

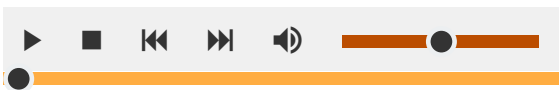
CDC Newsroom

Transcript: CDC Update on COVID-19

Press Briefing Transcript

Wednesday, December 30, 2020

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



OPERATOR: WELCOME AND THANK YOU FOR STANDING BY. ALL LINES HAVE BEEN PLACED IN A LISTEN ONLY MODE FOR TODAY'S PREPARATION. THE CALL IS BEING RECORDED. IF YOU HAVE ANY OBJECTIONS, YOU MAY DISCONNECT AT THIS TIME. I WILL NOW INTRODUCE YOUR CONFERENCE HOST, MR. BENJAMIN HAYNES. YOU MAY BEGIN.

HAYNES: THANK YOU EVERYONE WHO HAS JOINS US TO DISCUSS TWO, NEW VARIANTS OF THE VIRUS THAT CAUSES COVID-19 AS WELL AS COVID-19 VACCINES. WE ARE JOINED BY DR. HENRY WALKE, THE INCIDENT MANAGER FOR CDC'S COVID-19 RESPONSE AND DR. NANCY MESSONNIER, DIRECTOR CDC'S NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES, AND THE SENIOR FEDERAL OFFICIAL LEADING THE AGENCY'S VACCINE EFFORTS. DOCTORS WALKE AND MESSONNIER WILL HAVE OPENING REMARKS AND WE'LL BE JOINED BY DR. GREG ARMSTRONG TO TAKE YOUR QUESTIONS. THIS IS AN ON THE RECORD BRIEFING AND NOT UNDER EMBARGO. I WILL NOW TURN THE CALL OVER TO DR. WALKE.

WALKE: THANK YOU, BEN, AND THANKS TO ALL OF YOU FOR JOINING US TODAY. AS MANY OF YOU ARE AWARE, HEALTH OFFICIALS IN THE UNITED KINGDOM AND SOUTH AFRICA RECENTLY REPORTED TWO NEW VARIANTS OF SARS COV-2 THE VIRUS THAT CAUSES COVID-19. BOTH APPEAR TO INFECT PEOPLE MORE EASILY. IT IS IMPORTANT TO KNOW THAT AT THIS TIME THERE IS NO EVIDENCE THAT EITHER OF THESE VARIANTS CAUSES MORE SEVERE DISEASE OR INCREASES THE RISK OF DEATH. BECAUSE THESE VARIANTS SEEM TO SPREAD MORE EASILY, WE NEED TO BE EVEN MORE VIGILANT IN OUR PREVENTION MEASURES TO SLOW THE SPREAD OF COVID-19 BY WEARING MASKS, STAYING AT LEAST SIX FEET APART FROM PEOPLE WE DON'T LIVE WITH, AVOIDING CROWDS, VENTILATING INDOOR SPACES AND WASHING OUR HANDS OFTEN. WE CAN HELP PREVENT FURTHER INCREASES IN INFECTION AT A TIME WHEN OUR HEALTH SYSTEM IS STRAINING IN SOME PARTS OF THE COUNTRY.

I WANT TO SHARE WITH YOU IN MORE DETAIL WHAT WE KNOW AND DON'T KNOW ABOUT THESE VARIANTS. I FIRST WANT TO EMPHASIZE WE'RE EARLY ON IN OUR EFFORTS TO LEARN MORE ABOUT THESE VARIANTS AND WE EXPECT OUR UNDERSTANDING WILL CHANGE AS MORE INFORMATION BECOMES AVAILABLE. WHEN THAT HAPPENS, WE WILL UPDATE YOU.

WHAT WE KNOW.

THE FIRST VARIANT WAS IDENTIFIED ORIGINALLY IN THE UK AND HAS LIKELY BEEN CIRCULATING THERE SINCE SEPTEMBER OF 2020, ESPECIALLY IN LONDON AND SOUTHEAST ENGLAND. THE SECOND VARIANT WAS FIRST IDENTIFIED IN SOUTH AFRICA AND HAS BEEN CIRCULATING THERE SINCE OCTOBER OF 2020. THIS SECOND VARIANT DEVELOPED INDEPENDENTLY OF THE FIRST VARIANT. BOTH VARIANTS HAVE BEEN DETECTED IN OTHER COUNTRIES.

YESTERDAY, PUBLIC HEALTH OFFICIALS IN COLORADO DETECTED THE VARIANT THAT WAS FIRST IDENTIFIED IN THE UK IN A PERSON WHO REPORTED NO TRAVEL HISTORY. THE LACK OF REPORTED TRAVEL HISTORY SUGGESTS THAT THIS VARIANT HAS BEEN TRANSMITTED FROM PERSON-TO-PERSON IN THE UNITED STATES. THE ARRIVAL OF THIS VARIANT IN THE UNITED STATES WAS EXPECTED. CONSIDERING HOW WIDESPREAD IT IS IN THE UK AND HOW FREQUENTLY PEOPLE TRAVEL BETWEEN THE U.S. AND THE UK.

THE EVIDENCE TO DATE INDICATES THAT BOTH NEWLY EMERGING VARIANTS SPREAD MORE EASILY AND QUICKLY THAN OTHER STRAINS. HOWEVER, THERE IS, AGAIN, NO EVIDENCE THAT THESE VARIANTS CAUSE MORE SEVERE DISEASE OR INCREASE RISK OF DEATH. BECAUSE THE VARIANTS SPREAD MORE RAPIDLY, THEY COULD LEAD TO MORE CASES AND PUT EVEN MORE STRAIN ON OUR HEAVILY BURDENED HEALTH CARE SYSTEMS.

VIRUSES CONSTANTLY CHANGE THROUGH MUTATION. WE EXPECT TO SEE NEW VARIANTS EMERGE OVER TIME. MANY MUTATIONS LEAD TO VARIANTS THAT DON'T CHANGE HOW THE VIRUS INFECTS PEOPLE. SOMETIMES, HOWEVER, VARIANTS EMERGE THAT CAN SPREAD MORE RAPIDLY, LIKE THESE.

BASED ON OUR PRESENT KNOWLEDGE, EXPERTS BELIEVE OUR CURRENT VACCINES WILL BE EFFECTIVE AGAINST THESE STRAINS.

HERE'S WHAT WE DO NOT KNOW.

WE DON'T KNOW HOW WIDELY THE VARIANT FIRST IDENTIFIED IN THE UK HAS SPREAD IN THE UNITED STATES. WE DON'T KNOW IF THE OTHER VARIANT THAT WAS FIRST IDENTIFIED IN SOUTH AFRICA IS IN THE UNITED STATES. WE ALSO STILL DON'T KNOW HOW WIDELY THESE TWO NEW VARIANTS HAVE SPREAD ELSEWHERE AROUND THE WORLD. WE'RE STILL LEARNING HOW THESE VARIANTS MIGHT RESPOND TO DRUGS AND OTHER COVID-19 TREATMENTS, INCLUDING MONOCLONAL ANTIBODIES AND CONVALESCENT PLASMA. THE CDC CONTINUES ITS EFFORTS TO LEARN ABOUT THESE VARIANT STRAINS AND WE URGE AMERICANS TO CONTINUE TO TAKE THE PROVEN, PREVENTION STEPS THAT HELP US CONTROL THE SPREAD OF COVID-19. THESE INCLUDE WEARING MASKS, STAYING AT LEAST SIX FEET APART FROM OTHERS, AVOIDING CROWDS, VENTILATING INDOOR SPACES AND WASHING OUR HANDS OFTEN. AS NEW INFORMATION BECOMES AVAILABLE, CDC WILL PROVIDE UPDATES.

NOW I'D LIKE TO TURN THE CALL OVER TO DR. MESSONNIER TO DISCUSS DEVELOPMENTS AROUND THE COVID-19 VACCINE.

MESSONNIER: THANK YOU, DR. WALKE, AND GOOD AFTERNOON. THANK YOU FOR JOINING US. I LOOK FORWARD TO SPEAKING TO YOU TODAY ABOUT CDC'S WORK ON COVID-19 VACCINE IMPLEMENTATION. LAST WEEK WE ADDED NATIONAL DISTRIBUTION AND ADMINISTRATION DATA TO THE CDC COVID DATA TRACKER, AND TODAY WE'RE ADDING THE EQUIVALENT DATA FROM THE 64 JURISDICTIONS WHERE VACCINES ARE SENT FOR ADMINISTRATION.

JURISDICTIONS ARE UNDER IMMENSE STRESS NOW AND HAVE BEEN FOR QUITE SOME TIME. AS THE THREAT OF COVID-19 DISEASE AND DEATH REMAINS A PROBLEM HERE IN THE U.S., JURISDICTIONS ARE SUPPORTING THE LARGEST VACCINE ROLLOUT IN THE COUNTRY'S HISTORY AND TRYING TO MAINTAIN STANDARD PUBLIC HEALTH SERVICES. THEIR HARD WORK AND DEDICATION NOW AND IN THE FUTURE ARE THE REASON THE COVID-19 VACCINATION PROGRAM WILL BE SUCCESSFUL. AND AS WITH ALL THE DATA WE HAVE IN THE RESPONSE,

INCLUDING THE CASES AND TESTING COUNTS, CDC RELIES ON DATA FROM STATES, LOCALS, TRIBES AND TERRITORIES TO UNDERSTAND WHERE WE ARE AS A NATION AND WHAT SUPPORT WE CAN OFFER AS A LOCAL LEVEL TO ASSIST COMMUNITIES HARDEST HIT BY THE PANDEMIC.

TODAY WE ALSO ADDED ONLINE THE TOTAL DISTRIBUTION AND ADMINISTRATION DATA REPRESENTING THE 52 JURISDICTIONS THAT HAVE STARTED THE PHARMACY PARTNERSHIP FOR THE LONG-TERM CARE PROGRAM. SO FAR MORE THAN 2.6 MILLION PEOPLE, INCLUDING HEALTH CARE PROFESSIONALS AND NURSING HOME AND ASSISTED LIVING FACILITY RESIDENTS HAVE RECEIVED THE FIRST DOSE AND ARE ON THE WAY TOWARDS PROTECTION FROM COVID-19.

IT'S IMPORTANT TO REMEMBER IT'S BEEN LESS THAN A YEAR SINCE WE FOUND OUT ABOUT THIS VIRUS AND JUST 20 DAYS AGO THAT THE FIRST VACCINE WAS AUTHORIZED FOR USE. WITH TWO VACCINES NOW AVAILABLE HERE UNDER EMERGENCY USE, I WOULD SAY HOW FAR WE'VE COME IS AN EXTRAORDINARY ACHIEVEMENT. HOWEVER, WE HAVE ALWAYS EXPECTED AND PREPARED FOR BUMPS IN THE ROAD. PUBLIC HEALTH EXPERTS HAVE EXTENSIVE EXPERIENCE WITH VACCINE DISTRIBUTION AND ADMINISTRATION AND ARE WORKING TO QUICKLY OVERCOME OBSTACLES. THE VACCINES HAVE HAD EXTENSIVE SAFETY TESTING BEFORE BEING AUTHORIZED FOR USE.

AS WITH ANY MEDICINE THAT IS BEING DISTRIBUTED TO MILLIONS OF PEOPLE, WE EXPECT TO SEE SOME SIDE EFFECTS. RARE, BUT SERIOUS SIDE EFFECTS CAN HAPPEN. THERE HAVE BEEN SEVERAL PEOPLE WHO AFTER THE VACCINE HAVE HAD SEVERE ALLERGIC REACTIONS. CDC TAKES THESE REPORTS VERY SERIOUSLY AND HAS BEEN MEETING REGULARLY WITH FDA, OUR PARTNER IN MONITORING VACCINE SAFETY, TO DISCUSS. WE ANTICIPATE MMWR EARLY NEXT WEEK AND REGULAR ONLINE UPDATES ABOUT THE CASES. CDC STAFF AND I HAVE SPENT THE LAST FEW MONTHS LAYING THE GROUNDWORK FOR THE VACCINE ROLLOUT AND MORE RECENTLY TELLING PEOPLE ABOUT THE SPECIFIC VACCINES.

THROUGH CONFIDENCE CALLS WITH PARTNERS, CLINICIAN CALLS WITH TENS OF THOUSANDS OF HEALTH CARE PROVIDERS AND WEEKLY AND SOMETIMES DAILY CALLS WITH IMMUNIZATION AND EMERGENCY PROGRAM MANAGERS. WE RECOGNIZE PEOPLE HAVE QUESTIONS. IT'S OUR JOB AT CDC IN PUBLIC HEALTH AND AS HEALTH CARE PROVIDERS TO ANSWER THOSE QUESTIONS SO THAT WHEN VACCINE IS MORE BROADLY AVAILABLE, EVERYONE IS PREPARED TO TAKE IT. IT'S IMPRESSIVE WE'VE BEEN ABLE TO VACCINATE MILLIONS OF PEOPLE IN THE LAST TWO WEEKS AND WE WILL CONTINUE TO SUPPORT LOCAL JURISDICTIONS TO EFFICIENTLY AND QUICKLY ENSURE VACCINE GETS TO PRIORITY POPULATIONS IN THEIR COMMUNITIES.

IT'S BEEN A DIFFICULT YEAR FOR ALL OF US, INCLUDING ME. IT'S BEEN ESPECIALLY DIFFICULT TO HAVE MY CHILDREN HOME SCHOOLING AND TO NOT BE ABLE TO SEE MY FRIENDS AND FAMILY. IT'S BEEN A YEAR OF UNPRECEDENTED CHALLENGES. WE'VE STRUGGLED WITH HOW TO WORK AND HOW OUR CHILDREN LEARN AND WE'VE ALL HAD TO DISCOVER NEW WAYS TO KEEP IN TOUCH WITH FAMILY AND FRIENDS. MY HEART GOES OUT TO THE FAMILIES OF THE 349,200 PEOPLE WHO HAVE DIED FROM COVID-19, BUT THE RECENT EVENTS HAVE PROVED A REASON FOR OPTIMISM AS WE HEAD INTO THE NEW YEAR. WHILE OUR PUBLIC HEALTH AND HEALTH CARE PERSONNEL WORK HARDLY TO GET VACCINATIONS TO GO SMOOTHLY, EVERY PERSON CAN DO THEIR PART. MAKE A COMMITMENT TO GET VACCINATED WHEN IT'S YOUR TURN AND ENCOURAGE EVERYONE YOU KNOW TO DO THE SAME. I'M CONFIDENT THAT COVID-19 VACCINATION IS THE WAY THAT WE HELP.

HOWEVER, UNTIL VACCINE IS WIDELY AVAILABLE, I ENCOURAGE YOU TO DO YOUR PART TO HELP SLOWING THE SPREAD OF COVID-19 BY WEARING A MASK, SOCIALLY DISTANCING AND AVOIDING CROWDS. IMAGES OF PEOPLE BEING VACCINATED SHARED ON NEWS AND THROUGH SOCIAL MEDIA HAVE BEEN FLOODING IN AND STAFF HAVE BEEN SHARING STORIES OF FAMILY AND FRIENDS WHO HAVE BEEN VACCINATED. I WANT TO THANK THE MEN AND WOMEN WHO HAVE ALREADY ROLLED UP THEIR SLEEVES TO GET A VACCINE AND I LOOK FORWARD TO JOINING THEIR RANKS WHEN IT'S MY TURN. THANK YOU, AND I'M CERTAINLY READY TO TAKE SOME QUESTIONS.

HAYNES: THANK YOU, DR. MESSONNIER AND DR. WALKE. WE'RE READY TO TAKE QUESTIONS.

OPERATOR: AT THIS TIME WE'RE READY TO BEGIN OUR FORMAL QUESTION AND ANSWER SESSION. IF YOU WOULD LIKE TO ANSWER YOUR QUESTION, PLEASE PRESS STAR 1 ON YOUR TELEPHONE KEYPAD. THE FIRST QUESTION IS COMING FROM HELEN BRAINSWELL OF STAT. YOUR LINE IS OPEN.

STAT: THANK YOU VERY MUCH FOR TAKING MY QUESTION. I'M WONDERING IF YOU COULD GIVE US A SENSE OF ON WHAT BASIS YOU FEEL THAT THE VARIANTS MAY NOT ERODE THE EFFICACY OF THE VACCINES OR THE ANTIBODY THERAPIES? THERE'S A PREPRINT IN MIDARCHIVE FROM A GROUP IN THE UK THAT TALKS ABOUT THE EMERGENCE OF THE N 501 Y CHANGE ON THE SPIKE PROTEIN AND THIS IS IN A PATIENT WHO HAD RECEIVED CONVALESCENT SERA OR ANTIBODIES AND THERE THEY SAW AN ACTUAL CHANGE, AN EROSION AND MOVE TOWARDS ESCAPE. HAVE THERE ACTUALLY BEEN STUDIES DONE? WHAT ARE YOU BASING YOUR THAT ON?

WALKE: THANKS, HELEN. THIS IS HENRY. FIRST OF ALL, RESPONSE TO THE VACCINE IS MONOCLONAL AND SOME OF THE MUTATIONS THAT HAVE HAPPENED, FOR EXAMPLE, IN THESE NEW VARIANTS ARE VERY POINT MUTATIONS. SO I'M GOING TO ACTUALLY ASK DR. ARMSTRONG TO TALK A BIT MORE ABOUT WHAT WE'RE SEEING AND HOW THAT MIGHT RELATE TO THE VACCINE.

ARMSTRONG: YES. SO GREG ARMSTRONG. FROM WHAT WE KNOW FROM EXPERIENCE WITH THIS MUTATION AND OTHER MUTATIONS IS THAT IT'S UNLIKELY TO HAVE A LARGE IMPACT ON VACCINE-INDUCED IMMUNITY OR ON AN EXISTING IMMUNITY FROM PREVIOUS STRAINS. WE DO KNOW THAT SOME OF THESE MUTATIONS CAN RESULT IN REDUCED EFFICACY OF MONOCLONAL ANTIBODIES, BUT KEEP IN MIND THAT MONOCLONAL ANTIBODIES GENERALLY TARGET ONE PART OF THE PROTEIN, ONE WHAT WE CALL EPITOPE, WHEREAS NATURAL IMMUNITY, WHETHER IT'S NATURAL IMMUNITY OR A VACCINE-INDUCED IMMUNITY IS POLYCLONAL. IT'S AGAINST SEVERAL DIFFERENT PARTS OF THE — IN THIS CASE PARTS OF THE SPIKE PROTEIN. SO THE EXPERTS ARE GENERALLY IN CONSENSUS THAT MUTATIONS LIKE THIS ARE UNLIKELY TO CAUSE A LARGE IMPACT ON THE NEUTRALIZATION. IT MAY CAUSE A SMALL IMPACT, BUT KEEP IN MIND THAT, YOU KNOW, IT'S LIKELY THAT THE AMOUNT OF IMMUNITY THAT IS INDUCED BY EITHER NATURAL INFECTION OR BY VACCINATION IS GREAT ENOUGH THAT A SLIGHTLY DECREASED TITER MAY NOT HAVE ANY NOTICEABLE EFFECT AT ALL. BUT WITH ALL THIS SAID, THIS AGAIN IS THE OPINION OF EXPERTS FROM AROUND THE WORLD BASED ON EXPERIENCE WITH PREVIOUS SIMILAR MUTATIONS. WE HAVEN'T SEEN THE IN VITRO DATA WHICH IS UNDER WAY CURRENTLY IN THE UK AND SO WE'LL HAVE A MORE DEFINITIVE ANSWER ONCE THAT DATA IS PUBLIC.

WALKE: GREAT, THANK YOU. AND MOVE ON TO THE NEXT QUESTION.

OPERATOR: THE NEXT QUESTION IS COMING FROM CARLA JOHNSON FROM THE ASSOCIATED PRESS. YOUR LINE IS OPEN.

AP: HI, THANKS FOR TAKING MY QUESTION. BESIDES COLORADO, WHAT OTHER STATES ARE DOING GENOME SEQUENCING OF SUSPICIOUS SAMPLES, THOSE ARE THE S GENE TARGET FAILURE OR SENDING THOSE SAMPLES TO CDC FOR THOSE SEQUENCING.

WALKE: THANK YOU. DR. ARMSTRONG?

ARMSTRONG: YES. WE DON'T HAVE A COMPLETE LIST. I CAN TELL YOU THIS, WE ARE WORKING WITH A NATIONAL LABORATORY THAT GETS SAMPLES FROM AROUND THE U.S. AND TESTS THOSE WITH THE ASSAY, THE ONE THAT PRODUCES THIS RESPONSE WITH THE UK VARIANT. WE HAVE ASKED THEM TO TARGET SPECIMENS THAT HAVE THAT FROM AROUND THE COUNTRY AND WE ANTICIPATE GETTING SOME DATA FROM — BACK FROM THAT IN THE NEXT COUPLE OF DAYS. SO IN ADDITION TO THAT, THOSE NATIONAL EFFORTS, THERE ARE LOTS OF EFFORTS GOING ON LOCALLY THAT WE ARE AWARE OF, SO THE EFFORT IN COLORADO, FOR EXAMPLE, IN CALIFORNIA, IN

MASSACHUSETTS, DELAWARE. BUT AS I SAID, THERE ARE LOTS OF LABORATORIES THAT HAVE SOME CAPACITY AROUND THE U.S. WE'VE HEARD ANECDOTALLY AND DIRECTLY THAT A LOT OF THEM ARE LOOKING FOR THIS VARIANT RIGHT NOW.

WALKE: GREAT. THANK YOU. NEXT QUESTION.

OPERATOR: THE NEXT QUESTION IS COMING FROM ALINA SUN OF "THE WASHINGTON POST." YOUR LINE IS OPEN.

WAPO: THANK YOU. THIS QUESTION IS FOR DR. MESSONNIER. DOCTOR, COULD YOU TALK A LITTLE BIT MORE ABOUT WHY THERE IS SUCH A HUGE GAP BETWEEN DISTRIBUTION AND ADMINISTRATION? WHAT IS HAPPENING ON THE GROUND? IS THERE ANY ADDITIONAL FEDERAL EFFORT TO MAYBE SMOOTH THAT PROCESS OR CHANGE THE WAY THINGS ARE BEING DONE SO THAT MORE SHOTS ARE GETTING INTO ARMS?

MESSONNIER: SURE. THANK YOU FOR THAT QUESTION. IT'S A REALLY IMPORTANT POINT. WE NEED TO REMEMBER THAT THESE ARE NEW VACCINES ON NEW PLATFORMS WITH SLIGHTLY COMPLEX REQUIREMENTS FOR STORAGE, HANDLING AND ADMINISTRATION. AND WE'RE LAUNCHING A VACCINE CAMPAIGN IN THE MIDST OF A PANDEMIC SURGE AFTER A YEAR THAT'S DRAINED AND STRAINED HEALTH CARE PROVIDERS AND PUBLIC HEALTH DEPARTMENTS. WE'RE LAUNCHING A PUBLIC VACCINE CAMPAIGN DURING THE WINTER HOLIDAYS. MANY JURISDICTIONS PLANNED FOR A MORE MEASURED START TO VACCINATIONS, AND I'M EXCITED THAT 2.5 MILLION PEOPLE HAVE INITIATED VACCINE AND ARE ON THE WAY TO GETTING PROTECTED. I REALLY EXPECT THAT THOSE NUMBERS ARE GOING TO INCREASE FAST NEXT WEEK.

HAYNES: NEXT QUESTION, PLEASE.

OPERATOR: THE NEXT QUESTION IS COMING FROM "THE NEW YORK TIMES." YOUR LINE IS OPEN.

NY TIMES: HI, THANK YOU FOR TAKING MY QUESTION. I WANT TO GO BACK TO THE VARIANTS AND ASK AS AN ADDENDUM TO WHAT CARLA WAS ASKING, IS THERE A PLAN TO SEQUENCE MORE OF THESE GENOMES IN THE UNITED STATES SO THAT WE CAN SPOT VARIANTS A LITTLE BIT FASTER? AND ALSO WILL THERE BE A CONCERTED PLAN GOING FORWARD AS THERE IS WITH INFLUENZA TO SPOT VARIANTS?

WALKE: DR. ARMSTRONG?

ARMSTRONG: YES, SURE. SO THE SHORT ANSWER IS YES. WE'RE PURSUING THIS ALONG SEVERAL LINES. NUMBER ONE IS A NATIONAL SYSTEM WE'RE CALLING THE NATIONAL COVID 2 STRAIN SURVEILLANCE SYSTEM THAT GOT UNDER WAY IN NOVEMBER AND WE'RE NOW SCALING IT UP TO A POINT WHERE WE'LL BE RECEIVING 750 SAMPLES PER WEEK FOR SEQUENCING AND FURTHER CHARACTERIZATION. TO SUPPLEMENT THAT, WE'RE WORKING WITH AT LEAST TWO NATIONAL REFERENCE LABS AND HOPE TO BE SHORTLY WORKING WITH AT LEAST ONE MORE. FUNDING THEM TO SEQUENCE VIRUSES FROM AROUND THE U.S. SO FAR WE HAVE COMMITMENTS FOR 1,750 SEQUENCES PER WEEK AND WE'RE HOPING TO ADD ANOTHER 1,000 TO THAT, SO THAT BETWEEN THESE FIRST TWO SYSTEMS, WE ANTICIPATE SCALING UP TO 3,500 WHOLE GENOME SEQUENCES PER WEEK. NOW, IN ADDITION TO THAT, SINCE LAST YEAR WE'VE PUT OUT CONTRACTS TO SEVEN DIFFERENT ACADEMIC CENTERS AROUND THE U.S. TO DO SEQUENCING LOCALLY. THOSE ARE IN BOSTON, NEW HAVEN, ATLANTA — EXCUSE ME, ATHENS, GEORGIA, NASHVILLE, MADISON, WISCONSIN, AND THE SCRIPPS INSTITUTE IN SAN DIEGO. AND THOSE ARE WORKING WITH — THOSE GROUPS HAVE BEEN WORKING SINCE EARLIER THIS YEAR COLLABORATING WITH PUBLIC HEALTH AGENCIES. IN ADDITION TO THAT, WE'VE OVER THE LAST SEVERAL YEARS, WE'VE BEEN BUILDING CAPACITY FOR SEQUENCING STARTING HERE AT CDC. AND FOR THE LAST FEW YEARS IN STATE AND LOCAL HEALTH DEPARTMENTS UNDER A PROGRAM CALLED THE ADVANCED MOLECULAR DETECTION PROGRAM, OR AMD, SUCH THAT ALL PUBLIC HEALTH LABS AT THIS POINT HAVE THE CAPACITY TO DO THE SEQUENCING. AND A NUMBER OF THEM HAVE ALREADY BEEN APPLYING SEQUENCING LOCALLY TO BETTER UNDERSTAND THE EPIDEMIOLOGY LOCALLY AND TO RESPOND TO

THE — TO RESPOND TO THE PANDEMIC. ABOUT TWO WEEKS AGO WE PUT OUT FUNDING TO THOSE STATE AND LOCAL HEALTH DEPARTMENTS TO INCREASE THE AMOUNT OF SEQUENCING THAT THEY'RE DOING. AND THEN IN ADDITION TO ALL THAT, SINCE APRIL WE'VE BEEN CONVENING A GROUP CALLED SPHERES. YOU CAN GET INFORMATION ABOUT THAT BY SEARCHING THE INTERNET FOR SPHERES CORONAVIRUS. THIS IS A CONSORTIUM OF OVER 160 GROUPS AROUND THE U.S. THAT ARE DOING SEQUENCING. IT INCLUDES PUBLIC HEALTH, ACADEMIA, NONGOVERNMENTAL ORGANIZATIONS AND INDUSTRY.

WALKE: GREAT, THANK YOU. LET'S GO TO THE NEXT QUESTION.

OPERATOR: THE NEXT QUESTION IS COMING FROM ELIZABETH WEIS OF "USA TODAY." YOUR LINE IS OPEN.

USA TODAY: THANKS FOR TAKING MY QUESTION. I WANTED TO ASK ABOUT THE LONG-TERM CARE FACILITY VACCINATION PROGRAM, AND I'M TRYING TO GET CLARITY AROUND THE AMOUNT OF VACCINE THAT HAS TO BE HELD BACK FOR THAT AND WHETHER OR NOT THAT MIGHT BE IMPACTING THE DIFFERENTIAL BETWEEN VACCINES SHIPPED AND VACCINES ACTUALLY ADMINISTERED.

WALKE: DR. MESSONNIER?

MESSONNIER: YES. THANKS FOR THE QUESTION. I THINK IT IS IMPACTING THE DIFFERENTIAL ESPECIALLY THIS WEEK. SO I THINK — YOU CAN IMAGINE THAT BEFORE PHARMACIES START SCHEDULING OUT VACCINATION CLINICS, THEY WANTED TO BE SURE THAT THERE WAS ENOUGH VACCINE AVAILABLE SO THAT WHEN THEY ENTERED THE FACILITY, THEY HAD ENOUGH FOR EVERYBODY IN THE FACILITY THAT WANTED THE VACCINE. SO THE PROCESS DOES INVOLVE MAKING SURE THAT THAT VACCINE IS AVAILABLE BEFORE LAUNCHING THE LONG-TERM CARE CAPACITY PROGRAM IN THAT JURISDICTION AND ESPECIALLY THIS WEEK, THAT PERHAPS ACCOUNTS FOR SOME OF THOSE DISCREPANCIES. THAT LONG-TERM CARE FACILITY PROGRAM WILL REALLY START ESCALATING THE NUMBER OF CLINICS THAT IT'S CONDUCTING THIS WEEK AND INTO NEXT WEEK AND THAT'S PART OF THE REASON THAT I'M SO CONFIDENT WE'RE GOING TO START SEEING THE NUMBER OF PEOPLE WHO ARE RECEIVING VACCINE TO START GOING UP SO QUICKLY NEXT WEEK. THANK YOU.

HAYNES: NEXT QUESTION, PLEASE.

OPERATOR: THE NEXT QUESTION IS COMING FROM PETER LOFTIS FROM "THE WALL STREET JOURNAL." YOUR LINE IS OPEN.

WSJ: HELLO. YESTERDAY MODERNA SAID THAT THEY WERE OFFERING THEIR VACCINE TO THEIR EMPLOYEES, CONTRACTORS AND MEMBERS OF THE BOARD OF DIRECTORS. I'M WONDERING WHAT CDC THINKS ABOUT THAT IN LIGHT OF THE PRIORITIZATION PLAN THAT'S BEEN APPROVED BY ACIP. IS THIS THE KIND OF THING THAT THE CDC NEEDS TO APPROVE OR AUTHORIZE OR IS THAT NOT REALLY IN YOUR PURVIEW?

MESSONNIER: THIS IS DR. MESSONNIER. SO ACIP MAKES RECOMMENDATIONS, ESPECIALLY AROUND PRIORITIZATION. WE UNDERSTAND THAT THERE WILL BE A LEVEL OF LOCAL ADAPTATION. AND FRANKLY, THAT'S EXPECTED. SO THE QUESTION OF MODERNA IS REALLY SOMETHING THAT MODERNA NEEDS TO BE DISCUSSING WITH THEIR JURISDICTION. WHAT I CAN SAY PERHAPS FOR ME IS THAT I HAVEN'T BEEN VACCINATED YET. I'M READY AS SOON AS IT'S MY TURN. I WILL RAPIDLY ROLL UP MY SLEEVE AND ACCEPT THE SHOT. BUT I HAVEN'T BEEN VACCINATED BECAUSE THOSE INITIAL VACCINES ARE GOING TO THE PEOPLE ON THE FRONT LINES, THE HEALTH CARE WORKERS THAT HAVE BEEN DEALING WITH PATIENTS SINCE THE BEGINNING AND FOLKS IN LONG-TERM CARE FACILITIES WHO ARE REALLY HIGH RISK. SO I'M WAITING MY TURN. I KNOW THAT FOR LOTS OF PEOPLE IN THE UNITED STATES, YOU'RE GOING TO HAVE TO BE A LITTLE PATIENT AND WAIT UNTIL IT'S THEIR TURN. I HOPE THAT THEY WILL COME SOON. WHEN IT DOES, I CERTAINLY WILL BE READY FOR IT.

HAYNES: NEXT QUESTION, PLEASE.

OPERATOR: THE NEXT QUESTION IS COMING FROM DREW ARMSTRONG OF THE BLOOMBERG NEWS. YOUR LINE IS OPEN.

BLOOMBERG: HI. THANK YOU FOR TAKING MY QUESTION. I'M WONDERING ABOUT THE JURISDICTION LEVEL DATA YOU INTEND TO UPDATE SHORTLY. CAN YOU TALK ABOUT HOW FREQUENTLY WE WILL SEE THOSE UPDATES, EXACTLY WHAT DATA CATEGORIES THAT WILL INCLUDE AND IF YOU ANTICIPATE ADDING ADDITIONAL GRANULARITY LATER? AND HOW SHOULD WE UNDERSTAND ANY DATA LAG ASSOCIATED WITH THAT, IF YOU CAN CHARACTERIZE NUMBER OF DAYS AND HOW THAT MIGHT CHANGE OVER TIME AS YOUR REPORTING SYSTEMS GET CLOSER TO REALTIME.

MESSONNIER: SO I'M HAPPY TO TALK ABOUT THAT. ACTUALLY ONE OF THE REALLY EXCITING THINGS ABOUT THIS IS THAT WE'VE ACTUALLY MANAGED TO REALLY GET END-TO-END DATA FLOW FROM THE PATIENT THROUGH THE SYSTEM THROUGH A DATA LINK WHERE WE CAN ACCESS IT AND WHERE THE JURISDICTIONS HAVE FULL ACCESS TO THEIR DATA FOR DECISION-MAKING. THE DATA THAT'S COMING TO CDC DOES ALLOW US VISIBILITY ON OVERALL WHAT'S GOING ON WITH THE PROGRAM. FOR NOW WE'RE PLANNING TO UPDATE THOSE NUMBERS THREE TIMES A WEEK, BUT WE'RE THINKING IN JANUARY THAT WE MAY BE GOING TO A DAILY UPDATE. IN TERMS OF THE LAG TIME, THE AGREEMENT PROVIDERS SIGN BEFORE THEY ACCEPT A VACCINE GIVE THEM UP TO 72 HOURS TO GET THEIR DATA IN THE SYSTEM, AND THAT'S PARTLY WITH THE UNDERSTANDING THAT WHEN THEY'RE SO RAPIDLY WORKING TO VACCINATE PEOPLE, IT MAY TAKE THEM A LITTLE TIME TO BE ABLE TO ENTER ALL THE DATA. WHAT WE'RE ACTUALLY SEEING SO FAR IS THAT IT'S LESS THAN THAT. THE AVERAGE IS SOMEWHERE CLOSER TO 50 HOURS. I CERTAINLY ANTICIPATE THAT ONCE THE SYSTEM STARTS RUNNING SMOOTHLY, THAT DATA WILL BE MUCH MORE SEAMLESS. SO WHEN YOU LOOK AT IT RIGHT NOW, I WOULD THINK ABOUT IT AS BEING A DAY OR TWO BEHIND BUT EXPECT THAT WE ARE WORKING TO REALLY IMPROVE THOSE TIMELINES. AND IN TERMS OF WHAT KIND OF DATA YOU'LL SEE, YOU'LL SEE SUMMARY DATA FOR NOW BUT WE ARE ACTIVELY LOOKING AT THE DATA TO MAKE SURE THAT WE UNDERSTAND WHICH VARIABLES ARE COMPLETE. WE'RE WORKING WITH THE JURISDICTIONS TO SEE, FRANKLY, THE MOST IMPORTANT THING IS THE DATA THAT THEY NEED TO MAKE PROGRAM DECISIONS BUT WILL ALSO BE LOOKING TO INCREASE THE VISIBILITY OF THE DATA OUT TO THE PUBLIC.

WALKE: GREAT, THANK YOU. NEXT QUESTION.

OPERATOR: THE NEXT QUESTION IS COMING FROM MAX BAER OF CBS NEWS NATIONAL. YOUR LINE IS OPEN.

CBS NEWS: HI, THANK YOU FOR HOSTING THIS BRIEFING. DR. MESSONNIER, ON DECEMBER 1st YOU HAD ANTICIPATED THAT MOST JURISDICTIONS WOULD BE ABLE TO VACCINATE ALL OF THEIR HEALTH CARE WORKERS WITHIN THREE WEEKS OF THE FIRST SHIPMENT. WHAT ASSUMPTIONS WERE MADE THEN THAT DIDN'T END UP PANNING OUT GIVEN WHAT WE'RE SEEING NOW WITH THE ADMINISTRATION OF THE VACCINE.

MESSONNIER: WHEN WE ASKED JURISDICTIONS AROUND THE LAUNCH OF THE PROGRAM HOW LONG IT WOULD TAKE THEY EXPECTED TO VACCINATE THEIR STAFF WITH THE DATA THAT THEY HAD AVAILABLE AT THE TIME, MOST JURISDICTIONS SAID THAT THEY EXPECTED IT TO TAKE THREE TO FOUR WEEKS. THOSE WERE THEIR PROJECTIONS. I THINK MANY OF THEM THANKFULLY DID NOT EXPECT TO BE HAVE TO BE LAUNCHING THE VACCINE CHRISTMAS WEEK AND I DO THINK THAT HAS IMPACTED A LITTLE BIT OF THE ROLLOUT OF THE CAMPAIGN. THERE WAS CERTAINLY SOME CHANGES IN TERMS OF HOW MANY DOSES WERE AVAILABLE THAT LED TO SOME LAST-MINUTE CHANGES AT THE JURISDICTIONAL LEVEL IN TERMS OF HOW THEY WERE PLANNING OUT THEIR CAMPAIGNS. IT'S BEEN A REALLY SHORT PERIOD OF TIME. AND AGAIN, THESE ARE SOMEWHAT COMPLICATED AND THERE IS A REASON — THE VACCINES ARE PRECIOUS AND JURISDICTIONS ARE APPROPRIATELY BEING CAREFUL WITH THEM. FRANKLY, THEY ALSO WANT TO MAKE SURE THAT THEY'RE TRYING TO EDUCATE ANYBODY ACCEPTING THE VACCINE

SO I THINK IT'S TAKING A LITTLE BIT OF TIME. BUT I REALLY DO EXPECT NEXT WEEK WHEN THE HOLIDAYS ARE OVER FOR THOSE NUMBERS TO RAPIDLY JUMP AS JURISDICTIONS MOVE AHEAD QUICKLY TO PROTECT THEIR HEALTH CARE PERSONNEL AND ALSO THEIR LONG-TERM CARE FACILITY RESIDENTS.

HAYNES: NEXT QUESTION, PLEASE.

OPERATOR: THE NEXT QUESTION IS COMING FROM ELIANA BLOCK, WUSA 9. YOUR LINE IS OPEN.

WUSA: HI THERE. I HAVE A QUICK QUESTION FOR YOU, AND THANK YOU SO MUCH FOR HOSTING THIS AGAIN. TO DATE HOW MUCH VARIANTS OF SARS COV-2 HAVE BEEN DISCOVERED DURING THE PANDEMIC WORLDWIDE?

WALKE: THANK YOU. DR. ARMSTRONG?

ARMSTRONG: YEAH. THAT'S REALLY AN IMPOSSIBLE QUESTION TO ANSWER, BECAUSE IT DEPENDS ON HOW YOU DEFINE A VARIANT. WHAT DEFINES THE VARIANT B-117, THE ONE THAT EMERGED IN THE UK, IS A SPECIFIC SET OF MUTATIONS THAT ARE FOUND IN ALL THE VIRUSES THAT ARE A PART OF THIS VARIANCE. IT'S BELIEVED THAT THESE ARE ALL DESCENDANTS OF A SINGLE VIRUS BACK IN — THAT CAME INTO BEING BACK IN MID-SEPTEMBER. BUT, YOU KNOW, THERE ARE — AGAIN, IT DEPENDS ON IF YOU CAN THINK OF A TREE AND THINK OF A TREE AS HAVING BRANCHES, HOW DO YOU DEFINE A BRANCH. YOU KNOW, IS IT THE — IS IT THE TWIGS THAT ARE AT THE END OF THE TREE OR IS IT THE LARGER BRANCHES TOWARD THE CENTER OF THE TREE? DEPENDING ON HOW YOU DEFINE THAT AND MAKE THAT CUTOFF WILL DETERMINE HOW MANY VARIANTS THERE ARE.

WALKE: THANK YOU, DR. ARMSTRONG. LET'S MOVE ON TO THE NEXT QUESTION.

OPERATOR: THE NEXT QUESTION IS COMING FROM NATHAN WAXWELL OF THE HILL. YOUR LINE IS OPEN.

THE HILL: HI, THANKS FOR TAKING MY QUESTION. I'M WONDERING IF THE CDC CAN SAY IF YOU KNOW WHEN THIS MONEY THAT WAS ALLOCATED IN THE MOST RECENT STIMULUS BILL TO STATES FOR VACCINE DISTRIBUTION MIGHT START GOING OUT?

WALKE: YEAH, THANKS FOR THAT QUESTION. YOU KNOW, THERE'S ACTUALLY CONGRESSIONAL LANGUAGE THAT SPEAKS TO THIS. WE'RE REVIEWING THE FUNDS RIGHT NOW AND THE SUGGESTED ACTIVITIES FROM CONGRESS. WE'RE GOING TO GET THAT — WE'RE GOING TO MOVE THOSE FUNDS OUT TO THE STATES WHERE THEY'RE NEEDED AS SOON AS POSSIBLE.

HAYNES: WE HAVE TIME FOR ONE MORE QUESTION, PLEASE.

OPERATOR: IT LOOKS LIKE THE LAST QUESTION IS COMING FROM SARA MILLER OF NBC NEWS. YOUR LINE IS OPEN.

NBC NEWS: HI, THANK YOU. I WANTED TO KNOW IF THERE'S ANY INDICATION THAT A MORE CONTAGIOUS VARIANT LIKE THIS, IF THE CURRENT MITIGATION METHODS THAT WE USE, MASKS AND SOCIAL DISTANCING, WOULD BE LESS EFFECTIVE?

WALKE: HI, THIS IS HENRY. I'LL TAKE THAT. WE HAVE NO EVIDENCE THAT OUR MITIGATION MEASURES THAT IS IN OUR GUIDANCE NOW, WHICH IS WASHING YOUR HANDS, MAINTAINING DISTANCE, WEARING A MASK AND AVOIDING LARGE GATHERINGS, WE HAVE NO EVIDENCE THAT THIS WILL — THIS WILL BE — WE HAVE EVIDENCE — WE HAVE NO EVIDENCE THAT IT WON'T WORK WITH THESE VARIOUS VARIANTS. SO WE'RE PUSHING OUR SAME MESSAGES THAT WE'VE BEEN PUSHING ALL ALONG. AND EVEN THOUGH WE DO THINK THAT THIS VARIANT THAT ORIGINATED IN THE UK THAT WE FOUND IN THE UK BASICALLY POTENTIALLY MAY TRANSMIT, YOU KNOW, MORE THAN THE OTHER, WE FIRMLY BELIEVE THAT OUR MITIGATION MEASURES IN OUR GUIDANCE NOW WILL WORK.

HAYNES: THANK YOU, DR. WALKE, DR. MESSONNIER AND DR. ARMSTRONG. THANK YOU ALL FOR JOINING US TODAY. THIS WILL CONCLUDE OUR BRIEFING. IF YOU HAVE FURTHER QUESTIONS, PLEASE FEEL FREE TO CALL THE MAIN MEDIA LINE AT 404-639-3286 OR EMAIL MEDIA@CDC.GOV. THANK YOU.

OPERATOR: THIS WILL CONCLUDE TODAY'S CONFERENCE. ALL PARTIES MAY DISCONNECT AT THIS TIME.

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[U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES](#) 

CDC works 24/7 protecting America's health, safety and security. Whether disease start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

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