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Marianne O'Hare: Welcome to Conversations on Health Care. This week we welcome CDC Director Dr. Rochelle Walensky on the Biden Administration's plan to provide a billion free rapid test and more high quality masks to the American people. Now, here's Mark Masselli, Margaret Flinter and Dr. Rochelle Walensky

Mark Masselli: Our guest says she has the great honor of leading the Centers for Disease Control and Prevention. During the pandemic, it's been an especially challenging position to be in. Right now you're going to hear from her in her own words direct answers to the most pressing COVID questions as the Omicron variant takes its hold in America.

Margaret Flinter: Dr. Rochelle Walensky is an influential scholar, her pioneering research has helped advance the national and global response to HIV/AIDS. Dr. Walensky is also a well respected expert on the value of both testing and treatment of deadly viruses, and she's been leading the Center for Disease Control for about a year now.

Mark Masselli: Well, welcome Dr. Walensky. In a political story, former CDC Director Tom Frieden said about your job. It is incredibly difficult at any time and inconceivably difficult at this time. I wonder, though, if you could comment about the story because it also reports tensions between you and the Biden team for many months. It said you've been too insular and haven't been sharing information with the administration. What do you want our audience to know about this situation?

Dr. Walensky: You know what I would like to convey is, first of all, how proud I am of the work of this agency 12,000 people strong whose job it is to quietly but diligently review science and work 24/7 to make sure that we protect America's health and we provide guidance. In real time now during a pandemic, with all of the scientific backing that we have. And also recognizing that there's some uncertainty right now, not all of the science is black and white, that there's some gray zones in the science as we learn more and more and as this pandemic gives us more and more curveballs.

Margaret Flinter: Well, Dr. Walensky, I think I echo those comments that probably never been a more challenging time, though, I'm sure some of your predecessors would say that it was equally challenging for them too, not an easy job under any circumstances. But I'm so glad to have a chance to ask you about this. It seemed like a lot of the noise or criticisms picked up steam when CDC issued the new isolation and quarantine guidelines, and people just seem to find them confusing. Even in health care, when people looked at, okay, there's a conventional isolation and quarantine, then there's contingency and then there's if it's a crisis. The translation, I think, at least for people in health care, seems to be more like we just need to get back in and do

the job or the health care system is going to implode. I wonder if you could share with people really what was the science and the data, the epidemiology that led you to make that decision and feel that you could safely have those different categories for people?

Dr. Walensky:

Yeah, thank you for that question. Maybe if I may, just to rewind the clock to the week before Christmas, essentially. What we were seeing was increasing science. We have been standing on the shoulders of two years worth of science on the transmissibility of SARS-CoV-2, and also an anticipation of a tidal wave of new Coronavirus cases that we saw based on what was happening in other countries. We're about to really threaten our health care infrastructure in terms of the number of people who are going to be out sick.

What we wanted to provide for our health care workers, given the science and the epidemiology and what was feasible in talking with our public health and health care worker partners was to provide evidence based science on what you should do in certain situations, if you're in sort of peacetime if things are okay, if you really have a stressful situation where you're about to close beds, because people are out, and really if you're in maximal stress, what are the things that you should do? How should you follow those? Of course, every healthcare institution is going to have to understand where they are in that spectrum. But this was intended to provide the spectrum.

Fast forward and what we were starting to hear was not only was this going to be a problem in health care itself, but that we were going to hear about dialysis centers who didn't have their supplies that they needed, dialysis that they needed. We were starting to hear about pharmacists who were out and therefore people couldn't get insulin. This was really starting to affect a lot of different areas of health, and so that was really the motivation during that time to make sure we had guidance for the general public as well.

Mark Masselli:

Well, I think that underscores the complexity of making decisions. There are so many different factors. But I think generally Americans want to know, when do we expect the Omicron virus to peak here in the United States. We know we've heard some good news out of New York City, it seems like it's dropping. But what's the bigger trend as you look out for the entire country? What's the timing, given the best information you have now?

Dr. Walensky:

Yeah, from what we've seen from other countries, South Africa, specifically, we saw things in South Africa go up really precipitously, and then come down actually quite quickly as well. Now, we're, of course, a very bigger a much bigger country than South Africa and a more heterogeneous country, perhaps, than South Africa. But what we can expect based on the trends there is that we might see that this wave is actually narrower. While things are coming down in New York,

they may actually not yet have peaked in other areas of the United States. But what we have generally --- what we generally think is that it'll come down faster than prior waves.

Margaret Flinter: Great. Well, the President had a big announcement that next week there'll be a website for ordering, free masks and a way to order free test at home, which I think will be extremely welcomed across America. Any additional details you can tell us about this, when it's going to roll out. I just have to ask you remembering back to the last national website, I can remember in health care was when we're rolling out the Affordable Care Act, and everybody was emailing in and kind of crashed the system for a while. Any concerns that you have, or you think this is going to be pretty smooth across the country?

Dr. Walensky: Certainly, this was a terrific announcement today. The administration has been working hard to make sure that America has the protection that they need. Throughout this pandemic, they've recognized through testing that they've needed to do more in this confluence of massive amounts of Omicron cases just around the holidays. There's not only been a shortage of test here in the United States, but truly globally with Omicron in the number of cases. Working really hard to roll out that website, make sure it runs smoothly. Then also to help provide Americans the protection they need, the maximum protection that they need in terms of masking.

Mark Masselli: Well, let me pull the thread on masking, and we really pick up on Margaret's earlier question, just giving you the opportunity to talk about the science in epidemiology. It's been done about cloth mask. You said that any mask is good. Other experts are saying cloth mask really don't prevent the spread of Omicron. I'm just wondering if you give our listeners some clarity about what should they be doing, what's the best strategy to stay safe using a mask?

Dr. Walensky: Yeah, this is really important. Let me clarify and let me just make sure people understand. We are working to update the information on our masking webpage. First of all, it's really important to mask, so any mask that you are wearing is better than no mask. We really want to make sure that people have a two ply comfortable mask with a wire bridge nose that fits snugly around the face. That is certainly better than nothing. We also recognize that the science demonstrates that there are gradations in the protection of different masks. There's the cloth mask, the KN95, the N95 and certainly the higher level masks offer more filtration and therefore a higher level of protection.

They also are pretty well recognized to be harder to tolerate for long periods of time. The best mask that you can get that you can wear comfortably is the one that you should wear. But we also recognize if you can't wear those higher level masks comfortably, that you should

wear a cloth mask.

Margaret Flinter: Perfect, very clear advice for people. Dr. Walensky in our audience we have a lot of folks that are engaged in community health center work, a lot of folks engaged in education in schools across the country. These are very important areas for addressing the pandemic. I know there's an effort underway to make sure that these organizations have the testing supplies that they need. What's happening on this front end, what should health centers or schools across the country do if they're not getting access to these tests? Do they have a voice in the administration a way to get help?

Dr. Walensky: Yeah, first of all, let me just say a general thank you for all of the incredible work that you and your partners have been doing in our health care centers, our health centers across the country, because it has been instrumental in our ability to access populations. We're just very grateful for that partnership.

We have an increased community access to testing initiative, we call it the ICAT (PH) initiative that is doing more testing in our community health centers, and also through our schools. We had \$10 billion from the American Rescue Plan that went to roll out of testing in schools. We at CDC have peer to peer consultation if you're a school and you want to learn how to do a testing program, if you need referral for testing programs, how to conduct one, some technical assistance, all of that is available from us here at CDC websites into how to engage and get more test. All of that is available. Please do reach out because we --- what we do know is that it's critically important for our children to be in school.

We also know that during the Delta wave, we successfully had 99% of our kids in school. Then importantly, to keep our kids safe in school, we know it's important to vaccinate them. We have just about 17% of our children between the ages of 5 to 11 who are currently finished their primary series, and we really want to increase those numbers so we look to you for some help there as well.

Mark Masselli: Well, let me just pull the thread that because those numbers have been disappointing, the 5 to 11 year old. I think all of us who were doing mass vaccination sites and/or at our regular primary care sites knew that the 12 and over, we had much better success. I'm wondering if there was anybody in your family or extended family or among your friends that might have a child in that group that might be resistant to the vaccine. I'm wondering what would you say to them to try to convince them to take this vaccine.

Dr. Walensky: Yeah, really great questions. First of all, all of our research demonstrates that you all are the trusted messengers in this. Again, we're looking for your help, and I know you're out there doing so

much to try and get our children vaccinated. What I generally do in these situations is not to talk but to listen, what are your concerns, because I could convey a whole bunch of data, but in fact those data don't reflect the concerns of a given parent. How I generally approach it is say, you know, what are you thinking about? Why have you not? Why have you been resistant or reluctant? Do you need to talk to other parents who've had their kids vaccinated? Do you want to see the data on safety, because it's now publicly available? Do you want to see the data on hospitalizations among those who haven't been vaccinated, or the data on long COVID? What are the things that are making that parent reluctant, because that's really where you have to address those concerns.

Margaret Flinter: Well, Dr. Walensky, you're doing a great job of informing and updating the knowledge of our audience. I'd like you to maybe just comment on other area, and that is how we're keeping an eye on what might be coming down the pike in terms of variance. We know that you're using genomic surveillance. Maybe explain that a little bit to our listeners to track emerging variants, how that works, and can you shed any insight into what you are seeing beyond Omicron right now, if anything?

Dr. Walensky: Yeah, it's really important. We work collaboratively in an interagency group, with CDC and other agencies, including NIH. What we do is we work with the WHO and examine what is happening internationally, all the sequences that are coming in internationally to anticipate what we might be seeing here in the United States. Domestically, what we do is, we have a genomic sequencing surveillance mechanism. We generally sequence in partnership with 19 academic centers, commercial labs, every public health, state lab, so that we can get a really good line of sight as to the sequences that are out there.

How many sequences do we do a week? Well, that generally depends on how much disease is out there, but we do tens of thousands a week. Generally, what we do is we figure out how many we need by assessing. We want to know if there's a new sequence here in this country down to the 0.1% level. If there's a sequence at about that level, we want to make sure that we can find it at variant at that level, we want to make sure that we can find it. When we have lots of disease that may mean 80,000, a 100,000 sequences that we do a week. By doing this surveillance, we were able to start detecting Omicron as early as December 5th.

Mark Masselli: Well, let me have you just tell us a little more about what you see at that perch. It's kind of interesting, you have both the national picture, but you have this global communication that goes on with your peers who are running similar CDCs around the globe. I'm wondering, one, what they might be seeing in terms of variants that are keeping you

up at night. Also, what are you learning about what they're getting right. Is there somebody that some other country that we're looking at and there's probably they're looking to us for certain things that we've been getting right, but what have they been getting right and how do we learn from them?

Dr. Walensky: Yeah, it's such an important question and it's such a privilege to be able to work with these other countries to convey science in real time. We meet with many countries many times a week. It's really just a gift and a privilege to be able to do that.

I do think that part of what we need to do is help to vaccinate and protect the rest of the world. We frequently said, no one is safe until everyone is safe. We do know that variants will continue to emerge, they may emerge here, they may emerge from other countries. We do know a large proportion of populations in other countries are immunocompromised, and that many of these variants may emerge by harboring an immunocompromised patients who can't clear the virus quickly, and so we really do have a lot of work to do. That I think is something that we're all watching out for.

Certainly other countries have been able to vaccinate higher proportions of their population, and we're talking to them about how they've been effectively able to do that. Some of that is political will, and in different times in different regions of the world. We spent a lot of time thinking about that. Also, looking at the data, we've had this great partnership with South Africa and sharing data with other countries as well and with Israel with UK, and just sharing the data that we have in real time and data they have in real time and really assessing different policies in how they've played out.

Margaret Flintner: Well, Dr. Walensky you're only the 19th person to lead CDC in its history. For most of that time CDC has been the trusted voice particularly I think in the public health community. I think the public at large has gotten to know CDC much more over these last couple of years that we've been living through the pandemic, but the public is a harsh critic sometimes.

I think Gallup conducted a poll and found Americans gave CDC maybe the largest drop in approval compared to other agencies from 2019 to 2021. Certainly a lot of that was prior to your time. How do you turn that around, though, knowing that your ability to have the confidence right to have the approval of the public is kind of core to them being able to hear the message, the science and the public health?

Dr. Walensky: Yeah, it's a really --- I think about this a lot. The first thing I need to convey is that all of our decisions are scientifically driven, scientifically motivated, and transparent. I will be out there conveying the science. The other thing I need to just acknowledge is we're all tired, nobody

wants to be in this pandemic anymore, and people are frustrated. When people are frustrated they go to the root, which is the place that the public health agency. I appreciate that frustration, I acknowledge that frustration.

Then finally, I think one of the real challenging issues is that the science is evolving, the science is moving, the variants change. When those variants change the science around them changes and people want to have a policy and stick with it.

My responsibility to the American public is not to have that mentality, to have a policy and stick with it until the science changes that it's no longer valued or important --- it's no longer appropriate. In which case, my responsibility is to change. I take that responsibility seriously, and I do my best to convey how that science has changed and why the reason for the change. But change gray zones, especially two years into a pandemic is really hard right now.

Margaret Flinter: Yeah.

Mark Masselli: You know, I want to just pick up on the word frustration. We're seeing so many people acting out, and it's getting very, very difficult for many public health leaders, particularly leaders in health care or scientists like yourself and Dr. Fauci. You're facing the public health sector, front facing. I'm wondering how do we handle, or how do you all handle the criticism, and even missteps that might have happened, but it seems that it's gone past the level of good dialogue and to being off putting for maybe young people who were thinking about a public health career because it is, I won't say --- well, I guess it is dangerous at this point to follow the science, and that's very troublesome.

Dr. Walensky: Yeah, maybe what I would say in that, first of all, is when I went into infectious diseases as a trainee, never did I imagine that our moment would be that of a pandemic in 2019/2020. But here is where we are and this was our calling, and this is what we are here and meant to be doing. It's hard. There's no question that it's hard, but this is what I was called upon to do.

I think there's a little bit of misunderstanding, that following the science implies that the science is always clear. It's always black and white. Science is emerging. New science comes every day, sometimes conflicting science emerges. I have this great privilege of working with this incredible team, scientific team, where it's a multidisciplinary group. We have immunologist, and epidemiologists and everything in between, and because of that multidisciplinary group we have robust dialogue about how we interpret new and emerging science, and for the most part we're unified and on the same page, and I think that that's really terrific. But there is a lot of robust dialogue out there, and we need to understand that that's playing out in the public view.

Dr. Rochelle Walensky

Usually it's in scientific meetings, but that is we should be having that scientific dialogue.

Margaret Flinter: Dr. Walensky, we want to thank you for returning to Conversations on Health Care for this important talk. For our audience, CDC's mission is to protect America from health, safety and security threats both foreign and in the United States. And you can go to [cdc.gov](https://www.cdc.gov) for information on this COVID pandemic and a wealth of other topics. Dr. Walensky, thank you for joining us and to our audience thank you all for joining us today for this edition of Conversations on Health Care.