White House COVID-19 Response Team holds a press briefing, sked FINAL

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TRANSCRIPT

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NEWS BRIEFING

DR. ROCHELLE WALENSKY, DIRECTOR, CENTERS FOR DISEASE CONTROL AND

PREVENTION; DR. ANTHONY FAUCI, DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH; ANDY

SLAVITT, SENIOR ADVISOR TO THE COVID RESPONSE COORDINATOR; DR.

MARCELLA NUNEZ-SMITH, CO-CHAIR, COVID-19 ADVISORY BOARD; JEFF

ZIENTS, WHITE HOUSE CORONAVIRUS RESPONSE COORDINATOR; TIM MANNING,

COORDINATOR, COVID-19 SUPPLY CHAIN MANAGEMENT

WHITE HOUSE COVID-19 RESPONSE TEAM HOLDS A PRESS BRIEFING

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SPEAKERS:

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AND PREVENTION

DR. ANTHONY FAUCI, DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND

INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH

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TIM MANNING, COORDINATOR, COVID-19 SUPPLY CHAIN MANAGEMENT

SLAVITT: Hi, this is Andy Slavitt, the senior advisor at the White House for our COVID response. Thank you all for joining us.

I hope these briefings are helpful in bringing straightforward information on our whole of government effort to combat COVID-19. We will use them to highlight various efforts and leaders who are driving daily results on our national strategy to defeat COVID.

Let me tell you about the agenda today. CDC Director Dr. Walensky will give a brief report on the state of the pandemic and then Dr. Fauci will provide some important scientific updates. Then, I have invited Tim Manning, who coordinates our supply chain, to provide detail into questions many of you have had about how we are scaling production of vaccines and other things, including by using the Defense Production Act.

We are going to discuss three specific ways we are using the Defense Production Act. First, to increase existing supply of vaccinations Americans need. Second, to scale production of the tests that Americans need to get back their lives. And third, to reduce our long term dependence on foreign production of supplies that we need to protect our work force and fight pandemics.

Before we get to that, I have an announcement or two to make at the top. So on Monday, you heard me announce that the Biden administration will scale production of at-home COVID tests from a company called Ellume.

At-home tests are one of the key steps to getting back to normal life. We announced that by the end of the year, Ellume would be producing 8.5 million tests. Today, you will hear even more action on testing. We will announce that six more companies will surge manufacturing of at-home test kits with the goal of, by summer, having millions of Americans being able to access at-home tests and of multiple (ph) of what we talked about on Monday. It won't be easy and it is not happening overnight but today's announcement represents another step in the long journey back to normal life.

In addition, I want to announce that the Secretary of Defense Lloyd Austin has approved FEMA's request to augment and expedite vaccinations across the country. He's ordered the first contingent of more than 1,000 active duty military personnel to support state vaccination sites. Part of this group will start to arrive in California within the next 10 days to begin operations there around February 15th, with additional vaccination missions soon to follow.

The military's critical role in supporting sites will help vaccinate thousands of people per day and ensure that every American who wants a vaccine will receive one. I know DOD will be providing a briefing this afternoon with more details but I want to make sure you were aware of this important development and our whole of government response.

With that, I will turn it over to Dr. Walensky.

WALENSKY: Thank you very much. I'm glad to be back with you today.

Let's start with a snapshot of the pandemic. The United States continues to see a decrease in COVID-19 cases since its peak on January 8th. The number of new cases on February 3rd, approximately 121,000, represents a 61 percent decrease since the peak on January 8th.

WALENSKY: Similarly, the number of new hospitalization admissions reported on February 2nd, approximately 10,500, was down nearly 42 percent since the hospitalization peak of 18,000 reported on January 5th.

On Wednesday I noted the peak -- the pace of death appears to be slowing and that we anticipated deaths would start to decrease in the coming weeks. Early data suggests now we're starting to see this decrease, with a seven-day average number of deaths declining 6.7 percent to slightly more than 3,000 deaths per day from January 28th through February 3rd.

While we watch these data closely to see if these will be a confirmed trend, prior data do suggest that peaks in deaths usually trails the peaks in cases by somewhere between nine and 20 days. However, we also may see variation in the daily numbers for different reasons, including reporting delays. As such, we will know better if this trend becomes a stable downward slope over the next weeks.

While the data are moving in the right direction, context is important, because cases, hospital admissions and deaths all remain high and well above the levels that we saw in the summer and early fall. In order to keep these trends moving on the right trajectory, we must continue to wear masks, continue to social distance, avoid travel and crowds, and get vaccinated when it is your turn.

And I want to underscore the importance of mask wearing. Today, the CDC will be releasing two reports in the MMWR that describe the case -- the decline in COVID-19 hospitalization growth rates when state-wide mask mandates are in place, as well as a study detailing face mask use among college students on college campuses with mask mandates.

Finally, I want to highlight another dimension of the COVID-19 pandemic on society, specifically the impact on mental health and substance abuse.

Yesterday, CDC reported a study in the MMWR among U.S. adults and found that 28 percent reported symptoms of depression, 8 percent reported suicidal thoughts, and 18 percent reported they had started or increased substance use to cope with emotions during the pandemic. The study also found that these outcomes were higher for some racial and ethnic groups, including Hispanic adults.

This study underscored the need to ensure that the response to the COVID-19 pandemic includes attention to behavioral health needs of communities, and it reminds us that the long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk for poor-health outcomes, including COVID-19. And it underscores the need for health equity to underpin everything we are doing in response to this pandemic.

Thank you. I'll now turn it over to Dr. Fauci.

Dr. Fauci?

FAUCI: Thank you very much, Dr. Walensky.

What I'd like to do in the next couple of minutes is just to bring you up to date on one of the issues that we discussed at our last briefing, and that is the progress along the way of the J&J on the basis of the data from their ENSEMBLE trial in getting the information to the FDA, examining it in preparation for the possibility of an emergency use authorization.

The data are now with the FDA. They are examining it. They have scheduled the advisory committee, their VRBPAC, the Vaccines and Related Biological Products Advisory Committee, which will meet in three weeks. So let me just very briefly review for you where we are and where we hope to go.

As you know, the data on efficacy of this ENSEMBLE trial, which involved three countries -- the United States, Brazil and the Republic of South Africa -- showed an overall efficacy of 66 percent, but when you unpacked from the different countries you had a 72 percent efficacy for mild to moderate disease in the USA, in the Republic of South Africa, which, as you know, is of concern to us because of the mutant and the lineage that is now dominant in the Republic of South Africa, namely the B.1.351.

In that the protection against moderate disease was 57 percent, but the good news is that when you looked across all of the countries the protection against truly severe disease was well over 80 percent. In fact, about 88.8 percent.

Also of interest is that in the South African study as well, as all of the others, there were essentially no hospitalizations or deaths.

So the sobering news is that we are dealing with variants, antigenic variation, which does have clinical consequences, as I mentioned on the last press briefing, of escape from some of the monoclonal antibody protection and a diminution in some of the protection that we have from the current vaccines. But the somewhat encouraging news is the rather complete protection against very severe disease, including hospitalizations and deaths.

Now, when you look at what's going on in our own country, clearly as the days and the weeks go by you see, as predicted, an increase in the prevalence of the U.K. variant, the B.1.1.7, in the United States, which, as you well know, has been shown by the Brits to have an increase in efficiency of transmissibility as well as a recent paper showing that there was some increase in pathogenesis leading to severe disease. So this is something that we will have to deal with, because this is something that's expanding in its prevalence in the United States.

The point that I want to make and end with is something that I said last time that I really think it's important for us here in the United States to realize: that the evolution of variants occurs only when you have a certain degree of replication of the virus in the community, and that means spread from person-to-person. Viruses will not evolve and mutate if you do not give them an open playing field to replicate and replicate in essentially an unbridled fashion.

For that reason the message that we keep giving, that Dr. Walensky and I and others on the team keep giving, is that now is the time to do a couple of things.

One, double down on the adherence to the public health measures that we talk about all the time, the uniform masking that the president has spoken about, the physical distancing, the avoiding congregate settings particularly indoors, and the washing of hands.

At the same time as another very important mechanism of dampening down the replication in a given community is the distribution efficiently and effectively of vaccines. You'll be hearing about that in a moment, but the message that we have: When a vaccine becomes available to you, get vaccinated. You will not only be protecting yourself, your family, but you will be making a major step in a positive way to protecting the community.

I'll stop there and back to you, Andy.

SLAVITT: Thank you.

Tim?

MANNING: Thank you, Andy.

Thank you, Dr. Fauci, Dr. Walensky.

So first, since I may not be as well known as Doctors Fauci and Walensky, please allow me to introduce myself. My name's Tim Manning. I'm the National Supply Chain Coordinator for the COVID response. I'm an emergency manager, having done disaster and emergency response for the past 25 years. And I've worked at the local and state level and served as a deputy administrator at FEMA for eight years. But also been a firefighter and EMT, and I know firsthand the importance of having the equipment and supplies you need when you need it on the front lines of a crisis.

MANNING: Right now I work with teams across the government, from Department of Defense to the Department of Health and Human Services, to ensure our country has the supplies we need, not just now but into the future.

That's why on day one President Biden signed an executive order directing us to use all necessary powers including the Defense Production Act to get this pandemic under control. In fact, the administration identified shortfalls in 12 critical categories of supplies. So today I'm announcing three ways in which the administration is using the Defense Production Act authorities to fight this pandemic.

One is an immediate impact. One will be felt over the next few months. And one will help diminish our reliance on foreign manufacturing for PPE over the long term.

Our first action gives Pfizer more equipment and supplies that are enabling them to ramp production and deliver more vaccines faster. Our second action will deliver more than 60 (ph) million point of care tests or at-home-tests by this summer and that's in addition to the news Andy announced on Monday about the at-home (ph) tests.

Our third action will help Americans -- help America produce more surgical gloves that our front-line workers desperately need.

So let me start with increasing vaccine production. Since January 20 we've increased the vaccine supply we are providing the states by over 20 percent. Right now one of the limiting constraining -- one of the factors constraining increased manufacturing of vaccines is limited equipment and ingredients. That's why we're leveraging an important power of the Defense Production Act, the ability to ensure that supplies and material critical to our national defense are going to areas of greatest need. This called a priority rating. If the federal government puts a priority rating on a contract it means that company can, say a vaccine manufacturer, gets first access to the product they need before anyone else.

Today we're announcing we're expanding the priority ratings for Pfizer to include filling pumps and tangential flow filtration skid units, critical components Pfizer needs to manufacture the COVID vaccine. It's actions like these that will allow Pfizer to ramp up production and hit their targets of delivering hundreds of millions of doses over the coming months.

We told you that when we heard of a bottle neck on needed equipment, supplies or technology related to vaccine supply that we would step in and help. And we are doing just that.

Second we're using the DPA to increase our supply of at-home COVID tests. The country's well behind where we need to be in testing particularly the rapid at-home tests that will allow us all to get back to normal activities like work and school. Earlier this week we announced investments to bring the non-prescription at-home COVID tests to Americans. And I am pleased today to announce that over the coming weeks the U.S. government has plans to invest in another six suppliers to rapidly surge domestic testing capability. And thanks to this action; 61 million point of care or at-home tests will be available by the end of this summer.

To do this we'll help industry partners construct new plants and build new production lines here in the United States bringing critical capacity to the fight and reducing our vulnerabilities to disruptions in the supply chain.

And third, we're very focused on procuring the personal protective equipment, PPE, to keep America's front-line health care workers safe. There is a grave need for masks, shields and gloves and we currently aren't producing these at the rate we need in order to keep up with demand.

We're already working to increase the availability of N95 masks to front-line workers but another critical area of concern we hear over and over is surgical gloves. Right now we just don't have enough gloves. We're nearly 100 percent reliant on overseas manufacturers to export to us our country surgical gloves that protect health care workers. And that's -- that's unacceptable and we're using all of our authorities to fix it.

Over the past two weeks we've pushed forward an effort to expand domestic manufacturing of surgical gloves. And I am pleased announced that we will build plants to make the raw materials, the nitrile butadiene rubber for surgical gloves here in the United States and will help build factories to make those gloves right here in the U.S. as well. And by the end of the year we'll produce more than a billion nitrile gloves a month right here in America.

We'll now make enough to satisfy half of all the U.S. health care community demands right here on U.S. shores. These are just three examples of how we're using the DPA strategically and effectively in our national response and there's more to come.

I know there's a great deal of interest in exactly where and with whom we're contracting. For reasons of procurement law I'm not able to disclose the ongoing contract negotiations until they're finalized. (Inaudible) contracts take four to five weeks to finalize and we're about halfway through. So over the next few weeks I expect we'll have more announcements about the ways we're using the DPA and other tools to combat the virus.

Now I want to end by encouraging Congress to act because some of our additional plans to use the DPA including adding more domestic genomic sequencing allowing us to track variants and seeing new ones, or ramp-up molecular tests require funding. Congress could help this effort greatly by passing the American Rescue Plan.

And with that, I'll turn it back over to Andy.

SLAVITT: Thank you, Tim. So why don't we go to some questions.

STAFF: All right, thank you everybody. First we're going to go to Peter Sullivan at "The Hill".

QUESTION: Hey, thanks. I wanted to ask on rapid testing; I hear the announcements you're making, some people have pointed to the FDA as sort of a bottleneck on the rapid testing. And say they're authorizing -- they're too -- they are maybe taking too conservative of view of accuracy, comparing it to PCR and not kind of authorizing simple rapid test that can be you know millions per day. Maybe even more plentiful than what you're talking about.

So, I wonder, I mean is there any consideration of either creating a new approval pathway at the FDA or taking more steps to kind of authorize more -- even more plentiful rapid tests?

SLAVITT: Thank you, Peter. Look we understand that everybody who has something submitted to the FDA wants their product approved and I would only observe having been around the FDA for quite some time that when they go fast people criticize them, when they go slow people criticize them. And I think we should be delighted with the announcement today which I think is a counterfactual (ph) to the question.

Having 60 million more at-home tests available over the course of the summer is exactly what the country needs. I think it will change things pretty significantly. So, I'm very excited about this announcement, and I think many Americans hopefully will be as well.

STAFF: Great. Next, floor (ph) to Michael Wilner (ph) at McClatchy.

QUESTION: Thanks for doing this. Two questions from me. First, the Pentagon just announced it approved 1,110 active duty service members to support five FEMA vaccination centers. Can you tell us where those vaccine centers will be? And secondly, the national strategy says that the administration plans to accelerate the pace of vaccinations by encouraging states to move through priority groups more quickly. So what does "more quickly" mean? Can you be specific what your guidance has been to states thus far?

And if you're leaving it to states to manage, what about your guidance is different from the prior administration which also endorsed the (inaudible) of guidelines?

SLAVITT: Yes, thanks for the question, Michael.

I believe the Department of Defense is going to hold a briefing this afternoon to answer questions specifically about their announcement. All I can tell you is that it is -- it's such a critical part of our all-of-government response and the team work that I've observed since I've been here.

You know, I think with regard increasing the pace of vaccinations and moving through priority groups, let me just first start by saying all of us, starting from the president recognize that Americans are eager to get vaccinated and that we should have -- we want to get that done as hastily, and as safely, and as equitably as possible.

I would love to tell you that we are sitting on stockpiles of vaccines that we found when we came here, but unfortunately that's not the case. What we have done is we have been distributing vaccines as quickly as possible and we have increased now two periods in a row the amount of vaccine that states are getting.

I can assume you we are in constant conversation about an end-to-end last mile approach to getting vaccines in people's arms, and that is, I think, taking an -- improving the state's ability to get those vaccines in arms more quickly. As one data point -- as I pointed out earlier in the week, when we got here on January 20, about 46 percent of this -- of the supply delivered to states had been administered and that number is now over 60 percent.

I'm not going to speak to the administration before ours that -- we're here (ph). We're looking forward. We see lots of improvement opportunities. I think we've taken some and we're going to work with states to find additional ones.

Next question.

STAFF: Great, thanks. Next we will go to Sara Murray at CNN.

QUESTION: Hi, thank you guys for doing this -- I appreciate it. My first question is for Dr. Walensky. I just wanted to follow-up on some of her comments about teachers, we're wondering why it would be safe for teachers to return to the classroom if they have not been vaccinated and whether that is considered the CDC's official guidance at this point that teachers can go back in to the classroom even if they have not been vaccinated.

And secondly I'm just wondering what steps the administration is considering to try to ramp up production of the J&J vaccine assuming it does get a EUA as our understanding is that supply will be relatively limited in the beginning.

SLAVITT: Dr. Walensky?

WALENSKY: Sure. Happy to answer that. I want to just emphasize that our goal is to get children back to school. School should be the last places closed and the first places to open. Our goal is to make sure in getting children back to school that we do so both with the safety of the children and the safety of the teachers as utmost and critical in making sure that that happens.

Among the things that we need to do to make sure that schools are safe is to make sure that the community spread of this disease is down and that means its all of our responsibility to work to get our children back to school safely and our teachers back to school safely. We are actively working on the guidance -- the official guidance which will be really (inaudible).

SLAVITT: With regard to your second question of Johnson & Johnson, you're correct that as is the case with other vaccines we have not found that the level of manufacturing allows us to have as much vaccine as we think we need coming out of the gate.

And without giving you a direct answer to your question, for reasons that I hope are obvious, every option is on the table to figure out how to accelerate manufacturing in the event that the FDA does approve the Johnson & Johnson vaccine.

Next question.

STAFF: Next we'll go to Chris Argentieri at Los Angeles Times.

QUESTION: Hello, I wanted to see if this is the first official use of the defense production act to speed the production of the vaccines, and wanted to see if this use of the DPA is going to increase the pace of vaccine production ahead of what was previously announced or just ensure that production meets the targets that were previously announced.

SLAVITT: Tim do you want to take the first and you're welcome to take the second -- or I can take the second if you'd like.

MANNING: Sure, thanks Andy. This is -- this amounts to the first sequence of actions in the defense production act that we've taken under the Biden administration over the last couple of weeks. There have been DPA ratings -- people probably familiar with in the last stage of the Trump administration there was a -- some limited use of the defense production act on the Pfizer vaccine but there have been DPA ratings placed previously over the course of the last year and the manufacturing of the vaccines by the previous team as well.

And as far as the second question I'll defer back over to Andy.

SLAVITT: Yes, so I think the use of the defense production act that Tim outlined is what is allowing -- one of the things, I should say, that's allowing Pfizer to meet the targets -- and I think you may be aware that last week they announced an acceleration of their targets of when they'll be able to deliver vaccines and I think our partnership with them is one of those reasons. I'm not going to say it's the entire reason, but it's certainly a critical factor.

Next question.

STAFF: All right. And last question we'll go to (Inaudible) from EA.

QUESTION: Hi, can you hear me?

SLAVITT: Yes.

QUESTION: Thank you. My question is for Dr. Fauci, principally, but really for any of you. First -- well, two questions. My first was, can you tell me how frequently you on the team are in contact with President Biden and Vice President Harris and how responsible do you think they have been to your policy recommendations? And my second is are you looking for or have you seen any evidence of the impact of President Biden's mask orders?

SLAVITT: So Dr. Fauci, this -- I would never dream of taking a question that was intended for you.

FAUCI: Thank you, Andy. Yes, the interaction with the president is frequent. I mean, we've only been at this now for just a couple of weeks and I've already had two, I think three interactions with the president in a direct briefing situation either virtually or twice at the White House -- once in the state dining room and once in the oval office just last week.

So he is very, very much involved -- literally on a daily basis, obviously because you have Jeff Zients briefing him continually. But personally, as a member of the team together with Dr. Walensky and others on the team we have seen him at least once a week and maybe a little bit more.

SLAVITT: And I think that's -- that was this week, I think you're referring to as well ...

FAUCI: Right.

SLAVITT: ... still Friday, believe it or not. And on that note, I think was there -- I'm sorry, is there another part to your question that we didn't answer?

QUESTION: Yes, I was asking -- can you hear me still?

SLAVITT: Yes.

QUESTION: All right, sorry. I was asking if you are looking for and or have you seen any evidence of the affects of President Biden's mask orders?

SLAVITT: So I'm going to ask Rochelle, Dr. Walensky if you see any data that's emerged on increases in mask use recently?

WALENSKY: Thank you for that question.

I think it's probably too early to reflect on what is happening with a mask order now because it'll be -- you know, we have a lot of things that have happened sort of at the same time.

First is -- is the case that cases are coming down and I do think that mask order is helping in protecting people and -- and having those cases coming down but all of -- what is also happening is that, you know, we -- we are coming off of the -- the case bump from the holidays, and so a lot of things are happening at once.

We are going to be watching the mask data very carefully. As I mentioned earlier, the MMWR that will be coming out today did demonstrate in 10 states that when mask orders were in place, that after three weeks, hospital growth rates went down. So I think it's probably still a bit too early to tell but I'm encouraged with the decrease in cases right now.

SLAVITT: Thank you, Dr. Walensky.

OK, well, thank you all for attending this briefing and our other briefings this week. We think it was a productive week here. The team is working incredibly hard and we are very cognizant of the fact that the public is eager to get their vaccinations and eager to move beyond this pandemic and I want to thank everybody in the -- on the government side and in the private sector who has been demonstrating all of the teamwork we need to get this done and move past it.

So thank you and we'll talk to you again next week.

END

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