CDC Media Telebriefing Transcript: Update on COVID-19

Press Briefing Transcript

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- Audio recording

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

Operator: Welcome, and thank you all for standing by. At this time, I would like to inform all participants that your lines have been placed on a listen-only mode until the question-and-answer session of today's call. Today's call is also being recorded. If anyone has any objection, you may disconnect at this time. And I would now like to turn the call over to Mr. Paul Fulton. Sir, you may begin.

Paul Fulton (Moderator): Thank you for joining us today for this embargoed briefing to update you on CDC's COVID-19 response. We are joined by CDC Director Dr. Robert Redfield. He will provide opening remarks and will discuss a new report in the MMWR before taking questions. We are also joined by a few more folks today. We have Rhode Island Department of Health epidemiologist Amanda DellaGrotta on the line. As well as CDC, Dr. Erin Sauber-Schatz, the lead of CDC's Community Interventions and Critical Populations Task Force. We also have Ruth Link-Gelles, who is epidemiologist and author of today's MMWR. They will be available for the question and answer session as well.

Please limit your question to one and limit it to the information being presented today. At this time, I will turn the call over to Dr. Redfield.

Dr. Redfield: Thank you, Paul, and thank you all for joining us today. We're nearly eight months into a global pandemic and as my colleagues and I, along with others in the federal government and across the world, continue to fight this new virus I want you to know that we understand the affect this has had on all our lives.

As businesses, schools, and communities continue to open, we are all adapting to a new normal. Wearing masks, washing our hands more often, interacting with smaller groups of people, and maintaining physical distance from one another when in crowds– these are all new behaviors we've adopted to help slow the spread of COVID-19.

I'm sure you've heard a version of the phrase – maintain social distance but don't stay emotionally distant from one another. It's essential, as we all continue to practice what we know works, to make sure we're connected to our family and friends so that we can get through this together.

These behaviors that we know work – wearing masks, cohorting, and quarantine and isolation – are highlighted in a new article focusing on childcare centers in Rhode Island. As COVID-19 transmission slowed in Rhode Island, the state made the decision to reopen childcare centers that had been out of operation for the previous three months.

In order to reopen, the state required childcare centers to adhere to certain measures, including reducing attendance capacity, limiting interaction between established student-teacher groups, ensuring all adults wore masks, and screening adults and children daily for symptoms.

During June and July, 52 confirmed and probable cases occurred across 29 childcare programs, but only four of these programs had possible secondary spread of infection. Those cases occurred in 29 childcare programs, however, in 20 of these there was only one case with no apparent secondary transmission.

Additionally, the majority of COVID-19 cases occurred during mid-to-late July when infections were increasing across the state.

I wanted to highlight this report because it's likely that the limited spread of COVID-19 in this instance was due to adherence to the childcare program requirements and efforts by the state health department to rapidly investigate and respond to cases. This is, like other instances we've highlighted, an example of and testament to the important role that everyone can play in slowing the spread of COVID-19 in their community: wearing masks consistently and correctly, staying 6 feet away from others, staying home when you're sick, and washing hands frequently.

Another way people can continue to keep themselves and their families safe as we head into the fall and winter is by getting a flu vaccine. Yesterday my colleagues and I highlighted the long-standing and striking disparities in flu vaccine coverage – specifically among non-Hispanic black, Hispanic, and American Indian/Alaska Native adults relative to non-Hispanic white adults – that we've continued to see year after year. These gaps in vaccination coverage are particularly alarming this season as COVID-19 reveals another facet of health inequity in the United States. The same groups with the lowest influenza vaccination coverage, have also been disproportionately affected by COVID-19.

As part of CDC's enhanced response to this coming flu season and our efforts to maximize flu vaccination by increasing availability of vaccine, CDC has purchased an additional 2 million doses of pediatric and 9.3 million doses of adult influenza vaccine. These additional doses are to ensure parents who may be newly unemployed understand the Vaccines for Children safety net program that grants access for uninsured or underinsured children and to guarantee adults at higher risk from COVID-19 and flu can get vaccinated.

CDC recommends getting vaccinated in September and October. Getting vaccinated now is too early, especially for older people, because of the likelihood of reduced protection against flu infection later in the flu season. However, as long as flu viruses are circulating, vaccination should continue, even in January or later.

I'm also hopeful that the recommendations CDC, states, locals, and even many companies and organizations have, for wearing masks and physically distancing, will mean there are decreases in other respiratory diseases like influenza and the viruses we believe are associated with AFM, enteroviruses.

I understand that masks can be uncomfortable to wear and remember to bring with you when you go out, and I know that it's hard not see friends and family and celebrate important life moments like we used to do. However, following these basic, yet crucial steps, can get us back to where we used to be. I want to thank everyone who is already following CDC guidance, as well as encourage others to understand that their actions help others as much as they help them.

Before taking questions, I wanted to mention that today CDC is providing updates to the Considerations for Schools to align with the new tools and resources and latest COVID-19 information.

The Considerations are designed to help school administrators:

(1) promote behaviors that reduce the spread of COVID-19, (2) maintain healthy environments, (3) maintain healthy operations, and (4) prepare for when someone gets sick.

Last month, we released new resources and tools to help parents, teachers, school administrators, and local officials protect students and staff as they moved closer to beginning a new school year. Since that release, administrators and teachers have returned to work and schools across our nation have begun welcoming back students for in-person and hybrid [or virtual] school activities.

CDC staff have also remained hard at work engaging Federal, national, state, and local partners and communities to ensure that the latest guidance reflects the most current science and evidence. The more communities embrace the actions needed to slow the spread of COVID-19, the faster schools will be able to reopen and stay open. We encourage everyone to review the considerations and tailor the strategies to their schools' specific needs and community context.

During our last telebriefing, I mentioned that, "We owe it to our nation's children to take personal responsibility to do everything we can to lower the levels of COVID-19 so that they can go back to school safely." That is still as true today as it was then. Schools provide safe environments for our kids and grandkids to learn and grow academically, socially, and emotionally, but schools are not islands unto themselves. They are inextricably connected with (to) the communities that surround them.

Thank you so much. We look forward to taking your questions now.

Paul Fulton: Thank you Dr. Redfield. This is a reminder to limit your questions to one today so we can get to as many folks as we can. Please try to limit to the information being presented today. I also wanted to remind you, in addition to Dr. Redfield, we have several subject matter experts available to answer your questions, including our colleagues in Rhode Island. Okay, I think with that, we're good to move on to the questions.

Operator: Thank you, our first question comes from Anne Flaherty from ABC News.

Anne Flaherty: Hi, thanks for taking my question. Dr. Redfield, do you believe schools have been too quick to shut down with cases of COVID in light of this information? And do you think that teachers exposed to the virus should be asked to stay in the classrooms because they are essential workers?

Dr. Redfield: Well I think when I answer your first question, I think it is important to have a plan when a case is identified in the classroom and to really look at that. CDC has tried to provide guidance on how to have that individual basically removed and then isolated from the classroom through the appropriate contact tracing in conjunction with the local guidance of the local health department and the appropriate disinfection. Not necessarily with the single case then respond more broadly. I do think it is very important to have a well thought out, step by step approach to a single case versus there's multiple cases in the same classroom. Whether there's multiple cases in multiple classrooms. And to work for the schools and to respond to those in a measured way. I think that's something we continue to work with schools to help do that with our local health departments.

Related to teachers, I think the important thing I've always said, I'm a physician by training, clearly healthcare professionals have a vocation here that we had to stay in the arena to provide the medical care to individuals. Obviously, we expected if we were going to do that that the system would protect us. They would allow us to do that

safely. I would also underscore how important our teachers are. Their vocation is extremely important. They didn't need to be formally recognized as critical infrastructure because in fact I think we all know they are. I know in my life my teachers were fundamental. But again, the teachers should be able to expect that they practice their vocation. That they can do that in a way that's safe. That protects their safety and of course sensible. So, I think these are going to have to be worked out, school by school, local community by local community. I think the most important thing in all of the school openings and reopenings, that we have to stay focused on is that in order for schools to reopen and stay open, we have to have the confidence of teachers that its safe for them to go back and do their job. We have to have confidence of parents that its safe have their children at schools. We have to have confidence in students. You know I have eleven grandkids and I think, you know I have great confidence that my grandchildren go back to school and do this in a safe and sensible way. I mentioned that I do have one grandchild with significant risk, cystic fibrosis, so there are special accommodations that were required for him. I think again, I just want to congratulate and thank and honor the teachers that recognize the importance of their vocation and work with their school districts to go back and provide this critical support. Not only provide academic support for our K-12, but schools are important in emotional support, mental health support and traditional support, both for students and families.

Paul Fulton: Next question, please.

Operator: Next question comes from Brenda Goodman with WebMD.

Brenda Goodman: This is Brenda Goodman with WebMD. It looks like, if I'm reading the study, and I breezed through it pretty quickly, that the positivity rate and cases in Rhode Island of June and July were pretty low. I'm wondering if these results are going to be applicable to areas of the country that have greater transmission right now cause Dr. Redfield, you said schools are connected to their communities. And second question if I may for the Rhode Island Department of Health officials, were the schools doing anything to control the potential, um, were they cleaning the air at all to control for the potential of aerosol spray? Thank you.

Dr. Redfield: Erin, why don't you take the lead on this and then bring Amanda in, thank you.

Erin Sauber-Schatz: Sure thing, thank you. And I want to remind you, we do have Amanda DellaGrotta from Rhode Island.

Amanda DellaGrotta: Hi, good morning everyone. So, I'll speak to the question in terms of how, daycare providers and child providers have controlled the aerosol spread. I'll first say that all of our providers across the state of Rhode Island that are operating childcare have to submit a Rhode Island COVID plan in order to reopen their centers. Those plans included their infection control measures, includes ventilation practices, we haven't in our investigations identified any issues with ventilation and it doesn't seem to be an issue in our state at this time.

Dr. Redfield: And Erin, do you want to comment on the first part of the question asking the ability and what we've learned Rhode Island to maybe other parts of the nation.

Erin Sauber-Schatz: Sure, what we've learned from the Rhode Island MMWR, as Amanda has said as well as the rest of the office and the MMWR, they were able to open their childcare facilities in a safe way by applying different mitigation strategies. And when I say mitigation strategies, I'm talking about distancing, mask use, hand hygiene, cleaning and disinfection. And they also responded quickly whenever there was someone that had signs or symptoms within a childcare facility and quarantined for fourteen days until the proper follow-up could be done. So, I think is a great example of really opening in a successful way in a community that had low transmission. And also shows the flexibility and adaptability of the childcare facilities to do what was needed to do in order to prevent further transmission.

Paul Fulton: Thank you, next question, please.

Operator: Next question is from Lena Sun with the Washington Post. Your line is open.

Lena Sun: Thank you, I just wanted to follow up on the Rhode Island report. Maybe it's because I read it too quickly. You mentioned that even though there was limited secondary transmission that the impact was substantial and that 853 children and staff members were quarantined. What was the denominator? What was the total number of children and staff who were affected that you investigated?

Amanda DellaGrotta: Sure, so I'll start from the high-level side. As of right now, we have 666 childcares open in the state. That's at about 75% of total childcares in Rhode Island. Currently, 666 have the capacity to serve about 18,945 children. In terms of the number of quarantines that we've done, we took a very conservative approach in the beginning. So, if a childcare reported to us a confirmed case, of course we would ask to quarantine individuals and given the childcare plan that these centers followed and their processes, they're maintaining stable groups. Which are groups of children plus staff of no more than twenty. And this stable group structure, which prohibits mixing between these groups has mitigated the spread of the infection –

Lena Sun: Sorry, I understand that part. My question was, it's 853 out of a total population of what? I know the maximum capacity for these places is the 16,000 as you said. But of 853, what is the denominator? Is it 16,000? Is it 15,000? What is the approximate number of staff and children in these programs during this time period?

Amanda DellaGrotta: The denominator would be 18,945 children in daycare programs at this time. So that 800 and plus number includes those among the capacity to serve all 18,945.

Lena Sun: That was the capacity, but when you opened these, there are only 666. That wasn't at full capacity. Do I just need to do the percentage myself? Or do you have a rough number?

Amanda DellaGrotta: I don't. These 666 programs that have opened are able to serve at that capacity of 18,945. So, that's how many children are in daycare at this time in this state.

Lena Sun: That was the capacity and what they served? 18,945?

Amanda DellaGrotta: Correct.

Lena Sun: Okay, thank you.

Paul Fulton: Okay, next question, please.

Operator: Our next question is from Dorothy Mills-Gregg with Inside Health Policy

Dorothy Mills-Gregg: Hello, thank you for doing this call. I'm curious when we're looking at transmission rates and surrounding community of whether or not you can open schools and tracking cases. If you could kind of go over the way you're collecting that data and what is the process around that?

Dr. Redfield: Erin, do you want to answer that?

Erin Sauber-Schatz: Sure Dr. Redfield, hi this is Erin Sauber-Schatz. We are working with our state, tribal, local, and territorial health departments to monitor the transmission within the context of the local communities. At CDC, we're providing guidance, resources, and tools to help locals make the decisions about opening schools safely, as one example. So, through the monitoring at the local level of various indicators and the level of transmission in the

community, that helps to inform whether or not it's safe to open schools or not for in person learning. So, I would say that it's a collaborative effort to understand at the local context what the situation is and to make informed decisions on opening schools safely.

Dorothy Mills-Gregg: So, is there a specific platform they're submitting the information through?

Erin Sauber-Schatz: No, there is not a specific platform.

Paul: Next question, please. Standby**.** We're having brief technical issues, please stand by. Please continue to stand by.

Operator: Sir, this is the operator, can you hear me?

Paul Fulton: Yes, I can hear you, are you with us?

Operator: Yes, can you hear me?

Paul Fulton: Yes.

Operator: Sorry sir, we lost connection. We'll go to the next caller. Please stand by.

Paul: Understood, thank you,

Operator: Kiran Stacey with Financial Times, you may go ahead.

Kiran Stacey: Ah, yes. Kiran Stacey with the Financial Times. I just wanted to know, from you Dr. Redfield first of all, based on this report from Rhode Island, do you think schools should now be a little bit less cautious on opening in person, whether they should be more willing to test children in the actual facility? Second question if I may, not on this topic, if you could give me a sense of how important you think it is, that with all of the appropriate and legal milestones to hit before any vaccine is approved?

Dr. Redfield: So, the critical issue here, is we build the confidence of teachers, the confidence of parents, and confidence of students. So, I think the value and excellent work done by the Rhode Island public health group provides, I think, data. When things are done with vigilance and partnership with the public health community, that you can in fact, in what some people would believe an even more complex population and individuals with childcare. Being able to reopen childcare and to not have significant secondary transmission. So, I think it's part of building that confidence. Ultimately, that's the key. It's the confidence. As I always said, I want to reopen these schools because it's in the public health interests of K-12s as I mentioned. But it's got to be done safely and sensibly. It's got to be flexible and it's got to be done in concert with the teachers and parents, and students having confidence in that reopening.

Kiran Stacey: And the question on vaccines?

Dr. Redfield: What I'll say about vaccines briefly is that clearly, we're moving forward as you know with developing a vaccine. I'm cautiously optimistic that we'll have one before the end of the year. That although we have talked about this being at "warp speed" it's not at any cuts in our efforts for vaccine safety nor scientific integrity. The real issue that's accelerated this is the decision to make an investment required to manufacture hundreds of millions of doses of vaccine before you know the vaccine is going to work. So, I'm confident that there will be all of the rigor we always had in developing the vaccines for human to human use. In terms of the requirements for safety and efficacy and that the regulatory agencies will pursue that with vigor.

Paul Fulton: Next question, please.

Operator: Next question will come from Same Whitehead with WABE, your line is open sir.

Sam Whitehead: Hi, thank you for taking my question. Dr. Redfield, in opening schools, you say individuals should take responsibility to lower the level of COVID-19 in communities to help keep schools open. What about state officials who actually have the ability to make policy? Georgia, for instance, has not been taking the recommendations that the White House Task Force that you sit on. So, what do you make of the role and the responsibilities states have to put policies in places to keep parents, teachers, and students safe?

Dr. Redfield: Well, I think we have to say ultimately these behavioral steps, which I've called our critical weapons, powerful weapons. The reality is, at the end of the day, it's up to each individual to take the responsibility to embrace the importance of wearing a mask, social distancing, washing your hands, and being smart about crowds. Absolutely, no question, an example in leadership can help reinforce that. Some states, as you know, have decided that the best way to reinforce it has actually been to go ahead and require it. Some other states have felt that the best way to get more people to do what needs to be done is to set the example. So, I continue to appeal to the individual American public to embrace these steps as the powerful weapons that they are. To do their part and to help us all to protect the vulnerable, which is the goal line here, to minimize mortality and morbidity that this virus causes. And to do that, what we need to do, is one individual at a time, work collectively to reduce the transmission in our individual communities. No doubt, that can be reinforced by leadership to move in that direction. And ultimately, by the end of the day, and this is unfortunate for us that this virus doesn't require, a lot of times you can have a behavior that if half of us do, we can make progress. This virus isn't going to require half of us to do the mitigation steps correctly. It's not even going to require 75% of us to get this right. We really do need to see 90, 95 or 96% or more to embrace the wearing of the mask, social distancing, hand hygiene and wisdom about of how one engages in crowded places If we all do this, and I think we saw that example in Arizona, where you know starting to see the example in other jurisdictions. So, I will come back and set up a forum on what President Kennedy said "don't ask what your country can do for you, ask what you can do for your country." To paraphrase that, what we're asking the American public to do is to bring this virus to its knees. It's in our hands. It's in our grasp. But it is going to require all of us to embrace these mitigation steps. And we are going to need to do that for 4, 6, 8, 10, 12 weeks and then we will see this outbreak get under control. I'm still going to vote with the American public that we're going to move in that direction. I think we're seeing progress over the last 4 weeks. I hope that progress will continue. None of us should turn away from the recognition, that it's key that each of us to recognize that we want to make sure that COVID stops with us.

Sam Whitehead: Does that not give state officials who actually have the ability to make policy a pass here?

Paul Fulton: I'm sorry to cut you off, if you could follow up with us at media@cdc.gov we'll be happy to follow up with you on that. Can we get to our next question please?

Operator: Our next question is from Mary Ellen McIntire with CQ Roll Call.

Mary Ellen McIntire: Hi there, thanks for doing this. Dr. Redfield, I wanted to follow up on some comments you made yesterday about CDC conducting a national survey on antibody testing . I was wondering if you could talk a little bit about what you think the state of serological testing is in the US right now? Is the CDC undertaking any initiatives to improve or consolidate that to kinda make up for the current sort of patchwork approach on consistency and transparency?

Dr. Redfield: Well I think there's a variety of antibody tests out that are actually high quality. I know that the FDA has continued to review those tests and make recommendations accordingly. What CDC continues to do is try to use this as a tool, as a sort of surveillance tool for us to better understand the extent of infection that occurred in our nation. Our recent report in JAMA that gave a glimpse of the relationship at least between March, April, May. The

diagnosed infections compared to the evidence of infections we could gather by larger antibody surveillance and really came with the data to suggest that for every diagnosed case by our system in our nation, there was probably 10 more cases that actually occurred. So, rather than 2 million infections in our nation, there was more like 20 million. What it is now for June, July, and August, we don't know. We're currently obviously continuing those evaluations. It's very geographically variable. You have some jurisdictions where it's clearly less than 1% of seeing evidence of an infection and you have other jurisdictions like New York where it may be over 20%. So, we'll continue. It's important for us to understand the extent of infection. Who was really susceptible to this infection? It helps us understand the overall impact in terms of mortality and morbidity in terms of a broader population. But I do believe we have a variety of high-quality antibody tests, which I would refer you to the FDA and they continue to evaluate to see if there is any of those tests that should not be endorsed.

Paul Fulton: We have time for two more questions. Next question, please.

Operator: It comes from Amy Birnbaum with CBS News. Your line is open.

Amy Birnbaum: Thanks for taking my question. I wanted to ask how important it was to have the low incidents in order to be able to acknowledge a rapid and robust response. You talked about other communities being able to look at this data. How would you suggest the public evaluate those resources from their health department in order to be able to model the kind of response that was demonstrated in this report by Rhode Island? And is there a suggestion of contract tracers or number of man hours that should be devoted per case or type of testing, so if you could talk a little bit about (inaudible) size that out?

Dr. Redfield: Erin, do you or Amanda want to address that?

Erin Sauber-Schatz: This is Erin Sauber-Schatz, we have seen in the United States as well as in other countries that schools are able to open safely in communities with low transmission. It's more of a challenge in communities that have more wide-spread transmission, and as Dr. Redfield said, we really do need everyone to help us fight COVID-19 and do the mitigation strategies that are our best line of defense right now. By doing those things will help lower the transmission in communities and be closer to being able to open schools safely. Of course, if there are areas that have high transmission, that will put additional burden on health departments and require additional support from the health departments. Dr. Redfield is there anything you'd like to add to that?

Dr. Redfield: I think the important point and I think the questioner is astute. There's a tipping point when the extent of the infection does in fact negate the effectiveness of the traditional early case identification, contact tracing, isolation. I think, that said, there is also that tipping point as we begin to get these red zone areas to turn to yellow to turn to green, and these important public health steps really have enormous value and I just again want to extend my appreciation and congratulations to the Rhode Island public health team. A lot of people when they chose to open up hundreds and hundreds of childcare programs and to really be proactive in doing it in a way that not only monitored and evaluated, but really worked hard to try to make sure they mitigated any risk of secondary transmission and I think one of the reasons we wanted to highlight it, is that it does show the possible. I think majority of our nation at this point, actually, if you look at by county by county, is in areas we would call green zones. That is that less than 5% of tests are positive. I think this is an inspiring article to tell individuals that there is a path where one can use, in partner with their public health authorities, and safely get these childcare programs reopened. Which again are very important for our country to be able to get childcare. Again, it's an extension is we're trying to get these schools open where I think people have heard my position that I really do believe strongly that it's a public health interest for K through 12s to get back to face-to-face learning. We just have to work collectively to do that in a safe and sensible way – one school, one jurisdiction, one family at a time.

Paul Fulton: Okay and if we can take our last question please.

Operator: That will come from Mike Stobbe with the Associated Press, your line is open sir.

Mike Stobbe: Hi, thank you for taking my call. Dr. Redfield, I confess I'm just a little confused by your answers regarding to who gets credit in Rhode Island, the state and the state policies or individuals? But actually since I have limited questions, let me ask you to clarify something else. Anne Flaherty's question about teachers and critical infrastructure workers. I'm sorry could you clarify do you think it is okay for an infected teacher to be back in the classroom if they're not symptomatic.

Dr. Redfield: The critical infrastructure guidance that we have, and this all outlines around benefit as you know these were individuals that were at high risk and for exposure but had not been diagnosed and were asymptomatic. For example, the doctors and nurses shortage that we had, the meatpacking plant. Again, if someone had known infection we're obviously, our recommendations are those individuals need to be isolated based on our guidance. This is the issue if someone had a known exposure and is not necessarily known to be infected and they were a member of critical infrastructure. Individuals will evaluate that. Clearly, when there weren't enough doctors to staff the hospitals in the state of Washington or there weren't enough firemen and policemen because of people being isolated that it exposed not necessarily infected. We came up with the critical infrastructure guidance allowing those individuals that were asymptomatic to return to clinical duty provided they wore a face covering and monitored their symptoms and if they became symptomatic they needed to be removed, so a direct answer is I would not have an infected individual – someone with known infection – I would have them follow our guidance until that infection had completed its resolution.

Mike Stobbe: Thank you for that. And also, can you give us a couple of highlights of the new school guidance that you said are being announced today? What are the big changes?

Dr. Redfield: It's not really changes as much as additional information and considerations. For schools it's just continuing to build on the data and information that we had been publishing actually all the way back, as you know, in February and March. So we just added more information that helps administrators give some considerations on how to promote behaviors that reduce spread, how to make sure they keep the environment healthy, how they have some guidance about healthy operations and considerations within the school to limit COVID risk and obviously there's some more about what to do and how to prepare to react when a student in fact does get sick. So, these are more additional consideration documents to continue the dialog that really come as a consequence of the dialogs that we've been having with school districts. I do want to reiterate that one thing here that CDC stands ready to assist any school district across the country or school as they are trying to figure out how to implement the guidance documents that we have to provide technical assistance as they try to take that and make it practically work at their school. We'll continue to do that, and these documents are just more of that. To continue that dialog of sharing information on those key areas of basically healthy behaviors, healthy environments, healthy operation, and what to do when someone gets sick.

Paul Fulton: Thank you Dr. Redfield and thank you all for joining us today. The embargo lifts at 1 p.m. Eastern so in just a couple of minutes. If you have any additional questions, please call our media line 404-639-3286 or you can email media@cdc.gov. And thank you again for joining us today.

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