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>> Good afternoon ladies and gentlemen.

All participant lines are automatically muted.

This meeting is being recorded.

Good afternoon everyone and welcome back. And, welcome to those of you joining us for the first time. Good afternoon, thank you for joining the Center for Medicare and Medicaid services. And Center for Disease Control and Prevention. This is our third discussion. We've had really good discussions over the last two weeks all which we post online for your viewing pleasure when you are able to. And, we are again addressing staffing questions and concerns that we are hearing around the new COVID-19 vaccine. A few faces that are familiar to you, a CMS chief medical officer and director for clinical standards. We have Dr. Amanda Cohn, Acting Chief Medical Officer in the office of vaccine policy, preparedness, office of director of CDC. We have Jean Moody-Williams, deputy director in the Center for Clinical Standards and Quality. She is also a registered nurse. And our special guest today, Ms. Roberta Jaramillo, Environmental Services District Manager, HealthCare Services Group. So we have a great panel for you today and I will turn it over to Lee to get us started.

Thank you Ashley. It's a pleasure to be back here today. We are also trying to work on creating short snippets I hope will be able to push out soon about some of these critical questions and answers. The first time we came out a couple weeks ago I got my first vaccine. I will tell you, on Friday, I got my second vaccine and there is a good part and okay Parker the good part is, now when I go in and get my clinical care on Friday a couple times a month, when I come home to my family feels much more secure that I am not bringing COVID home. That the likelihood that I am safer in the hospital because of the vaccine and I am safer coming home. I'm sure Amanda will tell us it still a small chance that we can be transmitting. When I put people to sleep. It does provide safety for both of my patients and family. The second thing being, many of you have heard that the second shot is not quite as easy as the first. I will tell you that afternoon, about 20 hours later, I felt a little spacey and my family probably said I was the usual. I was spacey and tired. It took a little ibuprofen, some Motrin. Slept for a couple hours, and by the next morning I was back to normal. Most importantly, that meant I had reaction, so I had felt good about that. With that, going to turn it over to Roberta to start us off with questions from the field, from herself and colleagues and it's great to have both of our experts here today.

Thank you for inviting me. I am humbled that I was chosen for this. To be the speaker for our residents and staff, so, thank you for that. The

first question I have, I have been asked several times, does the vaccine carry fetal cells?

Hi Roberta, it's good to see you again. Thanks everyone. I'm really honored to have the chance to talk to all of you as well. And to answer your first question, these two vaccines that are authorized right now, the Pfizer and Modern vaccine, both of those do not have any fetal cells. They were not made from fetal cells, there is no fetal cells. They are entirely free of fetal cells. Many vaccines do have our developed initially in the very beginning stages of development. The does not mean other words won't. You can be assured they do not contain any fetal cells.

Another question also asked of me, why is it that the environmental services staff were able to come and get the vaccine before other people?

I'm going to turn that question to the voice to the nursing homes for the last year. A trusted voice. And now you get to actually see her today. You were there for us in the beginning.

Thanks. It's really an excellent question. I get that same question myself from my family. I will do was there from the very beginning and holding weekly meeting with nursing homes and I think it became evident early on that the true heroes in all of this is our front-line workers. Those that work in environmental services, and I will even go outside the healthcare system for teachers and grocery store workers. Really, the ones feeling the brunt of this and because of the calls I had with nursing homes, many of them did not feel that everyone recognized that they were essential workers. That some of them, not all, but some did not get the equipment that they felt they should get. The PPE and other things. It just leaves the question, am I really essential? I heard it week after week. Quite simply, we wanted to make sure that when it came to the vaccine, after understanding it was safe and we will answer more questions about that as we go along, that nursing home residents and the people that care for them, they were really put at the front lines because quite frankly they deserve to be. We wanted our residents

And nursing homes to be a priority. Those people that care for them and I hope it is the first of many first's that you will experience. Thank you for the question.

Maybe you can comment why the CDC put them first.

Sure. First I will say, ditto. Everything she just said is how everyone I know feels. We have an expert group of doctors from across the country to come together to think about these questions because this is really challenging. Lots of people deserve to be first and lots of people, there were more people that we wanted to give the vaccine to first then we had more. This group came together and looked at lots of different things including who really was putting themselves at risk? All of our frontline healthcare workers. All of you are healthcare workers. You are taking care of the residents in long-term care facilities or require additional healthcare. Healthcare workers and older residents living in long-term

care facilities were seen getting the brunt of the illness and getting disproportionately more staff in long-term care facilities and more residents have been getting sick and I'm sure many of you have seen this where you work. And the outbreaks in long-term care facility homes has just been devastated

People working on the frontline, you are all front-line workers. The advisory group of vaccine experts felt it was important for the forefront to protect all of our healthcare workers that are so vital in continuing to take care of everyone who is sick right now either from COVID or anything else and additionally, to protect long-term care facility residents because so many deaths have occurred early in long-term care facility residents. Those were the two real reasons that the CDC experts and the advisory committee helped make recommendations used to make that decision.

It's interesting, when you and Jean talked about it the other day and some of us just sort of had a profound, we would not think about it this way. For many of us, I'm a physician and have been one for 30 years. We missed it. It's so great to hear it articulated this way. And one of the things I have always thought about is when they talk to people at the Cleveland clinic and asked him what their job is, their job is to ensure that patients and residents do not get infections. Should not be as important as the doctors. You're the ones protecting. Roberta, what else are you being asked?

Residence or staff that have been tested positive with COVID, what is the timeline for them to get the vaccine?

If there is no timeline to get the vaccine. Even if you have had disease, we do think you are protected for several months after disease, we still want you to go ahead and get the vaccine, because, in the future, your protection is likely to go down. We want to make sure you are protected for as long as possible with the vaccine. That being said, because it's been hard to get enough doses to vaccinate all of our front line healthcare workers and older adults, if you've had COVID in the last three months, you can wait until three months after you have had disease because I do think very strongly that you are protected from COVID. We have enough as it is to say people who got disease three months ago do not need a vaccine because they are still protected. We have some data and I think in the near future we can say you are protected for four months or five months or longer. But, it takes time and we continue to look at that until we decide. My recommendation as somebody who has been looking at the vaccine all of these months and thinking about how to protect people in the long-term, if you are offered the vaccine, you should go ahead and get it. We have been hearing that if you have had disease is almost like when you get the first dose, it's almost like the second dose which is not surprising because you have some level of protection and boosting it so you have a little bit more of a reaction. We still recommended. And for anyone, if you have the type of symptoms that Dr. Glacier had or fever, sore arms, tiredness, achiness. You can absolutely take Tylenol or Motrin or anything you normally take or if you don't feel great. You could take to get rid of those symptoms.

ICA question in the box the kind of follows and with four you and Roberta are talking about. They notice when the prescreening questions specifically ask about blood thinners. You mention you might not feel well and those kinds of things but they want to know would you suggest a post vaccine monitoring for 15 or 30 minutes.

Everybody should be monitored. This is absolutely the recommendation that everybody be monitored for 15 minutes after you get vaccinated. And really, although it may not be, that's our recommendation for any vaccine at any time and I think to be honest we are really good at watching children for 15 minutes but I think sometimes when people go to the pharmacy to get their flu shots, not everybody is watched as carefully as we want them to be. The difference in the timing between 15 and 30 minutes is that if you have any history of severe allergic reaction with any vaccine, you do have pieces of severe allergic reaction happening with vaccine and you have never had the vaccine before, but if you have had severe allergic reactions where you have had to use an EpiPen in the past we recommend that you wait 30 minutes instead of 15 mess because if you have an allergic reaction, it's highly likely to happen within that 30 minutes. And you will still be there and everyone who is giving the vaccine knows how to treat severe allergic reactions.

In the chat it actually asked which vaccine. I got Pfizer. But you get the same reaction from both of them, correct?

My interpretation is that the word we use is you have the same reaction in terms of arm swelling or soreness. It's very similar between the two vaccines. They are very similar vaccines. There is a little bit of a difference in the vaccines that may mean, there may be something that one person is allergic to but we are talking about one in millions of people. These are very rare allergic reactions and we differentiate the two. One of the ingredients, these are very simple vaccines. They don't have nearly as many ingredients as some of the other vaccines which we know are also very safe. One of the ingredients is called polyethylene glycol. That's one of the ingredients that they think people may be having reactions to. That ingredient, I have never had polyethylene glycol before or had it injected, but if you have had cancer in the past you have gotten lots of medicines injected, you may have had an allergic reaction and that may put you at a higher risk for allergic reaction. But otherwise, the simple answer to the question is it does not matter which vaccine you get.

Back to Roberta.

You answered one of my questions, so, thank you. One of the other questions they ask, do you have to wear a mask after the second series of vaccination.

Great question. Right now, guidance says you need to do everything after vaccination to be vaccinated. Even though we know it protects you from disease we don't know if it protects you from getting the virus in your nose and giving it to others. However, we do recommend everyone continue to socially distance, wash their hands and wear masks. There is one key difference and it's Wednesday and I will go ahead and share this with you. I think very shortly we are going to say that if you get exposed, if you have gotten both doses of the vaccine and somebody in the patient room or somebody in your community exposes you, you do not have to be quarantined anymore. And that is going to be consistent with people that have already had disease. That change is coming and we are excited about that because that means you will not have to miss work. If you have the vaccine. It gives you another very good reason to get vaccinated. You won't have to stay away from your family.

That's very exciting.

That's wonderful. Another question. So if you have already had the disease, what is the likeliness of you getting it again?

The data right now is showing for at least three months you are protected and unlikely to get disease. This is all just still one year old and it has been about a couple weeks from year from when we got the first cases in the United States. We cannot say for example if you are protected for more than six months. We have not had enough people that were sick the long-ago to be able to say but we do think, we know you're protected for three months and we are starting to see enough people who had disease more than six months ago to say it's probably 4 to 6 months you can be confident you are also protected.

Thank you. So, does the vaccine have any aspirin? I was asked to ask that.

The vaccines do not have any aspirin in it. It also doesn't have some ingredients I know some people in other vaccines like aluminum or preservatives. The vaccine the heart of the virus. Instructions on how to make a protein. It cannot cause disease but that's inside for lipids this house get these instructions delivered to your immune system. In the immune system and that's where the immune system response.

I've been thinking of one particular question. Maybe Jean can answer. One of your colleagues decides they don't want to take the vaccine when the pharmacy partners show up. But they asked questions and hopefully decide to take it. The pharmacy comes two or three times they should be coming. Do we know the policy or we can certainly get that out to people?

We can do that. That is one of several ways to be able to get the vaccine. Starting with the far partnership having the vaccines available. They are working closely with the states as well. Many facilities are looking. Maybe they don't want to vaccinate exactly on the same day. You can have some take off when they want. It will be different from state to

state. And it's going to be a local decision at the nursing home. Amanda, do you want to add to that?

This is something I feel very strongly about. You should never not have an opportunity to get vaccinated. Just because you're not comfortable the first time you're offered, you absolutely will have it offered to you again. Sates are getting vaccines into communities now. Most places are recommending that persons 75 and older get it. And he will go down to people who are 65 as we get more doses. We are getting vaccines into pharmacies come into federally qualified to that community health center.

Or to where they get the medication and pharmacy, we want vaccines to be available. Even if you aren't ready to get vaccinated the first time you have lots of opportunities and we totally don't want people to feel pressured because they are being offered the vaccine once. We want people to have their questions answered and make the decision to get vaccinated when they are ready.

Anil Evan is on. I will just quickly save the nursing home has a contagions of people that need to be vaccinated, they will help the tote facilitate in any way we can we will do everything we can to help facilitate. It's so important to us. Under questions you might have Roberta?

We are doing everything we can to learn more about the vaccines. Will keep monitoring closely to see. I'm really hoping they don't and I'm hoping they don't for lots of different reasons. I'm hoping they don't because vaccines help for a long time.

However, the other question asked, why is it that children are on able unable to get the vaccine at this time?

I'm a pediatrician so I want all children to get the vaccine. I know many of you have children and grandchildren and we want all of them to be protected. I worry about them as much as I worry about my oldest parents. They have not done studies in children let me restate that. They are doing studies in children right now. They studied one of vaccines. The others is down to 18. They started doing studies towards the end of last year. I'm not 100% sure but what heaven says before we give the vaccine to all of our children. One said they love data were you present a lot of information. Is there one site people can go to see the information you're discussing

Sure. And I will send you a link. . As I talked about before, the vaccine, the group of experts

Prioritized front-line healthcare workers and adults, older adults living in long-term care facilities. We looked at the number of vaccines we had available when we decided

How you who are not prescript. While your Frank there's lots of reasons why we have not been able to vaccinate everybody in the last couple of weeks. You can start going to the next group which is 75 and then 65 and then it will be all. All the other front-line essential

workers keeping us safe, like grocery store workers and people driving buses and working in prisons. They've been working to keep us healthy and cannot do their jobs from home. That's the next major group. So, the rational or reasons why we prioritize it into the three different groups had to do both with the number of vaccines available that's really why we are focusing on older adults and those with medical problems. And for the people going into work every day who could be exposed COVID what we really want to make sure of is people who needed it the most got it first. That was the driving decision-making.

There's been a few questions in the chat. For place that not able to get it, the pharmacy partnership. Is the currency of a car shopping cart has not showed up.

We were anticipating they would have scheduled clinics in the next week or two. If it feels like we are getting to that time we have this information about when your clinic is being scheduled, you should follow up.

Than they could ask either the health department or potentially go through CMS.

It's a really good idea to check with the facility to see what arrangements have been made.

Culbertson throughout the vaccine.

Thank you for the information. Going to be very helpful to the staff and residents.

Any thoughts of somebody from the CMS side helping us get this crisis from the beginning.

The only thing I will say is, this is just the beginning of a conversation. I see there are many questions in the chat which lets me know there are still many questions out there. Continue to send your questions and. And Roberta if you get additional questions from your coworkers, you know how to reach us now. We will continue to get information out and we ask as you learn something here we ask that you help get those out as well.

Amanda, anything else for this week?

I want to try to answer a couple of these very quickly and broadly. These vaccines are recommended for people who have medical conditions, for people who are taking different medicines for different medical conditions. But if you have questions about whether or not the medications you are on

Or illness, if you have questions I highly encourage you to reach out to your doctor.

If you don't have you can call the person offering you the vaccine. For the most part, these vaccines are recommended. Very rarely would they not be considered safe to give. The question is whether or not they work. As well as if you are on certain medications and whatnot. Finally, I just want to say thank you Roberta. I cannot tell you how appreciative I am that you guys are asking these questions and thinking about it and I know there's so much information out there. It's so hard to sort through what information is real or what are rumors. I just really encourage people to get their questions answered when they're thinking about getting vaccinated. I am incredibly confident in this vaccine.

I think they are incredibly safe and work really well. I'm excited for the opportunity for you all.

Again Roberta, thank you so much. One of the key things for us at CDC as civil servants who really went into this to serve the American public, we want to just answer your questions. We hope by being transparent, open, being willing to answer any questions. Roberta, you did not tell amended the questions you would bring today. So that it really is important for that transparency and thank you so much. It was great and we spoke to Roberta yesterday and yet she still thinks is important to go out with the people she works with and get more questions and you told me despite being a supervisor, because people are out you are taking care of the residents. CMS and CDC thank you. Everyone does on this call for the residents and the elderly every day.

Roberta, it looked like you wanted to end the meeting.

Thank you everybody it was a pleasure meeting all of you.

With that I will turn it over to Ashley. What will happen with the chat and what we will try to do with all of these questions that are left?

Thanks Lee and thank you all for joining and our panelists. We are literally cataloguing your questions from each chat so we have three weeks' worth of questions and we received questions via the COVID mailbox. There were a few questions answered via the chat. You probably noticed we have a few folks answering them. We answer them live and continue to use those as guiding questions for future conversation. We are also looking to develop small digestible forms of media that you can use and that will be based on many of the questions that you have sent to us. Thank you. We cannot get to all of them but we thank you and we see them and appreciate they are still coming because that means we still have work to do. We will see you next week, same time, and same place. Just be on the lookout for the announcement and it will include our guest speaker for next week.

Thank you so much.

Thank you.

[Event Concluded]