ACTING ADMINISTRATOR SLAVITT: Good afternoon. Thank you for joining us. Today, Dr. Fauci will discuss the latest developments in science and Dr. Walensky will provide an important update on public health guidelines.

Before we get to that, I want to talk about how we got to today. The reason we are winning the war against COVID-19 is because scientists, over the years, have found a solution to beat this virus — very safe and effective vaccines; and because Americans have chosen to get vaccinated.

Overall, we’ve administered 250 million shots since President Biden took office. And we are approaching 60 percent of adult Americans who have taken at least one shot.

Our progress has been steady, and it's beginning to take hold. Case counts, hospitalizations, deaths — every — virtually every metric is now improving consistently and in most of the country.

Today, COVID-19 deaths are at the lowest point since April of 2020. Dr. Fauci has reviewed study after study on these calls, demonstrating the real-world impact of vaccines in driving these results.

Recent progress has been especially strong. Since everyone 16 and over became eligible for vaccination, cases have dropped by 45 percent. And since everyone became eligible three weeks ago — that is everyone 16 and over — a full 12 percent of adults have become newly vaccinated.

In a wartime effort, we must begin to press harder when we have an advantage and not let up. Yesterday, individuals 12 through 15 years old became eligible for the Pfizer vaccine. We are
putting every resource possible to bear and leveraging every possible partnership in the country to reach people who aren’t vaccinated yet and to make it as easy as possible for them to get a shot.

More than 20,000 local pharmacies in communities across the nation are now offering walk-in vaccinations. You can text your ZIP Code to 438829 to get three locations near you with vaccines in stock. Soon, you’ll even be able to book a free ride through that text from Uber and Lyft. As the President announced, Lyft and Uber are offering free rides to anyone who wants to get vaccinated between May 24th and July 4th. If you want to sort by the specific vaccines, millions of McDonalds cups tell you where to go to: Vaccines.gov.

Efforts around the country are not letting up and they cannot let up. They must accelerate with everyone contributing what they have to the effort.

Let me close and hand it off to Dr. Walensky by reiterating some of the words the President said yesterday: “On July 4th, let’s celebrate our independence as a nation and our independence of the virus.”

Seventy percent of adults with at least one shot by July 4th is a critical goal. When you’re winning, you press harder. We can do this. But if you haven’t gotten vaccinated yet, now is the time.

And with that, over to Dr. Walensky for an important update on what our progress means for Americans.

DR. WALENSKY: Thank you, Andy. Good afternoon. I’m pleased to be back with you today. Let’s begin with an overview of the data.

Yesterday, CDC reported more than 34,200 new cases of COVID-19. Our seven-day average is about 36,800 cases per day. This represents yet another decrease from — of about 23 percent from our prior seven-day average. And every day, with daily cases continuing to fall, we remain encouraged by these positive trends. The seven-day average of hospital admissions is 4,100.

Again, another terrific sign with another back-to-back decrease of 12 percent from the previous seven-day period. And seven-day average daily deaths have also declined to 587 per day.

Today, I have several exciting announcements to share with you. First, since becoming CDC Director, I have seen firsthand the current frail state of the public health infrastructure in the country. I’m committed to upgrading the public health system so the nation is ready for
With this in mind, today, we are announcing the upcoming release of $7.4 billion in funding from the American Rescue Plan to hire, train, and support public health workers across the country, reflective of the diversity within the communities they serve.

Over half of the money being released — $4.4 billion — will support states and localities, creating tens of thousands of new jobs in communities across America, expanding our overstretched public health departments with new hires to support their COVID-19 efforts. And $3 billion will be focused on preparing these same jurisdictions for future pandemics and to build a public health workforce for the future.

Though many threats have increased in complexity and scale in recent years, our nation's public health workforce has gotten smaller. The pu- — this support will immediately add more staff in health departments across the country. It will add school nurses to K-through-12 schools to support sta- — safe reopening and operations, and support vaccinations as vaccines are authorized for younger people.

It will expand the number of CDC Epidemic Intelligence Service Officers — our elite disease detectives — to respond to local outbreaks and help curb the pandemic. It will expand public health career paths, recruit and train a diverse group of future public health leaders, and launch a public health AmeriCorps to recruit a strong, diverse, and highly skilled workforce that is ready to respond.

And it will create new programs intended to increase staffing at our nation's laboratories and build preparedness for the future.

We are really excited about what this will — this support will mean for our nation’s public health capability now and into the future.

Second, last night, I endorsed the recommendations of CDC's Advisory Committee on Immunization Practices, making the Pfizer vaccine available to anyone who is 12 years and older. I want to thank the ACIP for reviewing the science and providing their recommendations on the safety and efficacy of the vaccines in adolescence. This is an important step forward in our efforts to vaccinate as many people as possible and to stop the pandemic.

And finally, I want to provide you an update regarding CDC's guidance for fully vaccinated people. Over the course of the pandemic, we are continuously gathering data and evidence to inform our guidance and decision making. We now have numerous reports in the literature that
demonstrate the safety and real-world effectiveness of the authorized vaccines.

On this slide, there are three recently published studies — one from Israel published in the Journal of the American Medical Association, or JAMA, on the top, and two from the United States, both published in CDC’s Morbidity and Mortality Weekly Report — which all show that COVID-19 vaccines work.

In Israel, there was a demonstrated 97 percent vaccine effectiveness against symptomatic and 86 percent effectiveness against asymptomatic infection in over 5,000 healthcare workers. In the United States, vaccines were 90 percent effective against any infection in nearly 4,000 healthcare workers, and 94 percent effective against hospitalizations from COVID-19 in an evaluation across 24 hospitals in 14 states.

Additionally, we are accumulating data that our authorized vaccines are effective against the variants that are circulating in this country.

On this slide, you can see a study published just last week that demonstrates how effective the Pfizer vaccine is against the common circulating variants in the United States, B117, as well as other variants like B1351.

Additional studies confirmed that the Moderna and Johnson & Johnson vaccines are also effective against circulating variants.

Finally, we know that in the rare event that people get infected after a vaccine, the resulting infection is more likely to have a lower viral load, be shorter in duration, and likely less risky of transmission to others.

Considering all of these factors — the data on vaccine effectiveness, the science on our ability to protect against circulating variants, and our growing understanding of the low risk of transmission to others, combined with universal access to vaccines for those 12 and older — today, CDC is updating our guidance for fully vaccinated people.

Anyone who is fully vaccinated can participate in indoor and outdoor activities, large or small, without wearing a mask or physical distancing. If you are fully vaccinated, you can start doing the things that you had stopped doing because of the pandemic. We have all longed for this moment when we can get back to some sense of normalcy.

Based on the continuing downward trajectory of cases, the scientific data on the performance of our vaccines, and our understanding of how the virus spreads, that moment has come for those
who are fully vaccinated.

Now, if you are immune compromised, you will most definitely want to talk to your doctor before giving up your mask. Also, locations such as healthcare facilities will continue to follow their specific infection control recommendations.

And lastly, this past year has shown us that this virus can be unpredictable. So if things get worse, there is always a chance we may need to make change to these recommendations. But we know that the more people who are vaccinated, the less cases we will have and the less chance of a new spike or additional variants emerging.

If you develop symptoms, you should put your mask back on and get tested right away.

The science is also very clear about unvaccinated people: You remain at risk of mild or severe illness of death or spreading the disease to others. You should still mask, and you should get vaccinated right away.

This is an exciting and powerful moment. It could only happen because of the work of so many who made sure we had the rapid administration of three safe and effective vaccines. It could also only happen because we have an adequate supply of those vaccines for everyone 12 years and older in this country. Your health and how soon you return to normal life before the pandemic are in your very capable hands.

If you are not yet vaccinated, please go to Vaccines.gov or text your ZIP Code to “GET VAX” — that that is 438829 — to find a vaccine in your area. Once you are fully vaccinated, two weeks after your last dose, you can shed your mask.

Thank you. I’ll now turn things over to Dr. Fauci.

DR. FAUCI: Thank you very much, Dr. Walensky. So Dr. Walensky has spoken to you about exciting issues that we can now look forward to when you have vaccination. I’m going to talk to you a little bit about the future of where we want to go with vaccines with regard to coronaviruses, and that is the development of a universal coronavirus vaccine.

If I can have the first slide.

This is something that has been discussed now for some time — these two articles — one in The Lay Press in the New York Times from Carl Zimmer asking about the possibility of a universe of coronavirus, and the other in Science Magazine by Jon Cohen.
So, what would we mean by “universal coronavirus”?

Next slide.

This is the phylogenetic tree of the coronaviruses. The ones in red font are human coronaviruses, and the four that have yellow highlighting are the four viruses that account for anywhere from 5 to 15 percent of the common colds that we all get each year.

Next slide.

In 2002, you had SARS-CoV-1; and in 2012, you had SARS — the MERS coronavirus. Again, the first indication that coronaviruses were capable of pandemic potential.

And then, now — on the next slide — as you see, we are dealing with this very difficult situation of the historic pandemic of SARS-CoV-2.

Next slide.

So what people are asking is: Can we actually, conceptually and in reality, get a pan-coronavirus vaccine? There have been a number of forays into that using different types of vaccine platforms. But there was a recent paper published that I want to spend just a minute on because it really is potentially exciting, and it is an important proof of concept.

Next slide.

The paper appeared just a couple of days ago in the journal Nature. And what it is, was the development of neutralizing antibodies for both pandemic and pre-emergent coronaviruses by a particular platform technology technique. Let me explain.

Next slide.

The proof of concept is one that antibodies that can neutralize multiple different coronaviruses have been isolated from people in their normal immune response who were infected with SARS-CoV-1. This was a strong suggestion that a pan-coronavirus might be possible.

What the investigators at Duke University found out was that a specific highly-conserved site on the receptor-binding domain of the spike protein makes multiple human and bat coronaviruses highly vulnerable to cross-neutralizing antibodies.
And with that observation — next slide — what they did is that they designed a nanoparticle vaccine which actually displayed — as shown on this slide — 24 copies of this receptor-binding domain and added an adjuvant to boost the immune response.

And so, in monkeys, the nanoparticle vaccine completely blocked SARS-CoV-2 infection and elicited higher neutralizing antibody activity than seen with current vaccines or with natural infection.

But, importantly — which is the crux of this discussion — is that the vaccine elicited cross-neutralizing antibody against bat coronaviruses, human SARS-CoV-1, SARS-CoV-2, and variants of SARS-CoV-2 that we are dealing with, such as B117, P1, and B1351.

Now, although these experiments conducted in a nonhuman primate — and we always have to have a caveat when you’re dealing in a nonhuman primate — nonetheless, this is an extremely important proof of concept that we will be aggressively pursuing as we get into the development of human trials.

So I’ll stop there and back to you, Andy.

ACTING ADMINISTRATOR SLAVITT: Thank you, Dr. Fauci and Dr. Walensky. All right, let’s take questions.

MODERATOR: Thank you, Andy. I know everybody probably has a lot of questions today. So we can get through as many as possible, please, one question each.

Tamara Keith, NPR.

Q Thank you for taking my question. I am wondering what this means about social distancing, what this means about your guidelines for schools and workplaces, and also what you think this mask change might mean for incentives — whether it will incentivize people to get vaccinated or, for people who had been resistant, now they have no reason to get vaccinated.

ACTING ADMINISTRATOR SLAVITT: Dr. Walensky.

DR. WALENSKY: Thank you, Tamara, for that question. I want to be clear that we followed the science here. While I — this may serve as incentive for some people to get vaccinated, that is not the purpose. Our purpose here is, as a public health agency, to follow the science and to follow where we are with regard to the science and what is safe for individuals to do.
Of course, this guidance is really just for individuals who are vaccinated and what they can do — safely do. And we have, you know, work ahead of us, in terms of updating our guidance with regard to all other settings — as you note, schools and camps — and that will be the work that we have ahead of us.

ACTING ADMINISTRATOR SLAVITT: Next question.

MODERATOR: Cheyenne Haslett, ABC.

Q Hi, thanks for taking my question. You mentioned the science. And we know it’s been about 16 days since the CDC last updated its guidance on masks. We also saw heavy criticism in the last week for moving too slow. Has the science really changed in 16 days or is this a response to public criticism?

DR. WALENSKY: Thank you for that question. So several things have happened in the last two weeks. In the last two weeks, the cases in this country have dropped by a third. In the last two weeks, we’ve had increasingly available vaccine and we now have available and eligible people between the ages of 12 and 15.

And we have had a coalescence of more science that has emerged just in the last week. That science has been in three areas: One is the effectiveness of the vaccines in general, in real-world populations. One is the effectiveness against — (coughs) — excuse me — against variants, which was just published last week. And then the effectiveness in preventing transmissibility.

ACTING ADMINISTRATOR SLAVITT: Great. Would someone get some water?

Okay, next question.

MODERATOR: Kaitlan Collins, CNN.

Q Thanks so much. My question is for you, Dr. Walensky. You said “regardless of gathering size” and “even if indoors,” you don’t have to wear a mask. I noticed that you did not list exceptions beyond healthcare providers, I believe. So does this mean vaccinated people can take their mask off on an airplane?

DR. WALENSKY: So, right now — thank you for that question, Kaitlin. Right now, we still have the requirement to wear masks when you travel on buses, trains, and other forms of public transportation, and we are — as well as airports and stations.
CDC, as I mentioned, is going to continue to update our guidance as policy and the science emerges. Right now, for travel we are asking people to continue to wear their masks.

ACTING ADMINISTRATOR SLAVITT: Next question.

MODERATOR: Let’s go to Mona Austin at the Urban Radio report.

Q  Thanks so much for taking my question. I’m wondering if you’ve given any thought to extra measures to help African American parents — and perhaps embedded fear over getting their children now vaccinated since there was such hesitation in the African American community throughout the pandemic?

ACTING ADMINISTRATOR SLAVITT: Dr. Walensky, you want to start with that?

DR. WALENSKY: Yeah, thank you for that question. We recognize that we have had to do extra outreach in many different kinds of communities: the trusted messenger campaigns that we are doing, having vaccine available in local pharmacies, having vaccine available in local pediatricians. And with, now, the availability of vaccine for 12- to 15-year-olds, we are absolutely conducting that extra outreach not only for parents to want the vaccine themselves, but for parents to want to get their children vaccinated as well. Absolutely.

ACTING ADMINISTRATOR SLAVITT: Let me just add a couple of measures. First of all: While vaccines are great and they’re having a massive impact, all questions that people have are reasonable, whether it’s for themselves or their children. And is — individual communities have very specific questions. That’s why we’ve created the Health Equity Task Force, and that’s why we’ve created a whole set of people in communities that can answer questions.

The only thing that people should make sure they do is ask a trusted physician, ask a clergy, ask a pharmacist, ask someone reliable and trustworthy about getting vaccinated. Don’t go online to some social media site and get whatever you get. And that’s the job that we’re doing here is to make sure those questions can get answered.

Next question.

MODERATOR: Tommy Christopher, Mediaite.

Q  Hello. Yeah, so thank you for doing this. My question is for Dr. Fauci. I heard you say to Gayle King — she said that — that people were looking at her funny for wearing a mask even
though she’s vaccinated. And I was wondering if you had anything to say to people who have been vaccinated and still want to wear masks in situations that the CDC says are low risk? Is there anything wrong with that? And should people be side-eyeing them?

DR. FAUCI: No, not at all. I mean, people have to make their own personal choice. What you heard from Dr. Walensky, it is the recommendation based on science — and that’s just a recommendation. And when people want to do that, they at least have the science behind them.

There’s absolutely nothing wrong with an individual who has a certain level for risk aversion — as we know, the risk is extremely low of getting infected if you’re vaccinated whether you’re indoors or outdoors, but there are those people who don’t want to take that bit of a risk. And there’s nothing wrong with that, and they shouldn’t be criticized.

ACTING ADMINISTRATOR SLAVITT: Dr. Walensky, anything you want to add to that?

DR. WALENSKY: And — I just absolutely agree; people have to make these decisions based on their own comfort.

ACTING ADMINISTRATOR SLAVITT: And look, habits are hard to break. So, people may take time to adjust; that’s fine. As a rule, we are anti-side-eyeing.

Next question.

MODERATOR: Yamiche Alcindor at PBS.

Q Hi. Thanks so much for taking my question. I have a question on how — what this means for fully vaccinated people that are entering spaces where they don’t know if the people that are around them are fully vaccinated, i.e. if you’re going to a possible concert or a restaurant, is it okay to take off your mask, even if you’re surrounded by people who aren’t vaccinated? And why keep masks as a requirement for people that are traveling if it’s not in small or outdoor — small or big gatherings?

DR. WALENSKY: Yeah, thank you for that. So, we — the science demonstrates that if you are fully vaccinated, you are protected. It is the people who are not fully vaccinated in those settings, who might not be wearing a mask, who are not protected. And it tho- — those people that we are encouraging to get vaccinated and to wear a mask and to physically distance.

So if you’re vaccinated in those settings, you certainly could wear a mask if you wanted to. But
we are saying in those settings, based on the silence, that it is safe. You know, the — it — we are going to be looking at all of our guidance and updating all of our guidance, including our travel guidance, and — in the — shortly, as we do an overview now that we have this new guidance out there.

ACTING ADMINISTRATOR SLAVITT: Next question.

MODERATOR: Kristen Welker, NBC.

Q  Hi, thank you so much for taking the question. Can you talk about how this new guidance squares with the fact that you're still concerned about the variants that could be in this country and other countries?

And can you speak to this report that there are seven, apparently, New York Yankees members of the coaching and support staff that have tested positive for COVID-19 despite the fact that they were vaccinated with the J&J vaccine. Should people be concerned about that headline? What do we take away from that? Thank you.

DR. WALENSKY: Thank you, Kristen. With regard to the variants, we are now sequencing about 30- to 35,000 samples a week. We have a really good window as to what certain variants are circulating here — about 7 to 10 percent of all virus we're now sequencing. And we now have data that shows not only in the lab, but in real populations and in cohorts that our vaccines work against the variants that are circulating here.

We will consistently be looking for new variants, and we'll be testing for new variants. We have not found any yet that suggest that the vaccines do not work against them.

With regard to the Yankees, we obviously need to learn more about that situation. My understanding is that six of the seven report- — six of the seven infections were indeed asymptomatic infections. And we will look to more data from that report to understand what happened there. All of the real-world data we've seen that's been in the published literature — large studies in many different settings — have demonstrated that these vaccines are effective — have a high effectiveness against disease.

ACTING ADMINISTRATOR SLAVITT: Next question.

MODERATOR: Last question. Let's go to Zeke Miller at The AP.

Q  Thanks for doing this. I was hoping you might be able to outline what is the federal
government’s message to people who are not fully vaccinated right now? What should they be doing while their fully vaccinated peers and family members may be taking off their masks, number one?

And number two, what is the message to businesses, schools, others — anyone else in a setting where it’s hard to determine who is and who is not fully vaccinated, in terms of monitoring response or bringing their — their patrons into compliance with CDC guidelines?

DR. WALENSKY: Thank you. So, my first message is: If you are not fully vaccinated, you are not fully protected. And so, you need to be continuing to wear your mask and practicing all of the mitigation strategies that we’ve been discussing before.

And, and then, of course, importantly, get fully vaccinated. So text 438829; find a vaccine nearest — near you; and get yourself fully vaccinated. So that’s really the first message if you’re not fully vaccinated.

With regard to what businesses, communities, schools — we, of course, will be updating our guidance in many of these areas very shortly.

But importantly, I think we really need to understand that this country is very heterogeneous; it’s not uniform. And so these are going to have to be at the — these decisions are going to have to be made at the local level. And I would encourage counties and localities to look at how much vaccine they have, how many people have been vaccinated, look at how many cases are in their area, and to make those decisions with that information in mind.

ACTING ADMINISTRATOR SLAVITT: Thank you all and have a great day.

2:35 P.M. EDT