

APRIL 27, 2021

Press Briefing by White House COVID-19 Response Team and Public Health Officials

12:17 P.M. EDT

ACTING ADMINISTRATOR SLAVITT: Good afternoon, everyone. Thank you for joining us.

We're going to be moving our press briefing calls from three days per week on Monday, Wednesday, and Friday, going forward to twice per week on Tuesdays and Fridays.

As we enter the next phase of our COVID-19 response, transparency with you is vital and you will continue to see this transparency in a variety of formats. We will continue to bring you updates on our progress; the public health messages; and the stories behind the science, health equity, and our efforts to improve confidence in and access to vaccines; and of course, continue to take your questions.

Joining me today are Dr. Walensky and Dr. Fauci. I will turn to them after I provide an update on some key areas of interest.

We had a call today, as we do every Tuesday, with all of the governors. The call we had just now was led by Jeff Zients and health and medical experts.

On today's call, we thanked the governors for their leadership to date, which has helped us to deliver at least one shot to now more than 54 percent of all adults in the country. We also outlined the path forward as we move into the next phase of our vaccination program, where everyone 16 and over is eligible to get vaccinated.

Of particular interest on the call was a discussion on how to best to help college students get themselves vaccinated. This is a topic of keen interest to

governors because many students who are getting the Moderna or Pfizer two-dose vaccine might need to get their second shot at the location where they reside during the summer — often in another state.

We at the federal government strongly support the work of states to focus on helping students to at least begin the vaccination process during the remaining school year.

College students lead lives that make physical isolation somehow a little more challenging. I say this with the knowledge of having one — a college student, that is — as well as a recent graduate, now in his 20s. And a vaccine seems like the best way not to battle their impulse to socialize.

So, we are very supportive of states in their effort to improve access and make it even easier for their students to get their shots.

To do our part, we shared with governors that we will be ensuring that pharmacies in the federal pharmacy program do not have residency requirements in place, so that students who do return home can get their second dose in that home state.

Now, in fact, most pharmacies administering shots will now offer anyone a second dose regardless of where they got their first. This seems like a good opportunity to remind you to get your second shot if it's your time and if you haven't.

We also discussed this week's vaccine allocation on the call. This week, nearly 30 million doses will go out across channels, with the vast majority going to states, Tribes, and territories.

And we reminded governors that the federal government stands ready to help states put shots into arms as quickly as possible, and we continue to conduct one-on-one sessions with their teams each day throughout the week.

I want to turn to the global situation and briefly address the recent COVID-19 surge in India. First of all, we stand with the country of India during this very trying and tragic surge.

Over the weekend, we shared that we are working to deploy resources and supplies, including therapeutics, rapid testing kits, ventilators, PPE, and raw materials that are needed to manufacture vaccines in India. And CDC, which has a long history of working with and in India on public health measures, will be deploying a Strike Team to the country to support the public health efforts there. We are committed to helping India through this difficult time.

In addition, yesterday, we announced that given the strong portfolio of approved, highly effective, and safe vaccines here in United States, we are looking at the options to share AstraZeneca vaccines with other countries as they become available. This should amount to around 60 million doses or so over the next two months.

The AstraZeneca vaccine is highly safe and effective, and approved in many parts of the world. And since it is not approved for use in the U.S., we do not need to use the AstraZeneca vaccine here during the next few months. We have sufficient supply of vaccines from Pfizer, Moderna, and Johnson & Johnson to accommodate our needs in the U.S.

In closing, before I hand it over to Dr. Walensky, vaccines are now broadly available, accessible, and are located within five miles of 90 percent of Americans. If you are 16 or above and have not been vaccinated, the scenes around the world should help convince you that now is the time. Your risk from being unvaccinated is too high. Please make an appointment today.

And, with that, I will turn it to Dr. Walensky.

DR. WALENSKY: Thank you, and good afternoon. And I'm so glad to be back with you all again today. Let's begin with an overview of the data.

Yesterday, CDC reported over 34,600 cases of COVID-19. Our seven-day average is just over 54,400 cases per day, and this represents a really hopeful decline of about 21 percent from our prior seven-day average. The seven-day average of hospital admissions is just over 5,100. Again, a positive sign, with a decrease of about 9 percent from the previous seven-day period. And the seven-day average of daily deaths also declined to about 660 per day, a decrease of about 6 percent.

Each day, more and more Americans are rolling up their sleeves and getting vaccinated, and likely contributing to these very positive trends. We regularly share with you the benefits of vaccination, the efficacy in preventing infection, and the decreases we see in hospitalizations and deaths. These are incredibly important benefits of vaccination, and there are so many more.

I know that the quarantine and shutdowns throughout the pandemic have been exhausting. I know that we all miss the things that we used to do before the pandemic, and I know that we all want to get back to doing those things that we love, and soon.

Today is another day we can take a step back to the normalcy of before. Over the past year, we have spent a lot of time telling Americans what they cannot do, what they should not do. Today, I'm going to tell you some of the things you can do if you are fully vaccinated.

Again, as a reminder, the CDC defines "fully vaccinated" as 14 days after your second dose of a Pfizer or Moderna vaccine, or 14 days after your single dose of a J&J vaccine.

Today, CDC is updating our recommendations for fully vaccinated people and providing guiding principles and sample activities to give people who are fully vaccinated a way to assess their own risk for COVID-19 and determine what situations are safe.

If you are fully vaccinated, things are much safer for you than those who are not yet fully vaccinated. This guidance will help you, your family, and your neighbors make decisions based on the latest science and allow you to safely get back to things you love to do.

I am optimistic that people will use this information to take personal responsibility to protect themselves and to protect others and, I hope, will encourage people to get fully vaccinated.

There are many situations where fully vaccinated people do not need to wear a mask, particularly if they are outdoors, as shown by the graphic on the

right. If you are fully vaccinated and want to attend a small outdoor gathering with people who are vaccinated and unvaccinated or dine at an outdoor restaurant with friends from multiple households, the science shows, if you're vaccinated, you can do so safely unmasked.

On the CDC website, we have posted examples of numerous outdoor activities that are safe to do without a mask if you are fully vaccinated. Generally, for vaccinated people, outdoor activities without a mask are safe. However, we continue to recommend masking in crowded outdoor settings and venues, such as packed stadiums and concerts, where there is decreased ability to maintain physical distance and where many unvaccinated people may also be present. We will continue to recommend this until widespread vaccination is achieved.

Now, let's talk about what you can do indoors. Here, again, we have unvaccinated people and their risk on the left, where nothing has changed. Risk is indicated and masking is required. We then show the markedly decreased risk for vaccinated people on the right. Given what we know about COVID-19 vaccines and their efficacy, it is also safe for those who are fully vaccinated to return to the activities they love doing inside while wearing a mask.

The guiding principles we released today and the illustrative examples compare the safety of several activities if you are vaccinated or not, and the difference is clear. As we gather more and more data on the real-world efficacy of vaccines, we know that masked, fully vaccinated people can safely attend worship services inside, go to an indoor restaurant or bar, and even participate in an indoor exercise class. Although these vaccines are extremely effective, we know that the virus spreads very well indoors. Until more people are vaccinated and while we still have more than 50,000 cases a day, mask use indoors will provide extra protection.

The examples today show that when you are fully vaccinated, you can return to many activities safely, and most of them outdoors and unmasked, and begin to get back to normal. And the more people who are vaccinated, the more steps we can take towards spending time with people we love doing the things we love to enjoy.

I hope this message is encouraging for you. It shows just how powerful these vaccines are in our efforts to end this pandemic, and why we're asking everyone to roll up their sleeves and get vaccinated.

The science is clear: The COVID-19 vaccines have been through many transparent, rigorous processes that continue to prove they are safe and effective.

If you haven't already, please get vaccinated. In some communities, you can find walk-up venues who have advanced appointments or where appointments aren't even necessary. To see more details about what we released today, including the evidence and science behind these recommendations, and to learn more about the activities you can safely do when you are fully vaccinated, please go to CDC.gov.

Thank you, and I'll now turn things over to Dr. Fauci.

DR. FAUCI: Thank you very much, Dr. Walensky. I'd like to spend just the next couple of minutes talking about the subject of variants and the role of vaccination in protecting against variants.

Can I have the first slide, please?

So we're going to look at evidence from clinical trials, and when they are not available, from laboratory studies, as well as real-world experience to indicate the degree of protection against variants of interest or concern.

Next slide.

Here is a list, very familiar to you, of a number of the variants that are in play throughout the world and in the United States.

Next slide.

So let's go quickly through them and make one or two comments to inform where we are. First, the B117 — the original UK variant — which now has assumed dominance in the United States.

Next slide.

It is very clear now that this particular variant is covered very well by the mRNA vaccines, as well as by the AstraZeneca, Novavax, and others, as shown by data from Israel — on the right — in which the dominant 117 predominates there. And as you can see, as the vaccine doses increase, the cases come down. Similarly, in the United Kingdom, using other vaccines, you see the same situation. This is good news, since this is the dominant variant.

Next slide.

The next slide is the one that's the most problematic, the South African variant, which is certainly not dominant here but is in South Africa and other locations throughout the world.

Next slide.

The data we have, I presented at a former conference. As you can see, the J&J is 64 percent efficacious; the Novavax, 60 percent; the AstraZeneca, not so good.

Of note, Pfizer did a small study in which they looked at the effect in South Africa, and they found that, as a matter of fact, it was 100 percent effective. The caveat here: It's still a very small study.

But note the J&J — that even though it was 64 percent effective in South African study, there were virtually no deaths or hospitalizations. So although the efficacy went down for moderate disease, there was good protection against serious disease.

Next slide.

Then we have the P1 — the one that is right now ravaging Brazil.

Next slide.

We know from studies now that there's variable protection in real-world

effectiveness, namely things that were not done necessarily in a clinical trial. In Brazil, it was 50 percent effective after a single dose. They went on to a second dose, and that stayed at approximately 50 percent. This was under the condition where 75 percent of the cases were P1.

Rather similar results from Chile — a little bit better — with sivi- — 67 percent effective versus symptomatic disease 14 days after the second dose.

Next slide.

Now, returning to the United States: the California variant, 429/427.

Next slide.

Here we have mostly in vitro data. And by “in vitro data,” we mean we take the antibodies that are induced by vaccines — in this case, mRNA — and we determine their ability to neutralize the given variants in the test tube.

And as you can see, there’s a slight-to-modest loss here of about two- to threefold. This is not likely going to be relevant from a clinical standpoint since there’s a considerable cushion in the antibodies induced by this vaccine.

Next slide.

And then we have the 526, which was originally the New York and spreading in certain areas in the New York City metropolitan area.

Next slide.

Here, too, we rely on in vitro data with a moderate loss about three to five times of neutralizing activity from the mRNA. Again, this is still within the cushion that you would see protected since the antibodies induced by this vaccine are considerably high.

And then, finally — next slide — we have the troublesome India 617.

Next slide.

Now, this is something where we're still gaining data on a daily basis, but the most preli- — the most recent data was looking at convalescent sera of COVID-19 cases in people who received the vaccine used in India — the Covaxin — and it was found to neutralize the 617 variant.

So despite the real difficulty that we're seeing in India, vaccination could be a very, very important antidote against this.

So I'll stop there with the final statement. The one thing you can gather from everything I've said: that it's very important to get vaccinated.

So as Dr. Walensky said, even when you're talking about variants — indoors, outdoors — get vaccinated and you will certainly have a degree of protection.

I'll hand it back to you, Andy.

ACTING ADMINISTRATOR SLAVITT: Thank you. Okay, let's go to questions.

MODERATOR: Thanks, Andy. And I know a lot of people have questions today, so please keep your question to one question. Let's go to Erin Billups at Spectrum News.

Q Hi. Thanks for taking my question. Can you guys explain the science behind the guidance change at this moment? Is the understanding that there are enough Americans fully vaccinated to sufficiently slow the spread of coronavirus outdoors — that the likelihood of transmission outdoors is very low?

And what about pockets of the country that have not yet reached national levels of vaccination? Should the guidance be different for areas with lower vaccine — vaccination rates?

ACTING ADMINISTRATOR SLAVITT: Dr. Walensky.

DR. WALENSKY: Thank you. There's increasing data that suggests that most of transmission is happening indoors rather than outdoors; less than 10

percent of documented transmission, in many studies, have occurred outdoors. We also know that there's a — almost a 20-fold increased risk of transmission in the indoor setting than the outdoor setting.

That, coupled with the fact that we now have 30 percent — 37 percent of people over the age of 18 fully vaccinated and the fact that our case rates are now starting to come down, motivated our change in guidance.

As noted, this is the third time we've changed our guidance in — for fully vaccinated people. And as more people get vaccinated and as case rates continue to come down, we will come up with further updates.

ACTING ADMINISTRATOR SLAVITT: Next question.

MODERATOR: Kaitlan Collins, CNN.

Q Thank you very much. My question, given this new guidance: Should states that have outdoor mask requirements change those to reflect this new guidance? Is that — is that your advice for those states and those governors?

DR. WALENSKY: What we're saying is: States that have mask requirements outdoors — if people are vaccinated, we no longer feel that the vaccinated people require masks outdoors. So to the extent that those are consistent.

I do want to sort of convey — this outdoor, large public venues such as concerts, stadiums, and things like that — and a lot of that is the inability to distinguish between vaccinated and unvaccinated — and to say that, in those settings, when you have those — that density, we really do worry about protecting the unvaccinated people.

ACTING ADMINISTRATOR SLAVITT: Next question.

MODERATOR: Ariel Hart at the Atlanta Journal-Constitution.

Q Hi. I'd like to go back to the question about — for states that do not have, yet, the national rate — that are below average: Should there be different guidance for us? I'm calling from Georgia.

DR. WALENSKY: I think the general guidance is to ensure that people start getting vaccinated. And we do know that if you are vaccinated, it is safe to be outdoors without a mask. And the general can — the general guidance is, the more and more people who get vaccinated, the safer — the more you'll have more people who are safer without masks.

So get vaccinated. And if you are, then it's safe to be outside without a mask.

ACTING ADMINISTRATOR SLAVITT: Next question.

MODERATOR: Kristen Welker, NBC.

Q Hi, everyone. Thank you so much. Firstly, can you address: If the risk of being outdoors is so low, why doesn't this guidance apply to everyone?

And secondly, while rates of vaccine hesitancy are dropping, you still have about 4 in 10 Americans who say "maybe" or "no" they're not going to get the vaccine. How do you deal with that hesitancy? Are there any new strategies that you're looking toward?

ACTING ADMINISTRATOR SLAVITT: Dr. Walensky.

DR. WALENSKY: You know, we still believe as people are in small gatherings, medium-sized gatherings, when they are unvaccinated, you're at risk. You have people who are at risk of severe disease. So we do believe, in those settings, masks should still occur. Certainly, any activity is less risky when you have more ventilation, more space between people, more people wearing masks if they're unvaccinated.

But again, I'd go back to the primary principles of being outdoors in general, and wearing masks until outdoors — until you have a vaccine.

The second question was, confidence?

Q On vaccine hesitancy. That vaccine hesitancy numbers are dropping but that it's still significant. I just had a conversation with someone yesterday who said they weren't going to get the vaccine. I said, "Why?" This person said, "Because I need more information." How do you get to those people

who are still skeptical?

DR. WALENSKY: Yeah, we're spending an extraordinary amount of effort through our Community Corps and doing this outreach. We knew that we were going to, first, vaccinate everybody who was rolling up their sleeves immediately and wanting it. And then we were going to have to do the work of meeting people where they are, understanding their reasons for not wanting to get vaccinated, and really explaining: "Is it about the science? Is it that you felt that the science was too fast?"

We believe and know that the science moved quickly. We've enrolled in 100 — 100,000 people in these trials, and the science stood on the shoulders of years and years of work before, to be able to deliver these vaccines. Dr. Fauci has briefly talked about that.

If people are worried about the side effects, we can convey the data of over 200 million vaccine doses delivered and the safety that would — and the scrutiny of that safety.

So, we really need to meet people where they are and understand why they might be hesitant, and then give them the information that combats that hesitancy.

ACTING ADMINISTRATOR SLAVITT: Yep. Dr. Fauci, anything you want to add about the development of these vaccines over the last couple decades?

DR. FAUCI: Well, yeah, I mean, as Dr. Walensky said, we try to go step by step of what is it about the situation that makes you hesitant. And one of them is, in fact, the speed with which this has happened, because we've been talking for a long time that vaccines usually take years to go from a recognition of the pathogen to getting vaccine into people's arms.

We did it in 11 months. But as we've said often, that is a reflection of decades of scientific advances in two major areas. One, vaccine platform technology, which led for the years of work to perfect the mRNA and the vector, such as the adeno vector approach. And secondly, structure-based vaccine design that led to the precise correct conformation of the spike protein which proved to be so immunogenic and, in fact, got translated into a highly

efficacious vaccine. You're talking about decades of fundamental science.

When people hear that, they realize that this was not being rushed; that they are benefiting from the culmination of years of research.

ACTING ADMINISTRATOR SLAVITT: Kristen, I think one thing that we're cognizant of and always have been is everyone has their own decision-making process. Some people decide quickly; some people take a little bit more time to decide. I think it's important that we respect everybody's decision-making process.

And the person that you spoke about, our advice to them is: Talk to your doctor. Talk to your pharmacist. Talk to people you trust. Talk to people who've taken the vaccine.

And I think the picture that emerges is 130 million Americans, hundreds millions more overseas — significant differences in their safety. And the risk of these viruses, particularly the variants, is just too high.

So as more people do their own homework — we'll give them the time and the information and the local resources through the Community Corps to do that homework. And we think that is what is responsible for moving more people in that direction.

Next question.

MODERATOR: Sheryl Stolberg, New York Times.

Q Thank you for doing this call. This is for Dr. Walensky. Dr. Walensky, you talk about small- and medium-sized gatherings, but you don't define what they are. So, I'm wondering: Can you please define for people what a small- and medium-sized gathering is, or say why you don't — aren't defining it, if there's some reason for that?

And then, separately, you talked a few weeks ago about feeling a sense of "impending doom." And I wonder if you could reflect on that and talk a little bit more about how you feel right now given the numbers.

DR. WALENSKY: Thank you for that question, Sheryl. You know, the — what I'll get back to is the basic concepts, because if we define a small- and medium-sized gathering, we actually also have to define the size of the space that it's in, the ventilation that is occurring, the space between people. And so, we're — I think we should get back to the — the general concepts.

Small- and medium-size gatherings for people who are outside and vaccinated can safely be done without a mask. But we really do want people who are unvaccinated to limit the interaction with people and to go back to the basic principles of increased ventilation and increased spacing for any given size.

You know, several weeks ago, when I had this feeling of impending doom and I articulated that and I had, you know, case rates going — rates going up, vaccines — vaccinations growing, but not where we needed to be, and — and deaths continuing to climb, as I look at the curve now, it's stabilizing; it's coming down.

The vaccinations have continued to grow in an extraordinary way. I think we really do need to get more and more people vaccinated. As Kristen noted, we need to, sort of, combat the hesitancy that is out there, meet people where we — where they are, and encourage everyone to get vaccinated.

But as I see more vaccines getting into people's arms, more and more people being willing to do so, confidence increasing, and then I match that with the — the cases that are starting to stabilize, plateau, and come down, as well as Dr. Fauci's slides that demonstrate when the other countries have been a little bit ahead of us and shown that when those vaccinations continue to soar and the cases plummet, that we should be in good shape.

ACTING ADMINISTRATOR SLAVITT: Next question.

MODERATOR: Zeke, AP.

Q Thanks for doing this. Dr. Walensky, I was hoping you can clarify a little bit: Why are the people who are fully vaccinated wearing masks in all of those different scenarios? Is it to protect others from — from them in case they have a breakthrough infection? Does it protect themselves from

potentially acquiring a breakthrough infection — infection? Or is it to model safe behavior for those who are not vaccinated around them in all of those spaces?

And then also, do you have any targets by which you would sort of begin to roll ba- — you know, how many people need to be vaccinated in society for you to begin, you know, allowing people to wear masks at baseball — take their masks off at baseball stadiums or indoor dining or the like?

DR. WALENSKY: Yeah, thank you. Maybe I'll tackle that first question fir- — that second question first, and that is: I think some of these targets have to be the interplay of the number of people vaccinated and the number of cases that we're seeing. And it's that intersection that I think is going to be important.

I think that part of — one of the things that we need to look at is the lack of uniformity of vaccination rates across this country. It was previously brought up: Not every state, not every county is vaccinating at the same rate. And where we have low areas of vaccination, we are going to potentially see more outbreaks, which is why I think it's really — we have to be careful and we have to make sure that people get vaccinated in all corners and in all counties.

With regard to why people who are vaccinated are wearing masks indoors, I think what we really need to convey here is we still have 50,000 cases a day. We do believe that vaccinated people are much safer when they're wearing those masks indoors, as indicated by the green on the right side of that graphic. And, right now, it's very hard to tease apart who is vaccinated, where they are in the vaccination.

So, it's not just to protect themselves, but largely to protect others, and really to protect the unvaccinated.

ACTING ADMINISTRATOR SLAVITT: All right. Next question.

MODERATOR: Let's go to Stephanie Ebbs at ABC.

Q Thank you. I wanted to ask about a different topic, actually: the reports

that the Pentagon is tracking 14 cases of heart inflammation or myocarditis among service members and families — people who were vaccinated through the military healthcare system. Can you tell us any more about those cases and what CDC knows or maybe what Dr. Fauci can tell us about any potential race [sic] — relationship to vaccination?

ACTING ADMINISTRATOR SLAVITT: So, maybe, first, we'll go to Dr. Walensky, if you have any familiarity? No?

DR. WALENSKY: Yeah, I'm aware of those reports. I don't necessarily want to comment on what the DOD is doing in investigating in their own investigations.

What I will say is we've delivered over 200 million doses of vaccine — of these vaccines. And after hearing about these reports, we, again, looked back in our vaccine safety data, and we have not seen any reports of those. Those have since been reported to us, and so those investigations are ongoing.

But, you know, it is a — it is a different demographic than we normally see, and we will be working with DOD to understand what is happening in those 14 cases. We have not seen a signal, and we've actually looked intentionally for the signal in the over 200 million doses we've given.

Q So, not enough data yet — early.

Okay, next question.

MODERATOR: All right. We've got time for one more question. Let's go to Anjalee Khemlani at Yahoo.

Q Thank you so much. Really quickly, can you walk us through the timeline of the aid being sent to India — specifically, first, on the ventilators and protective gear and oxygen; and then, secondly, on the vaccine doses, when you anticipate those will be sent out?

ACTING ADMINISTRATOR SLAVITT: Yeah, I mean, we're beginning to move immediately. I can't give you the exact timing on each of those pieces, but we're in constant contact with the Indian government and the Indian

health authorities. As I think I mentioned earlier, we have a CDC team that's headed over to India to help coordinate this response.

In terms of — in terms of vaccines, as I mentioned earlier, we are in a position now where we can foresee that we will not be using the AstraZeneca doses that we expect to come online. I want to be — to be clear that we — no — none of those doses are yet made available based upon FDA inspection.

So once that's done, as soon as that happens, we will have 10 million doses available. Those will be distributed globally. And then, we expect, over the next couple of months, another 50 million.

You know, this is, of course, in addition to many of the strategies that Dr. Fauci, myself, Jeff, and others have talked about for supplying the globe with additional vaccines and additional vaccination efforts through COVAX.

And finally, I think you may be aware that we are making sure that we are locating some of the raw materials necessary to create more vaccines in India, which I think is going to be an important help there.

So, with that, I'm going to come and bring this to a close. Thank you for all your questions, and we'll be here doing this briefing again on Friday.

12:50 P.M. EDT

To view the COVID Press Briefing slides,
visit https://www.whitehouse.gov/wp-content/uploads/2021/04/COVID-Press-Briefing_27April2021_for-transcript.pdf