely with state health departments to monitor the disease activity and to support responses to any increases. In addition, we must look ahead to the fall and winter. While what will happen is uncertain, we have to pull all our efforts towards gearing up for additional potential challenges that we see every fall and winter, and that is influenza. If anything, we must be overprepared for what we might face later this year. Getting a flu vaccine will be more important than ever as flu and COVID-19 could be circulating together as we move into the fall and winter months. So I look forward to taking your questions, and with that I will stop. Thank you, everyone.

Paul Fulton: Thank you, Dr. Redfield, and thank you, Dr. Butler. We are going to take your questions now. Media, please remember to limit your question to one and limit your question to the information being presented today. If you have questions about other topics, please contact the CDC media office by emailing media@CDC.gov.

Operator: Thank you. We’ll now begin our question and answer session. If you would like to ask a question, press star then 1 and record your name clearly when prompted. If you need to withdraw your question, you may do so by pressing star, then 2. Our first question comes from Mike Stobbe from AP.

Mike Stobbe: Thank you for taking my call. So there are two sets of guidance. One of them is about holding or attending mass gatherings. That includes political rallies. Can you comment on whether the CDC is saying that political rallies are okay right now?

Jay Butler: Yeah, thanks for that question, mike. So, first of all, the guideline is really for any type of gathering, whether it’s the backyard barbecue or something larger. And it’s not intended to endorse any particular type of event, but to be able to be applicable to any type of event that may occur. So the most important things are some of those issues related to being able to maintain social distancing, having access to hand hygiene, encouraging face coverings, and, of course, not attending events if you are ill or have recently been exposed to COVID-19.

Paul Fulton: Next question, please.

Operator: Thank you. And our next question comes from Elizabeth Weise from USA Today, your line is now open.

Elizabeth Weise: Thanks so much for taking my question. Looking at these guidelines, if the American public were to adhere to these maintaining social distance, hand hygiene, always wearing facemasks when out in public, do you think that we can keep levels of COVID-19 down until we have a vaccine? Is this a viable plan moving forward?

Jay Butler: Thanks for that question also. Yes, the whole goal here is to continue to keep that curve as flattened as possible to delay onset of cases for two reasons. First of all, we want to make sure that critical infrastructure that’s important for societal function as well as the availability of health care services is maintained and that none of these services are overwhelmed by a sudden increase in the number of cases. The second item is just what you touched on, is it increases the chances that there will be people who would benefit from a vaccination if they can avoid becoming infected before a vaccine is available.

Paul Fulton: Next question, please.

Operator: Thank you. And our next question comes from Betsy McKay from the Wall Street Journal, your line is now open.

Betsy McKay: Hi, thanks very much. You know, as you have talked about, there has been a lot learned more about how this virus spreads through contact and large events and so forth. So I wondered, if cases do start going up again, do you think — would widespread lockdowns be necessary once again? Or what more targeted interventions could be used in these cases?

Jay Butler: Yeah, thank you for that question also. So, as we — the most important thing is to be able to monitor what is happening in terms of people’s activity, what are the — what is the degree of adherence, and then also monitoring the degree of transmission that’s occurring through disease surveillance. If cases begin to go up again, and particularly if they go up dramatically, it’s important to recognize that more intensive mitigation efforts such as what were implemented in March may be needed again. And that is a decision that really needs to be made locally based on what is happening within the community regarding disease transmission. Again, I’ll return to my opening comment that we know the pandemic is not over. Even looking at some of the serology data, the vast majority of Americans still have not been exposed to this virus.

Paul Fulton: Next question, please.

Operator: Thank you. And our next question comes from Lena Sun from the Washington Sun, your line is now open.

Lena Sun: Thank you very much for taking my call, Dr. Butler, Dr. Redfield, and I hope we can continue this on a regular basis going forward. Regarding the mass gatherings, I hope we trump has announced that he is going to hit the campaign trail next week. The RNC has also announced they are going to hold a convention and they are not going to ask people to wear masks. Given the considerations that you have put out here about wearing cloth coverings when people are singing or shouting or chanting, I’m wondering whether you need — whether the CDC is concerned about this way of seeding more infections as people are going to be in a closed indoor space and not wearing masks and what additional suggestions you might have.

Jay Butler: Thanks for that easy question, Lena. So the guidelines I think speak for themselves, and they are not regulations. They are not commands. But they are recommendations or even suggestions, is I believe how it’s titled, of how you can have a gathering that will keep people as safe as possible.

Paul Fulton: Next question, please.

Operator: Thank you. Our next question comes from Dan Vergano from Buzzfeed News, your line is now open.

Dan Vergano: Hi, thanks very much. You said it’s too soon to tell if this will happen about outbreaks, if people don’t stick to these measures, but we are seeing signs in some states, Arizona notably, have increases that looks like it’s coming back. Is it too soon to tell if this will happen? The MMWR is embargoed for 1:00 p.m. But you have already sort of blown the results, so I was wondering if we can go ahead and report that?

Jay Butler: Regarding the question about there are areas, as I mentioned earlier, where there is an increase in the number of cases that are reported and there is a number of different drivers of that as we contact — actually, in some places have staff that are boots on the ground assisting our state, local, and tribal partners. Sometimes an increase is driven by increased availability of testing, sometimes it’s driven by outbreaks, and we have seen outbreaks in certain occupational settings, in long-term care facilities. Early on we saw clusters of infections in shelters for people experiencing homelessness, and sometimes there is in-case transmission in the community as well. In each area where we see an uptick, these are the questions we want to explore to determine whether or not it’s an issue of increased infection in the community or are we recognizing more infections through increased testing. It’s important to know, of course, that certain proportion of people who become infected never develop any symptoms. So, as testing has become more widely available, some people are tested without any symptoms. There are a certain proportion of people who will be diagnosed and will help contribute to that increase in the number of cases in any given location. In some locations it will be a combination of all of those factors that are driving the increase.

Paul Fulton: Thank you, Dr. Butler. All information presented during this telebriefing is embargoed to 1:00 p.m. Eastern. Next question, please.

Operator: Thank you. Our next question comes from Tom Howell from The Washington Times, your line is open.

Tom Howell: Thanks for doing the call. I have a question about testing. I wanted to know, we have heard a lot about the volume of testing and allowing people to get a test if they want one. Have you seen any strategies though in states or localities that seem to work in actually reducing transmission and amounts of wise allocation of resources? If so, what do those strategies look like? Thanks.

Jay Butler: Sure. First of all, I think it’s important to recognize that testing is not something that in and of itself reduces transmission. It’s been taking the test results and being able to make sure that people who are infected are then able to be isolated and reduce their exposures to other people. Right now we are actually in the process of working with the states on their plans for their strategies for testing, and this is using some of the funding that is available to them through some of the appropriations legislation, and there is a number of innovative ideas out there, including using university public health students to be able to increase the access to employees as well as follow-up of contacts of people who test positive. Other states are using state employees that have recently been laid off. Not laid off, furloughed. They are being brought back to work, to work on these issues. And so it’s really quite a variety of measures that are innovative that have been undertaken by state and local health departments around the country.

Paul Fulton: Thank you. Next question, please.

Operator: Thank you. Our next question comes from Rob Stein from National Public Radio, your line is now open.

Rob Stein: Yeah, hi. Thanks very much for doing this and for taking my question. I wanted to follow up on a question a little while ago. So, yeah, so cases are going up in, you know, maybe 20 states around the country, and so what is CDC’s thoughts about why the cases are going up? As you said, you have boots on the ground. Is this going up primarily because of increase in testing, or is it more that people aren’t following the guidelines? And a lot of public health experts say there has not been enough increase in cases, but I’m curious, what is CDC’s analysis of really what the situation is? Is the virus spreading more right now? The second question is, the country has flattened the curve. It’s at a plateau. That still means 800 or more Americans are dying every day. Over the course of the summer, thousands more could die by the fall. Is that an acceptable level?

Jay Butler: Yeah. So, in terms of the first part of the question, as I was saying earlier, it’s going to be variable in different parts of the country. There is no one answer to your question that’s going to apply to every area. So that’s why it takes really a deep dig into the situation to be able to look at that. So in terms of one of the ways we can begin to tease that apart is also to look at rates of hospitalization. Also looking at emergency department utilization for COVID-19-like illness because the test results in and of themselves only reflect a bit of the transmission that’s occurring. We know that some people don’t develop symptoms. We know that of those who develop symptoms, not everyone will be tested. And so we have other ways to look at what are some of the metrics for more severe illness. Are hospitalization rates going up? Are admissions to ICUs increasing? Right now, in looking nationally again, the hospitalization rates are going down, and in most of the places where we have looked at the increase in the recent week or two in the number of cases diagnosed we are not confirming dramatic increases in the number of hospitalizations. This is something that is ongoing and we will continue to monitor very closely. So that’s by no means meant to suggest that this is not something that we’re not very concerned about and will be working on very closely.

Robert Redfield: Rob, maybe I’ll add one thing. This is Dr. Redfield. As Jay said, it’s multifactorial. One of the elements in that, and he mentioned each of the states are putting together their strategy, but because of the asymptomatic and presymptomatic presentation of this virus being much more common than was appreciated in the winter, one of the critical features, particularly in protecting people that are vulnerable, is to institute aggressive surveillance by doing antigen testing, viral testing in individual groups that are considered vulnerable. So there has been requests that all individuals that are residents of the 15,000 plus nursing homes in the United States undergo testing to see if there is sub-symptomatic infection. Same with prisons. It’s also been encouraged to be extended to other risk settings, whether it’s certain meat packing plants, homeless populations, urban clinics, and different states to different degrees have operationalized that. Some states have already tested every nursing home resident. So it’s not explaining everything, but I just, as Jay said, it’s multifactorial. Clearly now there has been able to be expanded testing in what we consider vulnerable surveillance populations that I think is also contributing to some of the number increases.

Paul Fulton: Thank you, Dr. Redfield. We have time for two more questions.

Operator: Thank you. Our next question comes from Alexandria Kelly from The Hill, your line is now open.

Alexandria Kelly: Hi, thank you for taking my call. Really good to hear from you guys again. I wanted to ask about a yahoo news article published June 10th. It said through presumably a leaked document from the CDC that coronavirus infections are spiking in the US. Even as they begin to decline in countries like Brazil and Spain, Italy, and Germany. Do you have any comment on the that?

Jay Butler: I haven’t seen that document.

Paul Fulton: You can follow up with us media@CDC.gov. Thank you. Next question, please.

Operator: Our final question comes from Carl O’Donnell from Reuters, your line is now open.

Carl O’Donnell: Hi, this is Carl. I just wanted to ask, there is a number of states, Arizona, Texas, North Carolina have, you know, significantly relaxed social distancing, and what we have seen is that that seems to have translated not only into higher case counts, which could be a function of testing, but also high hospitalization rates. Do you guys have any concern that some states relaxed their social distancing measures too early?

Jay Butler: So I think, first of all, it’s important to recognize that temporal association doesn’t prove causation. That’s one of the reasons we don’t sit back and look at the numbers, but also try to get visibility in the community of what’s actually going on. And your question about hospitalization I think is spot on because that is one of the measures of whether or not there is more severe illness occurring or are we diagnosing more asymptomatic people. So, to reiterate something that Dr. Redfield mentioned, the important surveillance, to be able to understand the evolution of the pandemic is return a second.

Actually, if I could maybe return a second to the earlier question about rates of disease in the United States versus other areas. It’s important to recognize that the degree of testing and surveillance in other nations actually can be quite different than in the United States. So while there are reports of a number of cases that occur throughout the world, it’s important to note that in some countries there is probably a much greater proportion of cases that go undiagnosed. And overall those numbers are probably a small proportion of the cases that actually occur.

Robert Redfield: Let me say one thing, if I could, to everyone who tuned in. I do want to thank all of you. I said this many years ago when I started, several years ago when I started at CDC, that the public and the media that reports really are a critical partner with us in getting the public health information out that we want to get out to the American public. I am hopeful that we will continue to have these dialogues. I just want to thank you for taking the time. I want to thank you for what you do to help communicate the messages that we feel are important to get to the American public. So thank you.

Paul Fulton: Thank you, Dr. Redfield. As a reminder, all the information we have shared today is embargoed to 1:00 p.m. Eastern. And we’ll send out an email to the media list including links to these documents. Please continue to check CDC’s website, CDC.gov/COVID-19-19, for the latest updates on our efforts. If you have further questions, please call our media line 404-639-3286 or email media@CDC.gov. Thank you again.

Operator: Thank you for your participation in today’s conference. All participants may disconnect at this time.

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