OPERATOR: GOOD MORNING. WELCOME TO TODAY’S CONFERENCE CALL. AT THIS TIME YOUR LINES HAVE BEEN PLACED ON LISTEN ONLY UNTIL THE QUESTION AND ANSWER PORTION OF OUR CALL. AT WHICH TIME YOU WILL BE PROMPTED TO PRESS STAR ONE ON YOUR TOUCHTONE PHONE. PLEASE ENSURE YOUR LINE IS UNMUTED AND RECORD YOUR NAME AND AFFILIATION TO BE INTRODUCED TO ASK YOUR QUESTION. YOU WILL BE LIMITED TO ONE QUESTION FOR TODAY’S CONFERENCE. THE CONFERENCE IS BEING RECORDED. IF YOU HAVE ANY OBJECTIONS YOU MAY DISCONNECT AT THIS TIME. I WILL TURN THE CONFERENCE OVER TO OUR HOST MR. BEN HAYNES. YOU MAY PROCEED.

HAYNES: THANK YOU, JILL. THANK YOU ALL FOR JOINING US TODAY FOR THIS BRIEFING TO DISCUSS CHANGES TO CDC’S QUARANTINE GUIDANCE AND CONSIDERATIONS TO DOMESTIC TRAVEL. TODAY WE ARE JOINED BY DR. HENRY WALKE, THE INCIDENT MANAGER FOR CDC’S COVID-19 RESPONSE. HE IS THE CDC EXPERT CHARGED WITH OVERSEEING THE DAY-TO-DAY MANAGEMENT OF THE COVID PANDEMIC. WE ARE ALSO JOINED BY DR. JOHN BROOKS THE CHIEF MEDICAL OFFICER FOR CDC’S COVID-19 RESPONSE. AND FINALLY, DR. CINDY FRIEDMAN, LAST NAME F-R-I-E-D-M-A-N CHIEF OF CDC’S TRAVEL BRANCH. DR. WALKE WILL PROVIDE OPENING REMARKS AND OUR EXPERTS WILL BE HAPPY TO TAKE YOUR QUESTIONS. THIS IS AN ON THE RECORD BRIEFING. AT THIS TIME I WILL TURN THE CALL OVER TO DR. WALKE.

WALKE: THANK YOU, BEN. CDC’S FOREMOST COMMITMENT TO OUR NATION IS TO PROTECT THE HEALTH OF THE AMERICAN PUBLIC. WE DO THIS BY LEARNING ALL WE CAN ABOUT EMERGING INFECTIOUS DISEASES AND APPLYING THAT KNOWLEDGE TO REASONABLE, COMMON SENSE RECOMMENDATIONS. THIS IS ESPECIALLY TRUE IN FACING THIS PANDEMIC. AS WE LEARN MORE ABOUT THE VIRUS THAT CAUSES COVID-19, WE CONTINUE TO REFINE OUR GUIDANCE TO PREVENT TRANSMISSION AND PROTECT AMERICANS. SINCE THE START OF THE PANDEMIC, CDC HAS RECOMMENDED THAT THOSE WHO HAVE BEEN EXPOSED TO SOMEONE WITH COVID-19 QUARANTINE FOR 14 DAYS AFTER EXPOSURE. QUARANTINE HELPS PREVENT SPREAD OF DISEASE THAT CAN OCCUR BEFORE A PERSON KNOWS THEY HAVE THE VIRUS. CDC CONTINUES TO RECOMMEND QUARANTINING FOR 14 DAYS AS THE BEST WAY TO REDUCE THE RISK OF SPREADING COVID-19.

ADDITIONALLY, AFTER REVIEWING AND ANALYZING NEW RESEARCH AND MODELING DATA, CDC HAS IDENTIFIED TWO ACCEPTABLE ALTERNATIVE QUARANTINE PERIODS THAT WE ARE ANNOUNCING TODAY. UNDER THESE OPTIONS, QUARANTINE CAN END AFTER TEN DAYS WITHOUT A COVID-19 TEST IF THE PERSON HAS REPORTED NO SYMPTOMS OR AFTER SEVEN DAYS WITH A NEGATIVE TEST RESULT IF THE PERSON HAS REPORTED NO SYMPTOMS.

I WANT TO STRESS THAT WE ARE SHARING THESE OPTIONS WITH PUBLIC HEALTH AGENCIES ACROSS THE COUNTRY SO THAT THEY CAN DETERMINE HOW LONG QUARANTINE PERIODS SHOULD LAST IN THEIR JURISDICTIONS BASED ON LOCAL CONDITIONS AND NEEDS. EVERYONE SHOULD FOLLOW THE SPECIFIC GUIDANCE FROM THEIR LOCAL PUBLIC HEALTH AUTHORITIES ABOUT HOW LONG THEY SHOULD QUARANTINE. PEOPLE SHOULD STILL WATCH FOR SYMPTOMS DURING QUARANTINE FOR A FULL 14 DAYS AFTER EXPOSURE, ESPECIALLY IF QUARANTINE IS DISCONTINUED EARLY.
REDUCING THE LENGTH OF QUARANTINE MAY MAKE IT EASIER FOR PEOPLE TO TAKE THIS CRITICAL PUBLIC HEALTH ACTION BY REDUCING THE ECONOMIC HARDSHIP ASSOCIATED WITH A LONGER PERIOD, ESPECIALLY IF THEY CANNOT WORK DURING THAT TIME. IN ADDITION, A SHORTER QUARANTINE PERIOD CAN LESSEN STRESS ON THE PUBLIC HEALTH SYMPTOM AND COMMUNITIES ESPECIALLY WHEN NEW INFECTIONS ARE RAPIDLY RISING.

WITH THE UPCOMING WINTER HOLIDAYS, IT IS IMPORTANT FOR PEOPLE TO KEEP THEMSELVES AND THEIR FAMILIES AS SAFE AS POSSIBLE. CDC RECOMMENDS THAT THE BEST WAY TO PROTECT YOURSELF AND OTHERS IS TO POSTPONE TRAVEL AND STAY HOME. IF YOU DO DECIDE TO TRAVEL, CDC RECOMMENDS THAT TRAVELERS CONSIDER GETTING TESTED ONE TO THREE DAYS BEFORE TRAVEL AND THEN AGAIN THREE TO FIVE DAYS AFTER TRAVEL AND THIS SHOULD BE COMBINED WITH REDUCING NONESSENTIAL ACTIVITIES FOR A FULL SEVEN DAYS AFTER TRAVEL.

IF TRAVELERS DO NOT GET TESTED AFTER TRAVELING, CDC RECOMMENDS REDUCING NONESSENTIAL ACTIVITIES FOR TEN DAYS. IF AT ANY POINT DURING OR AFTER TRAVELING YOU EXPERIENCE SYMPTOMS OF COVID-19 PLEASE FOLLOW CDC AND LOCAL GUIDANCE ABOUT WHAT TO DO IF YOU GET SICK. TESTING DOES NOT ELIMINATE ALL RISK, BUT WHEN COMBINED WITH REDUCING NONESSENTIAL ACTIVITIES, SYMPTOM SCREENING AND CONTINUING WITH PRECAUTIONS LIKE WEARING MASK, SOCIAL DISTANCING AND HAND WASHING, IT CAN MAKE TRAVEL SAFER. FINALLY, WE CONTINUE TO ENCOURAGE ALL AMERICANS TO WEAR A MASK, MAINTAIN SOCIAL DISTANCE, STAYING SIX FEET APART FROM PEOPLE WHO DON'T LIVE WITH YOU, AVOIDING CROWDS AND INDOOR SPACES AND WASHING YOUR HANDS OFTEN. EVEN AS THE VACCINES BECOME AVAILABLE TAKING THESE PROTECTIVE ACTIONS IS CRITICAL UNTIL COVID-19 VACCINE NATION BECOMES WIDELY ADOPTED.

HAYNES: THANK YOU. I LOOK FORWARDED TO YOUR QUESTIONS.

OPERATOR: THANK YOU, DR. WALKE. JILL, WE'RE READIED TO TAKE QUESTIONS.

BLOOMBERG: HI. THANKS FOR HOLDING THIS CALL. I'M HOPING YOU CAN SPEAK A LITTLE BIT MORE TO THE EVIDENCE AROUND SHORTENING THESE QUARANTINE PERIODS AND SPECIFICALLY AROUND THE RISK THAT PEOPLE WHO ARE INFECTED, YOU KNOW, MIGHT STILL, YOU KNOW, BE OUT THERE, YOU KNOW, AFTER TEN DAYS OF QUARANTINING WITHOUT SYMPTOMS, CAN YOU TALK A LITTLE BIT ABOUT WHAT THE RISKS OF THIS APPROACH MIGHT RAISE AND I'M ALSO HOPING TO SPEAK SPECIFICALLY AROUND THIS TRAVEL GUIDANCE GIVEN THE UPCOMING CHRISTMAS HOLIDAY. IS THE CDC PREPARED TO ISSUE THE SAME KIND OF WORDING AROUND THANKSGIVING, AROUND CHRISTMAS?

WALKE: THANK YOU, EMMA, FOR THAT QUESTION. FIRST, FOR THE QUARANTINE QUESTION, I'M GOING TO TURN TO DR. BROOKS AND THEN WE'LL TURN TO DR. FRIEDMAN FOR THE TRAVELER QUESTION. DR. BROOKS?

BROOKS: HI, THANKS, EMMA. SO THE RECOMMENDATION THAT'S BEING MADE TODAY WAS BASED ON EXTENSIVE MODELLING NOT JUST BY CDC, BUT BY OTHER AGENCIES AND PARTNERS OUTSIDE OF CDC INCLUDING ACADEMIC CENTERS AND SOME PUBLIC HEALTH DEPARTMENTS. SOME OF THIS DATA IS PUBLISHED IN PRE-PEER REVIEW WEBSITES AND THEY'LL BE ON OUR WEBSITE TODAY WHEN THIS GOES LIVE. ALL OF THE POINTS IN THE SAME DIRECTION WHICH IS THAT WE CAN SAFELY REDUCE THE LENGTH OF QUARANTINE BUT ACCEPTING THERE IS A SMALL RESIDUAL RISK THAT A PERSON WHO IS LEAVING QUARANTINE EARLY CAN TRANSMIT TO SOMEONE ELSE IF THEY BECAME INFECTIOUS. THOSE RISKS ARE AS FOLLOWS — IN THE SITUATION WHERE QUARANTINE IS REDUCED TO TEN DAYS, WE CALCULATE THAT THE RESIDUAL RISK IS ABOUT 1% AND THAT THE UPPER LIMIT OF THAT RISK IS ABOUT 12%. AND THAT IS IN THE CONTEXT OF BOTH MONITORING SYMPTOMS DURING THE QUARANTINE PERIOD AND IMPORTANTLY ADD TO WHAT DR. WALKE SAID, THAT THEY ALSO NEED TO MONITOR FOR SYMPTOMS FOR THE REMAINDER OF THE 14 DAYS AND SHOULD THEY DEVELOP SYMPTOMS, CONTACT THEIR LOCAL PUBLIC HEALTH AUTHORITY OR THEIR HEALTH CARE PROVIDER TO SHARE THEIR CHANGE IN STATUS AND SEEK OUT TESTING, ISOLATING OF COURSE DURING THAT TIME. FOR THE SEVEN-DAY QUARANTINE, THE RESIDUAL RISK WITH A TEST THAT'S NEGATIVE IS ABOUT 5% AND THE UPPER LIMIT IS AROUND 10%. THE TEST COLLECTED WITHIN 48 HOURS OF THE ANTICIPATED TIME OF DISCHARGE AND WE HOPE THAT HELPS PEOPLE WITH TEST DELAYS.

WALKE: GREAT. THANK YOU. LET'S MOVE ON TO THE TRAVEL QUESTION. DR. FRIEDMAN?

FRIEDMAN: HI, THANKS. I THINK THE QUESTION WAS ABOUT ARE WE RECOMMENDING THE SAME TRAVEL GUIDANCE AS WE DID FOR THANKSGIVING AND YES, CASES ARE RISING AND THE SAFEST THING TO DO IS TO POSTPONE HOLIDAY TRAVEL AND STAY HOME. TRAVEL VOLUME WAS HIGH OVER THANKSGIVING AND EVEN IF ONLY A SMALL PERCENTAGE OF THOSE TRAVELERS WERE ASYMPTOMATICALLY INFECTED THIS CAN TRANSLATE INTO HUNDRED OF THOUSANDS OF
ADDITIONAL INFECTIONS MOVING FROM ONE COMMUNITY TO ANOTHER. TRAVEL IS A DOOR-TO-DOOR EXPERIENCE THAT CAN SPREAD THE VIRUS DURING THE JOURNEY AND INTO COMMUNITIES THAT TRAVELERS VISIT OR LIVE. WE ARE TRYING TO REDUCE THE NUMBER OF INFECTIONS BY POSTPONING TRAVEL OVER THE WINTER HOLIDAY. AGAIN, THE SAFEST OPTION IS TO POSTPONE TRAVEL, BUT IF PEOPLE DO DECIDE TO TRAVEL, THEN CDC DOES RECOMMEND THAT TRAVELERS CONSIDER GETTING TESTED WITH A VIRAL TEST ONE TO THREE DAYS BEFORE THEIR TRIP AND AGAIN, CONSIDER GETTING TESTED AFTER THEIR TRIP AT THREE TO FIVE DAYS WITH REDUCING NONESSENTIAL ACTIVITIES FOR A FULL SEVEN DAYS AFTER TRAVEL EVEN IF THEIR TEST IS NEGATIVE. AND I JUST WANT TO ALSO POINT OUT THAT TESTING DOES NOT ELIMINATE ALL RISK, BUT WHEN IT'S COMBINED WITH REDUCING NONESSENTIAL ACTIVITIES, SYMPTOMS SCREENING, OTHER PRECAUTIONS SUCH AS WEARING MASKS AND SOCIAL DISTANCING, IT CAN MAKE TRAVEL SAFER BY REDUCING THE SPREAD OF COVID-19.

HAYNES: JILL, NEXT QUESTION, PLEASE.

OPERATOR: OUR NEXT QUESTION IS FROM VICTORIA SANCHEZ WITH ABC NEWS. YOUR LINE IS OPEN.

ABC-7: GOOD MORNING. THANK YOU FOR TAKING MY CALL. I'M HOPING SOMEONE CAN SPEAK TO THE APPROVAL FROM THE UK FOR THE PFIZER VACCINE AND WHAT THAT COULD MEAN FOR THE U.S. AND IF SOMEBODY KNOWS KIND OF HOW THE U.S. AND THE UK DIFFER ON THEIR APPROVAL PROCESS I WOULD APPRECIATE JUST A BRIEF EXPLANATION. THANK YOU.

WALKE: YEAH. HI, THIS IS HENRY. WE READ THE NEWS AS YOU DID THIS MORNING, SO, YOU KNOW, WE'RE STILL EVALUATING THAT APPROVAL AND THE UK AND WE HAVE OUR OWN PROCEDURES IN PLACE WITH THE FDA AND THEN WITH OUR ACIP PROCESS AS WELL. I WOULDN'T WANT TO COMMENT TOO MUCH AT THIS MOMENT. I WOULD SAY THAT, YOU KNOW, WE — THE U.S. HAS A PROCESS IN PLACE FOR APPROVAL AND WE'RE CONTINUING WITH THAT PROCESS.

HAYNES: NEXT QUESTION, PLEASE.

OPERATOR: OUR NEXT QUESTION IS FROM JEREMY OLSON WITH "THE STAR TRIBUNE." YOUR LINE IS OPEN.

STAR TRIBUNE: JUST A LITTLE BIT MORE ABOUT THE RISK MAYBE THE DOCTOR CAN ADDRESS THIS REGARDING THE SHORTER QUARANTINE. WHY TEN DAYS? WAS THERE ANY THINKING ABOUT 8 DAYS OR 12 DAYS AND THE RISK CALCULATION CHANGING, WHY DOES TEN DAYS SEEM APPROPRIATE FOR THIS UPDATE?

BROOKS: IT'S A COMBINATION OF TWO THINGS. FIRST THAT TEN DAYS IS WHERE THAT RISK GOT INTO A SWEET SPOT WE LIKED ABOUT 1%. THAT'S AN ACCEPTABLE RISK I THINK FOR MANY PEOPLE. IT ALIGNS NICELY WITH RECOMMENDATIONS AROUND ISOLATION, WHICH I'LL NOTE WE'RE NOT CHANGING PRESENTLY I DON'T WANT TO CONFUSE BUT ISOLATION CAN END TEN DAYS IF A PERSON HAS HAD MORE THAN 24 HOURS OF RECOVERY AFTER THEIR ILLNESS.

HAYNES: NEXT QUESTION, PLEASE.

OPERATOR: OUR NEXT QUESTION IS FROM JOEL WITH "THE WASHINGTON POST." YOUR LINE IS OPEN.

WASHINGTON POST: THANK YOU SO MUCH FOR HAVING THIS BRIEFING. I WAS HOPING THAT MAYBE YOU COULD COMMENT ON WHAT YOU SAW THIS PAST WEEKEND WITH ALL THE THANKSGIVING TRAVEL AND DR. FRIEDMAN YOU MENTIONED THERE WAS A LOT OF TRAVEL AND IT COULD LEAD TO HUNDREDS OF THOUSANDS OF NEW INFECTIONS, I MEAN DID YOU FEEL THAT PEOPLE DID NOT PAY ATTENTION TO THE GUIDANCE OR DID THEY, IN FACT, DO WHAT YOU THOUGHT THEY WOULD DO AND THERE WAS MUCH LESS TRAVEL THAN A YEAR AGO AND WHAT I'M REALLY LOOKING FOR IS, AN ASSESSMENT OF WHERE WE ARE RIGHT NOW IN THIS FALL/WINTER WAVE OF THE PANDEMIC AND HOW YOU ASSESS, YOU KNOW, THE OVERALL PICTURE? IT DOES LOOK A LOT LIKE 1918 ALL OVER AGAIN AND MAYBE YOU CAN COMMENT ON THAT AND DELIVER A MESSAGE THAT WE CAN RELAY TO OUR READERS AND VIEWERS.

WALKE: YEAH. THIS IS HENRY. I'LL START WITH THAT. YOU KNOW, WE DID PUT OUT A MESSAGE TO POSTPONE AND STAY AT HOME REGARDING AROUND THANKSGIVING AND WE'RE PUTTING OUT THE SAME MESSAGE. THE BEST THING FOR AMERICANS TO DO IN THE UPCOMING HOLIDAY SEASON IS TO STAY AT HOME AND NOT TRAVEL. WE DO HAVE RECOMMENDATIONS OUT RELATED IF PEOPLE DO TRAVEL, HOW TO TRAVEL SAFELY AND NOW TODAY, WE'RE ALSO RELEASING GUIDANCE RELATED TO CONSIDER TESTING BEFORE AND AFTER TRAVEL. SO CINDY, DID YOU WANT TO ELABORATE ON THAT A LITTLE BIT MORE?
FRIEDMAN: Thanks. Henry, I would just say that we know it's a hard decision and that people need to have time to prepare and have discussions with family and friends and to make these decisions and people travel for different reasons, but our recommendations are trying to help give them the tools they need to make these tough choices. I think it's a good thing that people have options to prevent infection and they can take time now before the Christmas holidays, we have several weeks, to really think about the safest option for them and their family, which we think is to postpone travel and then we've outlined all the other measures that they can take if they do have to travel.

HAYNES: Next question, please.

OPERATOR: Our next question is from Betsy McKay with “The Wall Street Journal”. Your line is open.

WALL STREET JOURNAL: Hi, thanks very much. I wanted to ask again about testing. First of all what type of tests would qualify for travelers and also people who want to test out after seven days? And secondly, you know, there have been problems with testing capacity recently as demand increases so how, you know, how can you address that? How difficult do you think it's going to be for people to get a test and are they going to end up having to quarantine for ten days anyway or what is being done to kind of accommodate this change in quarantine recommendations?

BROOKS: Hi, Betsy. Thanks for that question. In terms of the type of test, the PCR or antigen test may be used for discontinuing quarantine. In our modeling, either test came out with about the same residual test. In terms of capacity, that's one of the reasons we're offering options that don't require testing. We recognize that testing is difficult in some locations and that our public health partners have now options to choose something that will suit the circumstances of their community based both on those circumstances and the relative resources they have available.

HAYNES: Next question, please.

OPERATOR: Our next question is from Michelle Merle with Medscape. Your line is open.

MEDSCAPE: Thank you so much for taking my question. I wanted to ask about the surge in hospitalizations and wondered if you have any guidance for hospitals that are overwhelmed, what are things that you would be recommending let’s say triaging patients or perhaps rationing care, hospital at home? Are you looking at any measures or recommendations to help hospitals with this surge?

WALKE: Yes. Thanks for that question. We do have on our website now for hospitals and hospital administrators and physicians to consider as hospital beds are occupied with more and more COVID-19 patients, some considerations on how to approach that. That would include freeing up beds, for example, nonessential surgeries, for example, also how to open up new beds, new wards for these types of patients, as well as recommendations around utilization of staff and PPE. So certainly, we're all very concerned about the rise in hospitalizations across the country and we really want to prevent these hospitalizations as best we can. So one of the best ways to prevent hospital strain is to — is for people to keep from becoming infected in the first place. Then we would go back to this idea that community level and at the individual level and wearing a mask and maintaining distance, washing your hands, and avoiding these large gatherings or indoor spaces where transmission may occur. We do have a number of things up on our website that provide guidance for hospital administrators and physicians, but again the best way to approach this I believe is to prevent the infections.

HAYNES: Next question, please.

OPERATOR: Our next question is from Beth Galvin from Fox 5 in Atlanta. Your line is open.

FOX 5 ATLANTA: Thank you for having this call. I appreciate it. Thank you for taking my question. I had a couple questions, but one I wanted to ask, we had heard, you know, that there may be a surge within a surge of cases tied to holiday travel. How quickly will that show up if that is going to be the case? The other question I had and you just commented about staying out of sort of areas where we may have some transmission like indoor crowded areas, how risky is restaurant dining right now when we talk about indoors and cold weather?
WALKER: Yeah. Thanks for that question. You know, the surge upon a surge is a concern. We had never really gone back down the baseline. We had an increase in cases in the summertime. We had another peak and then cases came down, but not down, you know, ever below 20 or 10,000 cases per day. As we approach the fall, we saw the sort of rapid increase in cases almost exponential in cases and now with the holiday season, we will with the Thanksgiving holiday, we would expect to see a tick—a tick up in cases, seven to ten days basically after that holiday. Your second question again? I'm sorry. Thank you. Restaurant dining. You know, outdoor is safer than indoor. We're concerned about indoor spaces, poorly ventilated indoor spaces. Restaurants typically are some of those spaces where transmission can occur, so again, we're trying to open the windows, ventilation, dine outside, and really avoid these crowded indoor spaces.

HAYNES: Next question, please.

OPERATOR: Our next question is from Hillary Brick with “Business Insider.” Your line is open.

BUSINESS INSIDER: Hi, yeah, thanks for taking my call. My question. I wanted to ask more specifics about the testing out of quarantine. When is the best time to do that? Should people get a test on the first day of quarantine, on the fifth day of quarantine? Talk about like when is the best time?

BROOKS: Well, the recommendation for discontinuation of quarantine is day seven with a negative test. Our modelling shows—let me rephrase that our modelling was based on collecting the specimen within the 48 hours prior to the time of anticipated discharge. So it could be a test that was done that day if you have an antigen test, but we provide the possibility of collecting specimen up to 48 hours beforehand if they have a PCR test which may take a day or two to get the result back.

HAYNES: Next question, please.

OPERATOR: Our next question is from Ashley Thompson with CBS 46 News. Your line is open.

CBS 46: Hello, everybody. Thanks for taking my question. It really is just—why do you think now is the best time to make these alternative recommendations? Do you fear that, you know, people might hear this and then go it's not that bad because, you know, we can get out of quarantine earlier? Especially as cases continue to rise across the country?

BROOKS: In a situation where cases are rising, that means that the number of contacts are rising and the number of people who require quarantine is rising. That's a lot of burden not just on the people who have to quarantine but on public health. Many times the public health authorities are responsible for monitoring people during quarantine, they have to follow them to the end, and we believe that if we can reduce the burden a little bit, accepting it comes at a small cost, we may get a greater compliance overall with people completing a full quarantine in seven days and when more people complete that, if we get more people on board to complete that overall, that will result in fewer infections.

HAYNES: Next question, please.

OPERATOR: Our next question is from Sam Whitehead with WABE. Your line is open. Is your line on mute for your question?

WABE: Sorry, yes. Sorry about that. So you all made the strong recommendations about avoiding Thanksgiving travel very close to that Thanksgiving holiday and here we are three weeks and change out from when people will start traveling for Christmas. Are you coming out today with this language about travel because you missed an opportunity at Thanksgiving to message that sooner? We also saw here in Georgia, state leaders following y'all's recommendations, only once they had been made from the CDC. Is your hope now you're making these recommendations about travel today that state public health officials will come out with their own kind of messaging to their state?

WALKER: Yeah. This is Henry. I would say that we're happy we're coming out with this guidance now before the holiday season to provide, you know, additional considerations for the American public and health care providers and public health administrators to think through in terms of preventing
INFECTIONS. OUR HOPE IS BEFORE THANKSGIVING AND NOW BEFORE THE UPCOMING HOLIDAY SEASON, THAT PEOPLE HEAR OUR MESSAGE ABOUT AVOIDING TRAVEL, STAYING AT HOME, AND PROTECTING THEMSELVES, ESPECIALLY NOW AND THE REASON WE'RE COMING OUT BEFORE THANKSGIVING AND NOW IS THAT CASES ARE RISING. HOSPITALIZATIONS ARE INCREASING. DEATHS ARE INCREASING. AND WE NEED TO TRY TO BEND THE CURVE, STOP THE EXPONENTIAL INCREASE AND WE'RE REALLY ASKING THE AMERICAN PUBLIC TO PREVENT THESE INFECTIONS AND AVOID TRAVEL AND WASH THEIR HANDS, WEAR A MASK, AND MAINTAIN DISTANCE.

HAYNES: NEXT QUESTION, PLEASE.

OPERATOR: OUR NEXT QUESTION IS FROM MAX BEAR WITH CBS NEWS. YOUR LINE IS OPEN.

CBS NEWS: HI, ALL. THANKS FOR HAVING THIS CALL. ON THE QUARANTINE GUIDELINES, WAS THIS REINFORCED BY ANY CONTACT TRACING OR MOVEMENT DATA? IN OTHER WORDS, DID THE CDC KNOW THE PERCENTAGE OF POTENTIALLY EXPOSED INDIVIDUALS WHO ARE NOT QUARANTINING FOR 14 DAYS AND DID THAT AFFECT THIS DECISION?

BROOKS: HI, MAX. WE ACTUALLY — IT'S HARD TO GET THE DATA. WE DON'T HAVE SPECIFIC NUMBERS. LET ME TELL YOU WHAT WE DO KNOW. WE'RE HEARING FROM OUR PARTNERS MAYBE DISCONTINUING QUARANTINE AHEAD OF TIME BECAUSE THERE'S PRESSURE SURE TO GO TO WORK AND GET BACK TO SCHOOL. IT IMPOSES A MENTAL AND POSSIBLY PHYSICAL BURDEN ON INDIVIDUALS. ONE OF OUR HOPES IS THAT WE CAN INCREASE ADHERENS OF QUARANTINE IF WE REDUCE THE AMOUNT OF TIME THEY HAVE TO SPEND. THAT HAS IMPORTANT CONSEQUENCES FOR CONTACT TRACING AS WELL. IF A PERSON IS ABLE — WILLING TO BE MORE COMPLIANT WITH A SHORTER QUARANTINE, THEY MAY ALSO BE WILLING TO SHARE THE NAMES OF CONTACTS. WE KNOW THAT PEOPLE SOMETIMES DON'T DO THAT BECAUSE THEY DON'T WANT TO POTENTIALLY GIVE OUT THE NAME OF A FRIEND OR NEIGHBOR AND FORCE THEM INTO QUARANTINE. AS WELL, WE HOPE THIS WILL INCREASE THE WILLINGNESS OF PEOPLE TO PICK UP THE PHONE AND ANSWER WHEN PUBLIC HEALTH CALLS THEM BECAUSE THEY'VE BEEN ONE OF THE PEOPLE WHO HAVE BEEN NAMED.

HAYNES: NEXT QUESTION, PLEASE.

OPERATOR: THAT QUESTION WILL COME FROM SARA MILLER WITH NBC NEWS. YOUR LINE IS OPEN.

NBC NEWS: HI. THANK YOU FOR HAVING THIS. I JUST WANTED TO GET A LITTLE MORE CLARITY ON THE TESTING OUT OF QUARANTINE, SO YOU SAID 48 HOURS BEFORE. DOES THAT MEAN A PERSON COULD, YOU KNOW, GET TESTED — YOU'RE SAYING A PERSON COULD GET TESTED ON DAY FIVE?

BROOKS: THAT'S RIGHT. THEY COULD BE TESTED ON DAY FIVE IF THAT — BUT THEY HAVE TO COMPLETE SEVEN DAYS OF QUARANTINE. I WANT TO BE CLEAR ABOUT THAT. IT CAN BE ANY TIME IN THE 48 HOURS PRIOR TO THE ANTICIPATED TIME OF DISCHARGE, BUT THEY DO HAVE TO GET ALL THE WAY TO THE END OF SEVEN DAYS REGARDLESS OF WHEN THE RESULT OF THE TEST COMES BACK. IF THE TEST HASN'T COME BACK BY THE END OF SEVEN DAYS, THEY CAN DISCONTINUE QUARANTINING WHEN THEY GET THE NEGATIVE RESULT. THEY NEED THE NEGATIVE RESULT TO DISCONTINUE.

HAYNES: THANK YOU, DR. WALKE, DR. BROOKS AND DR. FRIEDMAN. THIS WILL CONCLUDE OUR CALL. I WOULD LIKE TO THANK YOU ALL FOR JOINING US. IF YOU HAVE ANY ADDITIONAL QUESTIONS PLEASE FEEL FREE TO CALL OUR MAIN MEDIA LINE AT 404-639-3286 OR E-MAIL MEDIA@CDC.GOV. THANK YOU.

OPERATOR: THIS DOES CONCLUDE TODAY'S CONFERENCE CALL. WE THANK YOU FOR PARTICIPATING AND YOU MAY DISCONNECT AND HAVE A GREAT REST OF YOUR DAY.

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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.