

FEMA COVID-19 Social Listening Report 3/24/2021

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Good afternoon,

Attached and below is the COVID-19 Social Listening report for 3/24/2021. Please direct any questions to Ex 6 - (5 U.S.C. Sec 552(b)(6))

COVID-19

FEMA & EPA

INTERAGENCY SOCIAL LISTENING

REPORT

WEDNESDAY, MARCH 24, 2021

SUMMARY

- There is growing debate over special access and privileges being given to people who are fully vaccinated. A large number of people would rather wait for herd immunity before venturing out. A few individuals question if this is a pre-cursor to segregation.
- There is a high volume of conversation after the release on the funeral reimbursement program. Many people, including elected officials, are thankful for the program and are sharing the news.
- People are worried about the vaccine supply as many states open eligibility to ages 16 and over with underlying health issues. Some officials say the federal distribution has not been as stable as expected.
- Traditional media have focused on fears that variants will cause another outbreak, campaigns to improve vaccine equity, and commentary on how social interaction will change post-COVID. Federal response discussion has highlighted plans for the shipment of 27 million doses nationwide this week, and federal aid to help schools resume in-class learning. Media outlets are sharing numerous stories of mental burnout and uncertainty among healthcare workers.
- Today's newspaper front-page headlines focus on fluctuating vaccine availability, expanding eligibility to younger adults and teenagers, considerations about ending mask mandates and expected surge in vaccine shipments in April.

PUBLIC PERCEPTION/SENTIMENT

- While health officials continue to warn that a surge of COVID-19 in Europe could predict a similar surge in the United States; many people are feeling fatigued with COVID-19 surge messaging. Some believe it is a form of fear mongering. ([example 1](#), [example 2](#))
 - o As more people get vaccinated and more states roll back COVID-19 restrictions it is becoming increasingly difficult for people to comply with recommended safety guidelines. Some feel they no longer have a choice as more companies are [ending work from home](#) for employees.
 - o Some are also attributing the increase in COVID-19 cases to [parties related to St. Patrick's Day](#) and pandemic fatigue, as more people are increasingly tired of social distancing.
- A growing number of private sector entities are releasing guidance and policies related to individuals' vaccination status. Some companies are choosing to restrict access for non-vaccinated individuals or group vaccinated people together in large crowds. This is triggering intense debate over whether this is a form of discrimination and/or segregation. ([example 1](#), [example 2](#))
- Many teachers are not convinced social distancing in schools can be safely reduced to three feet. The nation's second-largest teachers union sent a two-page letter to the President on March 23 questioning the decision to reduce the recommended social distancing in schools. The Union has voiced concern over a lack of baseline mitigation strategies needed to support 3 feet of distancing. ([example 1](#), [example 2](#))
 - o Parents are frustrated with the push back. Most are eager for their children to return to in-person classes due to concerns that prolonged isolation is leading to mental health issues and causing children to fall behind academically.
- Many people are excited and hopeful about Pfizer's early stage trials of an experimental antiviral drug to treat COVID-19. ([example 1](#), [example 2](#))

FEMA

Overall Discussion

- The Department of Defense has been receiving positive feedback from the general public on surpassing 5 million vaccines administered at DoD/FEMA supported sites. ([example 1](#), [example 2](#))

Funeral Reimbursement

- Conversation about FEMA's COVID-19 funeral reimbursement program has risen to high volumes today as official guidance on the program has been released:
 - o Elected officials are thanking FEMA for making the program accessible and inclusive, [sharing the available information](#) with their constituents, of which many express to be grateful for the available help.

- o A large number of people are saying they are grateful the program exists and sharing the information with friends and loved ones who may benefit. ([example 1](#), [example 2](#), [example 3](#))

Community Vaccination Centers

- An increasing number of people in states with FEMA CVC pilot sites are encouraging friends and loved ones to go to those sites if they are having trouble getting appointments. People say the sites are run well and people have had more luck getting vaccinated there than through other vaccination centers or programs. ([example 1](#), [example 2](#))
- There continues to be [frustration among Arizona residents](#) over the governor's decision to decline a FEMA supported CVC. Local news has shared excerpts from a letter written by FEMA's Region 9 administrator to the governor. Media says it is a "[not-so-subtle](#)" response to the governor's reasoning.
- There is ongoing discussion today related to the cancellation of thousands of COVID-19 vaccine appointments at the Philadelphia CVC site. Residents are extremely upset and confused. A smaller number are upset that individuals are not waiting their turn and sharing links. ([example 1](#), [example 2](#), [example 3](#))
 - o Most people are sharing general frustration over their appointments getting cancelled. A smaller number are calling out FEMA and state and local officials saying this situation should not have happened. ([example 1](#), [example 2](#))
- Michigan local media are posting about the Ford Field CVC [opening today](#) in Detroit.
 - o Many of those being vaccinated today at the Ford Field CVC are praising the operation and expressing gratitude. ([example 1](#), [example 2](#), [example 3](#), [example 4](#))
- The Massachusetts governor announced the state has applied for a [FEMA mass vaccination site](#). This is part of an effort to use practices that target prioritized groups with as much throughput as possible.
- In Florida, [Miami-Dade College's North Campus CVC](#) ran out of first-dose vaccines early this morning. The CVC lead reportedly recommended interested individuals return tomorrow, while those seeking a second dose will be accommodated.
 - o Local media reports that the state's ongoing eligibility expansion is likely to increase overall vaccine demand.
- The Chicago Department of Public Health Commissioner addressed [rumors regarding eligibility](#) for the United Center CVC. She reminded residents that the eligibility requirements have not changed. Rumors that eligibility has expanded to everyone and individuals can use a code to sign-up are false.

RUMORS/MISINFORMATION

- There has been an increase in reports of scammers sending website links with fake vaccine surveys and registrations asking for sensitive information and money. ([example 1](#), [example 2](#))

- o Local officials in various states are advising residents to beware of these scams, and to verify their area's vaccine processes before submitting any information or funds to unknown sources.
- A dozen state attorneys general demanded that Facebook and Twitter more proactively remove online misinformation that undermine vaccine safety messaging to the public.
 - o Executives from both social media platforms will testify tomorrow before U.S. House Energy Commerce Committee.

NATIONWIDE/GLOBAL

White House/Congressional

- During today's [White House COVID-19 Response Team briefing](#), the senior adviser reported 45 million adults have been fully vaccinated and that 70% of U.S. residents aged 65 and older have received at least one shot. He praised the three-pronged strategy of deploying vaccinators, adding CVCs and boosting vaccine supply. He also noted that 27 million doses will be distributed to states and local jurisdictions as well as participating pharmacies, indicating a tripling in weekly shipment rates. ([example 1](#), [example 2](#))
 - o The President is expected announcement that the White House plans to release \$81 billion from American Rescue Plan to public schools in all 50 states, D.C. and Puerto Rico to support returning to in-person learning this spring season.
 - o CDC's director reported that the recent 3% increase in infection rates and 15% decrease in fatality rates since last week will drive decision-making and guidance. She also articulated that the stress, fear and uncertainty caused by the pandemic have emphasized the importance of healthy behaviors to improve mental wellness and resilience. She reiterated the CDC's role in the Federal Retail Pharmacy Program has vaccinated 1.3 million educators and has successfully allowed schools to resume in-class learning. ([example 1](#), [example 2](#))
 - o The White House chief medical adviser referenced a [New England Journal of Medicine study](#) that found extremely low infection rates among fully vaccinated healthcare workers, before re-emphasizing vaccine efficacy.
 - o During Q&A, reporters asked about:
 - § The New York variant threat
 - § [AstraZeneca vaccine hesitancy](#)
 - § How variant spread may influence vaccine distribution targeting
 - § Inequitable distribution abroad
 - § Whether variant outbreaks are stalling school re-openings.

Federal Response

- An HHS Office of Inspector General survey of over 300 hospitals has determined medical staff have struggled with mental burnout, increasing turnover rates, frustration over vaccine supply, and erosion of public trust in hospitals.

- o One correspondent suggested the federal and state governments will have to [provide more resources to public hospitals](#) in anticipation of another pandemic event.
- o One Harvard University School of Public Health epidemiologist commented on the report, suggesting the data suggests the U.S. was not sufficiently prepared, and [vaccine optimism must be tempered](#) due to infection rates plateauing at concerning levels.

Equitable Access

- Recent state data continue to show vaccination centers in communities predominantly [inhabited by racial and ethnic minorities](#) have served white people more frequently. National Urban League's president called for a mass effort to mobilize community-based sites' nationwide to meet majority of Latinx and Blacks' over 60% willingness to be vaccinated.
- The [Holocaust Survivor Vaccine Assistance Program](#), administered by the New York-based Claims Conference, will assist Holocaust survivors with getting a COVID-19 vaccine by covering the cost of organizing appointments, transporting seniors to and from appointments, coordinating follow-up care and counseling. The program is funded by the German government and is available to Holocaust survivors around the world.

Public Health

- In a recent non-scientific poll of about 700 people who are considered COVID-19 long-haulers, 39% reported their [symptoms improved](#) after receiving the vaccine.
- One USA Today and Harris Poll survey has found despite emotional stress from being confined at home, [25%-30% of U.S. residents prefer to wait](#) until the country reaches herd immunity before resuming social activities, such as dining out or domestic air travel. The survey also noted a 4% increase in people willing to eat inside restaurants a few weeks after full vaccination.
- One Bloomberg editorial has called for the country to [prepare for a "permanent pandemic."](#) due to how widely the virus variants have spread in underdeveloped countries and impacted the global community. Suggestions include manufacturing mRNA vaccine production to account for variant spread, but realize social restrictions and lockdowns are a realistic possibility in the coming years.
- School students continue to [struggle to adapt to remote learning](#) due in part to social isolation. Education professionals feel the lack of hands-on activities account significant drops in test scores.

Private Sector

- Royal Caribbean cruise line has announced it will [only allow fully vaccinated guests](#) on its ships. Guests under the age of 18 will be required to provide proof of a negative test.

REGION ONE

Equitable Access

- The Massachusetts governor reiterated that equity remains at the core of the state's vaccine rollout, with over [\\$33M invested](#) to support access in communities of color.
- Massachusetts residents are asking the state if and when they will honor their commitment to set aside [20% of its vaccine supply](#) for the hardest hit communities, most of which are Black or Hispanic. One official said they may set aside 20% of supply if racial disparities persist.
 - o Although Massachusetts rates at the top of the nation for percent of Black residents receiving first doses, the state's weekly report shows that 26% of white residents, 17% of Black residents, and only 10% of Hispanic residents have received first doses.
- In Connecticut, the Wallingford health department is teaming up with the fire department to [prepare vans and mobile clinics](#) to vaccinate people who can't leave their homes and to go to underserved areas.

Vaccination Centers & Administration

- The Massachusetts governor is at odds with local health departments, who feel that regional collaboratives are [not getting as much vaccine](#) as sites run by private vendors.
 - o This comes after the state stopped giving vaccines to local health departments and said local departments needed to apply for vaccine through the regional collaboratives. The governor has been accused of [prioritizing private companies](#) over public health infrastructure.
- After issues with New Hampshire's new [state-run scheduling platform](#), things are running smoothly. When eligibility opened up on March 22, the increased traffic caused the site to slow down and give users errors, but since then, the site has been fixed.
- New Hampshire is holding its [second mass vaccination event](#) on March 27-28 at the New Hampshire Motor Speedway in Loudon.
- Maine residents [50 and up](#) are eligible to be vaccinated as of today.
- Maine officials [soft-launched a site](#) on March 23 that will allow residents to preregister and eventually schedule vaccine appointments.
 - o The site is still in development and will not be a state-wide, centralized system, nor will it replace existing scheduling platforms either. Instead it is geared towards smaller or newer vaccination providers that do not already have online platforms for booking appointments.

Public Health

- Vermont ranks [first in the nation](#) for the percentage of those 65 and up who've been vaccinated. One-third of residents have received at least one dose.
- Doctors in Massachusetts are concerned that cases in the state are [plateauing](#) rather than decreasing and feel that it could turn into an uptick at any moment.

REGION TWO

Equitable Access

- In New Jersey, results from a Stockton University Poll indicate there continues to be wide [racial disparities in vaccination](#) in the state. The results also show that Black and Latinx communities are [eager to be vaccinated](#), but less likely to have received a dose yet, according to the poll.
- In New Jersey, the Newark Equitable Vaccine Initiative is launching as the first [community-driven campaign](#) to improve vaccine distribution equity in the city. The initiative is supported by the Rockefeller Foundation and is one of seven cities in the country to be selected for a pilot program.

Vaccination Centers & Administration

- In Puerto Rico, [people aged 35 and over](#) with chronic health conditions will be eligible as of next week. Anyone aged 50 and over will now be eligible for a vaccine as well regardless of their conditions.
 - o Puerto Rico's Secretary of Health also informed that if vaccine supply increases as promised then the department will [open eligibility to every adult in two weeks](#).
- New Jersey will [expand vaccine eligibility](#) to include everyone on May 1.
- In New York, a [new vaccination site](#) is opening at Nassau Coliseum, the first in the county to be operated by an outside contractor. It's opening comes as New York [opens up eligibility](#) to include anyone over 50.
- In New York, the Stony Brook University vaccination center [surpassed 100,000 vaccines](#) administered on March 23.
- New York City is on [track to administer 3.5 million doses](#) of COVID-19 vaccines today.
- In a push to increase vaccinations, the Puerto Rico Convention Center will host a "[Super VacuTour](#)" on March 31 with a goal of administering 10,000 doses in a day.

Public Health

- New Jersey COVID-19 hospitalizations [topped 2,000](#) for the first time in nearly a month, and the state's seven-day average for new cases is up 29% from the previous month.

REGION THREE

Equitable Access

- In Virginia, the state plans to contract with a company to hire [community outreach specialists](#) to help pre-register and vaccinate underserved communities.
- In Washington, D.C. starting March 25, the district is sending [more vaccine appointment notifications](#). Thousands of doses are dedicated to people who preregister by 0000 EDT. The invitations are randomized but DC will prioritize based on zip code, age, and whether someone qualifies because of a health condition or occupation.
- In Pennsylvania, Delaware County has launched the [Homebound COVID-19 Vaccination Program](#). This new program, part of the Delaware County Pandemic Plan, will help ensure homebound individuals who cannot safely leave their home are able to receive the COVID-19 vaccine.
- In Delaware, a locally-owned and operated pharmacy is overcoming elderly residents' challenges with vaccine appointment sign-ups by allowing [walk-in appointments](#) for anyone 65 and older from 1000 - 1400 EDT.

Supply Chain

- In Delaware, the governor said the White House COVID-19 Task Force assured the state that it will receive a [larger shipment of vaccines](#) next week to help meet demand which increased when the state expanded eligibility.
- In Maryland, roughly 213,000 people, about 25% of Baltimore County population, have gotten their first dose. The state will be [increasing weekly vaccine allotment](#) to 6,300 doses per week.

Vaccination Centers & Administration

- In West Virginia, vaccination eligibility has expanded to [teenagers](#) 16 and up. While it's one of the first states to reach this goal, the state still facing supply shortages and high demands. Officials state expansion to teenagers is complicated because only the Pfizer vaccine is approved for them. The state does not have as many of the Pfizer vaccines because of the original requirements for super cold storage temps.
- [Delaware restaurant workers](#) are eligible to get the COVID-19 vaccine.
- In Maryland, the governor announced on March 23 that the state will open [six additional mass vaccination sites](#) beginning in early April. This will double the total number of sites to 12 as the state prepares for an increase in vaccine supply from the federal government.
- In Virginia, [walk-ins are allowed](#) at a Newport News COVID-19 vaccine clinic today until 1400 EDT. The clinic is open to anyone, regardless of what vaccination group residents are eligible for.

Public Health

- In Pennsylvania, officials from the University of Pittsburgh announced on March 23 that the Pittsburgh [campus is seeing a spike in COVID-19 cases](#) and confirmed the U.K. variant is present on the campus in Pittsburgh's Oakland neighborhood. The spike is believed to be a result of two consecutive weekends where students gathered in large numbers.
- In Allegheny County, Pennsylvania roughly [500 new COVID-19 cases](#) were reported in the last 24 hours in the county. County leaders provide a COVID-19 update at 1600 EDT today. Many people question if COVID-19 vaccines work, others blame the Biden Administration for the cases going up.

Community Mitigation

- In Virginia, the governor announced on March 23 that beginning on April 1, [social gathering limits will be increased](#) as well as capacity caps for outdoor and indoor entertainment venues and recreational sporting events. Many people are glad the state is opening back up. Some people are concerned it may be too soon and are fearful of a rise in cases due to variants.
- The Pennsylvania Department of Health [eased the state's masking policy](#). People who are fully vaccinated can now visit with other fully vaccinated people indoors without wearing masks and do not need to quarantine following COVID-19 exposure if they are asymptomatic. There is a lot of debate regarding the masking policy.

- In Pennsylvania, the health commissioner stated due to the [rising number of COVID-19 cases](#) and hospitalizations in Philadelphia, the city will not follow the rest of the state in adopting relaxed restrictions on April 4. The city will allow the maximum capacity of outdoor catered events to expand to 250 people, with some restrictions.
- In West Virginia, the governor announced that effective today, [live music will be able to return](#) and summer camps can resume on May 1 provided proper guidelines are followed.

REGION FOUR

Equitable Access

- Tennessee remains well below the national average for the number of people fully vaccinated. Tennessee Health Commissioner says the uptake for vaccines has been lower than expected. [She said they expected hesitancy in communities of color and lower-income communities but did not expect the hesitancy for rural conservatives in the state.](#) ([example 1](#), [example 2](#), [example 3](#))
- The North Carolina Department of Health and Human Services is now prioritizing vaccination distribution to counties [with low vaccination rates](#) rather than based on county populations.
- Florida residency requirements are reportedly a major [barrier for the state's undocumented](#) residents. As vaccines are more widely available, immigration advocates are calling for the policy to be dropped.
- In Bay County, Florida, [Black residents are not receiving COVID-19 vaccines at an equal rate](#) as others. While white people are on track compared to the latest population figures, Black vaccinations are down about 36% compared to their census numbers.
- In South Carolina, Fresenius Medical Care's dialysis centers [offered to provide doses to their patients](#) who are at high risk. However, the state Department of Health does not have doses to share with this population at this time.
- In South Carolina, volunteers with the non-profit Neighbor to Neighbor in Myrtle Beach [helped approximately 600 senior citizens](#) in Horry, Georgetown, and Brunswick Counties get access to the vaccine. The volunteers set up appointments and took the seniors to get their vaccines.
- In Tennessee, the Community Life Bridge [transportation initiative](#) is providing free transportation to seniors in Hendersonville and Gallatin to COVID-19 vaccine appointments at the Volunteer State Community College.
- Hobson City, Alabama hosted a vaccine clinic with 100 doses [targeting minority communities](#) that struggle with access to care. There are plans to host other vaccine clinics for minority communities, but dates for those clinics have not yet been set.

Supply Chain

- As Alabama continues to report a [COVID-19 vaccine shortage](#), many in the state are making trips out to Tennessee where appointments are more plentiful. The Tennessee Department of Health does not ask for proof of residency.

- Shelby County, Alabama is requesting [more COVID-19 vaccine supply](#) as they have not been receiving their equitable share of the state's allotment. Currently, the county consists of 4.4% of the state's population but has received less than 2% of the state's supply.

Vaccination Centers & Administration

- In Tennessee, appointments are now available for [those who are 16 and older](#) for the COVID-19 vaccine in the northeast region of the state.
- The Georgia governor announced on March 23 that beginning March 25, residents [16 and older will be eligible](#) to receive the COVID-19 vaccine.
- The North Carolina governor said on March 23 that [every adult in North Carolina would be eligible](#) to be vaccinated before May 1, though he cautioned that vaccine supply may not meet the needs by that date. He is hoping the Johnson & Johnson vaccine will increase supply across the state.
- Florida Keys residents are [able to make appointments](#) for next week to receive the COVID-19 vaccine through Baptist Health beginning today.

Public Health

- Mississippi reports a [slight rise in COVID-19 cases](#) that is above its 7-day, daily average. However, its 14-day, daily average decreased.

Community Mitigation

- The governor of North Carolina [announced the easing](#) of more COVID-19 restrictions on March 23, which will go into effect at 1700 EDT on March 26.
 - o While the statewide mask mandate will remain in place, limits on mass gatherings will increase to 50 indoors and 100 outdoors. The 2300 EDT curfew on alcohol sales will be lifted and certain businesses can now operate at 100% capacity as long as masks are worn and six feet is maintained.
 - o Some restaurant owners feel that the lifting of restrictions [leaves policing safety measures](#) to business owners and share concern that they may not be able to staff their restaurants because of the eased restrictions.
- Florida has rescinded four executive orders that placed COVID-19 restrictions for visitors to nursing homes. The state has told nursing homes to [follow federal guidelines](#) for visitation and wants nursing home residents to have greater visitation rights now that most residents and staff members are fully vaccinated or have been offered the vaccine.
- In Florida, the [Palm Beach International Boat Show](#), which has previously drawn tens of thousands of visitors, opens on March 25. It was postponed last year due to the pandemic.

REGION FIVE

Equitable Access

- Chicago has prioritized vaccine access based on its communities' COVID-19 numbers, population density and number of essential workers to identify the 15 areas in the

- Protect Chicago Plus program. However, [one low income area with a majority of minority](#) residents, Altgeld Gardens, was left out of the program.
 - o An alderman said this neighborhood has the lowest percentage of population vaccinated in the city and is pushing the City Department of Public Health to add the neighborhood's zip code to the priority list.
- Disability Rights Michigan is pushing for health officials to make COVID-19 home [vaccinations available to disabled people](#) who need them. The Ingham County Health Department said they are trying to make home vaccinations available.
- In Indiana, the Clark and Floyd County health departments have [partnered with community agencies and churches](#) to reach more minority populations or those with transportation or mobility issues, including after-hours vaccination clinics for the Latinx population and Black congregation members.
- In Michigan, the Kent County COVID-19 Church Task Force hosted its vaccine and registration drive by going [door-to-door to register people](#) for the COVID-19 vaccine in Grand Rapids. This is the first of 10 scheduled drives in Kent County to ensure that residents in high-priority ZIP codes based on COVID-19 incidents and other socially vulnerable index factors get registered.
- In Ohio, the Hamilton County Board of Commissioners on March 23 approved a resolution to move forward with plans for a [mobile health unit](#) bus that will deliver the COVID-19 vaccine and other health care services to underserved communities in the county.
- In Milwaukee County, Wisconsin there are shots available at two free walk-in clinics that opened on March 22. The goal of these community clinics is to [improve racial disparities](#) among those receiving the vaccine as more confirmed cases of COVID-19 emerge as well.
- Direction Home of Eastern Ohio is identifying [homebound individuals](#) in Mahoning, Trumbull, Columbiana, and Ashtabula counties who want to receive a COVID-19 vaccine.
- In Milwaukee County, Wisconsin, Health Connections, Inc. is collaborating with state and local entities to reach out to people who may need in-home immunizations in an effort to vaccinate [thousands of homebound](#) residents.

Vaccination Centers & Administration

- The governor of Illinois received [his first dose of vaccine](#) today during a press conference at the Illinois State Fairgrounds.
- A second Illinois medical facility [has had its vaccine supply cut off](#) after Loretto Hospital leadership was found giving vaccines to those who were ineligible. After an investigation, it was determined that Innovative Express Care in Chicago misallocated more than 6,000 doses meant for Chicago Public School staff. Vaccines that were meant for second doses were used for first-dose appointments instead.
 - o The clinic will not be doing any more first-dose vaccinations, and anyone scheduled for a second dose appointment will be vaccinated at a special clinic set up for them at Truman College.

- Cook County, Illinois health officials are [making thousands of vaccine appointments available](#) this week to all eligible Illinois residents for five suburban vaccination sites as COVID-19 case numbers and positivity rates in Chicago and Illinois are beginning to increase. ([example 1](#), [example 2](#))
- In Illinois, St. Clair and Madison counties have together [fully vaccinated more than 90,000 people](#).
- Indiana's governor outlined [a plan to open vaccine eligibility](#) to every adult 16 and older in the state starting March 31. The state is also relaxing mask mandates and restrictions. ([example 1](#), [example 2](#))
- The Michigan University Mobile Central vehicle is administering COVID-19 vaccine to [rural communities](#).
- Washtenaw County, Michigan launched a series of five [pop-up events to distribute COVID vaccine](#) in areas that have high social vulnerability.
- In Muskegon County, Michigan, for the first time, there will be [a walk-in clinic for local seniors](#) 60 and older on March 27. No appointment needed.
 - The county is working to prioritize this age group before vaccines open up to a wider audience in April.
- Minnesota reports that as more COVID-19 vaccine arrives, some providers have said that they are having [20-30% no-shows](#) for vaccine appointments; those providers are starting to expand eligibility into other populations based on medical health records.

Community Mitigation

- A new Illinois state COVID-19 capacity rule says [people who are fully vaccinated don't count](#) against a venue's COVID-19 capacity. Illinois restaurant group representatives say the rule is confusing and would be a challenge to implement. The governor's office said businesses will need to ask to see proof of vaccination from customers, and if they're not comfortable doing that, they can continue to operate with current capacity limits.
 - Chicago is still reviewing these guidelines, keeping its existing city regulations in place, which means that individuals with proof of vaccination or negative COVID-19 test count towards capacity limits.
- Indiana's governor announced that [the state mask mandate will become a mask advisory](#) on April 6, meaning that masks will be recommended but not required in public spaces.
 - Some residents say that [this is premature](#) and not enough people have been vaccinated, while others say they don't want to be forced, and that people who don't feel safe yet can [continue to social distance and wear masks](#).
- The Michigan Senate voted on March 23 on [legislation meant to limit](#) COVID-19 restrictions, which has passed to the House. It would prohibit the state health director from issuing an order to cap residential gatherings, bar high school graduation ceremonies or prevent people from traveling between multiple properties. The governor previously vetoed other measures that would have curbed her administration's authority to control COVID-19.

- Wisconsin lawmakers [passed bills banning COVID-19 vaccine mandates](#), requiring that the mandates be optional. The governor will veto this legislation but hasn't yet said whether he'll sign other legislation that bars employers and government officials from requiring vaccinations.

REGION SIX

Equitable Access

- In Texas, a new COVID-19 vaccine site opened in Fort Worth on March 23 aimed at expanding [access to underserved communities](#) in Tarrant County. The goal is to vaccinate 1,000 residents the first week.
- In Louisiana, as the pace of vaccine distribution speeds up following [major eligibility expansions](#), a larger share of first doses in New Orleans, a city with a majority Black residents, is going to white residents, state data shows.

Supply Chain

- As Arkansas hit one million doses of the COVID-19 vaccine administered, health officials in the Northwest Public Health Region said there is a [shortage of doses](#) compared to the rest of the state. [A Fayetteville Health Officer said the lack of doses could be because of the state Department of Health's initial vaccine allotment formula. The other part of the problem is vaccine hesitancy in the state.](#)
- Nueces County, Texas has [made different plans](#) for different possibilities in the event of double or triple the number of vaccines they might receive from the state.
 - o The county is expecting 20,000 doses in next week allocations, but shared that they would need at least 25,000 doses if not more to keep up with growing demand.
- In Texas, rural counties are also preparing to start receiving larger allocations to [meet the expected surge in demand](#) following vaccine eligibility opening up for everyone.
 - o Local officials in some counties worry that their current vaccine dose allocation will not meet the expected demand as people from urban areas have been traveling to rural counties in search of vaccines.

Vaccination Centers & Administration

- Some cities in Texas are reporting a decline in demand for vaccines as in some areas up to 20% of people with scheduled appointments don't show up for their vaccines. ([example 1](#), [example 2](#))
- In Texas, local officials are following the state's guidance in opening vaccine eligibility to all adults aged 16 and above beginning March 29:
 - o [San Antonio](#)
 - o [Houston](#)
 - o [Dallas](#)
- In Arkansas, veterans enrolled with the Ozark Veterans Health Care System are [not required to make an appointment](#) to receive their vaccine, and can just walk up to any of their available vaccine sites.

- In Texas, Fort Worth and Medstar hosted a COVID-19 walk-up clinic today to [administer 1,000 vaccines](#).
- In Texas, Hidalgo County will hold a COVID-19 first dose clinic at Donna High school to [distribute 1,500 Moderna vaccines](#) on March 25.
- In Texas, the city of McAllen will distribute [1,500 first doses of the Moderna vaccine](#) in a clinic scheduled for March 25.

Staffing

- Fort Worth, Texas is looking to [hire part-time workers](#) for its COVID-19 clinics.

Public Health

- In Texas, only [4 out of 8,121 vaccinated employees](#) later became infected with COVID-19.

Community Mitigation

- Nursing homes in Texas can now allow fully [vaccinated seniors to unlimited visits](#) from their loved ones as long as the facility permits it as of March 23.
- In Texas, the Río Grande Valley Special Olympics will [resume in-person](#) events this year.

REGION SEVEN

Equitable Access

- In Iowa, Johnson County is [providing transportation services](#) to COVID-19 vaccination appointments to ensure that transportation is not a barrier to getting vaccinated.

Vaccination Centers & Administration

- In Nebraska, the [Dakota County Health Department](#) is offering the vaccine to all residents 18 and older.
- In Kansas, the [Johnson County Health Department](#) is calling the first day of its mass vaccination clinic at a Lenexa warehouse on March 23 a success. The county vaccinated 570 people and plans to increase the number each day this week with hopes of vaccinating 1,400 people on March 26.
- In Iowa, the [Mason City VA Outpatient Clinic](#) is offering the Johnson & Johnson vaccine to veterans on March 27.
- In Kansas, a [COVID-19 vaccine clinic](#) will be one in Valley Center on March 25.
- In Missouri, staff at the South Central Correctional Center and the Transition Center of St. Louis were [vaccinated this week](#).
- In Nebraska, employees of Great Dane transportation company [received their vaccine](#) at work on last week.

Public Health

- Iowa has [fully vaccinated](#) over half a million residents.
- In Nebraska, the governor recently stated, as of now, there are [no confirmed cases](#) of reinfection in any fully vaccinated people. However, officials are sequencing data to determine reinfection or infection post vaccination.

Community Mitigation

- The [Iowa Commission of Latinx Affairs](#) is hosting a Spanish information session about the COVID-19 vaccine through Facebook Live today.

REGION EIGHT

Equitable Access

- In Utah, a Salt Lake-area non-profit is [educating women refugees, immigrants and asylum seekers](#) on COVID-19 vaccine.
- In Wyoming, the Wind River Family and Community Health Care in partnership with Fremont County Public Health, and Eastern Shoshone Tribal Health announced [a mass vaccination clinic](#) in the Spring Mountain Room at Wind River Hotel & Casino for March 26-27. All who are 16 and up are welcome, including those who are not Fremont County residents.

Supply Chain

- Montana is receiving [additional doses specifically allocated to the state](#) and not federal programs, after officials demanded the White House distribute a fair share of vaccines to Montana. It was revealed the state was receiving one of the lowest per capita allocations of vaccines in the country, despite the [state's strong record of efficiently distributing](#) shots.
- Utah pharmacies are running out of the Johnson & Johnson vaccine, with officials saying that the [CDC's distribution of the vaccine has not been as stable as expected](#).

Vaccination Centers & Administration

- Despite Colorado moving to Phase 1B.4 last week, some vaccine providers did [not update their registration systems](#) until recently, causing issues for residents trying to get the vaccine.
- In Colorado, Eagle County plans to administer [1,100 COVID-19 vaccinations](#) today.
 - o [Mesa County Public Health](#) reports that 51,668 COVID-19 vaccines have now been administered across the county. More than 35,000 residents have received at least one dose of a vaccine.
 - o [Garfield County Public Health](#) is administering the first dose of COVID-19 vaccines at its offices today and March 25 in Rifle.
- The Montana VA Health Care System has [opened a phone line](#) dedicated to scheduling veterans for a COVID-19 vaccination.
 - o A vaccine clinic in Columbus, Montana will begin administering vaccines to residents 18 and over on March 25 and 26.
 - o Flathead, Montana vaccine clinic will [add an extra hour to its operations](#) to administer more shots to residents with specific occupations.
 - o Montana counties are moving forward or planning to open vaccinations for all adults 16 and older: [Yellowstone County](#) (now), [Gallatin County](#) (April 1), [Flathead County](#) (April 1).
- In North Dakota, about [20% of residents](#) have been fully vaccinated.
 - o [Foster County health officials](#) say about 1,777 vaccine doses have been administered.

- South Dakota's vaccination [Phase 1E is going smoothly](#) for 15 Monument Health vaccine locations.
 - o [University of Sioux Falls students](#) living in dormitories or working on campus are getting vaccinated.
- [All Utah residents 16 and over](#) are now eligible for the COVID-19 vaccine, with [appointments filling quickly](#).
 - o The decision announced by the governor last week [adds about a million people](#) to a list that already includes residents 50 and older, those with specified medical conditions, health care workers, first responders, long-term care facility residents and staff, and K-12 teachers and school staff.
- Park County, Wyoming health officials report that [13,108 residents have received at least one dose](#) of the COVID-19 vaccine.
- The [Ute Indian Tribe is offering the vaccine to those 16 and over](#). There is a walk-in vaccination clinic March 25 at the Ute Tribal auditorium for 16 and over. There are also walk-in vaccination clinics in the Tri-County Health District all week.

REGION NINE

Equitable Access

- Reno, Nevada Fire Department administered [130 Johnson & Johnson vaccines to the homeless](#) in a temporary tent structure on March 23. They partnered with Volunteers of America who operates the tent and informed unsheltered individuals, and hope to have more vaccination events when more one-shot vaccine supply become available.
- A University of Arizona mobile health, in coordination with Maricopa County and the city of Phoenix, vaccinated about [2,100 people in underserved communities](#) since starting operation on March 17.
- California Governor's Office of Emergency Services reported nearly [67% of almost 445,000 vaccines administered](#), as of March 22, in state/federal community vaccine centers in Oakland and Los Angeles were to targeted underserved communities and people of color.
 - o More than 51,000 of those vaccines administered at targeted mobile clinics within the community.
- In California, a number of small vaccination clinics are opening to serve seniors, minority populations and neighborhood communities.
 - o The Mexican consulate in downtown San Diego on March 23 will open a COVID-19 vaccination clinic officials hope to be seen as a [safe haven for the Latinx](#) community. They will deliver appointment-only vaccinations three days a week.
 - o The new Southeast Los Angeles Community Vaccination Center at the Bell Community Center opened for residents of [under-vaccinated communities](#) in Bell, Bell Gardens, Commerce, Cudahy, Huntington Park, Maywood, South Gate, unincorporated Walnut Park, and Vernon.
 - o In Riverside County, [Corona Senior Center](#) is hosting a vaccination clinic today.

- o Sun City [Retirement Community](#) will host another COVID-19 vaccination clinic will take place on March 25, with special assistance from the Office of Aging.
- o Doctors Without Walls and Santa Barbara Street [Medicine vaccinated homeless residents](#) and men in the recovery program at the Santa Barbara Rescue Mission.
- o The San Mateo County Health mobile clinic [vaccinated farmworkers](#) on the Coastsides.
- o Newport Beach Fire Department and Hoag Hospital gave [300 Newport Beach senior residents](#) their first dose of the Pfizer COVID-19 vaccine at OASIS Senior Center today.
- In California, VA Long Beach Healthcare System announced they are vaccinating all enrolled veterans regardless of age. [Caregivers of veterans](#), enrolled in the Program of Comprehensive Assistance for Family Caregivers program, are also eligible.

Supply Chain

- In Hawaii, an estimated [1,386 doses of Pfizer vaccine were discarded](#) on Maui after it was discovered that a refrigerator door did not seal properly compromising safe storage procedures.
 - o The vaccine loss is the largest to occur in the state to date, although a total of 2,400 doses, equaling less than 0.2%, have been lost since vaccine administration first began.
 - o Maui Health maintains that there is sufficient supply of the vaccine to continue its vaccination efforts. All current and future appointments will remain as scheduled.

Vaccination Centers & Administration

- Arizona's state-run vaccination centers will begin vaccinating those 16 and older beginning today, opening up [80,000 additional appointments](#) at 1300 EDT on March 26, including the new site in Yuma.
 - o [State surveys have found 40-45% of residents are vaccine hesitant.](#)
- In California, places of worship are hosting vaccination events.
 - o Alameda County Public Health Department partnered with FEMA, Cal OES to host a mobile COVID-19 vaccination clinic for Alameda County residents on March 23-25 at [Allen Temple Baptist Church](#). The Johnson & Johnson vaccine will be given unless receiving a second dose.
- The University of California San Francisco Fresno Mobile Health and Learning site on Shaw has moved to a new, [larger and more centrally located](#) vaccination center at Fresno City College. The first-come, first-serve drive-thru site vaccinated 600 people on March 24 but has the capacity for 2,000.
 - o The Fresno Economic Opportunity Commission will run shuttles and FAX buses are offering free rides for those who don't drive.
- A Congress member in California is hosting a [telephone town hall tonight](#) at 2200 EDT to discuss any questions for the public on COVID-19 vaccines and distribution plans.

Public Health

- University of Nevada, Reno researchers and City of Sparks staff said the latest wastewater sampling data showed [very low to non-detectable viral levels](#) in suggesting a consistent reduction in COVID-19 prevalence.

Community Mitigation

- In Arizona, the Maricopa County Board of Supervisors is considering [dropping the county's face mask mandate](#) now that COVID-19 numbers have fallen.
 - o Many members of the public online said they would keep on wearing them and asked for more time for masks.
- In Hawaii, a recent and rapid [spike in nearly 30,000 visitors](#) and local spring break travel has stressed the Safe Travels arrival screening process. It is exposing everything from inefficiencies and process gaps to traveler and staff confusion, even burn out by workers struggling to keep up.
 - o The lieutenant governor is pushing for neighbor island quarantine to be lifted, which would free up resources for mainland and international screening.
 - o Wristbands are being coordinated ahead of arrival by four out of the six major airlines flying into Hawaii right now, helping thousands of travelers a day skip the QR code checkpoint.
- A Hawaii judge granted a [delay in the sentences](#) of three convicted criminals because of the pandemic. They have not received their vaccinations yet.
- In California, homelessness has risen an [estimated 20%](#) because of housing problems created by the pandemic. The city of Carpinteria is considering approved overnight sleeping areas through its Safe Parking program for those living out of their cars.
- California counties with lowered COVID-19 positivity rates move into new tiers.
 - o Santa Clara County moves to [orange tier](#) and Nevada County moves to the [red tier](#) on the state's Blueprint for a Safer Economy today.
- The Guam Visitors Bureau and the Guam Hotel and Restaurant Association held a [virtual town hall](#) to educate and answer some of the lingering questions for employers surrounding the COVID-19 vaccines. Guam hopes to reopen tourism on May 1.

REGION TEN

Equitable Access

- In Oregon, the governor released a statement on March 24, the one year anniversary of the "Stay Home, Save Lives" executive order, that the state needs to do more to [vaccinate residents disproportionately impacted](#) by COVID-19. The state partnering with local public health partners, Oregon's federally recognized tribes, and community-based organizations to continuously improve equitable access.

Supply Chain

- Oregon pharmacies will receive roughly [44,000 COVID-19 vaccine doses](#) this week through the Federal Retail Pharmacy Program.

Vaccination Centers & Administration

- In Oregon, state health officials have authorized an [expansion on who can administer COVID-19 vaccines](#). The expansion now allows dentists, veterinarians, naturopaths, and healthcare students to become providers, among others.
- In Washington, Seattle-Tacoma Airport is launching a vaccine clinic for [airport workers](#), hoping to vaccinate about 2,000 people in a week. The clinic allows the state to quickly reach a huge portion of the people who recently became eligible for the vaccine without burdening community clinics.

Community Mitigation

- In Anchorage, Alaska employees who are fully vaccinated [no longer need to wear a mask](#) when separate from the public and unvaccinated coworkers, as of March 23. Officials said masks are still required in indoor public places and at outdoor gatherings in public.
 - In Oregon, the governor announced on March 23 that Lane County will be moving to the ["lower risk" category](#) on March 26, marking a continued decline in the number of COVID-19 cases. In this category, restaurants can continue offering indoor dining at 50% of their maximum occupancy and remain open until midnight, indoor and outdoor seating are both limited to eight people per table.
-

Stay dry!

Brindisi Chan

Public Affairs Specialist | Communications Division | Office of External Affairs

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Federal Emergency Management Agency

[fema.gov](https://www.fema.gov)



FEMA



COVID-19

FEMA & EPA

INTERAGENCY SOCIAL LISTENING REPORT

WEDNESDAY, MARCH 24, 2021

SUMMARY

- There is growing debate over special access and privileges being given to people who are fully vaccinated. A large number of people would rather wait for herd immunity before venturing out. A few individuals question if this is a pre-cursor to segregation.
- There is a high volume of conversation after the release on the funeral reimbursement program. Many people, including elected officials, are thankful for the program and are sharing the news.
- People are worried about the vaccine supply as many states open eligibility to ages 16 and over with underlying health issues. Some officials say the federal distribution has not been as stable as expected.
- Traditional media have focused on fears that variants will cause another outbreak, campaigns to improve vaccine equity, and commentary on how social interaction will change post-COVID. Federal response discussion has highlighted plans for the shipment of 27 million doses nationwide this week, and federal aid to help schools resume in-class learning. Media outlets are sharing numerous stories of mental burnout and uncertainty among healthcare workers.
- Today's newspaper front-page headlines focus on fluctuating vaccine availability, expanding eligibility to younger adults and teenagers, considerations about ending mask mandates and expected surge in vaccine shipments in April.

PUBLIC PERCEPTION/SENTIMENT

- While health officials continue to warn that a surge of COVID-19 in Europe could predict a similar surge in the United States; many people are feeling fatigued with COVID-19 surge messaging. Some believe it is a form of fear mongering. ([example 1](#), [example 2](#))
 - As more people get vaccinated and more states roll back COVID-19 restrictions it is becoming increasingly difficult for people to comply with recommended safety

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guidelines. Some feel they no longer have a choice as more companies are [ending work from home](#) for employees.

- Some are also attributing the increase in COVID-19 cases to [parties related to St. Patrick's Day](#) and pandemic fatigue, as more people are increasingly tired of social distancing.
- A growing number of private sector entities are releasing guidance and policies related to individuals' vaccination status. Some companies are choosing to restrict access for non-vaccinated individuals or group vaccinated people together in large crowds. This is triggering intense debate over whether this is a form of discrimination and/or segregation. ([example 1](#), [example 2](#))
- Many teachers are not convinced social distancing in schools can be safely reduced to three feet. The nation's second-largest teachers union sent a two-page letter to the President on March 23 questioning the decision to reduce the recommended social distancing in schools. The Union has voiced concern over a lack of baseline mitigation strategies needed to support 3 feet of distancing. ([example 1](#), [example 2](#))
 - Parents are frustrated with the push back. Most are eager for their children to return to in-person classes due to concerns that prolonged isolation is leading to mental health issues and causing children to fall behind academically.
- Many people are excited and hopeful about Pfizer's early stage trials of an experimental antiviral drug to treat COVID-19. ([example 1](#), [example 2](#))

FEMA

Overall Discussion

- The Department of Defense has been receiving positive feedback from the general public on surpassing 5 million vaccines administered at DoD/FEMA supported sites. ([example 1](#), [example 2](#))

Funeral Reimbursement

- Conversation about FEMA's COVID-19 funeral reimbursement program has risen to high volumes today as official guidance on the program has been released:
 - Elected officials are thanking FEMA for making the program accessible and inclusive, [sharing the available information](#) with their constituents, of which many express to be grateful for the available help.
 - A large number of people are saying they are grateful the program exists and sharing the information with friends and loved ones who may benefit. ([example 1](#), [example 2](#), [example 3](#))

Community Vaccination Centers

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- An increasing number of people in states with FEMA CVC pilot sites are encouraging friends and loved ones to go to those sites if they are having trouble getting appointments. People say the sites are run well and people have had more luck getting vaccinated there than through other vaccination centers or programs. ([example 1](#), [example 2](#))
- There continues to be [frustration among Arizona residents](#) over the governor's decision to decline a FEMA supported CVC. Local news has shared excerpts from a letter written by FEMA's Region 9 administrator to the governor. Media says it is a "[not-so-subtle](#)" response to the governor's reasoning.
- There is ongoing discussion today related to the cancellation of thousands of COVID-19 vaccine appointments at the Philadelphia CVC site. Residents are extremely upset and confused. A smaller number are upset that individuals are not waiting their turn and sharing links. ([example 1](#), [example 2](#), [example 3](#))
 - Most people are sharing general frustration over their appointments getting cancelled. A smaller number are calling out FEMA and state and local officials saying this situation should not have happened. ([example 1](#), [example 2](#))
- Michigan local media are posting about the Ford Field CVC [opening today](#) in Detroit.
 - Many of those being vaccinated today at the Ford Field CVC are praising the operation and expressing gratitude. ([example 1](#), [example 2](#), [example 3](#), [example 4](#))
- The Massachusetts governor announced the state has applied for a [FEMA mass vaccination site](#). This is part of an effort to use practices that target prioritized groups with as much throughput as possible.
- In Florida, [Miami-Dade College's North Campus CVC](#) ran out of first-dose vaccines early this morning. The CVC lead reportedly recommended interested individuals return tomorrow, while those seeking a second dose will be accommodated.
 - Local media reports that the state's ongoing eligibility expansion is likely to increase overall vaccine demand.
- The Chicago Department of Public Health Commissioner addressed [rumors regarding eligibility](#) for the United Center CVC. She reminded residents that the eligibility requirements have not changed. Rumors that eligibility has expanded to everyone and individuals can use a code to sign-up are false.

RUMORS/MISINFORMATION

- There has been an increase in reports of scammers sending website links with fake vaccine surveys and registrations asking for sensitive information and money. ([example 1](#), [example 2](#))

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- Local officials in various states are advising residents to beware of these scams, and to verify their area's vaccine processes before submitting any information or funds to unknown sources.
- A dozen state [attorneys general demanded that Facebook and Twitter](#) more proactively remove online misinformation that undermine vaccine safety messaging to the public.
 - Executives from both social media platforms will testify tomorrow before U.S. House Energy Commerce Committee.

NATIONWIDE/GLOBAL

White House/Congressional

- During today's [White House COVID-19 Response Team briefing](#), the senior adviser reported 45 million adults have been fully vaccinated and that 70% of U.S. residents aged 65 and older have received at least one shot. He praised the three-pronged strategy of deploying vaccinators, adding CVCs and boosting vaccine supply. He also noted that 27 million doses will be distributed to states and local jurisdictions as well as participating pharmacies, indicating a tripling in weekly shipment rates. ([example 1](#), [example 2](#))
 - The President is expected announcement that the White House plans to release \$81 billion from American Rescue Plan to public schools in all 50 states, D.C. and Puerto Rico to support returning to in-person learning this spring season.
 - CDC's director reported that the recent 3% increase in infection rates and 15% decrease in fatality rates since last week will drive decision-making and guidance. She also articulated that the stress, fear and uncertainty caused by the pandemic have emphasized the importance of healthy behaviors to improve mental wellness and resilience. She reiterated the CDC's role in the Federal Retail Pharmacy Program has vaccinated 1.3 million educators and has successfully allowed schools to resume in-class learning. ([example 1](#), [example 2](#))
 - The White House chief medical adviser referenced a [New England Journal of Medicine study](#) that found extremely low infection rates among fully vaccinated healthcare workers, before re-emphasizing vaccine efficacy.
 - During Q&A, reporters asked about:
 - The New York variant threat
 - AstraZeneca vaccine hesitancy
 - How variant spread may influence vaccine distribution targeting
 - Inequitable distribution abroad
 - Whether variant outbreaks are stalling school re-openings.

Federal Response

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- An HHS Office of Inspector General survey of over 300 hospitals has determined medical staff have struggled with mental burnout, increasing turnover rates, frustration over vaccine supply, and erosion of public trust in hospitals.
 - One correspondent suggested the federal and state governments will have to [provide more resources to public hospitals](#) in anticipation of another pandemic event.
 - One Harvard University School of Public Health epidemiologist commented on the report, suggesting the data suggests the U.S. was not sufficiently prepared, and [vaccine optimism must be tempered](#) due to infection rates plateauing at concerning levels.

Equitable Access

- Recent state data continue to show vaccination centers in communities predominantly [inhabited by racial and ethnic minorities](#) have served white people more frequently. National Urban League's president called for a mass effort to mobilize community-based sites' nationwide to meet majority of Latinx and Blacks' over 60% willingness to be vaccinated.
- The [Holocaust Survivor Vaccine Assistance Program](#), administered by the New York-based Claims Conference, will assist Holocaust survivors with getting a COVID-19 vaccine by covering the cost of organizing appointments, transporting seniors to and from appointments, coordinating follow-up care and counseling. The program is funded by the German government and is available to Holocaust survivors around the world.

Public Health

- In a recent non-scientific poll of about 700 people who are considered COVID-19 long-haulers, 39% reported their [symptoms improved](#) after receiving the vaccine.
- One USA Today and Harris Poll survey has found despite emotional stress from being confined at home, [25%-30% of U.S. residents prefer to wait](#) until the country reaches herd immunity before resuming social activities, such as dining out or domestic air travel. The survey also noted a 4% increase in people willing to eat inside restaurants a few weeks after full vaccination.
- One Bloomberg editorial has called for the country to [prepare for a "permanent pandemic."](#) due to how widely the virus variants have spread in underdeveloped countries and impacted the global community. Suggestions include manufacturing mRNA vaccine production to account for variant spread, but realize social restrictions and lockdowns are a realistic possibility in the coming years.
- School students continue to [struggle to adapt to remote learning](#) due in part to social isolation. Education professionals feel the lack of hands-on activities account significant drops in test scores.

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Private Sector

- Royal Caribbean cruise line has announced it will [only allow fully vaccinated guests](#) on its ships. Guests under the age of 18 will be required to provide proof of a negative test.

REGION ONE

Equitable Access

- The Massachusetts governor reiterated that equity remains at the core of the state's vaccine rollout, with over [\\$33M invested](#) to support access in communities of color.
- Massachusetts residents are asking the state if and when they will honor their commitment to set aside [20% of its vaccine supply](#) for the hardest hit communities, most of which are Black or Hispanic. One official said they may set aside 20% of supply if racial disparities persist.
 - Although Massachusetts rates at the top of the nation for percent of Black residents receiving first doses, the state's weekly report shows that 26% of white residents, 17% of Black residents, and only 10% of Hispanic residents have received first doses.
- In Connecticut, the Wallingford health department is teaming up with the fire department to [prepare vans and mobile clinics](#) to vaccinate people who can't leave their homes and to go to underserved areas.

Vaccination Centers & Administration

- The Massachusetts governor is at odds with local health departments, who feel that regional collaboratives are [not getting as much vaccine](#) as sites run by private vendors.
 - This comes after the state stopped giving vaccines to local health departments and said local departments needed to apply for vaccine through the regional collaboratives. The governor has been accused of [prioritizing private companies](#) over public health infrastructure.
- After issues with New Hampshire's new [state-run scheduling platform](#), things are running smoothly. When eligibility opened up on March 22, the increased traffic caused the site to slow down and give users errors, but since then, the site has been fixed.
- New Hampshire is holding its [second mass vaccination event](#) on March 27-28 at the New Hampshire Motor Speedway in Loudon.
- Maine residents [50 and up](#) are eligible to be vaccinated as of today.
- Maine officials [soft-launched a site](#) on March 23 that will allow residents to preregister and eventually schedule vaccine appointments.

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- The site is still in development and will not be a state-wide, centralized system, nor will it replace existing scheduling platforms either. Instead it is geared towards smaller or newer vaccination providers that do not already have online platforms for booking appointments.

Public Health

- Vermont ranks [first in the nation](#) for the percentage of those 65 and up who've been vaccinated. One-third of residents have received at least one dose.
- Doctors in Massachusetts are concerned that cases in the state are [plateauing](#) rather than decreasing and feel that it could turn into an uptick at any moment.

REGION TWO

Equitable Access

- In New Jersey, results from a Stockton University Poll indicate there continues to be wide [racial disparities in vaccination](#) in the state. The results also show that Black and Latinx communities are [eager to be vaccinated](#), but less likely to have received a dose yet, according to the poll.
- In New Jersey, the Newark Equitable Vaccine Initiative is launching as the first [community-driven campaign](#) to improve vaccine distribution equity in the city. The initiative is supported by the Rockefeller Foundation and is one of seven cities in the country to be selected for a pilot program.

Vaccination Centers & Administration

- In Puerto Rico, [people aged 35 and over](#) with chronic health conditions will be eligible as of next week. Anyone aged 50 and over will now be eligible for a vaccine as well regardless of their conditions.
 - Puerto Rico's Secretary of Health also informed that if vaccine supply increases as promised then the department will [open eligibility to every adult in two weeks](#).
- New Jersey will [expand vaccine eligibility](#) to include everyone on May 1.
- In New York, a [new vaccination site](#) is opening at Nassau Coliseum, the first in the county to be operated by an outside contractor. It's opening comes as New York [opens up eligibility](#) to include anyone over 50.
- In New York, the Stony Brook University vaccination center [surpassed 100,000 vaccines](#) administered on March 23.
- New York City is on [track to administer 3.5 million doses](#) of COVID-19 vaccines today.
- In a push to increase vaccinations, the Puerto Rico Convention Center will host a "[Super VacuTour](#)" on March 31 with a goal of administering 10,000 doses in a day.

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Public Health

- New Jersey COVID-19 hospitalizations [topped 2,000](#) for the first time in nearly a month, and the state's seven-day average for new cases is up 29% from the previous month.

REGION THREE

Equitable Access

- In Virginia, the state plans to contract with a company to hire [community outreach specialists](#) to help pre-register and vaccinate underserved communities.
- In Washington, D.C. starting March 25, the district is sending [more vaccine appointment notifications](#). Thousands of doses are dedicated to people who preregister by 0000 EDT. The invitations are randomized but DC will prioritize based on zip code, age, and whether someone qualifies because of a health condition or occupation.
- In Pennsylvania, Delaware County has launched the [Homebound COVID-19 Vaccination Program](#). This new program, part of the Delaware County Pandemic Plan, will help ensure homebound individuals who cannot safely leave their home are able to receive the COVID-19 vaccine.
- In Delaware, a locally-owned and operated pharmacy is overcoming elderly residents' challenges with vaccine appointment sign-ups by allowing [walk-in appointments](#) for anyone 65 and older from 1000 - 1400 EDT.

Supply Chain

- In Delaware, the governor said the White House COVID-19 Task Force assured the state that it will receive a [larger shipment of vaccines](#) next week to help meet demand which increased when the state expanded eligibility.
- In Maryland, roughly 213,000 people, about 25% of Baltimore County population, have gotten their first dose. The state will be [increasing weekly vaccine allotment](#) to 6,300 doses per week.

Vaccination Centers & Administration

- In West Virginia, vaccination eligibility has expanded to [teenagers](#) 16 and up. While it's one of the first states to reach this goal, the state still facing supply shortages and high demands. Officials state expansion to teenagers is complicated because only the Pfizer vaccine is approved for them. The state does not have as many of the Pfizer vaccines because of the original requirements for super cold storage temps.
- [Delaware restaurant workers](#) are eligible to get the COVID-19 vaccine.

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- In Maryland, the governor announced on March 23 that the state will open [six additional mass vaccination sites](#) beginning in early April. This will double the total number of sites to 12 as the state prepares for an increase in vaccine supply from the federal government.
- In Virginia, [walk-ins are allowed](#) at a Newport News COVID-19 vaccine clinic today until 1400 EDT. The clinic is open to anyone, regardless of what vaccination group residents are eligible for.

Public Health

- In Pennsylvania, officials from the University of Pittsburgh announced on March 23 that the Pittsburgh [campus is seeing a spike in COVID-19 cases](#) and confirmed the U.K. variant is present on the campus in Pittsburgh's Oakland neighborhood. The spike is believed to be a result of two consecutive weekends where students gathered in large numbers.
- In Allegheny County, Pennsylvania roughly [500 new COVID-19 cases](#) were reported in the last 24 hours in the county. County leaders provide a COVID-19 update at 1600 EDT today. Many people question if COVID-19 vaccines work, others blame the Biden Administration for the cases going up.

Community Mitigation

- In Virginia, the governor announced on March 23 that beginning on April 1, [social gathering limits will be increased](#) as well as capacity caps for outdoor and indoor entertainment venues and recreational sporting events. Many people are glad the state is opening back up. Some people are concerned it may be too soon and are fearful of a rise in cases due to variants.
- The Pennsylvania Department of Health [eased the state's masking policy](#). People who are fully vaccinated can now visit with other fully vaccinated people indoors without wearing masks and do not need to quarantine following COVID-19 exposure if they are asymptomatic. There is a lot of debate regarding the masking policy.
- In Pennsylvania, the health commissioner stated due to the [rising number of COVID-19 cases](#) and hospitalizations in Philadelphia, the city will not follow the rest of the state in adopting relaxed restrictions on April 4. The city will allow the maximum capacity of outdoor catered events to expand to 250 people, with some restrictions.
- In West Virginia, the governor announced that effective today, [live music will be able to return](#) and summer camps can resume on May 1 provided proper guidelines are followed.

REGION FOUR

Equitable Access

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- Tennessee remains well below the national average for the number of people fully vaccinated. Tennessee Health Commissioner says the uptake for vaccines has been lower than expected. She said they expected hesitancy in communities of color and lower-income communities but did not expect the hesitancy for rural conservatives in the state. ([example 1](#), [example 2](#), [example 3](#))
- The North Carolina Department of Health and Human Services is now prioritizing vaccination distribution to counties [with low vaccination rates](#) rather than based on county populations.
- Florida residency requirements are reportedly a major [barrier for the state's undocumented](#) residents. As vaccines are more widely available, immigration advocates are calling for the policy to be dropped.
- In Bay County, Florida, [Black residents are not receiving COVID-19 vaccines at an equal rate](#) as others. While white people are on track compared to the latest population figures, Black vaccinations are down about 36% compared to their census numbers.
- In South Carolina, Fresenius Medical Care's dialysis centers [offered to provide doses to their patients](#) who are at high risk. However, the state Department of Health does not have doses to share with this population at this time.
- In South Carolina, volunteers with the non-profit Neighbor to Neighbor in Myrtle Beach [helped approximately 600 senior citizens](#) in Horry, Georgetown, and Brunswick Counties get access to the vaccine. The volunteers set up appointments and took the seniors to get their vaccines.
- In Tennessee, the Community Life Bridge [transportation initiative](#) is providing free transportation to seniors in Hendersonville and Gallatin to COVID-19 vaccine appointments at the Volunteer State Community College.
- Hobson City, Alabama hosted a vaccine clinic with 100 doses [targeting minority communities](#) that struggle with access to care. There are plans to host other vaccine clinics for minority communities, but dates for those clinics have not yet been set.

Supply Chain

- As Alabama continues to report a [COVID-19 vaccine shortage](#), many in the state are making trips out to Tennessee where appointments are more plentiful. The Tennessee Department of Health does not ask for proof of residency.
- Shelby County, Alabama is requesting [more COVID-19 vaccine supply](#) as they have not been receiving their equitable share of the state's allotment. Currently, the county consists of 4.4% of the state's population but has received less than 2% of the state's supply.

Vaccination Centers & Administration

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- In Tennessee, appointments are now available for [those who are 16 and older](#) for the COVID-19 vaccine in the northeast region of the state.
- The Georgia governor announced on March 23 that beginning March 25, residents [16 and older will be eligible](#) to receive the COVID-19 vaccine.
- The North Carolina governor said on March 23 that [every adult in North Carolina would be eligible](#) to be vaccinated before May 1, though he cautioned that vaccine supply may not meet the needs by that date. He is hoping the Johnson & Johnson vaccine will increase supply across the state.
- Florida Keys residents are [able to make appointments](#) for next week to receive the COVID-19 vaccine through Baptist Health beginning today.

Public Health

- Mississippi reports a [slight rise in COVID-19 cases](#) that is above its 7-day, daily average. However, its 14-day, daily average decreased.

Community Mitigation

- The governor of North Carolina [announced the easing](#) of more COVID-19 restrictions on March 23, which will go into effect at 1700 EDT on March 26.
 - While the statewide mask mandate will remain in place, limits on mass gatherings will increase to 50 indoors and 100 outdoors. The 2300 EDT curfew on alcohol sales will be lifted and certain businesses can now operate at 100% capacity as long as masks are worn and six feet is maintained.
 - Some restaurant owners feel that the lifting of restrictions [leaves policing safety measures](#) to business owners and share concern that they may not be able to staff their restaurants because of the eased restrictions.
- Florida has rescinded four executive orders that placed COVID-19 restrictions for visitors to nursing homes. The state has told nursing homes to [follow federal guidelines](#) for visitation and wants nursing home residents to have greater visitation rights now that most residents and staff members are fully vaccinated or have been offered the vaccine.
- In Florida, the [Palm Beach International Boat Show](#), which has previously drawn tens of thousands of visitors, opens on March 25. It was postponed last year due to the pandemic.

REGION FIVE

Equitable Access

- Chicago has prioritized vaccine access based on its communities' COVID-19 numbers, population density and number of essential workers to identify the 15 areas in the Protect

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Chicago Plus program. However, [one low income area with a majority of minority](#) residents, Altgeld Gardens, was left out of the program.

- An alderman said this neighborhood has the lowest percentage of population vaccinated in the city and is pushing the City Department of Public Health to add the neighborhood's zip code to the priority list.
- Disability Rights Michigan is pushing for health officials to make COVID-19 home [vaccinations available to disabled people](#) who need them. The Ingham County Health Department said they are trying to make home vaccinations available.
- In Indiana, the Clark and Floyd County health departments have [partnered with community agencies and churches](#) to reach more minority populations or those with transportation or mobility issues, including after-hours vaccination clinics for the Latinx population and Black congregation members.
- In Michigan, the Kent County COVID-19 Church Task Force hosted its vaccine and registration drive by going [door-to-door to register people](#) for the COVID-19 vaccine in Grand Rapids. This is the first of 10 scheduled drives in Kent County to ensure that residents in high-priority ZIP codes based on COVID-19 incidents and other socially vulnerable index factors get registered.
- In Ohio, the Hamilton County Board of Commissioners on March 23 approved a resolution to move forward with plans for a [mobile health unit](#) bus that will deliver the COVID-19 vaccine and other health care services to underserved communities in the county.
- In Milwaukee County, Wisconsin there are shots available at two free walk-in clinics that opened on March 22. The goal of these community clinics is to [improve racial disparities](#) among those receiving the vaccine as more confirmed cases of COVID-19 emerge as well.
- Direction Home of Eastern Ohio is identifying [homebound individuals](#) in Mahoning, Trumbull, Columbiana, and Ashtabula counties who want to receive a COVID-19 vaccine.
- In Milwaukee County, Wisconsin, Health Connections, Inc. is collaborating with state and local entities to reach out to people who may need in-home immunizations in an effort to vaccinate [thousands of homebound](#) residents.

Vaccination Centers & Administration

- The governor of Illinois received [his first dose of vaccine](#) today during a press conference at the Illinois State Fairgrounds.
- A second Illinois medical facility [has had its vaccine supply cut off](#) after Loretto Hospital leadership was found giving vaccines to those who were ineligible. After an investigation, it was determined that Innovative Express Care in Chicago misallocated more than 6,000 doses meant for Chicago Public School staff. Vaccines that were meant for second doses were used for first-dose appointments instead.

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- The clinic will not be doing any more first-dose vaccinations, and anyone scheduled for a second dose appointment will be vaccinated at a special clinic set up for them at Truman College.
- Cook County, Illinois health officials are [making thousands of vaccine appointments available](#) this week to all eligible Illinois residents for five suburban vaccination sites as COVID-19 case numbers and positivity rates in Chicago and Illinois are beginning to increase. ([example 1](#), [example 2](#))
- In Illinois, St. Clair and Madison counties have together [fully vaccinated more than 90,000 people](#).
- Indiana's governor outlined [a plan to open vaccine eligibility](#) to every adult 16 and older in the state starting March 31. The state is also relaxing mask mandates and restrictions. ([example 1](#), [example 2](#))
- The Michigan University Mobile Central vehicle is administering COVID-19 vaccine to [rural communities](#).
- Washtenaw County, Michigan launched a series of five [pop-up events to distribute COVID vaccine](#) in areas that have high social vulnerability.
- In Muskegon County, Michigan, for the first time, there will be a [walk-in clinic for local seniors](#) 60 and older on March 27. No appointment needed.
 - The county is working to prioritize this age group before vaccines open up to a wider audience in April.
- Minnesota reports that as more COVID-19 vaccine arrives, some providers have said that they are having [20-30% no-shows](#) for vaccine appointments; those providers are starting to expand eligibility into other populations based on medical health records.

Community Mitigation

- A new Illinois state COVID-19 capacity rule says [people who are fully vaccinated don't count](#) against a venue's COVID-19 capacity. Illinois restaurant group representatives say the rule is confusing and would be a challenge to implement. The governor's office said businesses will need to ask to see proof of vaccination from customers, and if they're not comfortable doing that, they can continue to operate with current capacity limits.
 - Chicago is still reviewing these guidelines, keeping its existing city regulations in place, which means that individuals with proof of vaccination or negative COVID-19 test count towards capacity limits.
- Indiana's governor announced that [the state mask mandate will become a mask advisory](#) on April 6, meaning that masks will be recommended but not required in public spaces.
 - Some residents say that [this is premature](#) and not enough people have been vaccinated, while others say they don't want to be forced, and that people who don't feel safe yet can [continue to social distance and wear masks](#).

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- The Michigan Senate voted on March 23 on [legislation meant to limit](#) COVID-19 restrictions, which has passed to the House. It would prohibit the state health director from issuing an order to cap residential gatherings, bar high school graduation ceremonies or prevent people from traveling between multiple properties. The governor previously vetoed other measures that would have curbed her administration's authority to control COVID-19.
- Wisconsin lawmakers [passed bills banning COVID-19 vaccine mandates](#), requiring that the mandates be optional. The governor will veto this legislation but hasn't yet said whether he'll sign other legislation that bars employers and government officials from requiring vaccinations.

REGION SIX

Equitable Access

- In Texas, a new COVID-19 vaccine site opened in Fort Worth on March 23 aimed at expanding [access to underserved communities](#) in Tarrant County. The goal is to vaccinate 1,000 residents the first week.
- In Louisiana, as the pace of vaccine distribution speeds up following [major eligibility expansions](#), a larger share of first doses in New Orleans, a city with a majority Black residents, is going to white residents, state data shows.

Supply Chain

- As Arkansas hit one million doses of the COVID-19 vaccine administered, health officials in the Northwest Public Health Region said there is a [shortage of doses](#) compared to the rest of the state. A Fayetteville Health Officer said the lack of doses could be because of the state Department of Health's initial vaccine allotment formula. The other part of the problem is vaccine hesitancy in the state.
- Nueces County, Texas has [made different plans](#) for different possibilities in the event of double or triple the number of vaccines they might receive from the state.
 - The county is expecting 20,000 doses in next week allocations, but shared that they would need at least 25,000 doses if not more to keep up with growing demand.
- In Texas, rural counties are also preparing to start receiving larger allocations to [meet the expected surge in demand](#) following vaccine eligibility opening up for everyone.
 - Local officials in some counties worry that their current vaccine dose allocation will not meet the expected demand as people from urban areas have been traveling to rural counties in search of vaccines.

Vaccination Centers & Administration

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- Some cities in Texas are reporting a decline in demand for vaccines as in some areas up to 20% of people with scheduled appointments don't show up for their vaccines. ([example 1](#), [example 2](#))
- In Texas, local officials are following the state's guidance in opening vaccine eligibility to all adults aged 16 and above beginning March 29:
 - [San Antonio](#)
 - [Houston](#)
 - [Dallas](#)
- In Arkansas, veterans enrolled with the Ozark Veterans Health Care System are [not required to make an appointment](#) to receive their vaccine, and can just walk up to any of their available vaccine sites.
- In Texas, Fort Worth and Medstar hosted a COVID-19 walk-up clinic today to [administer 1,000 vaccines](#).
- In Texas, Hidalgo County will hold a COVID-19 first dose clinic at Donna High school to [distribute 1,500 Moderna vaccines](#) on March 25.
- In Texas, the city of McAllen will distribute [1,500 first doses of the Moderna vaccine](#) in a clinic scheduled for March 25.

Staffing

- Fort Worth, Texas is looking to [hire part-time workers](#) for its COVID-19 clinics.

Public Health

- In Texas, only [4 out of 8,121 vaccinated employees](#) later became infected with COVID-19.

Community Mitigation

- Nursing homes in Texas can now allow fully [vaccinated seniors to unlimited visits](#) from their loved ones as long as the facility permits it as of March 23.
- In Texas, the Río Grande Valley Special Olympics will [resume in-person](#) events this year.

REGION SEVEN

Equitable Access

- In Iowa, Johnson County is [providing transportation services](#) to COVID-19 vaccination appointments to ensure that transportation is not a barrier to getting vaccinated.

Vaccination Centers & Administration

- In Nebraska, the [Dakota County Health Department](#) is offering the vaccine to all residents 18 and older.

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- In Kansas, the [Johnson County Health Department](#) is calling the first day of its mass vaccination clinic at a Lenexa warehouse on March 23 a success. The county vaccinated 570 people and plans to increase the number each day this week with hopes of vaccinating 1,400 people on March 26.
- In Iowa, the [Mason City VA Outpatient Clinic](#) is offering the Johnson & Johnson vaccine to veterans on March 27.
- In Kansas, a [COVID-19 vaccine clinic](#) will be one in Valley Center on March 25.
- In Missouri, staff at the South Central Correctional Center and the Transition Center of St. Louis were [vaccinated this week](#).
- In Nebraska, employees of Great Dane transportation company [received their vaccine](#) at work on last week.

Public Health

- Iowa has [fully vaccinated](#) over half a million residents.
- In Nebraska, the governor recently stated, as of now, there are [no confirmed cases](#) of reinfection in any fully vaccinated people. However, officials are sequencing data to determine reinfection or infection post vaccination.

Community Mitigation

- The [Iowa Commission of Latinx Affairs](#) is hosting a Spanish information session about the COVID-19 vaccine through Facebook Live today.

REGION EIGHT

Equitable Access

- In Utah, a Salt Lake-area non-profit is [educating women refugees, immigrants and asylum seekers](#) on COVID-19 vaccine.
- In Wyoming, the Wind River Family and Community Health Care in partnership with Fremont County Public Health, and Eastern Shoshone Tribal Health announced [a mass vaccination clinic](#) in the Spring Mountain Room at Wind River Hotel & Casino for March 26-27. All who are 16 and up are welcome, including those who are not Fremont County residents.

Supply Chain

- Montana is receiving [additional doses specifically allocated to the state](#) and not federal programs, after officials demanded the White House distribute a fair share of vaccines to Montana. It was revealed the state was receiving one of the lowest per capita allocations

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of vaccines in the country, despite the [state's strong record of efficiently distributing shots](#).

- Utah pharmacies are running out of the Johnson & Johnson vaccine, with officials saying that the [CDC's distribution of the vaccine has not been as stable as expected](#).

Vaccination Centers & Administration

- Despite Colorado moving to Phase 1B.4 last week, some vaccine providers did [not update their registration systems](#) until recently, causing issues for residents trying to get the vaccine.
- In Colorado, Eagle County plans to administer [1,100 COVID-19 vaccinations](#) today.
 - [Mesa County Public Health](#) reports that 51,668 COVID-19 vaccines have now been administered across the county. More than 35,000 residents have received at least one dose of a vaccine.
 - [Garfield County Public Health](#) is administering the first dose of COVID-19 vaccines at its offices today and March 25 in Rifle.
- The Montana VA Health Care System has [opened a phone line](#) dedicated to scheduling veterans for a COVID-19 vaccination.
 - A vaccine clinic in Columbus, Montana will begin administering vaccines to residents 18 and over on March 25 and 26.
 - Flathead, Montana vaccine clinic will [add an extra hour to its operations](#) to administer more shots to residents with specific occupations.
 - Montana counties are moving forward or planning to open vaccinations for all adults 16 and older: [Yellowstone County](#) (now), [Gallatin County](#) (April 1), [Flathead County](#) (April 1).
- In North Dakota, about [20% of residents](#) have been fully vaccinated.
 - [Foster County health officials](#) say about 1,777 vaccine doses have been administered.
- South Dakota's vaccination [Phase 1E is going smoothly](#) for 15 Monument Health vaccine locations.
 - [University of Sioux Falls students](#) living in dormitories or working on campus are getting vaccinated.
- [All Utah residents 16 and over](#) are now eligible for the COVID-19 vaccine, with [appointments filling quickly](#).
 - The decision announced by the governor last week [adds about a million people](#) to a list that already includes residents 50 and older, those with specified medical conditions, health care workers, first responders, long-term care facility residents and staff, and K-12 teachers and school staff.

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- Park County, Wyoming health officials report that [13,108 residents have received at least one dose](#) of the COVID-19 vaccine.
- The [Ute Indian Tribe is offering the vaccinate those 16 and over](#). There is a walk-in vaccination clinic March 25 at the Ute Tribal auditorium for 16 and over. There are also walk-in vaccination clinics in the Tri-County Health District all week.

REGION NINE

Equitable Access

- Reno, Nevada Fire Department administered [130 Johnson & Johnson vaccines to the homeless](#) in a temporary tent structure on March 23. They partnered with Volunteers of America who operates the tent and informed unsheltered individuals, and hope to have more vaccination events when more one-shot vaccine supply become available.
- A University of Arizona mobile health, in coordination with Maricopa County and the city of Phoenix, vaccinated about [2,100 people in underserved communities](#) since starting operation on March 17.
- California Governor's Office of Emergency Services reported nearly [67% of almost 445,000 vaccines administered](#), as of March 22, in state/federal community vaccine centers in Oakland and Los Angeles were to targeted underserved communities and people of color.
 - More than 51,000 of those vaccines administered at targeted mobile clinics within the community.
- In California, a number of small vaccination clinics are opening to serve seniors, minority populations and neighborhood communities.
 - The Mexican consulate in downtown San Diego on March 23 will open a COVID-19 vaccination clinic officials hope to be seen as a [safe haven for the Latinx](#) community. They will deliver appointment-only vaccinations three days a week.
 - The new Southeast Los Angeles Community Vaccination Center at the Bell Community Center opened for residents of [under-vaccinated communities](#) in Bell, Bell Gardens, Commerce, Cudahy, Huntington Park, Maywood, South Gate, unincorporated Walnut Park, and Vernon.
 - In Riverside County, [Corona Senior Center](#) is hosting a vaccination clinic today.
 - Sun City [Retirement Community](#) will host another COVID-19 vaccination clinic will take place on March 25, with special assistance from the Office of Aging.
 - Doctors Without Walls and Santa Barbara Street [Medicine vaccinated homeless residents](#) and men in the recovery program at the Santa Barbara Rescue Mission.
 - The San Mateo County Health mobile clinic [vaccinated farmworkers](#) on the Coastsides.

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- Newport Beach Fire Department and Hoag Hospital gave [300 Newport Beach senior residents](#) their first dose of the Pfizer COVID-19 vaccine at OASIS Senior Center today.
- In California, VA Long Beach Healthcare System announced they are vaccinating all enrolled veterans regardless of age. [Caregivers of veterans](#), enrolled in the Program of Comprehensive Assistance for Family Caregivers program, are also eligible.

Supply Chain

- In Hawaii, an estimated [1,386 doses of Pfizer vaccine were discarded](#) on Maui after it was discovered that a refrigerator door did not seal properly compromising safe storage procedures.
 - The vaccine loss is the largest to occur in the state to date, although a total of 2,400 doses, equaling less than 0.2%, have been lost since vaccine administration first began.
 - Maui Health maintains that there is sufficient supply of the vaccine to continue its vaccination efforts. All current and future appointments will remain as scheduled.

Vaccination Centers & Administration

- Arizona's state-run vaccination centers will begin vaccinating those 16 and older beginning today, opening up [80,000 additional appointments](#) at 1300 EDT on March 26, including the new site in Yuma.
 - State surveys have found 40-45% of residents are vaccine hesitant.
- In California, places of worship are hosting vaccination events.
 - Alameda County Public Health Department partnered with FEMA, Cal OES to host a mobile COVID-19 vaccination clinic for Alameda County residents on March 23-25 at [Allen Temple Baptist Church](#). The Johnson & Johnson vaccine will be given unless receiving a second dose.
- The University of California San Francisco Fresno Mobile Health and Learning site on Shaw has moved to a new, [larger and more centrally located](#) vaccination center at Fresno City College. The first-come, first-serve drive-thru site vaccinated 600 people on March 24 but has the capacity for 2,000.
 - The Fresno Economic Opportunity Commission will run shuttles and FAX buses are offering free rides for those who don't drive.
- A Congress member in California is hosting a [telephone town hall tonight](#) at 2200 EDT to discuss any questions for the public on COVID-19 vaccines and distribution plans.

Public Health

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- University of Nevada, Reno researchers and City of Sparks staff said the latest wastewater sampling data showed [very low to non-detectable viral levels](#) in suggesting a consistent reduction in COVID-19 prevalence.

Community Mitigation

- In Arizona, the Maricopa County Board of Supervisors is considering [dropping the county's face mask mandate](#) now that COVID-19 numbers have fallen.
 - Many members of the public online said they would keep on wearing them and asked for more time for masks.
- In Hawaii, a recent and rapid [spike in nearly 30,000 visitors](#) and local spring break travel has stressed the Safe Travels arrival screening process. It is exposing everything from inefficiencies and process gaps to traveler and staff confusion, even burn out by workers struggling to keep up.
 - The lieutenant governor is pushing for neighbor island quarantine to be lifted, which would free up resources for mainland and international screening.
 - Wristbands are being coordinated ahead of arrival by four out of the six major airlines flying into Hawaii right now, helping thousands of travelers a day skip the QR code checkpoint.
- A Hawaii judge granted a [delay in the sentences](#) of three convicted criminals because of the pandemic. They have not received their vaccinations yet.
- In California, homelessness has risen an [estimated 20%](#) because of housing problems created by the pandemic. The city of Carpinteria is considering approved overnight sleeping areas through its Safe Parking program for those living out of their cars.
- California counties with lowered COVID-19 positivity rates move into new tiers.
 - Santa Clara County moves to [orange tier](#) and Nevada County moves to the [red tier](#) on the state's Blueprint for a Safer Economy today.
- The Guam Visitors Bureau and the Guam Hotel and Restaurant Association held a [virtual town hall](#) to educate and answer some of the lingering questions for employers surrounding the COVID-19 vaccines. Guam hopes to reopen tourism on May 1.

REGION TEN

Equitable Access

- In Oregon, the governor released a statement on March 24, the one year anniversary of the "Stay Home, Save Lives" executive order, that the state needs to do more to [vaccinate residents disproportionately impacted](#) by COVID-19. The state partnering with local public health partners, Oregon's federally recognized tribes, and community-based organizations to continuously improve equitable access.

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Supply Chain

- Oregon pharmacies will receive roughly [44,000 COVID-19 vaccine doses](#) this week through the Federal Retail Pharmacy Program.

Vaccination Centers & Administration

- In Oregon, state health officials have authorized an [expansion on who can administer COVID-19 vaccines](#). The expansion now allows dentists, veterinarians, naturopaths, and healthcare students to become providers, among others.
- In Washington, Seattle-Tacoma Airport is launching a vaccine clinic for [airport workers](#), hoping to vaccinate about 2,000 people in a week. The clinic allows the state to quickly reach a huge portion of the people who recently became eligible for the vaccine without burdening community clinics.

Community Mitigation

- In Anchorage, Alaska employees who are fully vaccinated [no longer need to wear a mask](#) when separate from the public and unvaccinated coworkers, as of March 23. Officials said masks are still required in indoor public places and at outdoor gatherings in public.
 - In Oregon, the governor announced on March 23 that Lane County will be moving to the ["lower risk" category](#) on March 26, marking a continued decline in the number of COVID-19 cases. In this category, restaurants can continue offering indoor dining at 50% of their maximum occupancy and remain open until midnight, indoor and outdoor seating are both limited to eight people per table.
-

FEMA COVID-19 Social Listening Report 3/25/2021

From: "Sanchez-Velasco, Marissa EOP/WHO" Ex 6 - (5 U.S.C. Sec 552(b)(6))
To: DL EOP COVID All Staff Ex 6 - (5 U.S.C. Sec 552(b)(6))
Date: Thu, 25 Mar 2021 17:34:50 -0400
Attachments: 3_25_21 COVID Social Listening Report.pdf (354.09 kB)

Good afternoon,

Attached and below is the COVID-19 Social Listening report for 3/25/2021. Please direct any questions to Ex 6 - (5 U.S.C. Sec 552(b)(6))

COVID-19

FEMA & EPA

INTERAGENCY SOCIAL LISTENING

REPORT

THURSDAY, MARCH 25, 2021

SUMMARY

- The discussion over the choice to get vaccinated has spiked today as people debate between personal choice and greater good of herd immunity. The conversations are driven by reports of incentives for the vaccinated and unvaccinated, and some schools and companies considering mandatory vaccinations. Trust of the product and the government continues to be a factor for those who don't want to be vaccinated.
- Many officials are concerned over increases in COVID-19 positivity rates, due to the spread of variants. Some are worried the vaccines will not be effective against the more contagious viruses.
- Reports from individuals receiving shots at federally supported CVCs has continued to be positive. Demand for CVCs is growing as more states make requests for their residents, and some states ask to extend the centers past the original timeline.
- Traditional media have concentrated on the new White House goal of administering 200 million vaccines in the first 100 days of President Biden's administration. There has also been frequent coverage of new studies presenting actions that could have limited COVID-related fatalities. While state and local government efforts to improve equitable vaccine distribution remains a prevalent theme, variant spread discussion has slightly decreased in volume.

- Federal response media coverage has highlighted how the White House plans to invest American Rescue Plan funds, a congressional hearing on removing COVID-19-related misinformation from social media, and the FEMA administrator nominee's input on how to increase vaccinations in vulnerable communities.
- This morning's newspaper front-page headlines focus on optimism around planned vaccine shipments, mixed reports of variant spread and infection rates, expanding eligibility, and growing concern about states ending mask mandates too early.

PUBLIC PERCEPTION/SENTIMENT

- There is a growing divide over people who are for or against COVID-19 vaccinations as companies [begin to offer incentives](#) for those who have gotten vaccinated. At a much smaller level, some businesses are offering incentives for those who don't get vaccinated. ([example 1](#), [example 2](#), [example 3](#))
 - o There is an increase of conversation over vaccination mandates as some schools and companies consider it as a safety measure. People are debating between the freedom over their body versus community safety. ([example 1](#), [example 2](#), [example 3](#))
 - o Some feel that the [long-term side effects of vaccines are still questionable, and that there remains much unknown about vaccines.](#)
- As many people patiently wait for eligibility to expand to their age group some are growing increasingly frustrated over individuals who are reportedly [jumping the line](#).
 - o There is concern that this will further delay access to people further down the line and could prevent vulnerable populations from getting vaccines in areas with low supply.
 - o A smaller number of people feel the eligibility system is part of the issue. They feel that so long as people are getting vaccinated the order should not matter.
- [There is some ongoing confusion about how the vaccines work. Many people are using social media to respond to misconceptions and clarify that the vaccines are meant to prevent severe infections and hospitalizations.](#)
 - o People are increasingly questioning whether the vaccines will [protect against new variants](#).
- [Heavy debate continues over the effectiveness of the AstraZeneca vaccine](#) after the pharmaceutical company updated its effectiveness data. This continues to cause confusion and distrust in the vaccine. ([example 1](#), [example 2](#), [example 3](#))

FEMA

Overall Discussion

- During today's [confirmation hearing with FEMA administrator nominee](#), Deanne Criswell stated she is committed to understanding state and local government requirements to effectively distribute vaccine doses and establish additional CVCs. She additionally suggested that [mobilizing trusted messengers](#) would critically reduce vaccine hesitancy.

- o She also agreed with lawmakers' that using CDC's Social Vulnerability Index and engaging with state and local governments is the most effective way to determine where federally supported CVCs can be established.
- o She committed to coordinating more closely with HHS in managing and distributing Strategic National Stockpile assets more efficiently in the near-term as well as ahead of any future pandemics.
- The senate majority leader announced today [FEMA granted \\$200 million for New York Hospitals, public housing and more.](#)

Community Vaccination Centers

- A reporter for a national news outlet has been soliciting testimonials from people who have been vaccinated at federal pilot sites. Response has been [overwhelmingly positive](#) with individuals across the country sharing about their experiences. People have said the sites they have visited have been impressively managed and filled with friendly people.
- In Washington, D.C., local media report confusion, after local officials said [FEMA did not deem the city eligible for additional vaccine doses](#) through a federal pilot program that would stand-up large vaccination centers. Some people are upset the District will not receive more vaccines. ([example 1](#), [example 2](#), [example 3](#))
- In Texas, the Harris County judge and the mayor of Houston, wrote a letter to FEMA to request the agency to [keep the NRG vaccination center open](#) through at least May 31.
 - o People in the area generally support the judge's request to keep the CVC open, while some allege there have been many no-show appointments lately.
- There is interest in keeping the Oakland Coliseum site [open longer than expected](#) if Alameda County is able to take over operations.
 - o The state and county are attempting to determine whether it would continue to receive the doses from the federal government, or if the county would have to rely on the allotment it already receives.

Funeral Reimbursement

- Reaction to funeral reimbursement news has been mixed. Many feel the responsibility should fall on the families and question where the funding will come from. Some are grateful for the assistance. ([example 1](#), [example 2](#))
- Local officials are sharing information on how survivors can apply for FEMA's Funeral Reimbursement Program. ([example 1](#), [example 2](#))
 - o In Puerto Rico, local media highlighted that one person may be able to apply for assistance for the death of [multiple loved ones](#).

RUMORS/MISINFORMATION

- **One national outlet released analysis that found** [bad actors online have amplified news stories linking vaccination to death](#). This content has been some of the most highly engaged content on social media platforms, contributing to vaccine hesitancy.

- This afternoon, Facebook, Twitter, and Google executives testified before the U.S. House Energy and Commerce Subcommittee on efforts to combat online misinformation and disinformation. Lawmakers questions focused on how to remove, censor, or identify false information to discourage vaccination.
 - o Executives commented they have either removed disinformation videos that misinform the public about vaccine safety or would review social media accounts that have allegedly spread false information about the pandemic.
 - o Facebook's CEO recommended that social media platforms provide transparency reports on the prevalence of harmful content but did not specifically mention COVID-19 misinformation.
 - o One congressman called for the companies to invest more in flagging misinformation in Spanish, some of which has promoted a narrative that vaccines contain a tracking chip, leading to hesitancy in the Latinx community.

NATIONWIDE/GLOBAL

White House/Congressional

- Ahead of today's [White House press conference](#), traditional media reported on White House plans to announce a new goal of administering [200 million vaccines](#) within the administration's first 100 days.
- The White House announced plans to direct \$10 billion from the American Rescue Plan to support 1,400 community health centers, increase testing and vaccinations, and finance education outreach programs for low-income, rural and minority communities. ([example 1](#), [example 2](#))
 - o One U.S. senator from New York praised the White House's decision to allocate \$3 billion toward education efforts as part of this package, suggesting greater awareness will increase likelihood of participation
- The White House also reportedly plans to invest \$100 million from the American Rescue Plan to [bolster the Medical Reserve Corps](#) beyond the estimated 200,000 doctors, nurses and medical support teams currently supporting.
 - o One state emergency preparedness director praised the investment as a "godsend" that would allow special coordinators to activate reserve corps members efficiently.

Public Health

- New research suggests the U.S. could have limited fatalities to under 300,000 if the country adopted widespread mask, social distancing, and testing protocols early in the pandemic while also prioritizing economic aid to those in most need. One University of California economics professor estimated the final fatality level could reach 670,000 as the pandemic gradually subsides. ([example 1](#), [example 2](#))
- Researchers in Mexico have made a [nose-only COVID-19 mask](#), which they say reduces the risk of infection of COVID-19 during eating and talking. A large number of online commenters think it is ridiculous and that they would [rather eat at home](#).

Private Sector

- AstraZeneca has shared after revising updated trial data of 32,000 patients, its vaccine [efficacy in disease prevention stands at 76%](#). The company also reported 85% efficacy among patients 65 years and older as well as 100% effective at preventing severe cases.
- For the first time in the pandemic era, weekly [jobless claims fell below 700,000](#). Experts feel this progress is a positive sign amid an aggressive stimulus campaign and vaccination program.
- Security researchers at cybersecurity firm Check Point Software said advertisements for [vaccines on the dark web are up 300%](#) in the past three months. Counterfeit vaccine cards and what are being billed as COVID-19 vaccines are now for sale on the dark web, according to a report released on March 23.
- There has been increased national coverage regarding [vaccine passports](#). The media reports that many businesses are beginning to feel vaccine passports are necessary to help businesses, particularly the travel industry, bounce back.
 - o Critics note the lack of standards for such a product are a barrier to implementation.
- Some airline companies are [ending some of the service changes](#) made early in the pandemic. Many will resume serving snacks and drinks to passengers onboard.
 - o Southwest Airlines is boarding passengers in lots of 30 from restricted boarding of 10 passengers during the height of the pandemic.
 - o Delta Air Lines is the last airline to block middle seats in seating charts to create more distance between passengers. It is extended through April 30.

REGION ONE

Equitable Access

- Massachusetts governor announced this morning next week's delivery of 40,000 Johnson & Johnson vaccine doses will be approximately [five times bigger](#) than this week's 7,900 dose delivery. This shipment will make it possible for state officials to launch a program for vaccinating homebound residents, to start on March 29.
- In Vermont, residents in Essex County are [pushing back against assumptions](#) that they are not getting the vaccine because they hold certain political beliefs or are uneducated. Instead, a resident says that the county has zero pharmacies or hospitals, so easy access to the vaccine is not available to them.

Vaccination Centers & Administration

- Vermont's Department of Health had a [technical issue](#) this morning which may have left some people with testing appointments instead of vaccine appointments. They are reaching out to all those impacted but encourage people to log in to their account and make sure they have the right kind of appointment.
- The Massachusetts governor says he does not support [mandates requiring public employees](#) who deal with people daily (e.g., police, corrections officers) to get the vaccine, despite calls for it from many advocates. Instead, he's focusing on encouraging them to get vaccinated.

- In central Maine, administrators for the [Auburn Mall mass site](#) do not currently plan to offer pre-registration. They currently offer appointments when they receive vaccine from the state, and they worry that a preregistration system would waste time as people register with multiple systems, and then when it's their turn, they cannot be reached or have already gotten their vaccine elsewhere, resulting in wasted time and staff efforts.
 - o Although the state [launched its own pre-registration system](#) this week, it is still in development and is not state wide.

Public Health

- Massachusetts health experts are [concerned about variants spreading](#) in the state. The state has 441 confirmed cases of the U.K. variant, nine confirmed cases of the South African variant, and four confirmed cases of the Brazilian variant, according to CDC data.
- Yarmouth, Massachusetts health officials believe the rapid rise in COVID-19 cases is [not just a spike](#), but the beginning of a new wave of infections with the more contagious U.K. variant in being a factor.
 - o The state Department of Public Health is working to genetically sequence samples taken from people in Barnstable County to determine whether this variant is spreading locally.
 - o At requests from local leaders, state public health officials opened an emergency testing site over the weekend in Hyannis, with results of 215 people tested equaling a positivity rate of 18%.
 - o The Dennis-Yarmouth Regional School District is ramping up testing in response to the surge, as more cases of COVID-19 among students and staff than at any other point during the pandemic have been reported.
- According to a Yale University publication, students are unhappy with the school's mental health services and note that the pandemic has [exacerbated mental health challenges](#) for many.

Community Mitigation

- The "Keep Maine Safe, Keep Maine Open" campaign to [keep wearing masks](#) was launched by a coalition of business leaders, health workers, and other state leaders to help local businesses stay open and keep Maine's communities safe.
- Maine parents are concerned that in-person learning will be [tied to having the vaccine](#) eventually, based on recent comments by the state Department of Health and Human Services Commissioner.
 - o Some parents say the vaccine, which isn't even available to children yet, is not FDA approved and therefore cannot be mandated and it is a form of discrimination. They would rather continue remote learning than subject their children to the vaccine.
- In Maine, Beacon For Sovereignty, a group known for opposing COVID-19 public health mandates, sent out a [resolution against mask mandates](#) which asks the state government to cease all violations of the Constitution and the Americans with Disabilities

- Act, regarding several Maine towns. South Paris, Steuben and Piscataquis County have signed the resolution, according to the group.
- In Connecticut, officials are beginning to discuss ["vaccine passports"](#) and other measures that would allow vaccinated people access to certain spaces, or separate those who are unvaccinated.
 - The governor said that vaccine passports may be considered once everyone in the state has a chance to get a vaccine.
- In Connecticut, Hartford-based Community Renewal Team is requiring its 400 employees to get the COVID-19 vaccine, due to the nature of its work connecting employees with some of the most vulnerable people on a daily basis.
 - Happening during an uptick in the daily COVID-19 positivity rate, it could be the [first vaccine mandate](#) in Connecticut.
- At the Connecticut Foxwoods' Grand Theater, Dave Chappelle's shows will require audience members to get [rapid COVID-19 tests before entry](#).
 - The venue said any individual who tests positive or is accompanied by someone who tests positive will not be allowed in but can get a full refund.

REGION TWO

Equitable Access

- In New Jersey, [data from the state's Department of Health](#) showed that out of the 3.6 million doses administered so far as of today, 59% of people who've received the vaccine are white, 7% are Hispanic/Latinx, 7% are Asian, and 5% are Black.
- In New Jersey, [kidney patients](#) have been vaccine-eligible since January, but some struggle to find vaccines near them as the state cannot give vaccines to kidney clinics due to not having enough shots to go around.
- In New Jersey, Union County is launching pop-up clinics to [vaccinate people experiencing homelessness](#). In addition to providing transportation, if needed, they will be distributing after-care kits to everyone vaccinated.

Supply Chain

- New Jersey will receive its [biggest amount of COVID-19 vaccines](#) yet next week.

Vaccination Centers & Administration

- In New Jersey's Camden County, [no-shows are creating challenges](#) at vaccination centers. The county is encouraging individuals to cancel their appointments if they're no longer needed. Part of the issue has arisen with the [proliferation of vaccine](#) options; many previously-scheduled appointments are no longer needed.
- Puerto Rico will host a [mass vaccination event](#) at the Miramar Convention Center, where they expect to inoculate 10,000 individuals within a day.
- In New Jersey, [additional front-line essential workers](#), including restaurant and grocery store employees, will be eligible to get the vaccine starting March 29.
- In Puerto Rico, [the region of Ponce](#) (15 municipalities) has administered at least one dose to 81,036 people as of today.

- o While the municipality with the largest population, Ponce, has 25,983 people vaccinated as of today, the town of Guánica only counts with 1,625 people vaccinated so far.
- New York City, New York is [creating a vaccine site for theater workers](#) with a mobile site off-Broadway.

Community Mitigation

- A New Jersey gym owner is [offering memberships](#) to those who do not get vaccinated in response to Krispy Kreme offering donuts to individuals who do get their shots. While he isn't against the vaccine, he shares that he believes in maintaining health through exercise, a good diet and an environment to destress.
- In New Jersey, [Rutgers University](#) announced that it will require COVID-19 vaccines for all on-campus students enrolled for the 2021 fall semester.

REGION THREE

Equitable Access

- In Washington, D.C., city council members and community advocates have argued that [lowering age eligibility and prioritizing ZIP codes](#) unintentionally backfired by allowing wealthy residents to access registration systems more quickly than those with limited resources, such as Wards 7 and 8. City lawmakers tie inequitable access disparities to historical lack of investment in low-income communities' health care.
- Pennsylvania ordered COVID-19 vaccine providers to work closely with local organizations to [help seniors and other people at high risk](#) get appointments.
- In Washington, D.C., a Google [Translate](#) widget was added to the districts vaccination website. Information explaining the pre-registration process in English, Spanish, Amharic, French, Korean, Vietnamese, and Chinese (simplified) has been made available.

Vaccination Centers & Administration

- The Central Virginia Health District entered [Phase 1C of COVID-19 vaccinations](#) today. Now more essential workers and those at higher risk become eligible for the vaccine.
- In Pennsylvania, the Allegheny County Health Department announced on March 24 it is now accepting and vaccinating residents who fall under the state's Phase 1A criteria.
 - o The health department will launch a [new registration system](#) next week that will allow people to pre-register for appointments. Residents will then be notified when they are eligible to get the vaccine and at which Allegheny County Health Department clinic. This will help prevent people from signing up for appointments for which they are not eligible.
- In Maryland, starting March 30, the Worcester County Health Department is [expanding COVID-19 vaccination coverage](#) to include those age 18 and older with underlying medical conditions that increase the risk for severe COVID-19 illness.
- [Western Maryland's first mass COVID-19 vaccination site](#) has opened at the Hagerstown Premium Outlets.

- The community vaccination site in York County, Pennsylvania opens today. Officials expect roughly [5,800 COVID-19 vaccine doses to be administered](#) over the next seven days.
- In Washington, D.C. the mayor and DC Health announced on March 24 that 3,510 doses of the [vaccine will be available at three CVS pharmacy](#) locations in the District soon. The pharmacies will focus on vaccinating teachers and school staff, childcare workers, health care workers, and residents aged 65 and older. A CVS spokesperson said they hope to start vaccinating within the next week.

Public Health

- Maryland is reportedly seeing a [rise in COVID-19 cases](#) with more than one thousand new infections reported on March 24. Maryland is one of at least 19 states seeing a larger increase.

Community Mitigation

- In West Virginia, the governor announced on March 24 that after a campaign to vaccinate all teachers and school personnel who wanted to be vaccinated, all [high schools will remain open full-time](#) unless an outbreak occurs.
 - o There is a debate regarding in-person versus virtual school. Some people are concerned about growing variants, others worry it is too soon for students to return.
- Maryland is hosting a [vaccine hesitancy webinar](#) on March 30 from 1700 EDT-1800 EDT.
- In West Virginia, the state is launching a COVID-19 vaccination [campaign](#) which will turn to young people to stem transmission rates after giving shots to most senior citizens.

REGION FOUR

Equitable Access

- Alabama residents who have disabilities are eligible for the vaccine as of March 22, but are reportedly still experiencing issues with getting a shot. Those who are homebound and cannot travel do not have access to vaccine locations.
 - o The [Alabama Disabilities Advocacy Program](#) (ADAP) said there isn't currently a viable strategy to deliver vaccines to homebound individuals. Disability advocates feel that transportation programs will help. People who are struggling to get the vaccine or know someone who is are being encouraged to reach out to ADAP.
- In South Carolina, Tidelands Health in Myrtle Beach, extended its vaccination appointment times into [the later evening hours](#) to ensure that people who have to go to work have access to the vaccine.
- Across North Carolina, vaccine providers are trying to find the most efficient ways to get vaccines to [people with disabilities and/or who are homebound](#).
 - o Many providers have been waiting for access to the Johnson & Johnson vaccines, so they only have to visit homes once.

- o Others have been visiting homes and rural areas with the Moderna vaccine because the temperature needed is less than the Pfizer vaccine.
- Wake County, North Carolina is working on a program to [get homebound people vaccinated](#) as more vaccines become available by potentially teaming up with Meals on Wheels to get vaccines to people.
 - o Wake Forest Baptist House Call Program has started providing vaccines to their homebound patients and caregivers.
- In North Carolina, New Hanover County Health in Wilmington said residents, specifically long-term care facilities staff and residents, are [unable to get second doses of the vaccine at Walgreens](#) because they were told the program is ending. Walgreens will honor the second doses for those people who already received a first dose at a Walgreens location.
- In Georgia, Atlanta's subway transit system MARTA will provide [free and direct transportation for vaccine patients](#), going from the College Park station to the vaccination site at the Delta Flight Museum in a partnership with Delta Air Lines.
- In Florida, Miami-Dade teachers union has [secured 1,000 free two-way rides from Uber](#) for any members interested in getting the vaccines, part of a 10 million free rides campaign from the company.

Vaccination Centers & Administration

- Multiple sites are closing early due to potential severe weather.
 - o In Tennessee, the [Hamilton County Health Department](#) has cancelled March 25 COVID-19 vaccination appointments from 1030-1330 EDT. Appointments have been rescheduled for March 31 at the same time and location.
 - o In Alabama, the CVC at the John Hunt Park is [closing at 1300](#) EDT today.
 - o In Tuscaloosa, Alabama, the DCH Health System are [cancelling appointments](#) for today and rescheduling for the weekend.
- The South Carolina Department of Health and Environmental Control is concerned people are [skipping the second dose of the vaccine](#), which would leave them and the state without full protection against the pandemic.
 - o Tidelands Health in Myrtle Beach said it was having difficulty getting 2,600 people their second dose.
- In Tennessee, local media reports that [Ballad Health](#) began providing COVID-19 vaccinations at CVCs to anyone 16 and up starting March 24. Additional CVCs will open on March 27 in Kingsport and Elizabethton, Tennessee and Norton and Abington, Virginia.
 - o A [one-day vaccine clinic](#) will take place in Greenville, Tennessee on March 27.
- In Florida, local media reports that the CVCs will return to Florida City and Sweetwater for [second-dose shots](#) on April 14.
- In North Carolina, Randolph, Rockingham, and Davidson counties are offering appointments to adults [ages 16 and older](#) as vaccine allotments have increased in these areas.

- In Florida, Nassau County Emergency Management is [taking first-dose appointments](#) on April 6-16 for all adults who want a vaccine.
- More counties in Tennessee are opening access to all adults age 16 and older ahead of the state which plans to expand eligibility to everyone on April 5. ([example 1](#), [example 2](#), [example 3](#))
- The governor of Florida announced today that beginning March 29, vaccine eligibility will expand to [individuals who are 40 and older](#). On April 5, eligibility will extend to those who are 18 and older.
 - o The Baker County Health Department is [taking vaccination appointments](#) for those who are 40 and older for next week.
- In Florida, a local media outlet reports the [state vaccination system](#) only booked 85 appointments out of 500 available from a waitlist of 4,400 people on March 23. County officials scrambled to use up all doses by announcing availability through the public safety department, health department and media outlets.
 - o Health officials plan to take the same actions for the March 30 vaccination pod and will also start calling people on the waitlist, which they now can access.
- In Orangeburg County, South Carolina dozens of [people lined up to get the Moderna vaccine](#) at the Holly Hill Depot. The mayor of Eutawville, South Carolina, said the goal is to add weekly walk-in clinics to help get as many residents vaccinated as possible.

Public Health

- North Carolina State University, planning for fall semester to include students on campus and in-person classes, is offering easy access to [vaccines for staff, faculty and students](#) who can stop by between classes or after a meeting on campus. More than 10,000 people in the campus community have pre-registered for a COVID-19 vaccine.

Community Mitigation

- In Florida, a man [has been charged](#) with bank fraud, making false statements to a federally insured institution, and aggravated theft and making false statements after attempting to obtain \$1.5 million in COVID-19 relief funds by filing nine fraudulent loan applications and stealing the identity of eight elderly individuals to open accounts.

REGION FIVE

Equitable Access

- A Chicago a coalition of community groups from across the city is calling on the Chicago Department of Public Health to [open more permanent, city-run vaccination sites](#) in hard-hit communities. An alderman introduced a new ordinance for federal COVID-19 funds to be used to create permanent city-run testing sites in hard-hit neighborhoods.
- Cuyahoga County in Ohio data continues to show [disparities in vaccination rates](#) among minority communities. Nearly 230,000 Caucasians have been vaccinated, which is nearly 30% of the county's population of white residents. However, only 12.75% of the county's Black population — or about 48,000 people — have been vaccinated, according to the Ohio Department of Health data from March 23.

- Minnesota community groups are helping [elderly, low-income Asian Americans get vaccine access](#). Nonprofits across the country are reaching out through ethnic media, recruiting bilingual nurses and volunteers, translating materials and coordinating vaccination drives.

Supply Chain

- The start of the COVID-19 mass vaccination clinic at the Summit County Fairgrounds in Ohio has been pushed back to early April because of [vaccine delivery delays](#).

Vaccination Centers & Administration

- In Wisconsin, appointments are rapidly being booked for the [Wisconsin Center CVC](#), where the Milwaukee Health Department is working with FEMA to vaccinate 2,500 people per day. Milwaukee's mayor said there have been more than 50,000 vaccinations given out there.
 - o The public is sharing positive comments about their vaccination experiences. ([example 1](#), [example 2](#), [example 3](#))
- Dearborn, Michigan announced that anyone in seven communities, age 18 and older with medical conditions, [can make an appointment](#) for a COVID-19 vaccine, March 25-31 at the Dearborn Consolidated Vaccination Center.
- The Wisconsin Winnebago County Health Department has [launched a new website](#) with the hopes of connecting as many people with the COVID-19 vaccine as possible throughout Winnebago County.

Public Health

- The Indiana governor said the state [will have vaccinated](#) its 1,000,000th person as of March 24, which is 19% of residents who are eligible.
 - o As the state's vaccine rollout continues, local health officials share that [the best vaccine to get](#) is the one that's available.
- Illinois is reportedly in the [top 25 states for getting vaccines](#) received from the federal government supply into people's arms on a per capita analysis.
- Ohio recently passed legislation that will give the state House and Senate the last word on [state health orders or emergencies](#), which will allow mask mandates, stay-at-home orders, or anything restricting businesses and large events to be overturned by a majority vote in both chambers in 90 days.
 - o Some lawmakers are concerned over public safety due to mixed messaging between the governor and the legislators overriding his veto.
- Michigan's governor again vetoed a bill that [would have required](#) legislative approval to extend Michigan's COVID-19 restrictions, as cases and hospitalizations continued to rise. The governor vetoed a nearly identical measure in December.
- The Michigan Health & Hospital Association says the number of patients with [confirmed cases of COVID-19 occupying Michigan hospital beds has doubled](#) in less than three weeks, with the biggest spikes coming among unvaccinated adults under age 50.

- o Since March 1, hospitalizations among adults ages 40-49 have skyrocketed by 800%, while hospital admissions for confirmed cases of COVID-19 among adults ages 30-39 have spiked by 633% through Tuesday.
- Michigan now has the [second highest COVID-19 case rate](#) per capita in the U.S., according to CDC data from March 24.
 - o Some public comments suggest that the rise in case numbers is [tied to recent relaxing](#) of some COVID-19 restrictions. Some [blame those who lobbied for relaxing of restrictions](#) to contributing to the latest outbreak.

Community Mitigation

- Indianapolis, Indiana [will retain its mask mandate and capacity restrictions](#) for now despite of the governor's call to relax state restrictions on April 6. The mayor's decision comes ahead of the state expecting out-of-towners over the next two weeks for March Madness.
 - o There is a significant amount of support in comments for the mayor's decision. ([example 1](#), [example 2](#), [example 3](#))

REGION SIX

Equitable Access

- In Arkansas, mass vaccination clinics [aimed at vaccinating minority communities](#) are taking place in Central Arkansas (Little Rock and Jacksonville).
 - o The president of the Jacksonville NAACP, stated to media that people want the vaccine in the Black community, but that the problem is having access to it.
 - o The clinics are being set up in community churches and they will be administering 1,000 Johnson & Johnson doses.
- In Texas, some homebound seniors have been [unsuccessful in contacting the "Save our Seniors" initiative](#) to find a vaccine. The local news report highlighted one senior's case where he doesn't know how to use a computer, or how to call local or state officials to register for an appointment with the "Save our Seniors" program.
- In Louisiana, due to an insufficient amount of vaccines available to them, Tulane University is advising students to pre-register for [vaccine appointments with other providers](#) outside off their university.
- Local Louisiana church joins effort to expand vaccine [distribution to underserved communities](#).

Supply Chain

- In Arkansas, the latest vaccine eligibility expansion makes nearly 1 million state residents eligible, but vaccine supplies are [not available for everyone yet](#) according to state's Department of Health, which informed that it will be getting additional supply each week and will work to make it available as quickly as possible.
 - o The Arkansas Department of Health also has a website with all available vaccination sites in the state.

Vaccination Centers & Administration

- In Arkansas, a local pharmacist reported to media that the 1C phase has been affected by a [slow turnout rate of eligible residents](#) compared to the previous phases.
 - o The governor also made comments on the low demand for vaccines happening in the state, and another healthcare provider in Central Arkansas made note of the situation as well.
 - o The local pharmacy in the report has gone from doing 1,500 vaccines weekly to half of that, with only 25% of their slots filled at times.
- Cities in Texas are opening up pre-registrations for residents to sign up for a turn for their COVID-19 vaccine.
 - o [Waco](#) is encouraging residents to sign up on their vaccine portal.
 - o The San Antonio, Texas Metropolitan Health Center will make [30,000 first-dose Pfizer vaccine appointments available](#) starting today at 2000 EDT. Residents can register for an appointment on the Metro Health vaccine registration site, or through the 311 COVID-19 Hotline.
 - o In Harlingen, Texas, the National Guard will partner with the city to [run a drive through clinic this weekend](#) for people aged 50 and older and anyone above 118 with chronic health conditions.
 - o [City of Lancaster](#) is also encouraging residents to pre-register through the state's vaccine portal.
- In Louisiana, local media keeps announcing that [vaccine eligibility will include all people](#) above 16 years of age (depending on the vaccine) as of March 29.
- As Texas prepares to open up eligibility to all adult residents, people think it may be more difficult to get a vaccination appointment. Some “vaccine hunters” who have assisted others to get registered [are offering tips on how to get an appointment](#). Additional communication support may be needed to help manage expectations that registration may be delayed as more people access the system.

Public Health

- New Mexico is [reassessing its reopening criteria](#) for different areas. However, health experts are also evaluating if it would also be necessary to change how the state responds to positivity rates and new COVID-19 case counts.
 - o With less people showing symptoms and being tested, the state is concerned that the positivity rate may not be the most accurate way to determine how prevalent the virus is in a community. The state now plans to move away from the testing metric in two to six weeks and focus more on disease activity now that vaccines are available.

REGION SEVEN

Equitable Access

- In Iowa, multiple mobile vaccination clinics are getting people registered for vaccine appointments and increasing access to vaccines.
 - o In Des Moines, the pastor of Corinthian Baptist Church wants to bring a mobile vaccine effort in the community to those who may want to get it

out of their homes. Additionally, [a coalition of Central Iowa medical providers](#), religious entities and nonprofit organizations are working to inform minorities about the vaccine and establish large-scale clinics in the communities.

- Polk County is using its [VaxiTaxi to deliver](#) vaccines to homebound residents.
- In Missouri, the state announced a new effort to [provide transportation to vaccination sites](#) across the state. Most providers are offering rides for free, and others are at a reduced cost.
- In Nebraska, the Douglas County Health Department and other stakeholders are making efforts to reach [underserved parts of Omaha](#) by hosting smaller vaccine clinics. The goal of the endeavor is to remove inequity and reach a broader population.
- In Nebraska, the Elkhorn Logan Valley Health Department is [encouraging residents](#) to find trusted sources on COVID-19 in an effort to more residents vaccinated.

Vaccination Centers & Administration

- In Nebraska, Two Rivers Public Health Department and Public Health Solutions is providing [vaccinations to all adults](#) for residents in their rural counties starting today.

Public Health

- In Kansas, the [family of a woman](#) who recently died, posted in her online obituary that she died after a reaction to the COVID-19. She received her shot March 23 and went to the hospital once she started experiencing an allergic reaction, where she died unexpectedly on March 24.
- A local Missouri outlet is sharing stories of people who found new interests during the pandemic on their [Sense of Community Series](#) to help people coping with pandemic stress.
 - A behavioral health consultant and outpatient therapist for Burrell Behavioral Health in Springfield shared about her hobby of cultivating and swapping houseplants during the pandemic and how the COVID-19 shutdown impacted her professionally and personally.

Community Mitigation

- Missouri Western State University and Northwest Missouri State University will be [keeping their mask mandates](#) in place although St. Joseph and Maryville City Council lifted their city-wide mask mandates.
- The University of Nebraska announced its plan for 50% capacity at the [spring football game](#) on May 1 at Memorial Stadium. Every other row and every other seat in those rows will be used, and masks are required.
- In Missouri, the Westport Flea Market is [offering free food](#) starting today to encourage people to get vaccinated. Individuals must show their vaccination card to get a buy-one-get-one free burger deal.

REGION EIGHT

Equitable Access

- A South Dakota community group in Sioux Falls [creates flyers with multilingual vaccine information](#) for residents in an effort to reach immigrants, refugees, and Muslim communities.

Supply Chain

- A Utah news report investigates [wasted vaccine doses in Utah](#):
 - o They uncovered the following: 171 open vials but not all doses administered, 132 broken vials or syringes, 140 vaccines drawn into syringes but not administered, two vaccines were lost, and 51 vaccines were wasted for unknown reasons.
- Laramie County, Wyoming expects [13,000 vaccine doses in April](#), which will double their current weekly shipments. Health officials say that may allow them to open up eligibility for the general population within two to three weeks.

Vaccination Centers & Administration

- Colorado news media report on the opening of The Ranch Community Vaccination Site in Loveland ([example 1](#), [example 2](#), [example 3](#)). The site is being run in partnership with the State of Colorado, Larimer County, and FEMA.
 - o Positive sentiments are being expressed for both [the vaccination site](#) as well as the [FEMA vaccination outreach](#) effort.
- In other Colorado vaccination news,
 - o A mass vaccination event is planned March 27 at [Central High School in Grand Junction](#).
 - o Appointments are still available for the upcoming [El Paso County Public Health South location vaccination clinic](#).
 - o In April, The Larimer County Health Department plans to open a [vaccination site at Conrad Ball Middle School in Loveland](#) for residents in the southern part of the county.
- Montana counties [are preparing to administer vaccines to Phase 2](#), which includes residents 16 and older.
 - o [Missoula](#) will open new vaccine eligibility on Sunday.
 - o [Lewis and Clark County](#) will open registration to Phase 2 on April 2.
 - o A large vaccination site at the [Butte Civic Center this week administered 2,200 second-dose vaccines](#) on Tuesday, with more vaccinated on Wednesday and more planned on April 5 and 7.
- In Montana, officials are [assessing how to get people who are in the initial](#) age categories vaccinated as the state continues to open additional categories. Many counties are changing their plans to adjust to supply-and-demand.
- [North Dakota will move to Phase 2 on March 29](#), opening vaccinations to all residents 16 and older.
 - o Clay County Public Health shared [concerns about lagging behind](#) the state in vaccinations.

- o The [Upper Missouri District Health Unit](#) has opened COVID-19 vaccinations to anyone 18 or older.
- o Essentia Health [opened vaccine registrations](#) to all residents who meet state's eligibility.
- In South Dakota, 500 vaccine doses will be available to [Sioux Falls Smithfield Foods plant workers](#) on March 26.
- In Utah, Salt Lake County officials [advise residents against "vaccine shopping"](#) to get a [specific vaccine brand](#). Additionally, they announced that there are [17,000 open vaccination slots](#) through the end of April that have yet to be claimed.
- In Utah, Salt Lake County's health department announced that [17,000 vaccination appointments are still available](#) through the end of April. The agency has more than 30,000 people registered already.
- Salt Lake County, Utah [teenagers are excited to get vaccinated](#).
- In Wyoming, [Lincoln County Public Health](#) opened Moderna vaccine registration to residents 18 and older.

REGION NINE

Equitable Access

- Kaiser Permanente vaccinated more than [100 mostly Native Hawaiian and Pacific Islander seniors](#) in a community pop-up vaccination clinic on March 24. This was the 8th Kaiser Permanente event that partnered with community centers, Native Hawaiian and Pacific Island non-profits and the Hawaii Housing Authority.

Supply Chain

- Santa Clara County, California will [retain control over allocated doses](#) after the state turned to Blue Shield's management of the distribution system. The county says keeping control over vaccines means that county residents will not have to deal with the state's administrative barriers.
- In California, Santa Barbara County Public Health Department will offer COVID-19 vaccine appointments a week at a time at locations with vulnerable populations across the county, starting March 28, because they are participating in the Health Center COVID-19 Vaccine Program, a partnership between the Health Resources & Services Administration (HRSA) and the CDC, which began [increasing COVID-19 vaccine supplies](#) at select HRSA-funded health centers.

Vaccination Centers & Administration

- In Arizona, Pima County Board of Supervisors passed a resolution on March 24 that would ask the [governor to reconsider](#) his decision turning down federal vaccination help. If he refuses, the county will attempt to circumvent the governor and ask federal officials to provide the vaccinations as part of a federally run site.
 - o The governor responded on March 24 he would [reconsider federal help](#) and would rather the vaccines would be sent to the state for distribution.
 - o A [group protested](#) the governor's decision for about an hour while he was visiting a Tucson vaccine clinic on March 24.

- Pima County, Arizona residents who work in essential jobs or have [high-risk medical conditions](#) are now eligible for COVID-19 vaccinations at county-run sites, officials announced on March 24. Sign-ups will begin this morning.
- In Hawaii, Queen's Health Systems opened a second [mass vaccination clinic](#) to increase access to those living in the west and central areas of Oahu on March 24, to operate six days a week. There are no appointments available this week or next week after 2,300 appointments have already been booked.
 - o Also in the western part of Oahu, Kaiser Permanente will start a [vaccine clinic](#) inside a Kapolei Consolidated Theatres.
- In California, the Redding Rancheria Tribal Health Center is now offering a mobile COVID-19 vaccination unit focusing on [restaurant employees](#) in Shasta County with the mobile unit traveling to their location for distribution.
- California's Treasure Island will open a [new low-barrier vaccination clinic](#) for three weekends. Residents have had the least access to vaccines in the city for months with no active health clinic in the area.

Public Health

- Riverside County, California continued an overall downward trend on March 24. There [were 25% fewer hospitalizations](#) than reported last week.
- University of California San Diego launched a [clinical trial with mushrooms](#) to treat COVID-19 in its early stages. Researchers are now recruiting 132 volunteers recently diagnosed with COVID-19 for the double-blind, controlled virtual study.

Community Mitigation

- Hawaii state officials are working on a [travel passport](#) that would allow fully vaccinated travelers to bypass testing and quarantine. The lieutenant governor hopes to roll-out Hawaii's travel passport program by mid-May.
 - o Some officials say the authentication process is causing problems. The federal Vaccine Administration Management System is inconsistent and not every state is using it. Artificial intelligence cannot read vaccination cards if they are uploaded to the system because the cards are all handwritten.
- In Hawaii, Kauai is [discontinuing its Shelter in Place](#) camping permit program starting on March 31. The county's temporary Shelter in Place program, established at the start of the pandemic, closed recreational camping to avoid large gatherings and wide community spread of COVID-19, but identified five areas where houseless individuals could shelter in place. Recreational camping with county permits will be allowed starting April 30.
 - o Officials will continue to coordinate homeless outreach events across the island, in addition to the daily outreach efforts of various non-profit organizations, to help connect individuals with available assistance and on-island resources.
- In California, one of Santa Maria's largest senior living centers, Merrill Gardens, is [reopening to visitation](#) during the pandemic with health protocols. One visitor is allowed per resident for a limited time period of time.

- In California, school districts are planning their re-openings after the CDC's new guidelines.
 - o The Castaic Union School District administrators announced on March 24 their plans to have [full-day, in-person instruction](#) for students and teachers by April 19.
 - o The William S. Hart Union High School District is scheduled to begin its new learning model with the first wave of students coming in on March 29 and the second wave arriving April 1.
 - o The Saugus Union School District sent a letter to parents on March 24 that said their governing board will give their superintendent the authority to implement the new social distancing guidance for the classroom.
- San Francisco Giants released ["FanSafe" protocol](#) to make sure the return to Oracle Park is safe. The plan includes specialized training for the stadium staff and electrostatic sprayers to disinfect areas where multiple people would gather. Refreshments and merchandise can be ordered through an app and delivered to your seat. Fan zones will prevent cross-traffic between fans. Face coverings and social distancing will be enforced.

REGION TEN

Supply Chain

- The Washington State Department of Health said it is [scheduled to receive 408,730 doses](#) of the COVID-19 vaccine next week, more than 12% increase from the previous week. It is however still 80,960 doses shy of what the state requested.

Vaccination Centers & Administration

- Due to a mistake by the Oregon Health Authority, roughly 11,000 Oregon residents ineligible for COVID-19 vaccines until April 19 were [mistakenly granted appointments](#) ahead of schedule. A spokesperson for the Oregon Health Authority said the Center will honor appointments already made. Some elderly residents trying to find their first appointment are angry about the alleged mistake.
- After Oregon expanded eligibility to [agricultural workers](#), county health officials immediately began setting up a four-day mass vaccination clinic offering 1,200 vaccines specifically for farm and food processing workers.
 - o They are reaching out to agricultural and food processing facilities, hoping to bring vaccines to people who are both hard to connect with and often can't take time off work.
- Washington state officials confirmed on March 24, [all residents 16 and older will be eligible](#) to receive a COVID-19 vaccine starting on May 1.
- In Idaho, the governor announced on March 24, any resident with at least [one medical condition](#) will be able to access the COVID-19 vaccine starting March 29, and [all residents 16 and older will be eligible](#) for the COVID-19 vaccine by April 5, three weeks earlier than planned.
- In eastern Washington, [appointments slowed down](#) this week at the mass vaccination centers in Kennewick and Walla Walla, which offers at least 800 appointments every

day. The public information officer is reminding residents to check their eligibility and get the vaccine now before the site gets busy again.

- In Washington, the Benton County Fairgrounds mass vaccination center [surpassed 40,000 COVID-19 vaccinations](#) on March 24.

Public Health

- In Seattle, Washington, the King County Correctional Facility announced on March 24 that 46 people in custody and 7 employees reported to have [tested positive for COVID-19](#). The facility will undergo an enhanced cleaning and everyone in custody will be provided masks starting this week.
 - o Most individuals in detention are not eligible for vaccination until the end of the month.

Brindisi Chan

Public Affairs Specialist | Communications Division | Office of External Affairs

Mobile: [Ex 6 - \(5 U.S.C.\)](#)

[Ex 6 - \(5 U.S.C. Sec 552\(b\)\(6\)\)](#)

Federal Emergency Management Agency

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FEMA

COVID-19

FEMA & EPA

INTERAGENCY SOCIAL LISTENING REPORT

THURSDAY, MARCH 25, 2021

SUMMARY

- The discussion over the choice to get vaccinated has spiked today as people debate between personal choice and greater good of herd immunity. The conversations are driven by reports of incentives for the vaccinated and unvaccinated, and some schools and companies considering mandatory vaccinations. Trust of the product and the government continues to be a factor for those who don't want to be vaccinated.
- Many officials are concerned over increases in COVID-19 positivity rates, due to the spread of variants. Some are worried the vaccines will not be effective against the more contagious viruses.
- Reports from individuals receiving shots at federally supported CVCs has continued to be positive. Demand for CVCs is growing as more states make requests for their residents, and some states ask to extend the centers past the original timeline.
- Traditional media have concentrated on the new White House goal of administering 200 million vaccines in the first 100 days of President Biden's administration. There has also been frequent coverage of new studies presenting actions that could have limited COVID-related fatalities. While state and local government efforts to improve equitable vaccine distribution remains a prevalent theme, variant spread discussion has slightly decreased in volume.
- Federal response media coverage has highlighted how the White House plans to invest American Rescue Plan funds, a congressional hearing on removing COVID-19-related misinformation from social media, and the FEMA administrator nominee's input on how to increase vaccinations in vulnerable communities.
- This morning's newspaper front-page headlines focus on optimism around planned vaccine shipments, mixed reports of variant spread and infection rates, expanding eligibility, and growing concern about states ending mask mandates too early.

PUBLIC PERCEPTION/SENTIMENT

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- There is a growing divide over people who are for or against COVID-19 vaccinations as companies [begin to offer incentives](#) for those who have gotten vaccinated. At a much smaller level, some businesses are offering incentives for those who don't get vaccinated. ([example 1](#), [example 2](#), [example 3](#))
 - There is an increase of conversation over vaccination mandates as some schools and companies consider it as a safety measure. People are debating between the freedom over their body versus community safety. ([example 1](#), [example 2](#), [example 3](#))
 - Some feel that the [long-term side effects](#) of vaccines are still questionable, and that there remains much unknown about vaccines.
- As many people patiently wait for eligibility to expand to their age group some are growing increasingly frustrated over individuals who are reportedly [jumping the line](#).
 - There is concern that this will further delay access to people further down the line and could prevent vulnerable populations from getting vaccines in areas with low supply.
 - A smaller number of people feel the eligibility system is part of the issue. They feel that so long as people are getting vaccinated the order should not matter.
- There is some ongoing confusion about how the vaccines work. Many people are using social media to respond to misconceptions and clarify that the vaccines are [meant to prevent severe infections](#) and hospitalizations.
 - People are increasingly questioning whether the vaccines will [protect against new variants](#).
- Heavy debate continues over the effectiveness of the AstraZeneca vaccine after the pharmaceutical company updated its effectiveness data. This continues to cause confusion and distrust in the vaccine. ([example 1](#), [example 2](#), [example 3](#))

FEMA

Overall Discussion

- During today's [confirmation hearing with FEMA administrator nominee](#), Deanne Criswell stated she is committed to understanding state and local government requirements to effectively distribute vaccine doses and establish additional CVCs. She additionally suggested that mobilizing trusted messengers would critically reduce vaccine hesitancy.
 - She also agreed with lawmakers' that using CDC's Social Vulnerability Index and engaging with state and local governments is the most effective way to determine where federally supported CVCs can be established.

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- She committed to coordinating more closely with HHS in managing and distributing Strategic National Stockpile assets more efficiently in the near-term as well as ahead of any future pandemics.
- The senate majority leader announced today [FEMA granted \\$200 million for New York Hospitals, public housing and more.](#)

Community Vaccination Centers

- A reporter for a national news outlet has been soliciting testimonials from people who have been vaccinated at federal pilot sites. Response has been [overwhelmingly positive](#) with individuals across the country sharing about their experiences. People have said the sites they have visited have been impressively managed and filled with friendly people.
- In Washington, D.C., local media report confusion, after local officials said [FEMA did not deem the city eligible for additional vaccine doses](#) through a federal pilot program that would stand-up large vaccination centers. Some people are upset the District will not receive more vaccines. ([example 1](#), [example 2](#), [example 3](#))
- In Texas, the Harris County judge and the mayor of Houston, wrote a letter to FEMA to request the agency to [keep the NRG vaccination center open](#) through at least May 31.
 - People in the area generally support the judge's request to keep the CVC open, while some allege there have been many no-show appointments lately.
- There is interest in keeping the Oakland Coliseum site [open longer than expected](#) if Alameda County is able to take over operations.
 - The state and county are attempting to determine whether it would continue to receive the doses from the federal government, or if the county would have to rely on the allotment it already receives.

Funeral Reimbursement

- Reaction to funeral reimbursement news has been mixed. Many feel the responsibility should fall on the families and question where the funding will come from. Some are grateful for the assistance. ([example 1](#), [example 2](#))
- Local officials are sharing information on how survivors can apply for FEMA's Funeral Reimbursement Program. ([example 1](#), [example 2](#))
 - In Puerto Rico, local media highlighted that one person may be able to apply for assistance for the death of [multiple loved ones](#).

RUMORS/MISINFORMATION

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- One national outlet released analysis that found [bad actors online have amplified news](#) stories linking vaccination to death. This content has been some of the most highly engaged content on social media platforms, contributing to vaccine hesitancy.
- This afternoon, [Facebook, Twitter, and Google executives](#) testified before the U.S. House Energy and Commerce Subcommittee on efforts to combat online misinformation and disinformation. Lawmakers questions focused on how to remove, censor, or identify false information to discourage vaccination.
 - Executives commented they have either removed disinformation videos that misinform the public about vaccine safety or would review social media accounts that have allegedly spread false information about the pandemic.
 - Facebook's CEO recommended that social media platforms provide transparency reports on the prevalence of harmful content but did not specifically mention COVID-19 misinformation.
 - One congressman called for the companies to invest more in flagging misinformation in Spanish, some of which has promoted a narrative that vaccines contain a tracking chip, leading to hesitancy in the Latinx community.

NATIONWIDE/GLOBAL

White House/Congressional

- Ahead of today's [White House press conference](#), traditional media reported on White House plans to announce a new goal of administering [200 million vaccines](#) within the administration's first 100 days.
- The White House announced plans to direct \$10 billion from the American Rescue Plan to support 1,400 community health centers, increase testing and vaccinations, and finance education outreach programs for low-income, rural and minority communities. ([example 1](#), [example 2](#))
 - One U.S. senator from New York praised the White House's decision to allocate \$3 billion toward education efforts as part of this package, suggesting greater awareness will increase likelihood of participation
- The White House also reportedly plans to invest \$100 million from the American Rescue Plan to [bolster the Medical Reserve Corps](#) beyond the estimated 200,000 doctors, nurses and medical support teams currently supporting.
 - One state emergency preparedness director praised the investment as a "godsend" that would allow special coordinators to activate reserve corps members efficiently.

Public Health

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- New research suggests the U.S. could have limited fatalities to under 300,000 if the country adopted widespread mask, social distancing, and testing protocols early in the pandemic while also prioritizing economic aid to those in most need. One University of California economics professor estimated the final fatality level could reach 670,000 as the pandemic gradually subsides. ([example 1](#), [example 2](#))
- Researchers in Mexico have made a [nose-only COVID-19 mask](#), which they say reduces the risk of infection of COVID-19 during eating and talking. A large number of online commenters think it is ridiculous and that they would [rather eat at home](#).

Private Sector

- AstraZeneca has shared after revising updated trial data of 32,000 patients, its vaccine [efficacy in disease prevention stands at 76%](#). The company also reported 85% efficacy among patients 65 years and older as well as 100% effective at preventing severe cases.
- For the first time in the pandemic era, weekly [jobless claims fell below 700,000](#). Experts feel this progress is a positive sign amid an aggressive stimulus campaign and vaccination program.
- Security researchers at cybersecurity firm Check Point Software said advertisements for [vaccines on the dark web are up 300%](#) in the past three months. Counterfeit vaccine cards and what are being billed as COVID-19 vaccines are now for sale on the dark web, according to a report released on March 23.
- There has been increased national coverage regarding [vaccine passports](#). The media reports that many businesses are beginning to feel vaccine passports are necessary to help businesses, particularly the travel industry, bounce back.
 - Critics note the lack of standards for such a product are a barrier to implementation.
- Some airline companies are [ending some of the service changes](#) made early in the pandemic. Many will resume serving snacks and drinks to passengers onboard.
 - Southwest Airlines is boarding passengers in lots of 30 from restricted boarding of 10 passengers during the height of the pandemic.
 - Delta Air Lines is the last airline to block middle seats in seating charts to create more distance between passengers. It is extended through April 30.

REGION ONE

Equitable Access

- Massachusetts governor announced this morning next week's delivery of 40,000 Johnson & Johnson vaccine doses will be approximately [five times bigger](#) than this

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week's 7,900 dose delivery. This shipment will make it possible for state officials to launch a program for vaccinating homebound residents, to start on March 29.

- In Vermont, residents in Essex County are [pushing back against assumptions](#) that they are not getting the vaccine because they hold certain political beliefs or are uneducated. Instead, a resident says that the county has zero pharmacies or hospitals, so easy access to the vaccine is not available to them.

Vaccination Centers & Administration

- Vermont's Department of Health had a [technical issue](#) this morning which may have left some people with testing appointments instead of vaccine appointments. They are reaching out to all those impacted but encourage people to log in to their account and make sure they have the right kind of appointment.
- The Massachusetts governor says he does not support [mandates requiring public employees](#) who deal with people daily (e.g., police, corrections officers) to get the vaccine, despite calls for it from many advocates. Instead, he's focusing on encouraging them to get vaccinated.
- In central Maine, administrators for the [Auburn Mall mass site](#) do not currently plan to offer pre-registration. They currently offer appointments when they receive vaccine from the state, and they worry that a preregistration system would waste time as people register with multiple systems, and then when it's their turn, they cannot be reached or have already gotten their vaccine elsewhere, resulting in wasted time and staff efforts.
 - Although the state [launched its own pre-registration system](#) this week, it is still in development and is not state wide.

Public Health

- Massachusetts health experts are [concerned about variants spreading](#) in the state. The state has 441 confirmed cases of the U.K. variant, nine confirmed cases of the South African variant, and four confirmed cases of the Brazilian variant, according to CDC data.
- Yarmouth, Massachusetts health officials believe the rapid rise in COVID-19 cases is [not just a spike](#), but the beginning of a new wave of infections with the more contagious U.K. variant in being a factor.
 - The state Department of Public Health is working to genetically sequence samples taken from people in Barnstable County to determine whether this variant is spreading locally.
 - At requests from local leaders, state public health officials opened an emergency testing site over the weekend in Hyannis, with results of 215 people tested equaling a positivity rate of 18%.

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- The Dennis-Yarmouth Regional School District is ramping up testing in response to the surge, as more cases of COVID-19 among students and staff than at any other point during the pandemic have been reported.
- According to a Yale University publication, students are unhappy with the school's mental health services and note that the pandemic has [exacerbated mental health challenges](#) for many.

Community Mitigation

- The "Keep Maine Safe, Keep Maine Open" campaign to [keep wearing masks](#) was launched by a coalition of business leaders, health workers, and other state leaders to help local businesses stay open and keep Maine's communities safe.
- Maine parents are concerned that in-person learning will be [tied to having the vaccine](#) eventually, based on recent comments by the state Department of Health and Human Services Commissioner.
 - Some parents say the vaccine, which isn't even available to children yet, is not FDA approved and therefore cannot be mandated and it is a form of discrimination. They would rather continue remote learning than subject their children to the vaccine.
- In Maine, Beacon For Sovereignty, a group known for opposing COVID-19 public health mandates, sent out a [resolution against mask mandates](#) which asks the state government to cease all violations of the Constitution and the Americans with Disabilities Act, regarding several Maine towns. South Paris, Steuben and Piscataquis County have signed the resolution, according to the group.
- In Connecticut, officials are beginning to discuss "[vaccine passports](#)" and other measures that would allow vaccinated people access to certain spaces, or separate those who are unvaccinated.
 - The governor said that vaccine passports may be considered once everyone in the state has a chance to get a vaccine.
- In Connecticut, Hartford-based Community Renewal Team is requiring its 400 employees to get the COVID-19 vaccine, due to the nature of its work connecting employees with some of the most vulnerable people on a daily basis.
 - Happening during an uptick in the daily COVID-19 positivity rate, it could be the [first vaccine mandate](#) in Connecticut.
- At the Connecticut Foxwoods' Grand Theater, Dave Chappelle's shows will require audience members to get [rapid COVID-19 tests before entry](#).
 - The venue said any individual who tests positive or is accompanied by someone who tests positive will not be allowed in but can get a full refund.

REGION TWO

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Equitable Access

- In New Jersey, [data from the state's Department of Health](#) showed that out of the 3.6 million doses administered so far as of today, 59% of people who've received the vaccine are white, 7% are Hispanic/Latinx, 7% are Asian, and 5% are Black.
- In New Jersey, [kidney patients](#) have been vaccine-eligible since January, but some struggle to find vaccines near them as the state cannot give vaccines to kidney clinics due to not having enough shots to go around.
- In New Jersey, Union County is launching pop-up clinics to [vaccinate people experiencing homelessness](#). In addition to providing transportation, if needed, they will be distributing after-care kits to everyone vaccinated.

Supply Chain

- New Jersey will receive its [biggest amount of COVID-19 vaccines](#) yet next week.

Vaccination Centers & Administration

- In New Jersey's Camden County, [no-shows are creating challenges](#) at vaccination centers. The county is encouraging individuals to cancel their appointments if they're no longer needed. Part of the issue has arisen with the [proliferation of vaccine](#) options; many previously-scheduled appointments are no longer needed.
- Puerto Rico will host a [mass vaccination event](#) at the Miramar Convention Center, where they expect to inoculate 10,000 individuals within a day.
- In New Jersey, [additional front-line essential workers](#), including restaurant and grocery store employees, will be eligible to get the vaccine starting March 29.
- In Puerto Rico, [the region of Ponce](#) (15 municipalities) has administered at least one dose to 81,036 people as of today.
 - While the municipality with the largest population, Ponce, has 25,983 people vaccinated as of today, the town of Guánica only counts with 1,625 people vaccinated so far.
- New York City, New York is [creating a vaccine site for theater workers](#) with a mobile site off-Broadway.

Community Mitigation

- A New Jersey gym owner is [offering memberships](#) to those who do not get vaccinated in response to Krispy Kreme offering donuts to individuals who do get their shots. While he isn't against the vaccine, he shares that he believes in maintaining health through exercise, a good diet and an environment to destress.
- In New Jersey, [Rutgers University](#) announced that it will require COVID-19 vaccines for all on-campus students enrolled for the 2021 fall semester.

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REGION THREE

Equitable Access

- In Washington, D.C., city council members and community advocates have argued that [lowering age eligibility and prioritizing ZIP codes](#) unintentionally backfired by allowing wealthy residents to access registration systems more quickly than those with limited resources, such as Wards 7 and 8. City lawmakers tie inequitable access disparities to historical lack of investment in low-income communities' health care.
- Pennsylvania ordered COVID-19 vaccine providers to work closely with local organizations to [help seniors and other people at high risk](#) get appointments.
- In Washington, D.C., a Google [Translate](#) widget was added to the districts vaccination website. Information explaining the pre-registration process in English, Spanish, Amharic, French, Korean, Vietnamese, and Chinese (simplified) has been made available.

Vaccination Centers & Administration

- The Central Virginia Health District entered [Phase 1C of COVID-19 vaccinations](#) today. Now more essential workers and those at higher risk become eligible for the vaccine.
- In Pennsylvania, the Allegheny County Health Department announced on March 24 it is now accepting and vaccinating residents who fall under the state's Phase 1A criteria.
 - The health department will launch a [new registration system](#) next week that will allow people to pre-register for appointments. Residents will then be notified when they are eligible to get the vaccine and at which Allegheny County Health Department clinic. This will help prevent people from signing up for appointments for which they are not eligible.
- In Maryland, starting March 30, the Worcester County Health Department is [expanding COVID-19 vaccination coverage](#) to include those age 18 and older with underlying medical conditions that increase the risk for severe COVID-19 illness.
- [Western Maryland's first mass COVID-19 vaccination site](#) has opened at the Hagerstown Premium Outlets.
- The community vaccination site in York County, Pennsylvania opens today. Officials expect roughly [5,800 COVID-19 vaccine doses to be administered](#) over the next seven days.
- In Washington, D.C. the mayor and DC Health announced on March 24 that 3,510 doses of the [vaccine will be available at three CVS pharmacy](#) locations in the District soon. The pharmacies will focus on vaccinating teachers and school staff, childcare workers, health care workers, and residents aged 65 and older. A CVS spokesperson said they hope to start vaccinating within the next week.

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Public Health

- Maryland is reportedly seeing a [rise in COVID-19 cases](#) with more than one thousand new infections reported on March 24. Maryland is one of at least 19 states seeing a larger increase.

Community Mitigation

- In West Virginia, the governor announced on March 24 that after a campaign to vaccinate all teachers and school personnel who wanted to be vaccinated, all [high schools will remain open full-time](#) unless an outbreak occurs.
 - There is a debate regarding in-person versus virtual school. Some people are concerned about growing variants, others worry it is too soon for students to return.
- Maryland is hosting a [vaccine hesitancy webinar](#) on March 30 from 1700 EDT-1800 EDT.
- In West Virginia, the state is launching a COVID-19 vaccination [campaign](#) which will turn to young people to stem transmission rates after giving shots to most senior citizens.

REGION FOUR

Equitable Access

- Alabama residents who have disabilities are eligible for the vaccine as of March 22, but are reportedly still experiencing issues with getting a shot. Those who are homebound and cannot travel do not have access to vaccine locations.
 - The [Alabama Disabilities Advocacy Program](#) (ADAP) said there isn't currently a viable strategy to deliver vaccines to homebound individuals. Disability advocates feel that transportation programs will help. People who are struggling to get the vaccine or know someone who is are being encouraged to reach out to ADAP.
- In South Carolina, Tidelands Health in Myrtle Beach, extended its vaccination appointment times into [the later evening hours](#) to ensure that people who have to go to work have access to the vaccine.
- Across North Carolina, vaccine providers are trying to find the most efficient ways to get vaccines to [people with disabilities and/or who are homebound](#).
 - Many providers have been waiting for access to the Johnson & Johnson vaccines, so they only have to visit homes once.
 - Others have been visiting homes and rural areas with the Moderna vaccine because the temperature needed is less than the Pfizer vaccine.
- Wake County, North Carolina is working on a program to [get homebound people vaccinated](#) as more vaccines become available by potentially teaming up with Meals on Wheels to get vaccines to people.

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- Wake Forest Baptist House Call Program has started providing vaccines to their homebound patients and caregivers.
- In North Carolina, New Hanover County Health in Wilmington said residents, specifically long-term care facilities staff and residents, are [unable to get second doses of the vaccine at Walgreens](#) because they were told the program is ending. Walgreens will honor the second doses for those people who already received a first dose at a Walgreens location.
- In Georgia, Atlanta's subway transit system MARTA will provide [free and direct transportation for vaccine patients](#), going from the College Park station to the vaccination site at the Delta Flight Museum in a partnership with Delta Air Lines.
- In Florida, Miami-Dade teachers union has [secured 1,000 free two-way rides from Uber](#) for any members interested in getting the vaccines, part of a 10 million free rides campaign from the company.

Vaccination Centers & Administration

- Multiple sites are closing early due to potential severe weather.
 - In Tennessee, the [Hamilton County Health Department](#) has cancelled March 25 COVID-19 vaccination appointments from 1030-1330 EDT. Appointments have been rescheduled for March 31 at the same time and location.
 - In Alabama, the CVC at the John Hunt Park is [closing at 1300](#) EDT today.
 - In Tuscaloosa, Alabama, the DCH Health System are [cancelling appointments](#) for today and rescheduling for the weekend.
- The South Carolina Department of Health and Environmental Control is concerned people are [skipping the second dose of the vaccine](#), which would leave them and the state without full protection against the pandemic.
 - Tideland Health in Myrtle Beach said it was having difficulty getting 2,600 people their second dose.
- In Tennessee, local media reports that [Ballad Health](#) began providing COVID-19 vaccinations at CVCs to anyone 16 and up starting March 24. Additional CVCs will open on March 27 in Kingsport and Elizabethton, Tennessee and Norton and Abington, Virginia.
 - A [one-day vaccine clinic](#) will take place in Greenville, Tennessee on March 27.
- In Florida, local media reports that the CVCs will return to Florida City and Sweetwater for [second-dose shots](#) on April 14.
- In North Carolina, Randolph, Rockingham, and Davidson counties are offering appointments to adults [ages 16 and older](#) as vaccine allotments have increased in these areas.
- In Florida, Nassau County Emergency Management is [taking first-dose appointments](#) on April 6-16 for all adults who want a vaccine.

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- More counties in Tennessee are opening access to all adults age 16 and older ahead of the state which plans to expand eligibility to everyone on April 5. ([example 1](#), [example 2](#), [example 3](#))
- The governor of Florida announced today that beginning March 29, vaccine eligibility will expand to [individuals who are 40 and older](#). On April 5, eligibility will extend to those who are 18 and older.
 - The Baker County Health Department is [taking vaccination appointments](#) for those who are 40 and older for next week.
- In Florida, a local media outlet reports the [state vaccination system](#) only booked 85 appointments out of 500 available from a waitlist of 4,400 people on March 23. County officials scrambled to use up all doses by announcing availability through the public safety department, health department and media outlets.
 - Health officials plan to take the same actions for the March 30 vaccination pod and will also start calling people on the waitlist, which they now can access.
- In Orangeburg County, South Carolina dozens of [people lined up to get the Moderna vaccine](#) at the Holly Hill Depot. The mayor of Eutawville, South Carolina, said the goal is to add weekly walk-in clinics to help get as many residents vaccinated as possible.

Public Health

- North Carolina State University, planning for fall semester to include students on campus and in-person classes, is offering easy access to [vaccines for staff, faculty and students](#) who can stop by between classes or after a meeting on campus. More than 10,000 people in the campus community have pre-registered for a COVID-19 vaccine.

Community Mitigation

- In Florida, a man [has been charged](#) with bank fraud, making false statements to a federally insured institution, and aggravated theft and making false statements after attempting to obtain \$1.5 million in COVID-19 relief funds by filing nine fraudulent loan applications and stealing the identity of eight elderly individuals to open accounts.

REGION FIVE

Equitable Access

- A Chicago coalition of community groups from across the city is calling on the Chicago Department of Public Health to [open more permanent, city-run vaccination sites](#) in hard-hit communities. An alderman introduced a new ordinance for federal COVID-19 funds to be used to create permanent city-run testing sites in hard-hit neighborhoods.

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- Cuyahoga County in Ohio data continues to show [disparities in vaccination rates](#) among minority communities. Nearly 230,000 Caucasians have been vaccinated, which is nearly 30% of the county's population of white residents. However, only 12.75% of the county's Black population — or about 48,000 people — have been vaccinated, according to the Ohio Department of Health data from March 23.
- Minnesota community groups are helping [elderly, low-income Asian Americans get vaccine access](#). Nonprofits across the country are reaching out through ethnic media, recruiting bilingual nurses and volunteers, translating materials and coordinating vaccination drives.

Supply Chain

- The start of the COVID-19 mass vaccination clinic at the Summit County Fairgrounds in Ohio has been pushed back to early April because of [vaccine delivery delays](#).

Vaccination Centers & Administration

- In Wisconsin, appointments are rapidly being booked for the [Wisconsin Center CVC](#), where the Milwaukee Health Department is working with FEMA to vaccinate 2,500 people per day. Milwaukee's mayor said there have been more than 50,000 vaccinations given out there.
 - The public is sharing positive comments about their vaccination experiences. ([example 1](#), [example 2](#), [example 3](#))
- Dearborn, Michigan announced that anyone in seven communities, age 18 and older with medical conditions, [can make an appointment](#) for a COVID-19 vaccine, March 25-31 at the Dearborn Consolidated Vaccination Center.
- The Wisconsin Winnebago County Health Department has [launched a new website](#) with the hopes of connecting as many people with the COVID-19 vaccine as possible throughout Winnebago County.

Public Health

- The Indiana governor said the state [will have vaccinated](#) its 1,000,000th person as of March 24, which is 19% of residents who are eligible.
 - As the state's vaccine rollout continues, local health officials share that [the best vaccine to get](#) is the one that's available.
- Illinois is reportedly in the [top 25 states for getting vaccines](#) received from the federal government supply into people's arms on a per capita analysis.
- Ohio recently passed legislation that will give the state House and Senate the last word on [state health orders or emergencies](#), which will allow mask mandates, stay-at-home

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orders, or anything restricting businesses and large events to be overturned by a majority vote in both chambers in 90 days.

- Some lawmakers are concerned over public safety due to mixed messaging between the governor and the legislators overriding his veto.
- Michigan's governor again vetoed a bill that [would have required](#) legislative approval to extend Michigan's COVID-19 restrictions, as cases and hospitalizations continued to rise. The governor vetoed a nearly identical measure in December.
- The Michigan Health & Hospital Association says the number of patients with [confirmed cases of COVID-19 occupying Michigan hospital beds has doubled](#) in less than three weeks, with the biggest spikes coming among unvaccinated adults under age 50.
 - Since March 1, hospitalizations among adults ages 40-49 have skyrocketed by 800%, while hospital admissions for confirmed cases of COVID-19 among adults ages 30-39 have spiked by 633% through Tuesday.
- Michigan now has the [second highest COVID-19 case rate](#) per capita in the U.S., according to CDC data from March 24.
 - Some public comments suggest that the rise in case numbers is [tied to recent relaxing](#) of some COVID-19 restrictions. Some [blame those who lobbied for relaxing of restrictions](#) to contributing to the latest outbreak.

Community Mitigation

- Indianapolis, Indiana [will retain its mask mandate and capacity restrictions](#) for now despite of the governor's call to relax state restrictions on April 6. The mayor's decision comes ahead of the state expecting out-of-towners over the next two weeks for March Madness.
 - There is a significant amount of support in comments for the mayor's decision. ([example 1](#), [example 2](#), [example 3](#))

REGION SIX

Equitable Access

- In Arkansas, mass vaccination clinics [aimed at vaccinating minority communities](#) are taking place in Central Arkansas (Little Rock and Jacksonville).
 - The president of the Jacksonville NAACP, stated to media that people want the vaccine in the Black community, but that the problem is having access to it.
 - The clinics are being set up in community churches and they will be administering 1,000 Johnson & Johnson doses.
- In Texas, some homebound seniors have been [unsuccessful in contacting the "Save our Seniors" initiative](#) to find a vaccine. The local news report highlighted one senior's case

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where he doesn't know how to use a computer, or how to call local or state officials to register for an appointment with the "Save our Seniors" program.

- In Louisiana, due to an insufficient amount of vaccines available to them, Tulane University is advising students to pre-register for [vaccine appointments with other providers](#) outside off their university.
- Local Louisiana church joins effort to expand vaccine [distribution to underserved communities](#).

Supply Chain

- In Arkansas, the latest vaccine eligibility expansion makes nearly 1 million state residents eligible, but vaccine supplies are [not available for everyone yet](#) according to state's Department of Health, which informed that it will be getting additional supply each week and will work to make it available as quickly as possible.
 - The Arkansas Department of Health also has a website with all available vaccination sites in the state.

Vaccination Centers & Administration

- In Arkansas, a local pharmacist reported to media that the 1C phase has been affected by a [slow turnout rate of eligible residents](#) compared to the previous phases.
 - The governor also made comments on the low demand for vaccines happening in the state, and another healthcare provider in Central Arkansas made note of the situation as well.
 - The local pharmacy in the report has gone from doing 1,500 vaccines weekly to half of that, with only 25% of their slots filled at times.
- Cities in Texas are opening up pre-registrations for residents to sign up for a turn for their COVID-19 vaccine.
 - [Waco](#) is encouraging residents to sign up on their vaccine portal.
 - The San Antonio, Texas Metropolitan Health Center will make [30,000 first-dose Pfizer vaccine appointments available](#) starting today at 2000 EDT. Residents can register for an appointment on the Metro Health vaccine registration site, or through the 311 COVID-19 Hotline.
 - In Harlingen, Texas, the National Guard will partner with the city to [run a drive through clinic this weekend](#) for people aged 50 and older and anyone above 118 with chronic health conditions.
 - [City of Lancaster](#) is also encouraging residents to pre-register through the state's vaccine portal.
- In Louisiana, local media keeps announcing that [vaccine eligibility will include all people](#) above 16 years of age (depending on the vaccine) as of March 29.

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- As Texas prepares to open up eligibility to all adult residents, people think it may be more difficult to get a vaccination appointment. Some “vaccine hunters” who have assisted others to get registered [are offering tips on how to get an appointment](#). Additional communication support may be needed to help manage expectations that registration may be delayed as more people access the system.

Public Health

- New Mexico is [reassessing its reopening criteria](#) for different areas. However, health experts are also evaluating if it would also be necessary to change how the state responds to positivity rates and new COVID-19 case counts.
 - With less people showing symptoms and being tested, the state is concerned that the positivity rate may not be the most accurate way to determine how prevalent the virus is in a community. The state now plans to move away from the testing metric in two to six weeks and focus more on disease activity now that vaccines are available.

REGION SEVEN

Equitable Access

- In Iowa, multiple mobile vaccination clinics are getting people registered for vaccine appointments and increasing access to vaccines.
 - In Des Moines, the pastor of Corinthian Baptist Church wants to bring a mobile vaccine effort in the community to those who may want to get it out of their homes. Additionally, [a coalition of Central Iowa medical providers](#), religious entities and nonprofit organizations are working to inform minorities about the vaccine and establish large-scale clinics in the communities.
 - Polk County is using its [VaxiTaxi to deliver](#) vaccines to homebound residents.
- In Missouri, the state announced a new effort to [provide transportation to vaccination sites](#) across the state. Most providers are offering rides for free, and others are at a reduced cost.
- In Nebraska, the Douglas County Health Department and other stakeholders are making efforts to reach [underserved parts of Omaha](#) by hosting smaller vaccine clinics. The goal of the endeavor is to remove inequity and reach a broader population.
- In Nebraska, the Elkhorn Logan Valley Health Department is [encouraging residents](#) to find trusted sources on COVID-19 in an effort to more residents vaccinated.

Vaccination Centers & Administration

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- In Nebraska, Two Rivers Public Health Department and Public Health Solutions is providing [vaccinations to all adults](#) for residents in their rural counties starting today.

Public Health

- In Kansas, the [family of a woman](#) who recently died, posted in her online obituary that she died after a reaction to the COVID-19. She received her shot March 23 and went to the hospital once she started experiencing an allergic reaction, where she died unexpectedly on March 24.
- A local Missouri outlet is sharing stories of people who found new interests during the pandemic on their [Sense of Community Series](#) to help people coping with pandemic stress.
 - A behavioral health consultant and outpatient therapist for Burrell Behavioral Health in Springfield shared about her hobby of cultivating and swapping houseplants during the pandemic and how the COVID-19 shutdown impacted her professionally and personally.

Community Mitigation

- Missouri Western State University and Northwest Missouri State University will be [keeping their mask mandates](#) in place although St. Joseph and Maryville City Council lifted their city-wide mask mandates.
- The University of Nebraska announced its plan for 50% capacity at the [spring football game](#) on May 1 at Memorial Stadium. Every other row and every other seat in those rows will be used, and masks are required.
- In Missouri, the Westport Flea Market is [offering free food](#) starting today to encourage people to get vaccinated. Individuals must show their vaccination card to get a buy-one-get-one free burger deal.

REGION EIGHT

Equitable Access

- A South Dakota community group in Sioux Falls [creates flyers with multilingual vaccine information](#) for residents in an effort to reach immigrants, refugees, and Muslim communities.

Supply Chain

- A Utah news report investigates [wasted vaccine doses in Utah](#):

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- They uncovered the following: 171 open vials but not all doses administered, 132 broken vials or syringes, 140 vaccines drawn into syringes but not administered, two vaccines were lost, and 51 vaccines were wasted for unknown reasons.
- Laramie County, Wyoming expects [13,000 vaccine doses in April](#), which will double their current weekly shipments. Health officials say that may allow them to open up eligibility for the general population within two to three weeks.

Vaccination Centers & Administration

- Colorado news media report on the opening of The Ranch Community Vaccination Site in Loveland ([example 1](#), [example 2](#), [example 3](#)). The site is being run in partnership with the State of Colorado, Larimer County, and FEMA.
 - Positive sentiments are being expressed for both [the vaccination site](#) as well as the [FEMA vaccination outreach](#) effort.
- In other Colorado vaccination news,
 - A mass vaccination event is planned March 27 at [Central High School in Grand Junction](#).
 - Appointments are still available for the upcoming [El Paso County Public Health South location vaccination clinic](#).
 - In April, The Larimer County Health Department plans to open a [vaccination site at Conrad Ball Middle School in Loveland](#) for residents in the southern part of the county.
- Montana counties [are preparing to administer vaccines to Phase 2](#), which includes residents 16 and older.
 - [Missoula](#) will open new vaccine eligibility on Sunday.
 - [Lewis and Clark County](#) will open registration to Phase 2 on April 2.
 - A large vaccination site at the [Butte Civic Center this week administered 2,200 second-dose vaccines](#) on Tuesday, with more vaccinated on Wednesday and more planned on April 5 and 7.
- In Montana, officials are [assessing how to get people who are in the initial](#) age categories vaccinated as the state continues to open additional categories. Many counties are changing their plans to adjust to supply-and-demand.
- [North Dakota will move to Phase 2 on March 29](#), opening vaccinations to all residents 16 and older.
 - Clay County Public Health shared [concerns about lagging behind](#) the state in vaccinations.
 - The [Upper Missouri District Health Unit](#) has opened COVID-19 vaccinations to anyone 18 or older.

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- Essentia Health [opened vaccine registrations](#) to all residents who meet state's eligibility.
- In South Dakota, 500 vaccine doses will be available to [Sioux Falls Smithfield Foods plant workers](#) on March 26.
- In Utah, Salt Lake County officials [advise residents against "vaccine shopping"](#) to get a [specific vaccine brand](#). Additionally, they announced that there are [17,000 open vaccination slots](#) through the end of April that have yet to be claimed.
- In Utah, Salt Lake County's health department announced that [17,000 vaccination appointments are still available](#) through the end of April. The agency has more than 30,000 people registered already.
- Salt Lake County, Utah [teenagers are excited to get vaccinated](#).
- In Wyoming, [Lincoln County Public Health](#) opened Moderna vaccine registration to residents 18 and older.

REGION NINE

Equitable Access

- Kaiser Permanente vaccinated more than [100 mostly Native Hawaiian and Pacific Islander seniors](#) in a community pop-up vaccination clinic on March 24. This was the 8th Kaiser Permanente event that partnered with community centers, Native Hawaiian and Pacific Island non-profits and the Hawaii Housing Authority.

Supply Chain

- Santa Clara County, California will [retain control over allocated doses](#) after the state turned to Blue Shield's management of the distribution system. The county says keeping control over vaccines means that county residents will not have to deal with the state's administrative barriers.
- In California, Santa Barbara County Public Health Department will offer COVID-19 vaccine appointments a week at a time at locations with vulnerable populations across the county, starting March 28, because they are participating in the Health Center COVID-19 Vaccine Program, a partnership between the Health Resources & Services Administration (HRSA) and the CDC, which began [increasing COVID-19 vaccine supplies](#) at select HRSA-funded health centers.

Vaccination Centers & Administration

- In Arizona, Pima County Board of Supervisors passed a resolution on March 24 that would ask the [governor to reconsider](#) his decision turning down federal vaccination help. If he

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refuses, the county will attempt to circumvent the governor and ask federal officials to provide the vaccinations as part of a federally run site.

- The governor responded on March 24 he would [reconsider federal help](#) and would rather the vaccines would be sent to the state for distribution.
- A [group protested](#) the governor's decision for about an hour while he was visiting a Tucson vaccine clinic on March 24.
- Pima County, Arizona residents who work in essential jobs or have [high-risk medical conditions](#) are now eligible for COVID-19 vaccinations at county-run sites, officials announced on March 24. Sign-ups will begin this morning.
- In Hawaii, Queen's Health Systems opened a second [mass vaccination clinic](#) to increase access to those living in the west and central areas of Oahu on March 24, to operate six days a week. There are no appointments available this week or next week after 2,300 appointments have already been booked.
 - Also in the western part of Oahu, Kaiser Permanente will start a [vaccine clinic](#) inside a Kapolei Consolidated Theatres.
- In California, the Redding Rancheria Tribal Health Center is now offering a mobile COVID-19 vaccination unit focusing on [restaurant employees](#) in Shasta County with the mobile unit traveling to their location for distribution.
- California's Treasure Island will open a [new low-barrier vaccination clinic](#) for three weekends. Residents have had the least access to vaccines in the city for months with no active health clinic in the area.

Public Health

- Riverside County, California continued an overall downward trend on March 24. There [were 25% fewer hospitalizations](#) than reported last week.
- University of California San Diego launched a [clinical trial with mushrooms](#) to treat COVID-19 in its early stages. Researchers are now recruiting 132 volunteers recently diagnosed with COVID-19 for the double-blind, controlled virtual study.

Community Mitigation

- Hawaii state officials are working on a [travel passport](#) that would allow fully vaccinated travelers to bypass testing and quarantine. The lieutenant governor hopes to roll-out Hawaii's travel passport program by mid-May.
 - Some officials say the authentication process is causing problems. The federal Vaccine Administration Management System is inconsistent and not every state is using it. Artificial intelligence cannot read vaccination cards if they are uploaded to the system because the cards are all handwritten.

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- In Hawaii, Kauai is [discontinuing its Shelter in Place](#) camping permit program starting on March 31. The county's temporary Shelter in Place program, established at the start of the pandemic, closed recreational camping to avoid large gatherings and wide community spread of COVID-19, but identified five areas where houseless individuals could shelter in place. Recreational camping with county permits will be allowed starting April 30.
 - Officials will continue to coordinate homeless outreach events across the island, in addition to the daily outreach efforts of various non-profit organizations, to help connect individuals with available assistance and on-island resources.
- In California, one of Santa Maria's largest senior living centers, Merrill Gardens, is [reopening to visitation](#) during the pandemic with health protocols. One visitor is allowed per resident for a limited time period of time.
- In California, school districts are planning their re-openings after the CDC's new guidelines.
 - The Castaic Union School District administrators announced on March 24 their plans to have [full-day, in-person instruction](#) for students and teachers by April 19.
 - The William S. Hart Union High School District is scheduled to begin its new learning model with the first wave of students coming in on March 29 and the second wave arriving April 1.
 - The Saugus Union School District sent a letter to parents on March 24 that said their governing board will give their superintendent the authority to implement the new social distancing guidance for the classroom.
- San Francisco Giants released ["FanSafe" protocol](#) to make sure the return to Oracle Park is safe. The plan includes specialized training for the stadium staff and electrostatic sprayers to disinfect areas where multiple people would gather. Refreshments and merchandise can be ordered through an app and delivered to your seat. Fan zones will prevent cross-traffic between fans. Face coverings and social distancing will be enforced.

REGION TEN

Supply Chain

- The Washington State Department of Health said it is [scheduled to receive 408,730 doses](#) of the COVID-19 vaccine next week, more than 12% increase from the previous week. It is however still 80,960 doses shy of what the state requested.

Vaccination Centers & Administration

- Due to a mistake by the Oregon Health Authority, roughly 11,000 Oregon residents ineligible for COVID-19 vaccines until April 19 were [mistakenly granted appointments](#) ahead of schedule. A spokesperson for the Oregon Health Authority said the Center will

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honor appointments already made. Some elderly residents trying to find their first appointment are angry about the alleged mistake.

- After Oregon expanded eligibility to [agricultural workers](#), county health officials immediately began setting up a four-day mass vaccination clinic offering 1,200 vaccines specifically for farm and food processing workers.
 - They are reaching out to agricultural and food processing facilities, hoping to bring vaccines to people who are both hard to connect with and often can't take time off work.
- Washington state officials confirmed on March 24, [all residents 16 and older will be eligible](#) to receive a COVID-19 vaccine starting on May 1.
- In Idaho, the governor announced on March 24, any resident with at least [one medical condition](#) will be able to access the COVID-19 vaccine starting March 29, and [all residents 16 and older will be eligible](#) for the COVID-19 vaccine by April 5, three weeks earlier than planned.
- In eastern Washington, [appointments slowed down](#) this week at the mass vaccination centers in Kennewick and Walla Walla, which offers at least 800 appointments every day. The public information officer is reminding residents to check their eligibility and get the vaccine now before the site gets busy again.
- In Washington, the Benton County Fairgrounds mass vaccination center [surpassed 40,000 COVID-19 vaccinations](#) on March 24.

Public Health

- In Seattle, Washington, the King County Correctional Facility announced on March 24 that 46 people in custody and 7 employees reported to have [tested positive for COVID-19](#). The facility will undergo an enhanced cleaning and everyone in custody will be provided masks starting this week.
 - Most individuals in detention are not eligible for vaccination until the end of the month.
-

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FEMA COVID-19 Social Listening Report 4/9/21

From: "Sanchez-Velasco, Marissa EOP/WHO" Ex 6 - (5 U.S.C. Sec 552(b)(6))
To: DL EOP COVID All Staff Ex 6 - (5 U.S.C. Sec 552(b)(6))
Date: Fri, 09 Apr 2021 15:29:23 -0400
Attachments: 4_9_21 COVID Social Listening Report.pdf (411.01 kB)

Good afternoon,

Attached and below is the COVID-19 Social Listening Report for 4/9/21. Next report will be on 4/12/21. Please direct any questions to Ex 6 - (5 U.S.C. Sec 552(b)(6))
Ex 6 - (5 U.S.C. Sec 552(b)(6))

COVID-19

ESF 15 – EXTERNAL AFFAIRS

SOCIAL LISTENING REPORT

FRIDAY, APRIL 9, 2021

SUMMARY

- The funeral assistance program continues to get a large amount of local media coverage in anticipation of the launch on Monday. Local media has been heavily focused on the maximum reimbursement possible for a funeral. The general public is increasingly questioning the details of eligibility, specifically wondering if people who were presumed to die from COVID-19 will be eligible.
- Public trust towards the Johnson & Johnson vaccine has declined slightly over the past several days due to two separate vaccination sites being forced to close early due to patients having adverse side effects.
- There continue to be several areas that are reporting a growing number of open appointments as supply begins to outpace demand. However, across the country several states and territories are pausing in-person classes or sports activities as a result of increasing cases among young people.
- Vaccine passports continue to be a hot topic as more public officials announce their stance for or against them.
- While recent White House briefings focused on improving vaccine confidence, national media is questioning if the country is headed towards a "vaccine wall," signaling a need to shift priorities to convincing vaccine holdouts of the importance of being vaccinated.

- National media has also heavily focused on concerns related to Johnson & Johnson distribution issues as multiple states report a significant decline in shipments.
- Today's newspaper front-page headlines focused on an increase in air travel, how to reach homebound seniors and the return of seasonal events and gatherings.

PUBLIC PERCEPTION/SENTIMENT

- There are growing questions regarding the safety of the Johnson & Johnson vaccine and expressions of vaccine hesitancy as sites in Georgia and North Carolina temporarily suspended the use of the single dose shot following reports that a small number of people experienced adverse reactions after their shot. Several people are sharing that they experienced getting sick afterwards. ([example 1](#), [example 2](#))
 - o However, many people point out that those reactions are normal and expected. Others are also posting their positive experiences with the vaccine. ([example 1](#), [example 2](#), [example 3](#))
 - o A few people are questioning if the reactions are the result of mishandling of the batches. ([example 1](#), [example 2](#))
- As some states/territories pause in-person learning due to an increase in COVID-19 cases, debate about children potentially spreading COVID-19 to adults has resurfaced at low but growing volumes. ([example 1](#), [example 2](#))
 - o Most people are saying that schools have generally good COVID-19 protocols, but that many are not following social distancing guidelines on weekends and in their households.
 - o Additionally, people are debating if it is worth trying to finish the current semester in person at some states. Some feel it may be better to wait for summer classes or the Fall semester.
- Conversation about [vaccine passports](#) has increased among Spanish speaking audiences upon national coverage explaining how they could work.
 - o A large number oppose the idea, saying it is way of requiring people to get vaccinated or that it infringes on their [religious ideals](#). Fewer argue they would feel safer if businesses were able to require vaccine passports.

FEMA

Overall Discussion

- There has been a low level of traditional media commentary on FEMA's current capacity to support vaccination efforts as the number of vaccination sites continues to increase. Several outlets have mentioned internal emails seeking [surge capacity volunteers](#).

Community Vaccination Centers

- The Michigan Department of Civil Rights addressed a rumor that the Ford Field CVC was [hosting a special event to vaccinate the deaf](#). They emphasized that individuals who

- are deaf or hearing impaired are welcome at the site daily and ASL interpreters are available on site.
- Local media has expressed concern over [low turnout at the new pilot site](#) that opened yesterday at The Dome at America's Center in St. Louis, Missouri. The site is capable of vaccinating up to 3,000 individuals a day but on it's first day only vaccinated 700.
 - o Many residents feel this could be the result of a lack of messaging letting people know the site was open. Others voiced confusion over whether the site was open to all adults.
- Officials announced there will be a second [FEMA-supported CVC in Philadelphia](#). Officials say the Esperanza Community Center can offer up to 2,500 shots a day.
 - o Public reaction to the news has been dominated by individuals who are still highly skeptical of the vaccine and the federal government.
- The White House announced that Tulsa, [Oklahoma will be getting a community vaccination center](#) at the Tulsa Community College northeast campus.
 - o Public reaction is mixed, with some people are saying that the vaccination center is unnecessary as appointment slots are not filling to capacity in Tulsa, while others are happy about the news, believing it will accelerate vaccination efforts.
- In New Haven, Connecticut, local residents and emergency management officials have [praised FEMA's mobile vaccine unit](#) offering additional vaccination accessibility for those unable to register for an appointment elsewhere.
- In Texas, the governor announced that [FEMA has partially approved a request to extend operations](#) for the three federally supported CVCs, including in Arlington, through mid-May. Arlington's vaccination operations will transition to inside AT&T Stadium starting on April 11 and are expected to continue through May 18. Originally launched in February, federal pilot sites based in Arlington, Dallas and Houston are part of a joint effort to support vaccination efforts in underserved areas.

Funeral Reimbursement

- In recent days and ahead of the assistance program's launch on April 12, there remains high volume of local media discussion on the program's expected benefits offered to COVID-19 survivors. ([example 1](#), [example 2](#))
 - o A growing number of people are asking for clarification on [eligibility requirements related to cause of death](#). People are questioning whether family members of those who are presumed to have died of COVID-19, or those who died while COVID-19 positive but did not have COVID-19 on the cause of death will be eligible for assistance.

RUMORS/MISINFORMATION

- [YouTube removed a video of the Florida governor questioning if children should wear masks saying it violated the platform's misinformation policies.](#)

NATIONWIDE/GLOBAL

White House/Congressional

- During the White House COVID-19 Response Team press update, it was announced that a quarter of all Americans have received shots and the number of shots given daily continues to accelerate.
- Officials noted that the vaccination program is working and the country is on track to meet the White House goal of 200 million shots in the first 100 days. This has been made possible through partnerships to increase vaccine production and distribution.
 - o The director of the CDC did voice some concern over increases in positive cases and hospitalizations. She said there is an expectation that cases will continue to climb among youth as schools resume sports and in-person classes. Testing will play a critical role in identifying outbreaks early.
- Over the coming weeks there will be a push to improve vaccine access by putting more vaccination sites within 5 miles of people's homes. This will be done through the expansion of the federal pharmacy program, the addition of more federal supported CVCs and expanding eligibility to all community health centers.
- **There was an overall theme of officials working to improve vaccine confidence.**
 - o The chief medical adviser addressed concerns about how quickly the vaccines were developed, noting they built off of decades of ongoing research.
 - o **The Assistant Secretary for Preparedness and Response** highlighted the mental toll of COVID-19 and mentioned that vaccines could play a role in improving mental health by providing hope for the future. He also **pushed for the use of trusted messengers to spread awareness about the importance of getting vaccinated.**
 - o During Q&A, reporters were particularly interested in updates regarding Johnson & Johnson manufacturing capacity. There were also questions regarding breakthrough cases and how to reach isolated seniors.
- During recent White House press briefings, the press secretary addressed concerns about Florida's lawsuit against CDC guidance related to cruise line commercial travel, as well as any tentative updates to air travel guidance related to safety risks.
 - o The secretary of transportation addressed questions about why the cruise industry is being held to different standards than airlines. He responded that safety is the top priority and cruise ships have a different safety profile than planes.
 - o The press secretary reiterated that ongoing operations at the border are not pulling funds from the COVID-19 response.
 - o When asked about possible support for global vaccinations, the press secretary stated that the President is committed to helping the global community but the priority remains to vaccinate the American public.

Supply Chain

- National and local media have widely reported on Johnson & Johnson's anticipated vaccine shortage leading to a substantial reduction in doses delivered to [California](#), [Washington state](#), [Florida](#), [Louisiana](#) and [Virginia](#). All of the articles reference the 15

million doses of vaccine thrown out due to the manufacturing error in a Baltimore, Maryland manufacturing plant.

- o A Johnson & Johnson statement to CNBC said the company continues to work closely with FDA toward the Emergent Bayview facility's emergency use authorization. Multiple outlets have expressed uncertainty regarding whether the company will meet its monthly distribution goals for April and May.

Healthcare System Stress

- A twelve month investigation by The Guardian and KHN concluded that more than [3,600 U.S. healthcare workers died](#) in the first year of the pandemic.
 - o The study found that two thirds of the deaths were people of color. Additionally, those with lower paying jobs that who handled everyday patient care were more likely to die than physicians.

Public Health

- While recent CDC data reportedly indicates 25% of the U.S. population has been fully vaccinated, broadcast media has stressed the need to [increase vaccination rates](#) to stay ahead of more-transmissible variants.
- This week, the CDC updated its surface cleaning guidelines to align with recent studies that found the likelihood of contracting COVID-19 from [touching a service was very low](#).
- Recent studies have found COVID-19 antibodies in the milk of nursing women who have been vaccinated. This is leading more women to [resume breastfeeding](#) or share their breastmilk with others in an effort to boost protection.

Private Sector

- The state of Florida is reportedly suing CDC and HHS for health restrictions the state considers "so cumbersome that cruise lines will not be able to sail." ([example 1](#), [example 2](#), [example 3](#))
 - o Wall Street Journal referenced CDC's framework for a phased restart requiring operators to conduct mock sailings and apply for a certificate 60 days before offering cruises to consumers, which the cruise industry has criticized.
- Samuel Adams has offered [free beer to people who get the COVID-19 vaccine](#). To qualify, participants must be 21 or older and have a CashApp account. Photo proof of vaccination is required, including a sticker showing you received the vaccine or a photo of your arm with a bandage on it. Samuel Adams said it is not encouraging fans to share photos of their personal vaccination cards on behalf of their promotion.

REGION ONE

Vaccination Centers & Administration

- On April 19, New Hampshire will expand eligibility to all individuals 16 and up, [regardless of residency](#), due to having plenty of supply.

- o This comes following criticism over the state's initial decision to prohibit college students from other states from being vaccinated.
- In Massachusetts, [43 Walgreens](#) will begin offering vaccinations starting this weekend.
- Rhode Island will make available an additional [20,000 vaccine appointments](#) today by 1700 EDT.

Public Health

- In Massachusetts, Fall River and its surrounding towns have seen COVID cases climbing again for the past few weeks and returned to the [high-risk red zone](#).

Community Mitigation

- In Connecticut, leaders are [urging young people](#) to get vaccinated in an effort to get more people vaccinated to offset variants.
- In Massachusetts, the governor said [no to 'vaccine passports'](#) for the time being and wants to focus on getting people vaccinated first.

REGION TWO

Equitable Access

- New Jersey [vaccination rates in Black and Latinx communities](#) across the state continue to be lower than in white communities. During the latest COVID-19 update in Trenton on April 7, the state health commissioner said the race/ethnicity breakdown of individuals receiving at least one dose of the vaccine is 56.5% white, 9.5% Latinx, 5.8% Black and 8.8% Asian.
 - o The governor said a multi-pronged strategy is being deployed to ensure every resident has the opportunity to get vaccinated by using mobile vans, houses of worship, community role models and putting clinic locations into communities. They also distributed flyers about vaccination sites in Newark in seven languages and the state call center is reaching out to help make appointments.
- New York City, New York (NY), [mobile vaccine buses](#) are aiming to administer 200 vaccines daily in an effort to increase vaccine access for underserved communities.

Vaccination Centers & Administration

- In Puerto Rico, anyone older than 16 years of age [will be eligible for vaccines](#) as of April 12.
- In Puerto Rico, people aged [16 and over with diagnosed cancer](#), in remission or in treatment are eligible for vaccines as of April 8. Diagnosed patients can register for vaccines at the Comprehensive Center for Cancer Hospital.
- In New York (NY) Nassau County has administered one vaccine dose [to 42% of its county population](#).

Public Health

- Puerto Rico detected 672 new COVID-19 cases as of today, along with 347 hospitalizations due to COVID-19, the [highest numbers so far in the year](#).

- New York area local media reported that [new data from Johns Hopkins University](#) shows five states - New York, New Jersey, Pennsylvania, Michigan and Florida - make up 43% of new COVID-19 cases across the country over the last week.

Community Mitigation

- New Jersey's governor said on April 7 that residents should not expect reopening news any time soon, that it is still [too early to reopen and to not expect any major changes](#) in the near future. He added that he won't commit to a reopening timeline, but the vaccination effort means things like indoor dining and gatherings could change by Memorial Day.
- In Puerto Rico, the governor announced a [series of executive orders](#) aimed at controlling the new surge of COVID-19 cases in the territory. As of April 9, the curfew will start at 2200 EDT, commercial establishments have to close at 2100 EDT, and activities that involve a conglomeration of people will be prohibited.
 - o The Department of Health will also augment its resources to corroborate the compliance of quarantine from people traveling to the territory.
- Puerto Rico's Department of Education ordered all public and private [schools to close](#) and transition to only virtual learning for a period of two weeks following a surge in COVID-19 cases over the last week.
- New York City, NY, [changed its school COVID-19 protocols](#) to close schools amid an increase in cases. Now, schools will close for 10 days if four new cases are detected instead of two as it was in prior weeks.

REGION THREE

Equitable Access

- Anyone who lives and works inside a Pennsylvania prison will soon be able to [receive the Johnson & Johnson vaccine](#). Local media reports this comes after a reported lack of transparency about COVID-19 infections in prisons.
- Virginia is the first state to offer [ASL video chats](#) for the state's COVID-19 call center. The face-to-face service aims to offer equal access to state assistance in a format that offers clear information that's less susceptible to miscommunication.

Vaccination Centers & Administration

- In Allegheny County, Pennsylvania a vaccination clinic will be held on April 9-10 in Monroeville to [vaccinate 13,000 residents](#) who fall within the state's 1A, 1B and 1C phases. As of 0714 EDT today, local media reports thousands of appointments are still available. The clinic is accepting walk-ins.
- In Hampton, Virginia the Hampton VA has now [opened vaccinations to all veterans and their spouses](#), and caregivers participating in the VA's General Caregiver Support Services program. The VA said vaccinations are only by appointment and demand is still higher than supply.
- In southwest Washington, D.C. a new vaccination site at [Arena Stage will hold a soft launch today](#) with a couple of hundred doses being administered. 1,000 doses will be administered a day by April 10.

Public Health

- In West Virginia, the state Department of Health and Human Resources stated that active [COVID-19 cases are above 7,000 again](#). Local media reports vaccinations in the state continue to grow and there have been 433,823 residents fully vaccinated.
- In Maryland, the governor announced today that the state set a new one-day record of roughly [80,000 COVID-19 vaccinations](#) on April 8.

Community Mitigation

- The National Park Service announced on April 8 that due to the pandemic the 2021 National Independence Day [Parade has been cancelled](#).

REGION FOUR

Equitable Access

- In Jacksonville, Florida, the JTA public transportation system is [offering a free one-day pass](#) to vaccination sites.

Vaccination Centers & Administration

- In [North Carolina](#) and [Georgia](#), vaccination sites paused administration of the Johnson & Johnson vaccine after a small number of people had adverse reactions. Three sites in North Carolina consisted of one site at the PNC Arena in Raleigh and two other clinics run by UNC Health. The Georgia site was at the Cumming Fairgrounds.

Staffing

- Volunteers with the Kentucky National Guard, Americorps NCCC, UofL Hospital and UofL medical school are being [trained to staff](#) the mass vaccination site at the Cardinal Stadium.

Public Health

- In Mississippi, the state reports that [new COVID-19 cases are lower](#) as 26% of the state's population has received at least one dose of the vaccine.
- Lafayette County, Mississippi reports that after seeing a decline in COVID-19 hospitalizations, [numbers began to increase](#) this week.

Community Mitigation

- In Georgia, on April 8, [COVID-19 restrictions](#) were relaxed.
 - o Capacity guidelines that were in place for limited indoor seating have been removed, along with shelter-in-place orders limiting senior care facility visitations and the ban of gatherings of 50 or more.
- In Alabama, the [mask mandate ends](#) today at 1800 EDT under the state's new health order that lasts until May 5. Masks are strongly encouraged under the health order but not required.
- In Alabama, local media has asked the University of Alabama, University of Montevallo, University of Birmingham and Jacksonville State University if they [plan to require](#) the vaccine for students and staff and all have said no, at this time.

- A Florida woman [has been sentenced to jail](#) after coughing on a cancer patient on last year in the midst of the pandemic. The story has been widely shared by local media and has generated a growing discussion as many agree that the woman should have been charged. ([example 1](#), [example 2](#))

REGION FIVE

Equitable Access

- In Michigan, [22% of Detroit's residents](#), 80% of which are Black Americans, have received at least one vaccine dose, compared to 38% of all Michiganders, according to the state's Department of Health and Human Services.
 - o In a national media story on the worldwide increase COVID-19 deaths, there was a mention [that Detroit leaders began making a plan to knock on every door](#) to persuade people to get vaccine shots.

Supply Chain

- Michigan's governor [has requested a surge strategy](#) that would bring more vaccine to the state, but the White House COVID-19 Response Team said during a press briefing today that the federal government [will not send any extra doses](#) to the state, which is struggling with worst-in-the-nation rates of infection and hospitalizations.

Vaccination Centers & Administration

- The Michigan governor's is reportedly [focusing on vaccinations, not imposing new restrictions on the economy](#), amid a wave of COVID-19 cases and crowded hospitals, Michigan's health director said on April 7. The director noted that indoor high school sports, which have been identified as a source of infections, are ending soon, and spring sports are outdoors where close contact is less likely. Also, all teen athletes must be regularly tested, a rule that began on April 2.
 - o The director added that while the focus is on vaccinations, the state still does have a number of restrictions in place that limit gathering sizes.
 - o Michigan was number one in the U.S. for new COVID-19 cases: More than 46,000, or 469 per 100,000 people, in the last seven days, the federal government reported on April 7.

Staffing

- The Michigan Community Service Commission is [seeking volunteers for shifts at the Ford Field Vaccination Clinic](#) to help individuals who have requested wheelchair assistance in receiving their vaccine. Volunteers are able to receive the vaccine during their service.

Public Health

- The Indiana Senate has approved a bill that [designates religious activities as essential services](#) and prohibits restrictions on them during a declared emergency. The measure was approved on April 8. If the governor signs it, houses of worship would be allowed to hold services without regard to capacity size, social distancing, or mask mandates.

- o While [many are supportive](#) of prohibiting restrictions, some shared their concerns that these gatherings may have [activities that could cause virus spread](#).
- The Ohio governor announced today that the Ohio Department of Health Director signed [an amended order for social distancing, facial coverings, and non-congregating](#), which still requires six feet of separation between tables at restaurants, drinking establishments, and banquet facilities unless there is a physical barrier between them. Mask mandates also remain in effect.
- In Ohio, some state lawmakers introduced a bill which would allow residents to decline getting a COVID-19 shot, or any other vaccine, due to natural immunity or religious or medical reasons. Supporters of the bill say it would ensure unvaccinated people the same rights and abilities as those who are vaccinated. The bill comes as some bars, concert venues and other businesses begin to explore the possibility of requiring vaccination for entry. ([example 1](#), [example 2](#), [example 3](#))
 - o The bill's discussion on local media accounts has a significant amount of activity, and there are many comments that appear to support the bill. Some commenters [support the ability for venues](#) such as bars and concerts to enforce vaccinations for entry, and others say that people should be allowed to refuse the vaccine, but then [should not complain](#) if not allowed in establishments.
- In Michigan today the governor requested a voluntary two-week pause of youth sports, indoor dining, and in-person learning due to COVID-19 case increases. ([example 1](#), [example 2](#), [example 3](#))
 - o While many are complaining about the requested pause, there is also a lot of support in comments for the governor's request, thanking her for her leadership and expressing concern for the rise in cases. ([example 1](#), [example 2](#), [example 3](#))
- A [grassroots group in](#) Michigan filed a lawsuit to cut testing and quarantining from public school youth sports. The group, mostly made up of parents, questions whether the Michigan Department of Health and Human Services has the authority to mandate COVID-19 testing and quarantining for students.

REGION SIX

Equitable Access

- In Texas, a [university sponsored vaccine tracker](#) revealed that vaccines administered by state-designated hubs aren't reaching Black and Latinx residents.
 - o Latinxs, who accounted for nearly half of COVID-19 deaths (46%) and compose about 39% of Texas residents, have received about 24% of doses administered so far as of April 9.
- In Houston, Texas, Walgreens clinics will hold a [vaccine equity clinic this weekend](#) to serve Black and Latinx communities in Houston. The company is working with local leaders to promote the event and over 100 more vaccine equity clinics are scheduled in the next two weeks in El Paso, Houston and other cities.

Supply Chain

- Oklahoma media reports that the state Department of Health will start [offering vaccines to non-Oklahoma residents](#) beginning April 8. Statewide, entities have already administered more than 2.1 million doses, which the health department says has prompted the state to start expanding its reach. Oklahoma opened vaccinations to residents 16 and older at the start of last week, officially entering the final phase of their inoculation plan.
- Local Louisiana media reported on April 8 that the state will receive significantly fewer doses of the Johnson & Johnson vaccine next week due to what they [referred to as a "nationwide shortage of Johnson & Johnson's one-shot COVID-19 vaccines."](#) The state's allocation reportedly will fall from 67,700 doses this week down to 8,000 doses next week — an 88% drop, according to data from the CDC. The article relates the shortage to the 15 million doses of Johnson & Johnson's vaccine thrown out following a mix-up in ingredients at a manufacturing plant in Baltimore.
 - o One local health official said that this [would not cause a significant impact](#) on their efforts since they have already seen their vaccination numbers drop and they have in recent days returned some vaccines back to the state since demand was not there for the vaccine as they reach a saturation point.

Vaccination Centers & Administration

- Oklahoma sites are currently struggling to get all their appointments filled after being a lead state in vaccination rates. To continue administering vaccines, the state is now [opening eligibility to anyone outside the state](#) who wishes to get vaccinated.
- New Mexico health officials reported that [50% of residents 16 and older](#) have received their first shot and 31% are fully vaccinated. The state expanded vaccine eligibility to all residents 16 and older on April 5.
- Louisiana announced on April 8 a [new vaccine hotline](#) as part of its "Bring Back Louisiana" campaign. The hotline will allow people to find vaccine providers, connect with medical professionals, answer questions, and schedule a vaccine appointment.
- In Texas, more [than 70% of seniors age 65-79](#) have been vaccinated, as well as 67% of seniors age 80 and over have received a shot as well.
- New Mexico now allows seniors 60 and over to visit the state's vaccine website to [schedule their own COVID-19 vaccine appointment](#) from available providers in the location of their preference. Event codes are no longer required for users over 60.

Staffing

- In San Antonio, Texas, the Metropolitan Health District volunteer coordinator shared concerns that the [amount of volunteers helping the clinic has declined](#) over the past week while the amount of patients arriving for shots remains at large numbers.
 - o In previous months they had 90 volunteers on shifts, but the past week they would have 25 during the morning and 13 in the afternoon.

Public Health

- The Texas Senate passed a bill that will [bar lawsuits on hospitals](#) and healthcare facilities over COVID-19 deaths and injuries. The liability shield would be lifted once the pandemic ends.

Community Mitigation

- Some cities are announcing plans to remove their mask mandates.
 - The city council of Round Rock, Texas voted on April 8 to [repeal the mask mandate](#) as of April 22.
 - The Tulsa, Ok, mayor announced that if COVID-19 trends remain in decline or in control then the city will [lift its mask ordinance on April 30](#).

REGION SEVEN

Vaccination Centers & Administration

- In Missouri, [all residents](#) age 16 and older are eligible to receive the COVID-19 vaccine as of today.
- In St. Louis, Missouri, there are reports that an eight-week mass vaccination site, which opened on April 7 to all eligible Missouri residents [had a low turnout](#) with only 700 doses administered of the 3,000 that were available.
- In Scott County, Iowa, a Johnson & Johnson [vaccine clinic](#) is opening on April 10 for residents 18 and older. Registration for it opened today.
- VA Central Iowa Health Care System is [hosting another vaccine clinic](#) for all veterans today.

Community Mitigation

- Missouri lawmakers have shared that they are [against vaccine passports](#), citing that it is an invasion of privacy.
- Nixa, Missouri announced its [mask mandate](#) will end on April 30.

REGION EIGHT

Equitable Access

- Ogden, Utah community leaders will host two bilingual vaccine clinics this weekend [to vaccinate the Latinx community](#).

Supply Chain

- In North Dakota, the First District First Health Unit in Minot says they have [more supply than demand](#) for vaccine.

Vaccination Centers & Administration

- Colorado Health officials [found no issues at the Dick's Sporting Goods Park vaccination site](#), after [11 out of 1,700 people](#) vaccinated experienced adverse reactions from the Johnson & Johnson vaccine on April 7.
 - A spokesperson that they followed protocols and in an abundance of caution, made the decision with the state to pause operations for the rest of the day. The site was using the Johnson & Johnson vaccine. ([example 1](#), [example 2](#), [example 3](#))
- Colorado's Larimer County Department of Health and Environment will host an [appointment-only vaccine clinic](#) at the Lago Vista Mobile Home Park in Loveland.

- o Larimer County health providers [have surpassed 200,000 vaccine doses](#).
- Montana vaccine appointments in [Missoula County](#), [Butte-Silver Bow](#), [Helena](#) and [Lewis and Clark County](#) are not filling up immediately, with health officials getting the word out that all residents 16 and over are eligible for the vaccine.
- Montana's Riverstone Health announces new vaccine clinics next week at [Cedar Hall at Metrapark](#).
- A Montana pharmacy in [Missoula will host](#) a Johnson & Johnson vaccine clinic this weekend, with 300 doses.
- In Montana, Riverstone Health officials in Yellowstone County are contacting about 90 people who [may not have received a full second dose](#) of a COVID-19 vaccine, as an error led to syringes being incompletely filled.
- In South Dakota, as of April 6, about 700,000 doses of COVID-19 vaccines have been delivered to vaccination sites around the state, and as of April 8, [472,352 COVID-19 vaccinations have been administered](#) to people.
 - o [Avera St. Mary's Hospital in Pierre](#) will hold a walk-in COVID-19 vaccination clinic on Friday.
 - o Health workers administered [vaccines in Watertown](#) at the Codington County Extension Center.
- Utah local media reported on April 8 that [over 1.6 million vaccine doses have been administered](#), and the Utah Department of Health reported 483 new COVID-19 cases, with 10 new reported COVID-19 related deaths.

Public Health

- Colorado [COVID-19-related hospitalizations rose again April 7](#), reaching a level last seen in mid-February, while increasing outbreaks also pointed to wider spread of the virus. The Colorado Department of Public Health and Environment reported 450 people were hospitalized statewide with confirmed or suspected COVID-19 as of April 7. The last time that many people were in the hospital because of the virus was Feb. 19.
 - o Another article adds that active COVID-19 outbreaks also increased, rising about 8% in the past week, according to state data released April 7, bringing outbreaks back to about the same level seen in mid-March, and ending a 15-week streak of decreases.
- Local media report that Utah [businesses are split](#) regarding whether to continue requiring masks once the state mandate expires.

Community Mitigation

- In Colorado, Fort Lewis College in Durango added the COVID-19 vaccine [to enrollment requirements for the upcoming fall semester](#). There may be some exemptions from vaccination, such as allergies or religious objections. Vaccinations for faculty and staff are not required but encouraged, and that is to be further discussed.
- As Utah relaxed its mask order, Salt Lake City's [mayor declared a citywide mask order](#) for people in public settings, aiming to maintain a mask requirement in the capital after the statewide mandate expires on April 10. While some are praising her for [keeping the public safe](#), others disagree with the order, [calling it "virtue signalling"](#).

- o Weber State University [also extended their mask mandate](#) into the summer.
- o Local news reported that [some Utah parents](#) have pushed back on the ongoing mask mandate in schools.

REGION NINE

Vaccination Centers & Administration

- Organizers at the California State vaccination center in Los Angeles announced any adult could get a vaccine between April 8-11 prompting an immediate and overwhelming response of appointments and walk-ins. Public health officials opened up eligibility one week earlier because [thousands of appointments had recently gone unbooked](#) by eligible people.
 - o Demand was so great, state officials announced they will keep some walk-in slots for eligible people from previous tiers but will need to turn away others without appointments.

Community Mitigation

- Pima County, Arizona is considering how to deal with businesses not complying with its [extended mask mandate](#). A business could get their permit suspended or revoked if they don't comply. A \$500 citation would be billed to businesses without permits after three strikes of not complying with the mask mandate. Both county and city officials say the majority of businesses are complying with the county's mask mandate.
- The city of Tempe, Arizona is joining Pima County and the cities of Phoenix, Flagstaff and Tucson in the [reaffirmation of their mask mandates](#), despite the governor lifting the statewide mandate. The mask mandate continues to be debated as more Arizona municipalities choose to enact orders at the local level.
- A California assemblyman is drafting legislation to [prevent vaccine passports](#) from being used at any level of government in California. State health officials said they expect private businesses to verify full vaccinations or testing with their own systems. For the next couple of months, California will require proof of full vaccinations or testing for live performance venues, gatherings and conferences to fill their events to the largest capacity possible.
- The mayor of Maui, Hawaii announced plans for [mandatory post-arrival COVID-19 tests](#) for trans-Pacific travelers arriving at Maui's Kahului airport, to stem the influx of infections from travelers as the island deals with a rising trend of COVID cases.
 - o This second rapid test upon arrival requirement, slated to start today, is in addition to a negative pre-test 72 hours before departure under the state's current Safe Travels Program. Those who refuse will be forced into a 10-day quarantine.

REGION TEN

Vaccination Centers & Administration

- In Washington, local and state health officials are discouraging people from making long drives to the vaccination site in at Yakima. Officials say when [people come from out of town](#) it takes vaccines away from local residents.

Public Health

- Oregon officials have identified [168 "breakthrough" cases](#). Of the 700,000 people who reached full immunity, 0.024% got infected with the virus after being fully vaccinated. The Oregon Health Authority's medical director said the data shows that the vaccines are working. **Many people are expressing the same sentiment and that the vaccine is not 100% effective.**

Community Mitigation

- In Idaho, the governor issued an executive order on April 7 banning state government from requiring or issuing [COVID-19 "vaccine passports."](#)
- In Washington, local media reports the governor will announce on April 12 whether some counties will have to [roll back to Phase 2](#) of the state's COVID-19 reopening plan due to rising cases. Some people express they are fatigued and do not want restrictions rolled back.
- In Cowlitz County, Washington due to COVID-19 activity increasing, PeaceHealth St. John Medical Center is [banning visitors](#) for most hospital and clinic patients starting today.
- In Washington, the governor will be in Spokane today to visit the [mass vaccination site at the Spokane Arena](#). Currently there is not a lot of public reaction to the news.
- In Portland, Oregon Oaks Park, a popular [amusement park will reopen](#) on April 17. The park will require mandatory mask wearing and social distancing.

Sara Smith

Social Listening & Analytics Manager | Communications Division | Office of External Affairs

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FEMA

COVID-19

ESF 15 – EXTERNAL AFFAIRS

SOCIAL LISTENING REPORT

FRIDAY, APRIL 9, 2021

SUMMARY

- The funeral assistance program continues to get a large amount of local media coverage in anticipation of the launch on Monday. Local media has been heavily focused on the maximum reimbursement possible for a funeral. The general public is increasingly questioning the details of eligibility, specifically wondering if people who were presumed to die from COVID-19 will be eligible.
- Public trust towards the Johnson & Johnson vaccine has declined slightly over the past several days due to two separate vaccination sites being forced to close early due to patients having adverse side effects.
- There continue to be several areas that are reporting a growing number of open appointments as supply begins to outpace demand. However, across the country several states and territories are pausing in-person classes or sports activities as a result of increasing cases among young people.
- Vaccine passports continue to be a hot topic as more public officials announce their stance for or against them.
- While recent White House briefings focused on improving vaccine confidence, national media is questioning if the country is headed towards a “vaccine wall,” signaling a need to shift priorities to convincing vaccine holdouts of the importance of being vaccinated.
- National media has also heavily focused on concerns related to Johnson & Johnson distribution issues as multiple states report a significant decline in shipments.
- Today’s newspaper front-page headlines focused on an increase in air travel, how to reach homebound seniors and the return of seasonal events and gatherings.

PUBLIC PERCEPTION/SENTIMENT

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- There are growing questions regarding the safety of the Johnson & Johnson vaccine and expressions of vaccine hesitancy as sites in Georgia and North Carolina temporarily suspended the use of the single dose shot following reports that a small number of people experienced adverse reactions after their shot. Several people are sharing that they experienced getting sick afterwards. ([example 1](#), [example 2](#))
 - However, many people point out that those reactions are normal and expected. Others are also posting their positive experiences with the vaccine. ([example 1](#), [example 2](#), [example 3](#))
 - A few people are questioning if the reactions are the result of mishandling of the batches. ([example 1](#), [example 2](#))
- As some states/territories pause in-person learning due to an increase in COVID-19 cases, debate about children potentially spreading COVID-19 to adults has resurfaced at low but growing volumes. ([example 1](#), [example 2](#))
 - Most people are saying that schools have generally good COVID-19 protocols, but that many are not following social distancing guidelines on weekends and in their households.
 - Additionally, people are debating if it is worth trying to finish the current semester in person at some states. Some feel it may be better to wait for summer classes or the Fall semester.
- Conversation about [vaccine passports](#) has increased among Spanish speaking audiences upon national coverage explaining how they could work.
 - A large number oppose the idea, saying it is way of requiring people to get vaccinated or that it infringes on their [religious ideals](#). Fewer argue they would feel safer if businesses were able to require vaccine passports.

FEMA

Overall Discussion

- There has been a low level of traditional media commentary on FEMA's current capacity to support vaccination efforts as the number of vaccination sites continues to increase. Several outlets have mentioned internal emails seeking [surge capacity volunteers](#).

Community Vaccination Centers

- The Michigan Department of Civil Rights addressed a rumor that the Ford Field CVC was [hosting a special event to vaccinate the deaf](#). They emphasized that individuals who are deaf or hearing impaired are welcome at the site daily and ASL interpreters are available on site.

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- Local media has expressed concern over [low turnout at the new pilot site](#) that opened yesterday at The Dome at America's Center in St. Louis, Missouri. The site is capable of vaccinating up to 3,000 individuals a day but on its first day only vaccinated 700.
 - Many residents feel this could be the result of a lack of messaging letting people know the site was open. Others voiced confusion over whether the site was open to all adults.
- Officials announced there will be a second [FEMA-supported CVC in Philadelphia](#). Officials say the Esperanza Community Center can offer up to 2,500 shots a day.
 - Public reaction to the news has been dominated by individuals who are still highly skeptical of the vaccine and the federal government.
- The White House announced that Tulsa, [Oklahoma will be getting a community vaccination center](#) at the Tulsa Community College northeast campus.
 - Public reaction is mixed, with some people are saying that the vaccination center is unnecessary as appointment slots are not filling to capacity in Tulsa, while others are happy about the news, believing it will accelerate vaccination efforts.
- In New Haven, Connecticut, local residents and emergency management officials have [praised FEMA's mobile vaccine unit](#) offering additional vaccination accessibility for those unable to register for an appointment elsewhere.
- In Texas, the governor announced that [FEMA has partially approved a request to extend operations](#) for the three federally supported CVCs, including in Arlington, through mid-May. Arlington's vaccination operations will transition to inside AT&T Stadium starting on April 11 and are expected to continue through May 18. Originally launched in February, federal pilot sites based in Arlington, Dallas and Houston are part of a joint effort to support vaccination efforts in underserved areas.

Funeral Reimbursement

- In recent days and ahead of the assistance program's launch on April 12, there remains high volume of local media discussion on the program's expected benefits offered to COVID-19 survivors. ([example 1](#), [example 2](#))
 - A growing number of people are asking for clarification on [eligibility requirements related to cause of death](#). People are questioning whether family members of those who are presumed to have died of COVID-19, or those who died while COVID-19 positive but did not have COVID-19 on the cause of death will be eligible for assistance.

RUMORS/MISINFORMATION

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- YouTube removed a video of the Florida governor questioning if children should wear masks saying it violated the platform's [misinformation policies](#).

NATIONWIDE/GLOBAL

White House/Congressional

- During the White House COVID-19 Response Team press update, it was announced that a quarter of all Americans have received shots and the number of shots given daily continues to accelerate.
- Officials noted that the vaccination program is working and the country is on track to meet the White House goal of 200 million shots in the first 100 days. This has been made possible through partnerships to increase vaccine production and distribution.
 - The director of the CDC did voice some concern over increases in positive cases and hospitalizations. She said there is an expectation that cases will continue to climb among youth as schools resume sports and in-person classes. Testing will play a critical role in identifying outbreaks early.
- Over the coming weeks there will be a push to improve vaccine access by putting more vaccination sites within 5 miles of people's homes. This will be done through the expansion of the federal pharmacy program, the addition of more federal supported CVCs and expanding eligibility to all community health centers.
- There was an overall theme of officials working to improve vaccine confidence.
 - The chief medical adviser addressed concerns about how quickly the vaccines were developed, noting they built off of decades of ongoing research.
 - The Assistant Secretary for Preparedness and Response highlighted the mental toll of COVID-19 and mentioned that vaccines could play a role in improving mental health by providing hope for the future. He also pushed for the use of trusted messengers to spread awareness about the importance of getting vaccinated.
 - During Q&A, reporters were particularly interested in updates regarding Johnson & Johnson manufacturing capacity. There were also questions regarding breakthrough cases and how to reach isolated seniors.
- During recent White House press briefings, the press secretary addressed concerns about Florida's lawsuit against CDC guidance related to cruise line commercial travel, as well as any tentative updates to air travel guidance related to safety risks.
 - The secretary of transportation addressed questions about why the cruise industry is being held to different standards than airlines. He responded that safety is the top priority and cruise ships have a different safety profile than planes.

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- The press secretary reiterated that ongoing operations at the border are not pulling funds from the COVID-19 response.
- When asked about possible support for global vaccinations, the press secretary stated that the President is committed to helping the global community but the priority remains to vaccinate the American public.

Supply Chain

- National and local media have widely reported on Johnson & Johnson's anticipated vaccine shortage leading to a substantial reduction in doses delivered to [California](#), [Washington state](#), [Florida](#), [Louisiana](#) and [Virginia](#). All of the articles reference the 15 million doses of vaccine thrown out due to the manufacturing error in a Baltimore, Maryland manufacturing plant.
 - A Johnson & Johnson statement to CNBC said the company continues to work closely with FDA toward the Emergent Bayview facility's emergency use authorization. Multiple outlets have expressed uncertainty regarding whether the company will meet its monthly distribution goals for April and May.

Healthcare System Stress

- A twelve month investigation by The Guardian and KHN concluded that more than [3,600 U.S. healthcare workers died](#) in the first year of the pandemic.
 - The study found that two thirds of the deaths were people of color. Additionally, those with lower paying jobs that who handled everyday patient care were more likely to die than physicians.

Public Health

- While recent CDC data reportedly indicates 25% of the U.S. population has been fully vaccinated, broadcast media has stressed the need to [increase vaccination rates](#) to stay ahead of more-transmissible variants.
- This week, the CDC updated its surface cleaning guidelines to align with recent studies that found the likelihood of contracting COVID-19 from [touching a service was very low](#).
- Recent studies have found COVID-19 antibodies in the milk of nursing women who have been vaccinated. This is leading more women to [resume breastfeeding](#) or share their breastmilk with others in an effort to boost protection.

Private Sector

- The state of Florida is reportedly suing CDC and HHS for health restrictions the state considers "so cumbersome that cruise lines will not be able to sail." ([example 1](#), [example 2](#), [example 3](#))

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- Wall Street Journal referenced CDC's framework for a phased restart requiring operators to conduct mock sailings and apply for a certificate 60 days before offering cruises to consumers, which the cruise industry has criticized.
- Samuel Adams has offered [free beer to people who get the COVID-19 vaccine](#). To qualify, participants must be 21 or older and have a CashApp account. Photo proof of vaccination is required, including a sticker showing you received the vaccine or a photo of your arm with a bandage on it. Samuel Adams said it is not encouraging fans to share photos of their personal vaccination cards on behalf of their promotion.

REGION ONE

Vaccination Centers & Administration

- On April 19, New Hampshire will expand eligibility to all individuals 16 and up, [regardless of residency](#), due to having plenty of supply.
 - This comes following criticism over the state's initial decision to prohibit college students from other states from being vaccinated.
- In Massachusetts, [43 Walmarts](#) will begin offering vaccinations starting this weekend.
- Rhode Island will make available an additional [20,000 vaccine appointments](#) today by 1700 EDT.

Public Health

- In Massachusetts, Fall River and its surrounding towns have seen COVID cases climbing again for the past few weeks and returned to the [high-risk red zone](#).

Community Mitigation

- In Connecticut, leaders are [urging young people](#) to get vaccinated in an effort to get more people vaccinated to offset variants.
- In Massachusetts, the governor said [no to 'vaccine passports'](#) for the time being and wants to focus on getting people vaccinated first.

REGION TWO

Equitable Access

- New Jersey [vaccination rates in Black and Latinx communities](#) across the state continue to be lower than in white communities. During the latest COVID-19 update in Trenton on April 7, the state health commissioner said the race/ethnicity breakdown of individuals receiving at least one dose of the vaccine is 56.5%, white, 9.5% Latinx, 5.8% Black and 8.8% Asian.

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- The governor said a multi-pronged strategy is being deployed to ensure every resident has the opportunity to get vaccinated by using mobile vans, houses of worship, community role models and putting clinic locations into communities. They also distributed flyers about vaccination sites in Newark in seven languages and the state call center is reaching out to help make appointments.
- New York City, New York (NY), [mobile vaccine buses](#) are aiming to administer 200 vaccines daily in an effort to increase vaccine access for underserved communities.

Vaccination Centers & Administration

- In Puerto Rico, anyone older than 16 years of age [will be eligible for vaccines](#) as of April 12.
- In Puerto Rico, people aged [16 and over with diagnosed cancer](#), in remission or in treatment are eligible for vaccines as of April 8. Diagnosed patients can register for vaccines at the Comprehensive Center for Cancer Hospital.
- In New York (NY) Nassau County has administered one vaccine dose [to 42% of its county population](#).

Public Health

- Puerto Rico detected 672 new COVID-19 cases as of today, along with 347 hospitalizations due to COVID-19, the [highest numbers so far in the year](#).
- New York area local media reported that [new data from Johns Hopkins University](#) shows five states - New York, New Jersey, Pennsylvania, Michigan and Florida - make up 43% of new COVID-19 cases across the country over the last week.

Community Mitigation

- New Jersey's governor said on April 7 that residents should not expect reopening news any time soon, that it is still [too early to reopen and to not expect any major changes](#) in the near future. He added that he won't commit to a reopening timeline, but the vaccination effort means things like indoor dining and gatherings could change by Memorial Day.
- In Puerto Rico, the governor announced a [series of executive orders](#) aimed at controlling the new surge of COVID-19 cases in the territory. As of April 9, the curfew will start at 2200 EDT, commercial establishments have to close at 2100 EDT, and activities that involve a conglomeration of people will be prohibited.
 - The Department of Health will also augment its resources to corroborate the compliance of quarantine from people traveling to the territory.

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- Puerto Rico's Department of Education ordered all public and private [schools to close](#) and transition to only virtual learning for a period of two weeks following a surge in COVID-19 cases over the last week.
- New York City, NY, [changed its school COVID-19 protocols](#) to close schools amid an increase in cases. Now, schools will close for 10 days if four new cases are detected instead of two as it was in prior weeks.

REGION THREE

Equitable Access

- Anyone who lives and works inside a Pennsylvania prison will soon be able to [receive the Johnson & Johnson vaccine](#). Local media reports this comes after a reported lack of transparency about COVID-19 infections in prisons.
- Virginia is the first state to offer [ASL video chats](#) for the state's COVID-19 call center. The face-to-face service aims to offer equal access to state assistance in a format that offers clear information that's less susceptible to miscommunication.

Vaccination Centers & Administration

- In Allegheny County, Pennsylvania a vaccination clinic will be held on April 9-10 in Monroeville to [vaccinate 13,000 residents](#) who fall within the state's 1A, 1B and 1C phases. As of 0714 EDT today, local media reports thousands of appointments are still available. The clinic is accepting walk-ins.
- In Hampton, Virginia the Hampton VA has now [opened vaccinations to all veterans and their spouses](#), and caregivers participating in the VA's General Caregiver Support Services program. The VA said vaccinations are only by appointment and demand is still higher than supply.
- In southwest Washington, D.C. a new vaccination site at [Arena Stage will hold a soft launch today](#) with a couple of hundred doses being administered. 1,000 doses will be administered a day by April 10.

Public Health

- In West Virginia, the state Department of Health and Human Resources stated that active [COVID-19 cases are above 7,000 again](#). Local media reports vaccinations in the state continue to grow and there have been 433,823 residents fully vaccinated.
- In Maryland, the governor announced today that the state set a new one-day record of roughly [80,000 COVID-19 vaccinations](#) on April 8.

Community Mitigation

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- The National Park Service announced on April 8 that due to the pandemic the 2021 National Independence Day [Parade has been cancelled](#).

REGION FOUR

Equitable Access

- In Jacksonville, Florida, the JTA public transportation system is [offering a free one-day pass](#) to vaccination sites.

Vaccination Centers & Administration

- In [North Carolina](#) and [Georgia](#), vaccination sites paused administration of the Johnson & Johnson vaccine after a small number of people had adverse reactions. Three sites in North Carolina consisted of one site at the PNC Arena in Raleigh and two other clinics run by UNC Health. The Georgia site was at the Cumming Fairgrounds.

Staffing

- Volunteers with the Kentucky National Guard, Americorps NCCC, UofL Hospital and UofL medical school are being [trained to staff](#) the mass vaccination site at the Cardinal Stadium.

Public Health

- In Mississippi, the state reports that [new COVID-19 cases are lower](#) as 26% of the state's population has received at least one dose of the vaccine.
- Lafayette County, Mississippi reports that after seeing a decline in COVID-19 hospitalizations, [numbers began to increase](#) this week.

Community Mitigation

- In Georgia, on April 8, [COVID-19 restrictions](#) were relaxed.
 - Capacity guidelines that were in place for limited indoor seating have been removed, along with shelter-in-place orders limiting senior care facility visitations and the ban of gatherings of 50 or more.
- In Alabama, the [mask mandate ends](#) today at 1800 EDT under the state's new health order that lasts until May 5. Masks are strongly encouraged under the health order but not required.
- In Alabama, local media has asked the University of Alabama, University of Montevallo, University of Birmingham and Jacksonville State University if they [plan to require](#) the vaccine for students and staff and all have said no, at this time.

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- A Florida woman [has been sentenced to jail](#) after coughing on a cancer patient on last year in the midst of the pandemic. The story has been widely shared by local media and has generated a growing discussion as many agree that the woman should have been charged. ([example 1](#), [example 2](#))

REGION FIVE

Equitable Access

- In Michigan, [22% of Detroit's residents](#), 80% of which are Black Americans, have received at least one vaccine dose, compared to 38% of all Michiganders, according to the state's Department of Health and Human Services.
 - In a national media story on the worldwide increase COVID-19 deaths, there was a mention [that Detroit leaders began making a plan to knock on every door](#) to persuade people to get vaccine shots.

Supply Chain

- Michigan's governor [has requested a surge strategy](#) that would bring more vaccine to the state, but the White House COVID-19 Response Team said during a press briefing today that the federal government [will not send any extra doses](#) to the state, which is struggling with worst-in-the-nation rates of infection and hospitalizations.

Vaccination Centers & Administration

- The Michigan governor's is reportedly [focusing on vaccinations, not imposing new restrictions on the economy](#), amid a wave of COVID-19 cases and crowded hospitals, Michigan's health director said on April 7. The director noted that indoor high school sports, which have been identified as a source of infections, are ending soon, and spring sports are outdoors where close contact is less likely. Also, all teen athletes must be regularly tested, a rule that began on April 2.
 - The director added that while the focus is on vaccinations, the state still does have a number of restrictions in place that limit gathering sizes.
 - Michigan was number one in the U.S. for new COVID-19 cases: More than 46,000, or 469 per 100,000 people, in the last seven days, the federal government reported on April 7.

Staffing

- The Michigan Community Service Commission is [seeking volunteers for shifts at the Ford Field Vaccination Clinic](#) to help individuals who have requested wheelchair assistance in receiving their vaccine. Volunteers are able to receive the vaccine during their service.

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Public Health

- The Indiana Senate has approved a bill that [designates religious activities as essential services](#) and prohibits restrictions on them during a declared emergency. The measure was approved on April 8. If the governor signs it, houses of worship would be allowed to hold services without regard to capacity size, social distancing, or mask mandates.
 - While [many are supportive](#) of prohibiting restrictions, some shared their concerns that these gatherings may have [activities that could cause virus spread](#).
- The Ohio governor announced today that the Ohio Department of Health Director signed [an amended order for social distancing, facial coverings, and non-congregating](#), which still requires six feet of separation between tables at restaurants, drinking establishments, and banquet facilities unless there is a physical barrier between them. Mask mandates also remain in effect.
- In Ohio, some state lawmakers introduced a bill which would allow residents to decline getting a COVID-19 shot, or any other vaccine, due to natural immunity or religious or medical reasons. Supporters of the bill say it would ensure unvaccinated people the same rights and abilities as those who are vaccinated. The bill comes as some bars, concert venues and other businesses begin to explore the possibility of requiring vaccination for entry. ([example 1](#), [example 2](#), [example 3](#))
 - The bill's discussion on local media accounts has a significant amount of activity, and there are many comments that appear to support the bill. Some commenters [support the ability for venues](#) such as bars and concerts to enforce vaccinations for entry, and others say that people should be allowed to refuse the vaccine, but then [should not complain](#) if not allowed in establishments.
- In Michigan today the governor requested a voluntary two-week pause of youth sports, indoor dining, and in-person learning due to COVID-19 case increases. ([example 1](#), [example 2](#), [example 3](#))
 - While many are complaining about the requested pause, there is also a lot of support in comments for the governor's request, thanking her for her leadership and expressing concern for the rise in cases. ([example 1](#), [example 2](#), [example 3](#))
- A [grassroots group in](#) Michigan filed a lawsuit to cut testing and quarantining from public school youth sports. The group, mostly made up of parents, questions whether the Michigan Department of Health and Human Services has the authority to mandate COVID-19 testing and quarantining for students.

REGION SIX

Equitable Access

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- In Texas, a [university sponsored vaccine tracker](#) revealed that vaccines administered by state-designated hubs aren't reaching Black and Latinx residents.
 - Latinxs, who accounted for nearly half of COVID-19 deaths (46%) and compose about 39% of Texas residents, have received about 24% of doses administered so far as of April 9.
- In Houston, Texas, Walgreens clinics will hold a [vaccine equity clinic this weekend](#) to serve Black and Latinx communities in Houston. The company is working with local leaders to promote the event and over 100 more vaccine equity clinics are scheduled in the next two weeks in El Paso, Houston and other cities.

Supply Chain

- Oklahoma media reports that the state Department of Health will start [offering vaccines to non-Oklahoma residents](#) beginning April 8. Statewide, entities have already administered more than 2.1 million doses, which the health department says has prompted the state to start expanding its reach. Oklahoma opened vaccinations to residents 16 and older at the start of last week, officially entering the final phase of their inoculation plan.
- Local Louisiana media reported on April 8 that the state will receive significantly fewer doses of the Johnson & Johnson vaccine next week due to what they [referred to as a "nationwide shortage of Johnson & Johnson's one-shot COVID-19 vaccines."](#) The state's allocation reportedly will fall from 67,700 doses this week down to 8,000 doses next week — an 88% drop, according to data from the CDC. The article relates the shortage to the 15 million doses of Johnson & Johnson's vaccine thrown out following a mix-up in ingredients at a manufacturing plant in Baltimore.
 - One local health official said that this [would not cause a significant impact](#) on their efforts since they have already seen their vaccination numbers drop and they have in recent days returned some vaccines back to the state since demand was not there for the vaccine as they reach a saturation point.

Vaccination Centers & Administration

- Oklahoma sites are currently struggling to get all their appointments filled after being a lead state in vaccination rates. To continue administering vaccines, the state is now [opening eligibility to anyone outside the state](#) who wishes to get vaccinated.
- New Mexico health officials reported that [50% of residents 16 and older](#) have received their first shot and 31% are fully vaccinated. The state expanded vaccine eligibility to all residents 16 and older on April 5.

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- Louisiana announced on April 8 a [new vaccine hotline](#) as part of its “Bring Back Louisiana” campaign. The hotline will allow people to find vaccine providers, connect with medical professionals, answer questions, and schedule a vaccine appointment.
- In Texas, more [than 70% of seniors age 65-79](#) have been vaccinated, as well as 67% of seniors age 80 and over have received a shot as well.
- New Mexico now allows seniors 60 and over to visit the state’s vaccine website to [schedule their own COVID-19 vaccine appointment](#) from available providers in the location of their preference. Event codes are no longer required for users over 60.

Staffing

- In San Antonio, Texas, the Metropolitan Health District volunteer coordinator shared concerns that the [amount of volunteers helping the clinic has declined](#) over the past week while the amount of patients arriving for shots remains at large numbers.
 - In previous months they had 90 volunteers on shifts, but the past week they would have 25 during the morning and 13 in the afternoon.

Public Health

- The Texas Senate passed a bill that will [bar lawsuits on hospitals](#) and healthcare facilities over COVID-19 deaths and injuries. The liability shield would be lifted once the pandemic ends.

Community Mitigation

- Some cities are announcing plans to remove their mask mandates.
 - The city council of Round Rock, Texas voted on April 8 to [repeal the mask mandate](#) as of April 22.
 - The Tulsa, Ok, mayor announced that if COVID-19 trends remain in decline or in control then the city will [lift its mask ordinance on April 30](#).

REGION SEVEN

Vaccination Centers & Administration

- In Missouri, [all residents](#) age 16 and older are eligible to receive the COVID-19 vaccine as of today.
- In St. Louis, Missouri, there are reports that an eight-week mass vaccination site, which opened on April 7 to all eligible Missouri residents [had a low turnout](#) with only 700 doses administered of the 3,000 that were available.
- In Scott County, Iowa, a Johnson & Johnson [vaccine clinic](#) is opening on April 10 for residents 18 and older. Registration for it opened today.

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- VA Central Iowa Health Care System is [hosting another vaccine clinic](#) for all veterans today.

Community Mitigation

- Missouri lawmakers have shared that they are [against vaccine passports](#), citing that it is an invasion of privacy.
- Nixa, Missouri announced its [mask mandate](#) will end on April 30.

REGION EIGHT

Equitable Access

- Ogden, Utah community leaders will host two bilingual vaccine clinics this weekend [to vaccinate the Latinx community](#).

Supply Chain

- In North Dakota, the First District First Health Unit in Minot says they have [more supply than demand](#) for vaccine.

Vaccination Centers & Administration

- Colorado Health officials [found no issues at the Dick's Sporting Goods Park vaccination site](#), after [11 out of 1,700 people](#) vaccinated experienced adverse reactions from the Johnson & Johnson vaccine on April 7.
 - A spokesperson that they followed protocols and in an abundance of caution, made the decision with the state to pause operations for the rest of the day. The site was using the Johnson & Johnson vaccine. ([example 1](#), [example 2](#), [example 3](#))
- Colorado's Larimer County Department of Health and Environment will host an [appointment-only vaccine clinic](#) at the Lago Vista Mobile Home Park in Loveland.
 - Larimer County health providers [have surpassed 200,000 vaccine doses](#).
- Montana vaccine appointments in [Missoula County](#), [Butte-Silver Bow](#), [Helena](#) and [Lewis and Clark County](#) are not filling up immediately, with health officials getting the word out that all residents 16 and over are eligible for the vaccine.
- Montana's Riverstone Health announces new vaccine clinics next week at [Cedar Hall at Metrapark](#).
- A Montana pharmacy in [Missoula will host](#) a Johnson & Johnson vaccine clinic this weekend, with 300 doses.
- In Montana, Riverstone Health officials in Yellowstone County are contacting about 90 people who [may not have received a full second dose](#) of a COVID-19 vaccine, as an error led to syringes being incompletely filled.

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- In South Dakota, as of April 6, about 700,000 doses of COVID-19 vaccines have been delivered to vaccination sites around the state, and as of April 8, [472,352 COVID-19 vaccinations have been administered](#) to people.
 - [Avera St. Mary's Hospital in Pierre](#) will hold a walk-in COVID-19 vaccination clinic on Friday.
 - Health workers administered [vaccines in Watertown](#) at the Codington County Extension Center.
- Utah local media reported on April 8 that [over 1.6 million vaccine doses have been administered](#), and the Utah Department of Health reported 483 new COVID-19 cases, with 10 new reported COVID-19 related deaths.

Public Health

- Colorado [COVID-19-related hospitalizations rose again April 7](#), reaching a level last seen in mid-February, while increasing outbreaks also pointed to wider spread of the virus. The Colorado Department of Public Health and Environment reported 450 people were hospitalized statewide with confirmed or suspected COVID-19 as of April 7. The last time that many people were in the hospital because of the virus was Feb. 19.
 - Another article adds that active COVID-19 outbreaks also increased, rising about 8% in the past week, according to state data released April 7, bringing outbreaks back to about the same level seen in mid-March, and ending a 15-week streak of decreases.
- Local media report that Utah [businesses are split](#) regarding whether to continue requiring masks once the state mandate expires.

Community Mitigation

- In Colorado, Fort Lewis College in Durango added the COVID-19 vaccine [to enrollment requirements for the upcoming fall semester](#). There may be some exemptions from vaccination, such as allergies or religious objections. Vaccinations for faculty and staff are not required but encouraged, and that is to be further discussed.
- As Utah relaxed its mask order, Salt Lake City's [mayor declared a citywide mask order](#) for people in public settings, aiming to maintain a mask requirement in the capital after the statewide mandate expires on April 10. While some are praising her for [keeping the public safe](#), others disagree with the order, [calling it "virtue signalling"](#).
 - Weber State University [also extended their mask mandate](#) into the summer.
 - Local news reported that [some Utah parents](#) have pushed back on the ongoing mask mandate in schools.

REGION NINE

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Vaccination Centers & Administration

- Organizers at the California State vaccination center in Los Angeles announced any adult could get a vaccine between April 8-11 prompting an immediate and overwhelming response of appointments and walk-ins. Public health officials opened up eligibility one week earlier because [thousands of appointments had recently gone unbooked](#) by eligible people.
 - Demand was so great, state officials announced they will keep some walk-in slots for eligible people from previous tiers but will need to turn away others without appointments.

Community Mitigation

- Pima County, Arizona is considering how to deal with businesses not complying with its [extended mask mandate](#). A business could get their permit suspended or revoked if they don't comply. A \$500 citation would be billed to businesses without permits after three strikes of not complying with the mask mandate. Both county and city officials say the majority of businesses are complying with the county's mask mandate.
- The city of Tempe, Arizona is joining Pima County and the cities of Phoenix, Flagstaff and Tucson in the [reaffirmation of their mask mandates](#), despite the governor lifting the statewide mandate. The mask mandate continues to be debated as more Arizona municipalities choose to enact orders at the local level.
- A California assemblyman is drafting legislation to [prevent vaccine passports](#) from being used at any level of government in California. State health officials said they expect private businesses to verify full vaccinations or testing with their own systems. For the next couple of months, California will require proof of full vaccinations or testing for live performance venues, gatherings and conferences to fill their events to the largest capacity possible.
- The mayor of Maui, Hawaii announced plans for [mandatory post-arrival COVID-19 tests](#) for trans-Pacific travelers arriving at Maui's Kahului airport, to stem the influx of infections from travelers as the island deals with a rising trend of COVID cases.
 - This second rapid test upon arrival requirement, slated to start today, is in addition to a negative pre-test 72 hours before departure under the state's current Safe Travels Program. Those who refuse will be forced into a 10-day quarantine.

REGION TEN

Vaccination Centers & Administration

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- In Washington, local and state health officials are discouraging people from making long drives to the vaccination site in at Yakima. Officials say when [people come from out of town](#) it takes vaccines away from local residents.

Public Health

- Oregon officials have identified [168 "breakthrough" cases](#). Of the 700,000 people who reached full immunity, 0.024% got infected with the virus after being fully vaccinated. The Oregon Health Authority's medical director said the data shows that the vaccines are working. Many people are expressing the same sentiment and that the vaccine is not 100% effective.

Community Mitigation

- In Idaho, the governor issued an executive order on April 7 banning state government from requiring or issuing [COVID-19 "vaccine passports."](#)
 - In Washington, local media reports the governor will announce on April 12 whether some counties will have to [roll back to Phase 2](#) of the state's COVID-19 reopening plan due to rising cases. Some people express they are fatigued and do not want restrictions rolled back.
 - In Cowlitz County, Washington due to COVID-19 activity increasing, PeaceHealth St. John Medical Center is [banning visitors](#) for most hospital and clinic patients starting today.
 - In Washington, the governor will be in Spokane today to visit the [mass vaccination site at the Spokane Arena](#). Currently there is not a lot of public reaction to the news.
 - In Portland, Oregon Oaks Park, a popular [amusement park will reopen](#) on April 17. The park will require mandatory mask wearing and social distancing.
-

FW: Rapid COVID-19 State of Vaccine Confidence Insights Report - J&J/Janssen Pause

From: "Hackett, Liz (NIH/NHLBI) [E]" Ex 6 - (5 U.S.C. Sec
To: "Hackett, Liz (NIH/NHLBI) [E]" Ex 6 - (5 U.S.C. Sec
Date: Wed, 21 Apr 2021 09:13:09 -0400
Attachments: SoVC_Rapid_JnJ_4.20.2021.pdf (394.58 kB)

Hi all,

Please see below and attached following our CDC presentation on vaccine confidence.

Liz

From: CDC IMS 2019 NCOV Response VTF Vaccine Confidence Team Ex 6 - (5 U.S.C. Sec
Sent: Wednesday, April 21, 2021 8:42 AM
To: CDC IMS 2019 NCOV Response VTF Vaccine Confidence Team Ex 6 - (5 U.S.C. Sec
Subject: Rapid COVID-19 State of Vaccine Confidence Insights Report - J&J/Janssen Pause
Importance: High

Dear partners and colleagues,

In response to the [joint CDC/FDA recommendation](#) to pause the use of Johnson & Johnson's Janssen COVID-19 Vaccine, a rapid assessment based on the methods and inputs from the COVID-19 State of Vaccine Confidence Insights Report was conducted. The Rapid COVID-19 State of Vaccine Confidence Insights Report seeks to better understand consumer, provider, and state and jurisdiction chief concerns about the recommendation to pause use of the J&J/Janssen vaccine. The report describes threats to COVID-19 vaccine confidence, content gaps and information voids, circulating mis- and disinformation, and action steps for federal agencies to take now. The information in this report is a snapshot from April 13, 2021 through April 15, 2021.

Thank you to Hannah Fogarty, Katy Renfro, and Anisha Verma for their hard work and dedication to the creation of this report. If you have any questions, please respond to Ex 6 - (5 U.S.C. Sec or contact Jess Kolis Ex 6 - (5 U.S.C. or Kate Brookmeyer Ex 6 - (5 U.S.C. directly.

Thank you for reading and for your continued support for this work!

Kate Brookmeyer, Ph.D.
Behavioral Scientist
Insights Unit Co-Lead | Vaccine
Confidence Team
Vaccine Task Force | COVID-19 Response

Division of STD Prevention
National Center for HIV/AIDS, Viral
Hepatitis, STD and TB Prevention
US Centers for Disease Control and
Prevention

Ex 6 - (5 | Ex 6 - (5

Jessica Kolis, MPH, CHES
Health Communication Specialist
Insights Unit Co-Lead | Vaccine Confidence Team
Vaccine Task Force | COVID-19 Response

Demand for Immunization Team
Immunization Systems Branch
Global Immunization Division
US Centers for Disease Control and Prevention

Ex 6 - (5 | Ex 6 - (5 U.S.C.

Rapid COVID-19 State of Vaccine Confidence Insights Report

Recommendation to Pause Use of Johnson & Johnson's Janssen COVID-19 Vaccine
Special Report | April 21, 2021 | Date Range: April 13-15, 2021



In response to the [joint CDC/FDA recommendation](#) to pause the use of Johnson & Johnson's Janssen COVID-19 Vaccine, a rapid assessment based on the methods and [inputs](#) from the COVID-19 State of Vaccine Confidence Insights Report was conducted.

The Rapid COVID-19 State of Vaccine Confidence Insights Report seeks to better understand consumer, provider, and state and jurisdiction chief concerns about the recommendation to pause use of the J&J/Janssen vaccine. The report describes threats to COVID-19 vaccine confidence, content gaps and information voids, circulating mis- and disinformation, and action steps for federal agencies to take now.

The information in this report is a snapshot from April 13, 2021 through April 15, 2021.



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**Centers for Disease Control & Prevention,
COVID-19 Response, Vaccine Task Force**
Vaccine Confidence Team, Insights Unit

The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).

CS000000-A | 04/20/21

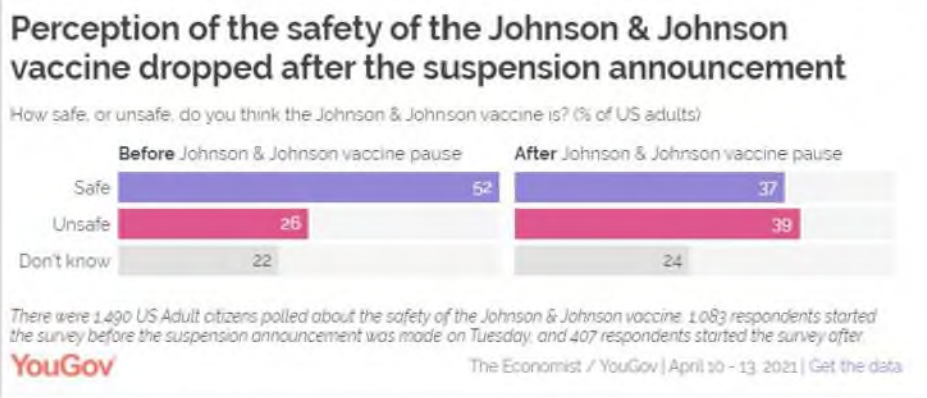
Perceptions, Concerns, and Threats to Vaccine Confidence

Following the announcement from Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA), consumers in the United States commented online that they perceived the decision to pause use of the J&J/Janssen COVID-19 Vaccine to be either beneficial or detrimental for the health and safety of the country. Some praised CDC and FDA for reacting quickly, noting that the decision demonstrates that vaccine safety is a priority.^{1,2} However, more commonly, consumers expressed the belief that CDC and FDA may have misjudged the risk to the public.^{3,4,5,6} Given the rarity of the severe blood clotting events,^{7,8} **pro-vaccine consumers** were concerned that the decision to pause the vaccine would damage vaccine confidence broadly and undermine the safety of all three COVID-19 vaccines.^{9,10,11} **Consumers also expressed concern that the country's vaccine uptake would suffer;**^{12,13,14} despite White House attempts to assure the public that this pause would not have a significant impact on the rate of vaccinations or population vaccination goals.¹⁵ Broader implications of the pause include concerns about whether rural vaccination would be jeopardized,¹⁶ whether efforts to reach population immunity would be dampened,¹⁷ or if it is an indication that we would learn about long-term or other adverse vaccine events in the future.^{18,19,20} Polls indicate that such vaccine interruptions may shake consumers' confidence in the safety of a vaccine;²¹ vaccine confidence fell significantly in Europe following the AstraZeneca pause, such that more than half of the people in Germany, France, and Spain believed the vaccine was unsafe.^{22,23}



Early polling data in the United States suggest that the pause in the J&J/Janssen vaccine triggered a decline in consumer confidence in the safety of this vaccine. After the announcement, only 37% called the vaccine safe, a drop of 15% in two to three days.²⁴ A separate survey indicated that among consumers intending to get vaccinated against COVID-19, those willing to get the J&J/Janssen COVID-19 vaccine fell from 49% to 22% from April 12 to April 14.²⁵ Notably, the percentage of women willing to get this vaccine fell to 15% — a drop of 31 percentage points.²⁶ So far, this drop in vaccine confidence does not appear to extend to the Pfizer-BioNTech and Moderna COVID-19 vaccines.²⁷ Currently, 59% of consumers consider them to be safe and 19% feel that they are unsafe. These data remained steady over time,²⁸ indicating that concerns over the J&J/Janssen COVID-19 Vaccine may not have negatively affected confidence in the mRNA COVID-19 vaccines at this time.

Lastly, the pause in the J&J/Janssen vaccine might cause the “wait and see” group to wait even longer before getting vaccinated, thereby increasing their own risk of COVID-19 and affecting population immunity more broadly. About one-third of the movable middle—people who want to “wait and see” before getting vaccinated—indicate that vaccine effectiveness and vaccine safety data are most likely to influence their decision to get vaccinated. In this same group, 57% were most concerned about vaccine side effects.⁹ Additionally, a recent poll found that people wanting to “wait and see” before deciding to get vaccinated reported that if they decided to get vaccinated they would probably or definitely get any of the three available brands (Pfizer-BioNTech, Moderna, and J&J/Janssen),²⁹ but a slightly larger share indicates they would “definitely” get the one-dose J&J/Janssen vaccine (16%).³⁰



* Unpublished data. IPSOS and NORC Omnibus Surveys, March Wave 2 (Mar 19-29). For methods and previous Omnibus data, please see Nguyen KH, Srivastav A, Razzaghi H, et al. COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating Among Groups Prioritized for Early Vaccination — United States, September and December 2020. MMWR Morb Mortal Wkly Rep 2021;70:217–222. DOI: <http://dx.doi.org/10.15585/mmwr.mm7006e3>

Content Gaps and Information Voids

Consumers congregated on social media, where mentions of the J&J/Janssen COVID-19 Vaccine peaked on April 13 and increased by 1018% from the previous day across all platforms. Mentions have since declined but remain elevated. Facebook interactions regarding side effects or adverse effects also peaked on April 13 and increased by 343% from the previous day and continue to remain elevated. Several content gaps and information voids emerged related to guidance for people who have recently received the J&J/Janssen COVID-19 Vaccine, vaccine safety, and this specific adverse event. These questions should be anticipated and addressed through expanded online content and talking points. Questions from consumers emerged on social media in response to news coverage and federal government social media channels, organically through social media and forum platforms, and through CDC-INFO.

Questions that emerged on April 13, 2021:

Potential Actions Needed for Those Recently or Soon-to-Be Vaccinated

- What next steps should consumers take who recently received the J&J/Janssen COVID-19 Vaccine?
 - What side effects are normal and what side effects should they look out for?
 - Are there some side effects that were previously considered normal, that are now potential signs of a severe blood clotting event?
 - If consumers feel that they are experiencing symptoms of severe blood clots, who should they contact and where should they go for help?
- What if consumers are already scheduled to receive the J&J/Janssen COVID-19 Vaccine?

Blood Clots, COVID-19 Vaccine Brands, and Personal Risk

- Why is there not a risk of this type of adverse event with mRNA COVID-19 vaccines (Pfizer-BioNTech and Moderna)?
 - What is the difference between mRNA vaccines and viral vector vaccines?
 - Are rare blood clots associated with the Pfizer-BioNTech and Moderna vaccines?
- What is the difference between cerebral venous sinus thrombosis (CVST) and other types of blood clots?
- Did those patients affected by CVST have any underlying medical issues or conditions that put them at increased risk?
 - Were birth control pills involved or related?
 - Was Factor V Leiden, a genetic change of one of the clotting factors in the blood that can increase chances for developing blood clots, related?
 - What were the demographics of those patients affected?
- Is this the same problem linked to the AstraZeneca vaccine in Europe?
- What is the relative risk of blood clots?
 - As compared to COVID-19 illness?
 - As compared to the rate of blood clots in the same demographic who are unvaccinated?

Content gaps and information voids shifting in the following days. While many of the questions in the 'Potential Actions Needed for Those Recently or Soon-to-Be Vaccinated' have been answered, new questions and concerns emerged, and some remained following the Advisory Committee on Immunization Practices (ACIP) meeting on April 14, 2021. Many of the questions above regarding 'Blood Clots, COVID-19 Vaccine Brands, and Personal Risk' continue to go unanswered, with additional contextual questions and questions regarding other COVID-19 vaccines surfacing. Questions from clinicians were also seen through CDC-INFO.

Content Gaps and Information Voids (cont.)

New questions that emerged from April 14, 2021 through April 15, 2021:

Potential Actions Needed for Consumers Recently or Soon-to-Be Vaccinated

- How do consumers report an adverse event after receiving J&J/Janssen COVID-19 Vaccine?
- How long should consumers who received J&J/Janssen COVID-19 Vaccine monitor their health for symptoms for CVST?
- What actions should consumers take after receiving J&J/Janssen COVID-19 Vaccine?
 - Is there anything consumers can do to decrease their risk of CVST or another blood clotting event, such as take aspirin or blood thinners?
 - Should consumers get their platelet counts checked?
 - Should consumers delay airplane travel?
 - Should consumers stop taking birth control pills?
- What about consumers who still want to get vaccinated with J&J/Janssen COVID-19 Vaccine?

Personal Risk Concerns

- Is there an increased risk for consumers who have a history of blood clotting, heart attack, high cholesterol, or high blood pressure?

Vaccine Pause

- Why couldn't interim recommendations be made?
 - If cases were only seen among women, why can't men continue to receive the J&J/Janssen COVID-19 Vaccine?
 - If cases were only seen in people under 50 years old, why can't people over 50 years old still receive the J&J/Janssen COVID-19 Vaccine?
- Why were Pfizer-BioNTech and Moderna COVID-19 vaccines not paused when CVST cases were identified after vaccination?

Vaccine Pause Implications

- Will this pause delay ACIP decisions to recommend new COVID-19 vaccines?
- Will this pause change ACIP future decisions about recommendations for COVID-19 vaccination for children?

Provider Inquiries

- Are providers prohibited from administering J&J/Janssen COVID-19 Vaccine during the pause?
- What actions need to be taken related to remaining supply of J&J/Janssen COVID-19 Vaccine?
- How can I effectively talk to patients who received J&J/Janssen COVID-19 Vaccine and are experiencing symptoms?

Misinformation and Disinformation Themes

Vocal vaccine deniers were both validated and fueled by the April 13 announcement. Misinformation related to the pause in administration of J&J/Janssen COVID-19 Vaccine began to circulate rapidly including about the adverse events, broader conspiracy theories related to the J&J/Janssen vaccine, COVID-19 vaccines more generally, and the COVID-19 pandemic. Ranked in order of volume, the most common misinformation themes included:

1. There are more cases of severe blood clots from the J&J/Janssen COVID-19 Vaccine than the government is reporting; this is not actually a rare adverse event. Some allege that there are additional severe blood clot cases not being reported or that are underreported. Vaccine deniers claim that less than 10% of adverse events are reported to VAERS.^{31,32,33} Some believe that the government waited this long to pause any vaccine because reaching President Biden's vaccine goal was of primary importance, rather than the safety and health of consumers.³⁴

2. Pfizer-BioNTech and Moderna's COVID-19 vaccines have the same rates of adverse events, but the government has incentive to keep these vaccines on the market. There are claims that the mRNA COVID-19 vaccines are also resulting in hospitalizations and death due to severe blood clots, but these vaccines were not paused because government leaders have financial motivations for keeping those vaccines on the market.^{35,36,37} Additionally, some believe the COVID-19 pandemic itself is a hoax formulated by the government as a means to work with pharmaceutical companies for financial gain.³⁸

3. The severe adverse events are actually related to the J&J/Janssen COVID-19 Vaccine production issues. Deniers believe that victims received contaminated vaccine or vaccine mixed with the AstraZeneca vaccine, which has been linked to the same type of blood clots in Europe.^{39,40,41}

4. It is not possible for COVID-19 vaccines to be safe because they are not FDA approved and are "experimental." Deniers stated that such adverse events should be expected because the COVID-19 vaccines have not been tested thoroughly and that an Emergency Use Authorization is merely an extension of the clinical trial period. Additionally, many claims also cited that vaccine companies not being liable for adverse events as an additional reason to not trust vaccines.^{42,43}

5. Tech companies have been censoring the truth about COVID-19 vaccines. Some contend that the news out of federal agencies on April 13 aligns with the content they have been posting for months about the dangers of COVID-19 vaccines. **They feel that previous removal of posts or account restrictions are a double standard as the government has been claiming these vaccines are "safe and effective."**^{44,45,46,47}

6. The pandemic is about government control. Claims that government agencies are working with technology companies to cover-up the truth about the COVID-19 pandemic and vaccinations were among the top shared posts on **Facebook** following the announcement to pause the J&J/Janssen COVID-19 Vaccine.^{48,49,50}

Ways for Federal Agencies to Take Action Now

Disseminate messages focused on the importance of vaccination as an important tool to end the pandemic.

- Disseminate messages on agency channels highlighting that vaccination will play a key role in ending the COVID-19 pandemic.
- Disseminate messages that the U.S. vaccination system will continue to offer safe and effective vaccines and will continue to monitor vaccine safety through rigorous vaccine safety monitoring systems.
- Disseminate messages that the integrity and transparency of safety monitoring systems will be maintained. Increased reports of adverse events to safety monitoring systems are expected and will be appropriately investigated.
- Disseminate messages about how ACIP makes decisions and their role in safety monitoring and the U.S. vaccination system.
- Coordinate messages across all federal agencies to ensure alignment and credibility.
- **Work with partners to identify trusted messengers and local influencers to amplify vaccination stories**
- **Leverage #SleeveUp and #WeCanDoThis for consumers to highlight their continued confidence** in COVID-19 vaccines, vaccine providers, and the vaccination system.

Fill content gaps and information voids.

- Create clear, consistent messaging about vaccine developments and communicate often about what is known and unknown about J&J/Janssen COVID-19 Vaccine
- Expand web content to include additional frequently asked questions, expanded guidance for individuals who received the J&J/Janssen COVID-19 Vaccine, and clinical guidance for healthcare providers.
- Develop content in a variety of styles, including easy to use graphics, videos, and social media content, to answer questions and fill information gaps.

Address mis- and disinformation.

- **Develop and disseminate plain language talking points and suggested social media messages and unbranded assets for social media influencers and the COVID-19 Community Corps.**
- **Partner with technology companies and notify them of key messages to flag or remove. Ensure technology companies promote resources with credible, evidence-based information about COVID-19 vaccines beyond resources from federal agencies and health departments.**
- Expand [Myths and Facts](#) web content to address new mis- and disinformation themes and update content regularly.
- Empower consumers to have effective, empathetic conversations about vaccines with family and friends online and offline.

Work with healthcare providers, with additional focus on OB/GYNs and women-focused health organizations.

- **Empower healthcare providers to relay information about vaccine effectiveness and vaccine safety to patients; strengthen their capacity to have empathetic vaccine conversations.**
- Offer healthcare providers and trusted advocates content prioritized for female patients concerned about vaccine safety and effectiveness.
- Provide guidance for how to communicate with consumers who recently received the J&J/Janssen COVID-19 Vaccine including what they should do, whom they should contact, and where they should go if they think they are experiencing an adverse event or side effect.

Ways for Federal Agencies to Take Action Now (cont.)

Support research efforts to better understand which communities are most affected by the pause of J&J/Janssen COVID-19 Vaccine.

- Determine which communities are most impacted by the J&J pause, including vaccine access issues following the pause and the restricted choice of 2-dose mRNA COVID-19 vaccines.
- Identify which communities are most impacted due to barriers to vaccine confidence that are specific to J&J/Janssen COVID-19 Vaccine (e.g., one dose vaccination, non-mRNA vaccine).
- Expand current polling mechanisms to include questions about the pause of J&J/Janssen COVID-19 Vaccine and other safety concerns.
- Identify poll indicators that could be used to better understand how current safety concerns impact people's intent to get vaccinated.

Work with states and jurisdictions to ensure continuity of COVID-19 vaccination.

- Address how the pause of J&J/Janssen COVID-19 Vaccine impacts COVID-19 immunization programs, community needs for J&J/Janssen COVID-19 Vaccine, and what actions they need to take.
- Identify jurisdictions that had specific needs related to J&J/Janssen COVID-19 Vaccine and support the adjusting of tactics to administer 2-dose mRNA COVID-19 vaccines.
- Provide guidance for how to communicate with consumers who have J&J/Janssen COVID-19 Vaccine appointments about rescheduling and what next steps are (e.g., receiving a 2-dose mRNA COVID-19 vaccine at same appointment, re-registering for a 2-dose mRNA COVID-19 vaccine at a later date).
- Provide guidance for adjusting existing webpages and content that mention J&J/Janssen COVID-19 Vaccine.

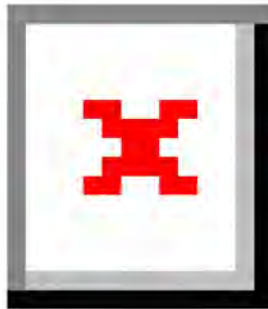
Appendix: Inputs and Sources

The Rapid COVID-19 State of Vaccine Confidence Insights Report collected and synthesized data from over 15 data streams to distill patterns of consumer, provider, and state and jurisdiction questions, comments, and concerns about the recommendation to pause use of the J&J COVID-19 Vaccine.

Input	Sources	Tactics for Utilization
Meltwater	<ul style="list-style-type: none"> Facebook, Twitter, Instagram Blogs News media Online forums 	<ul style="list-style-type: none"> Conduct share of voice topic analysis Identify emerging topic themes Detect high reach and high velocity topics
OADC Channel Comment Analysis	<ul style="list-style-type: none"> Native platform searches 	<ul style="list-style-type: none"> Conduct sentiment analysis Recognize message gaps and information voids
CrowdTangle	<ul style="list-style-type: none"> Facebook 	<ul style="list-style-type: none"> View top pages (voices) and top groups General trends/sentiment analysis Examine news analysis through posts
FEMA Social Listening Report	<ul style="list-style-type: none"> Hootsuite Brandwatch CrowdTangle Meltwater 	<ul style="list-style-type: none"> Identify trends Conduct sentiment analysis Examine national and global news analysis
CDC-INFO Metrics	<ul style="list-style-type: none"> CDC-INFO inquiry line list Prepared response (PR) usage report 	<ul style="list-style-type: none"> Compare PR usage report with inquiry theme analysis Recognize message gaps and information voids
Poll Review	<ul style="list-style-type: none"> Harris Poll, PEW Research, Gallup Poll, KFF, de Beaumont New, emerging poll data sources (e.g., YouGov polling data) 	<ul style="list-style-type: none"> Identify socio-behavior indicators related to motivation and intention to vaccinate

Press Briefing by White House COVID-19 Response Team and Public Health Officials

From: White House Press Office Ex 6 - (5 U.S.C. Sec
To: "Wallace, Rachel L. EOP/WHO" Ex 6 - (5 U.S.C. Sec 552(b)(6))
Date: Fri, 30 Apr 2021 14:29:48 -0400



FOR IMMEDIATE RELEASE

April 30, 2021

Press Briefing by White House COVID-19 Response Team and Public Health Officials
Via Teleconference

11:04 A.M. EDT

MR. ZIENTS: Good morning. And thank you for joining us. Today, Dr. Walensky will provide an update on the state of the pandemic, Dr. Fauci will highlight the latest science, and Dr. Murthy will share an update on our efforts to strengthen confidence in the vaccines

First, I want to start by recapping what we've accomplished in the first 100 days and through our whole-of-government response that is treating the battle against the virus like the war that it is.

We beat the President's aggressive goal of 200 million shots in his first 100 days, delivering more than 220 million shots in arms. Two hundred and twenty million shots in a hundred days, that's a level of vaccinations no one expected us to reach this quickly.

By the end of May, we'll have enough vaccine supply for every adult American. In fact, just this week, we shipped our 300 millionth dose to states, Tribes, territories, and federal channels. Three hundred million doses shipped -- an important marker of progress.

Thanks to our accelerated vaccination program, we are far ahead of where anyone thought we would be in our war against the virus. Everyone 16 and over is eligible. And with 90 percent of Americans living within five miles of a vaccination site, it's never been easier to get a shot.

As the President has said, this is an American achievement. An achievement we can all take pride in. An achievement that should give every American confidence and hope.

Going forward, in this next phase of our vaccination program, we continue to be laser-focused on getting more and more Americans vaccinated.

As I said last week, given that we have succeeded in getting vaccinations to the lion's share of those most at risk and those most eager to get vaccinated, we are now increasingly focused on other groups that will take time to reach. And we expect the number of shots administered each day to moderate and fluctuate.

That said, we will continue to vaccinate millions of Americans each and every day. This past week, our average was 2.6 million shots per day.

Overall, as you can see on our vaccination progress report, 55 percent of adult Americans now have at least one shot. That's up from 38 percent at the end of March and 19 percent at the end of February.

Looking at the next slide, you see that today we reached a major milestone on the number of Americans who are fully vaccinated. Today, 100 million Americans are fully vaccinated, nearly double the 55 million who were fully vaccinated at the end of March. That's 100 million -- nearly 40 percent of all adults Americans who are now fully vaccinated with protection from COVID-19 two weeks after getting their last shot.

That's 100 million Americans with a sense of relief and peace of mind knowing that after a long and hard year, they're protected from the virus; knowing their decision to get vaccinated protects not just themselves but also protects their families, their friends, and their communities.

A hundred million Americans who can follow the new CDC guidance released this week and go -- enjoy going to the park with their family, dining and socializing with their friends outside, and many more outdoor activities without needing to wear a mask.

So, over 300 million doses shipped, 220 million shots in arms, 100 million fully vaccinated individuals. This represents significant progress and cause for hope.

We know we have more work to do. And in the weeks and months ahead, we'll continue building on the progress we made in our first 100 days.

As I laid out last week, in this next phase of our vaccination program, with everyone 16 and over eligible, we will focus on vaccinating millions of Americans each and every day; continuing to improve access and making it even easier for everyone to get vaccinated; strengthening confidence in the vaccine by getting Americans facts and answering their questions; and ensuring equity is at the center of everything we do so we can reach everyone in our response.

We know it won't be easy, but neither was getting 220 million shots in arms in just 100 days. And, together, we did it. We've seen what America is capable of when we come together and all of us do our part.

With that, over to Dr. Walensky. Dr. Walensky.

DR. WALENSKY: Good morning, and thank you so much. I'm pleased to be back with you today. We'll start with an overview of the data.

Yesterday, CDC reported over 53,000 new cases of COVID-19. Our seven-day average is about 52,500 daily cases; this represents a decrease of about 16 percent from our prior seven-day average. The seven-day average of hospital admissions is just over 5,050 -- again, a positive sign with a decrease of almost 10 percent from our previous seven days. And the seven-day average of daily deaths has also declined to 628 per day, a decrease of about 8 percent.

In addition to these positive trends, I'd like to share with you another exciting piece of news about vaccines. Earlier this week, CDC released a study examining the real-world effectiveness of the Pfizer and Moderna COVID-19 vaccines. This study looked at hospitalization rates among people over the age of 65 and found that fully vaccinated seniors were 94 percent less likely to be hospitalized with COVID-19 than were there -- those who are unvaccinated.

Importantly, this study was done in a high-risk population -- those over 65, who have endured a tremendous burden during this pandemic. This is yet another piece of great news that our vaccines are working to prevent severe disease.

I'd also like to take a look back on the last 100 days of work we've done to closely monitor COVID-19 variants. As we know, the more virus and viral replication, the virus has more chances to mutate, and this means additional opportunities for variants to evolve.

This is why we often describe our vaccine efforts here in the United States as a race against

the virus: how quickly can we vaccinate Americans to prevent further spread of the virus, and the potential for new and more ex- -- concerning variants to emerge.

Genomic sequencing is a laboratory method that identifies mutations or changes in the virus that contribute to the emergence of new variants. Taken together, genomic sequencing of many virus samples allows us to understand the prevalence of variants in circulation.

Over the past 100 days, CDC has dramatically built up our domestic genomic surveillance platforms to improve our visibility of circulating variants. Since January, CDC has increased the nation's sequencing output 75-fold.

On January 25th, CDC ramped up the national SARS-CoV-2 Strain Surveillance system -- or NS3 -- to begin requesting 750 specimens weekly from 64 public health jurisdictions for sequencing, virus isolation, and characterization.

In addition, CDC awarded multiple sequencing contracts to rapidly increase the number of specimens sequenced per week, going from 6,000 per week in January to more than 22,000 per week in April. Combined with the sequencing efforts of state and local public health laboratories, as well as our collaborations with academic institutions, the United States is now sequencing nearly 8 percent of the approximately 450,000 COVID-19 cases weekly.

With our current capacity and our cases across the nation coming down, we are on our way to sequencing even higher percentage of cases, which I consider a tremendous accomplishment.

CDC has made significant strides in -- to make our genomic surveillance data more accessible to the public through an interactive dashboard on our COVID Data Tracker website. This site is updated weekly with the prevalence of SARS-CoV-2 variants at the national, regional, and state levels.

We look forward to continued advancement in this area with the additional investments made by the American Rescue Plan, which provided \$1.7 billion to strengthen and expand much-needed activities and workforce related to genomic sequencing, genomic epidemiology, analytics, and disease surveillance.

From a global perspective, CDC is also supporting sequencing capacity in more than 50 countries, such as India, Brazil, and South Africa. This support, including -- includes defining standardized approaches, providing technical assistance to investigate variants, and coordinating with the broader research community.

As we mark 100 days of this administration, I am proud that we have collaborated with numerous partners to expand genomic sequencing and what all of that means not only to America, but to our global efforts to end this pandemic.

This work has made us better prepared for the threat of SARS-CoV-2 variants; helped us better understand, identify, and track the virus; and given us more tools to take actions that protect the American people and people around the world.

There is more work to be done, but over the past 100 days, we have ramped up our capacity to understand the virus circulating in our midst. And with 100 million Americans fully vaccinated as of today, we continue to move ahead in our progress to end this pandemic.

Thank you very much. I'll now turn things over to Dr. Fauci.

DR. FAUCI: Thank you very much, Dr. Walensky.

If we could move to the next slide.

Yesterday, Tara Parker-Pope, in the New York Times, wrote an article addressing the issue: Does it matter if one skips the second COVID shot?

So I like to spend just the next couple of minutes addressing this issue. Because now, about

8 percent of people -- estimated -- have not showed up for their second shot of a two-shot regimen, i.e. the mRNA regimen.

Next slide.

But if you compare this to other real-world uptake of vaccines that have been around for a while -- this report came out a week ago in Human Vaccines & Immunotherapeutics, looking at the zoster vaccine in the United States over a two-year period -- from 2017 to 2019.

And note -- on the second bullet -- it's a two-dose vaccine with the doses becoming two and six months after the first dose. Seventy to eighty percent of individuals completed the series, which means that twenty to thirty percent have not.

So thus far, the 8 percent -- though you'd like to see 100 percent adherence, 8 percent is within the realm of what you see what other multi-dose vaccines.

Next slide.

So let's take a quick look at what the guidelines are that we know about the administration. The Pfizer-BioNTech gets a -- it gets a single dose, and, 21 days later, you get the boost. For Moderna, it's 28 days. But as the CDC has said, it's not feasible -- if it's not feasible to adhere to the recommended interval.

And in the real world, there are many reasons why this might not be feasible. The second dose may be scheduled for administration up to six weeks or 42 days after the first dose.

Next slide.

So why is there some uncertainty about the importance of second doses when you talk to people and ask their opinion? Well, about 44 percent of adults reported that the vaccines provided strong protection by one to two weeks after the second dose.

So 44 percent of people are onboard, clearly, with the second dose. Twenty percent believe that the vaccines provide strong protection before the second dose. And 36 percent, in a recent survey, were unsure.

Next slide.

So let's take a look at the results, both clinically and from a laboratory standpoint, about the efficacy of the first dose versus following the second dose.

So this is a study that was recently published in the New England Journal of Medicine on the Pfizer-BioNTech mRNA in a nationwide mass vaccination setting in Israel.

Look at the column on the left, when you look at both infection, symptomatic hospitalization, or severe disease.

Although there is a significant degree of protection after the first dose, look at the difference between the first and second dose: 46 versus 92, 57 versus 94, et cetera, et cetera.

Next slide.

This is the study that Dr. Walensky just mentioned a moment ago when you look at individuals 65 years of age or older, where you have an extraordinarily good, effectiveness in fully vaccinated senior at 94 percent, as she mentioned.

But look at the partially vaccinated people -- again, a reasonable amount of protection, but not nearly as much as you get from the two doses.

Next slide.

Here, again, is a study I showed you at a previous briefing from employees at the University of Texas Southwestern. Again, the unvaccinated, when you look at the percent of infections

there, they did not do well. You do much better if you're partially vaccinated, but there's a 36-fold difference of getting fully vaccinated versus partially vaccinated.

Next slide.

Now, when you look at the immune response to a single dose of mRNA vaccines in organ transplant or cancer patients -- and very, very clearly, the single dose was not adequate -- this becomes really important. Because organ transplant, particularly individuals on a variety of immunosuppressive drugs and cancer patients -- but there are a lot of people in society who are on things like glucocorticoids for autoimmune diseases that may not get a good enough response after the first dose, and we absolutely want them to get the second dose.

So, very quickly, let's look at some of the data that backs up this clinical.

Next slide.

I showed you the slide before. This is the Pfizer-BioNTech, and we're here looking at neutralizing antibodies after the first dose, which is at the 21 day, versus the second dose, which is that day 28 to 35.

As you can see, regardless of the age -- younger individuals or older individuals -- a dramatic difference in neutralizing antibodies between the first and the second dose.

Next slide.

We often talk about T-cell responses -- the same thing. If you look at after the first dose -- namely at day 29 on the Th1 responses to the spike protein -- and you look at the responses at day 29 versus day 43, which is after the second dose -- yet again, another important difference.

Next slide.

And then when you look here at the neutralization after the second dose of Pfizer, when you're looking at variants -- so concentrate on the blue-shaded area. So if you look at one dose two weeks and then three weeks after the one dose, and look at the effect -- so if there are 15 vaccinees on the left, about a third of them had a good response about -- against the 614, which is the standard virus. Got less when you did B117. And nothing against 351.

At week three, it got a little bit better. You had more against 614, more against B117, but still nothing against 351.

But after the second dose, both week four and week six, look at the dramatic difference -- not only against the standard wild type, but also against the one that we have in this country that's dominant, B117. But also look at, now, the presence of neutralizing antibodies in vitro against the 351, or South African isolate. Again, a much, much better advantage for the second dose.

So, finally, on the last slide.

What can we do to help people get that second dose on time? Scheduling follow-up visits before and during the first dose, reschedule canceled clinics, and send reminders.

Bottom line of my message: A, get vaccinated. And if you're having a two-dose regimen, make sure you get that second dose.

Now passing it over to Dr. Murthy.

SURGEON GENERAL MURTHY: Well, thank you so much, Dr. Fauci, and it's good to be with all of you again this morning. You know, as we pass our 100-days mark and mark over 143 million people who are vaccinated with at least one dose, I want to share a little bit more about how we're thinking about our work ahead.

To help people protect themselves and the people they love requires us not only to build

confidence in vaccines, but to mobilize people to get vaccinated and to make sure people have easy access to vaccine -- vaccines.

Now, tracking vaccine confidence is nuanced, but there are two realities that remain true.

First, the surveys and studies continue to show us that since the winter, a growing share of people in our country have gotten or plan to get vaccinated. And we've come a long way since the end of last year.

Second, we know, not only from the data, but from conversations with community members and leaders, that there are still people who have questions and want more information about vaccines.

And that's why we're continuing to grow the scope and reach of our COVID-19 Community Corps, which, you'll remember, is a nationwide grassroot network of health professionals; community organizations; rural, union, and faith leaders; and Americans from all walks of life who share a commitment to protecting their communities by helping people get vaccinated.

This morning, I want to highlight for you several more stories that we've heard about the work from a few of those organizations. One of our organizations, ACCESS, has set up vaccination clinics in Sterling Heights in Dearborn, Michigan, where they're averaging hundreds of vaccines administered daily. They are forming community focus groups, which include primarily people of East Asian descent and people from Poland, Ukraine, and Sikh communities to address root causes of lower vaccine confidence and address questions.

Another organization, Peletah Ministries, is working with a large network of churches in eastern North Carolina. Peletah Ministries was founded to assist in disaster recovery following Hurricane Irene. And, today, the organization is engaging older adults by answering their questions about vaccines, dispelling myths, and helping administer vaccines when they -- when their seniors are ready to get it.

The UFW Foundation, which is also a Community Corps member, is focusing on vaccinating farmworkers and their families. The organization has coordinated community vaccine events that have provided thousands of vaccine doses to farmworkers. They've established a national hotline to support farmworkers with appointment registration. And the team is also engaging farmworkers on the ground in six states to spread factual scientific information.

Finally, I want to share with you that Washington, D.C., Mayor Muriel Bowser has created D.C.'s own COVID-19 Community Corps. The D.C. Corps will be launched this Saturday, May 1st, as part of a "Day of Action," and has list -- enlisted hundreds of volunteers to canvass neighborhoods and help residents make a plan to get vaccinated.

The Day of Action coincides with the -- with the day walk-up sites open across the city so that residents will be able to head straight to a vaccination site to get a free vaccine. If you're in D.C. and want to get involved in the Day of Action, you can find more information at bit.ly/dayofactiondc.

Now, these are a few of the thousands of organizations that have grown up -- that have joined the growing movement, rather, to vaccinate the nation. The Community Corps is ultimately built on a simple but powerful idea: that protecting the nation from COVID-19 requires individuals and committees to take action, not just the government.

And everyday Americans, community organizations, and businesses have risen to the challenge. And what that means is family members and friends helping each other make a plan to get vaccinated. It means doctors and nurses reaching out to their patients to answer questions and urge them to get vaccinated. It means faith leaders recognizing how easily rumors can spread and reaching out to their congregants with the truth about vaccines. **It means social media companies taking responsibility for promoting accurate content and removing all blatant misinformation as well as more subtle, yet highly targeted, misinformation.**

And it means workplaces giving employees paid time off when they -- when needed to get vaccinated or to recover from temporary flu-like symptoms. This is a step, by the way, that is now easier, given the tax credit that President Biden announced for small businesses that provide such time off.

Ultimately, our national COVID-19 response is, in many ways, a test of whether we will answer this moment with a spirit of community that has always been at the heart of our country's response to generational threats. And I believe that we will respond. Thank you for your time today, and I look forward to your questions.

MR. ZIENTS: Well, thank you, Doctors. Let's now open it up for questions. First question.

MODERATOR: Thanks, Jeff. And, reminder: one question, one person. First, we'll go to [Nate Weixel at The Hill](#).

Q Hi. Thanks for taking my question. I'm wondering a little bit about these efforts to sort of [decrease hesitation, combat misinformation](#). How much effort is the administration -- how much extra effort, would you say, you're, sort of, putting into some of the misinformation efforts out there? I know Dr. Fauci was out, you know, answering questions about Joe Rogan this week. I mean, how much does that play into helping solve hesitation? And how much is that, sort of, a distraction?

MR. ZIENTS: Dr. Murthy.

SURGEON GENERAL MURTHY: I'm sorry, could you repeat the tail end of your question? I want to make sure I'm clear on the end.

Q Yeah, it was just: How much is that helping to solve hesitation versus how much is it -- is sort of just a distraction and taking away from other work that's happening?

MR. ZIENTS: [Dr. Murthy, combating misinformation is the core of the question.](#)

SURGEON GENERAL MURTHY: Yeah, look -- look, I think that, ultimately, we know that people have questions for multiple reasons. Sometimes because there's misinformation that they've encountered; sometimes because they've had a bad experience with the healthcare system and they're wondering who to trust; and some people have just heard lots of different news as we continue to get updates on the vaccine, and they want to hear from someone they trust.

That's why, you know, our efforts are focused on mobilizing trusted messengers, which include doctors and nurses, faith leaders, and family members to get information out to people.

But just keep in mind that -- for people to get vaccinated, they need confidence. They need, you know, to know that this is urgent and important. And they need access. And that's why we are working hard on all three fronts.

MR. ZIENTS: Next question.

MODERATOR: Kristen Welker, NBC.

Q Hi, everyone. Thanks so much for doing this call. My big-picture question is: To what extent are you concerned that people are loosening restrictions too quickly? Clearly, there have been significant gains.

I'm thinking about, specifically New York announcing that it's reopening July 1st. Is that too soon or is that right on time?

I'm also thinking about the images we saw last night with the NFL Draft, hundreds of people in close quarters. I know they've been vaccinated and tested, but was that safe? Is that too many people?

MR. ZIENTS: Well let me -- let me start, and then, Dr. Walensky or Dr. Fauci, if you want to add anything here.

You know, I think situations clearly vary by state. We are encouraged that states are focused on getting people vaccinated. That's the most important area of focus, as we all know that vaccinations and getting as many Americans vaccinated as efficiently and equitably as possible is our path to returning to a more normal lifestyle.

Dr. Walensky or Dr. Fauci, anything to add here?

DR. WALENSKY: I don't have that much to add. I will just say that, you know, we are focused on getting people vaccinated and decreasing the case rates. You know, if we can continue at this pace -- case rates are coming down, vaccinations going up -- then I think July 1 would be a reasonable target.

MR. ZIENTS: Okay. Next question.

MODERATOR: Yamiche Alcindor at PBS.

Q Thanks so much for taking my question. I'm wondering about the dwindling demand for vaccines. You're seeing -- we're seeing some of that, according to local reporting, in California and in -- and in Ohio. How close are we to hitting a vaccine plateau? What would that even look like? And what's the strategy if we do start to hit a vaccine plateau?

MR. ZIENTS: So, you know, we're -- as I said, we're giving millions of shots per day, and as a result -- you saw the data that we've already delivered at least one shot to 55 percent of adult Americans, and then today's major milestone of 100 million adult Americans fully vaccinated.

You know, it's not unexpected, as we entered this next phase, that there will be a more of a balance between supply and demand. And that makes it even more important that we make it easier for people to get vaccinated, that we continue, as Dr. Murthy talked about, to build vaccine confidence and ensure equity.

I think what is unexpected is how fast we've gotten here. We know this next phase won't be easy, but neither was getting to 220 million shots in arms in the first 100 days.

And I think it's why the infrastructure that we've built -- having enough supply, enough places for people to get vaccinated, enough vaccinators in the field -- is so important as we build on those efforts of having 75,000 sites where people can get vaccinated and thousands of vaccinators now online, 90 percent of Americans within five miles.

So this next phase is very focused on making it even easier, continuing to build vaccine confidence, and ensuring equity for all Americans.

Next question.

SURGEON GENERAL MURTHY: Can I, Jeff --

MR. ZIENTS: I'm sorry.

SURGEON GENERAL MURTHY: Jeff, can I just add one -- one piece then --

MR. ZIENTS: Please. Please.

SURGEON GENERAL MURTHY: -- which is, also -- which is that -- you know, I completely agree with what Jeff said. And, you know, I don't think it's a surprise, you know, that -- you know, we knew that, you know, it wasn't going to be easy to vaccinate the entire country. And as obstacles come up, though, we continue to work together with communities to knock them down.

But I also want to be very clear that at this point -- that the effort to vaccinate America to protect our nation from COVID-19 is a collaborative effort. Like we need, certainly, the government to take action, but we know that we can't get there also -- to fully protecting our country -- until individuals and communities and community organizations and businesses are all working together hand in hand to make that vaccination effort possible.

And many are already are stepping up.

But this is one of these all-hands-on-deck moments when each of us needs to look around in our communities, in our families, in our fr- -- circle of friends and ask people if they have a plan to get vaccinated. And if they don't have a plan, we need to ask them do they need information, help them get information. If they need help making an appointment, you need to help them make an appointment.

It's only by stepping up, all of us, in our own roles in society that we're going to ultimately protect the company -- the country. And the government should make it as easy as possible, which is why we're so focused on access, getting accurate information out there. But again, this is an all-hands-on-deck effort where we've all got to chip in.

MR. ZIENTS: Well said, Dr. Murthy.

Next question.

MODERATOR: **Rachel Rouben, Politico**

Q Hi, I just wanted to drill down a little bit more into that. So we are seeing a growing gap in vaccine rates both between states and within states, where certain communities and counties still have fewer than 20 percent of their population vaccinated.

You guys have talked about the Community Corps, but what new actions is the White House taking to, kind of, address this growing gap? And specifically, how is the strategy evolving here?

MR. ZIENTS: Why don't I go first and then -- and then, Dr. Murthy, if you want to add on here.

You know, in this next phase, we -- we're making it even easier for people to get vaccinated: partnering with doctors' offices, where people are accustomed to getting vaccinations. And,

you know, 90 percent of doctors have gotten at least their first dose of vaccine. And people, locally, trust and look to their doctors and nurses and other healthcare providers.

Helping get workers paid time off, as Dr. Murthy talked about the action the President took last week to make sure that small businesses have tax credits to allow employees to have time off to both get vaccinated and to recover if need be.

Setting up walkups sites so that you can have a certain number of people each day, with no appointment, show up and just get vaccinated, making it increasingly convenient.

Dr. Murthy, you might want to expand in terms of new confidence efforts that you're helping to lead here.

DR. MURTHY: Absolutely. Well, I would just say that the -- we are continuing to expand the breadth of organizations and individuals who are part of our Community Corps, recognizing exactly what you said: that if we really want to reach all parts of America -- rural and urban and people of all age demographics -- we've got to reflect the diversity of our country and the diversity of partners that we have as well.

I want to underscore though the point that Jeff made about working with doctors and with other healthcare providers: that we know that around 80 percent of people who are trying to decide about a vaccine say that they want to talk to their doctor about that -- about that decision.

And we've heard that loud and clear, and that's why we not only want to, you know, engage with doctors to ensure they're talking to their patients, but we also want to make it easier for people to ultimately get a vaccine through their doctor. And there'll be more to say about that initiative in the days ahead.

But that is a channel that we're certainly working on in close partnership with physicians, with other healthcare providers, and with medical organizations.

MR. ZIENTS: Okay. Next question.

MODERATOR: [Jeremy Diamond, CNN](#).

Q Hey, guys. Thanks very much. So more than a dozen countries have either banned or restricted travel from India at this point. Why hasn't the President taken any of those steps so far? And is the administration currently considering a ban on travel from India?

And then, secondly, I'm just wondering: You know, this morning, we saw the First Lady outdoors wearing a mask, even though she's vaccinated. The President, yesterday, said he would need to wear a mask if he was sitting close to someone indoors, even if they're both vaccinated, which goes against CDC guidance.

And so, given that the President focused on modeling the best public health advice when masks were required, why isn't he doing more to show the country what you can do once you are vaccinated? Thank you.

MR. ZIENTS: So, in terms of travel from India, we remain in very close contact with our foreign counterparts and are continuously monitoring the situation. Our current inbound travel precautions and mandatory testing before travel -- the quarantine for unvaccinated individuals and the retesting during that quarantine period -- those are all in place for all international travel and have been effective.

Getting Americans vaccinated is the most effective tool, as we -- that we have against COVID, and we'll continue to follow the CDC's science-based guidance on -- on travel and other matters.

Dr. Walensky, I don't know if you have anything to add here.

DR. WALENSKY: No, nothing to add.

MR. ZIENTS: Okay, next question.

MODERATOR: Zeke Miller, AP.

Q Thanks for doing this. First, a quick point of information: When you say 100 million Americans are fully vaccinated, that just means they've gotten their second dose if they required a two-dose vaccine; that doesn't mean that they're two weeks past that dose, which is what is --

MR. ZIENTS: That is -- that is correct, Zeke. And that's why I was clear that everyone needs to make sure that they follow that two-week post. But they've -- now 100 million Americans have received their second shot if they're on a two-shot regimen or their one shot if they're on the J&J regimen.

Q Thank you. And then just following up on Dr. Walensky's point earlier about New York, that July 1st is sort of a reasonable timetable assuming the current trendlines are continued. Could you explain, Dr. Walensky, sort of, what that -- you know, what would be possible or, sort of, now seems likely on July -- July 1st then, New York's going to 100 percent capacity at restaurants and bars and -- and, you know, arenas and the like. You know, will masks still be required indoors? Could you sort of lay out a little bit sort of, you know, two weeks -- two months from now, rather, you know, what should the American people, sort of, hope for?

DR. WALENSKY: You know, what I'd like to do is, sort of, say: The more people are vaccinated, the fewer cases that we have. And as we see those numbers come down, we'll -- we'll take increased steps, as we have until now.

We've had three updated guidances of what you can do if you're fully vaccinated, and we look forward to more as more and more people get vaccinated. But I don't think this -- this virus has tricked us before, so I would like to sort of watch and see how it goes before making further estimations of what happens in a couple of months.

MR. ZIENTS: Good. Next question.

MODERATOR: Last question. Let's go to Meg Tirrell at CNBC.

Q Well, thanks so much. I just wanted to follow up on what the administration is doing to counter disinformation -- so really stronger on the spectrum of -- of hesitancy, but, you know, Peter Hotez wrote an editorial in "Nature," suggesting that the highest levels of government have to take direct, even confrontational, approaches with Russia and move to dismantle anti-vaccine groups in the United States. **So, really going beyond counter-messaging from the global health community and pressure on social media companies.**

I just wondered what the administration's, sort of, stance is on -- on stronger actions like that against specific disinformation, not just, sort of, hesitancy in general.

MR. ZIENTS: Dr. Murthy, do you want to talk about just positive measures on information and anything you want to say about combating disinformation?

SURGEON GENERAL MURTHY: Sure, well -- well, thank you for that question. I mean, that is such an important issue and -- and we are certainly focused on it in several ways. But the two that I'll mention is: **We recognize that misinformation and disinformation thrive in the absence of accurate information.**

So, one of our strategies is to put as much accurate information out there as possible with trusted voices -- not only the people from government, but also reputable medical sources and experts in communities.

But we are also working closely with these social media companies and other platforms to push them, also, and partner with them on rooting out active disinformation campaigns. You know, I said at the top of this -- top of this presser that it is all of our responsibilities to step up and to help address this crisis and get people vaccinated.

And I specifically mentioned that -- that we need social media companies and platforms to not only put out accurate information, but to root out both blatant and subtle

disinformation that's on their sites.

I think that they have work to do. We are certainly here to partner with them to get the job done. But clearly, you know, we still have way too much disinformation spreading on those sites. And it presents a clear and present danger, I believe, to people who need to be protected from COVID and who could potentially get vaccinated.

MR. ZIENTS: I want to thank everybody for joining today, and we look forward to next week's briefings.

Thank you.

11:42 A.M. EDT

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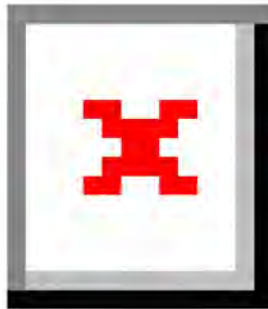
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Press Briefing by White House COVID-19 Response Team and Public Health Officials

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FOR IMMEDIATE RELEASE

April 30, 2021

Press Briefing by White House COVID-19 Response Team and Public Health Officials
Via Teleconference

11:04 A.M. EDT

MR. ZIENTS: Good morning. And thank you for joining us. Today, Dr. Walensky will provide an update on the state of the pandemic, Dr. Fauci will highlight the latest science, and Dr. Murthy will share an update on our efforts to strengthen confidence in the vaccines

First, I want to start by recapping what we've accomplished in the first 100 days and through our whole-of-government response that is treating the battle against the virus like the war that it is.

We beat the President's aggressive goal of 200 million shots in his first 100 days, delivering more than 220 million shots in arms. Two hundred and twenty million shots in a hundred days, that's a level of vaccinations no one expected us to reach this quickly.

By the end of May, we'll have enough vaccine supply for every adult American. In fact, just this week, we shipped our 300 millionth dose to states, Tribes, territories, and federal channels. Three hundred million doses shipped -- an important marker of progress.

Thanks to our accelerated vaccination program, we are far ahead of where anyone thought we would be in our war against the virus. Everyone 16 and over is eligible. And with 90 percent of Americans living within five miles of a vaccination site, it's never been easier to get a shot.

As the President has said, this is an American achievement. An achievement we can all take pride in. An achievement that should give every American confidence and hope.

Going forward, in this next phase of our vaccination program, we continue to be laser-focused on getting more and more Americans vaccinated.

As I said last week, given that we have succeeded in getting vaccinations to the lion's share of those most at risk and those most eager to get vaccinated, we are now increasingly focused on other groups that will take time to reach. And we expect the number of shots administered each day to moderate and fluctuate.

That said, we will continue to vaccinate millions of Americans each and every day. This past week, our average was 2.6 million shots per day.

Overall, as you can see on our vaccination progress report, 55 percent of adult Americans now have at least one shot. That's up from 38 percent at the end of March and 19 percent at the end of February.

Looking at the next slide, you see that today we reached a major milestone on the number of Americans who are fully vaccinated. Today, 100 million Americans are fully vaccinated, nearly double the 55 million who were fully vaccinated at the end of March. That's 100 million -- nearly 40 percent of all adults Americans who are now fully vaccinated with protection from COVID-19 two weeks after getting their last shot.

That's 100 million Americans with a sense of relief and peace of mind knowing that after a long and hard year, they're protected from the virus; knowing their decision to get vaccinated protects not just themselves but also protects their families, their friends, and their communities.

A hundred million Americans who can follow the new CDC guidance released this week and go -- enjoy going to the park with their family, dining and socializing with their friends outside, and many more outdoor activities without needing to wear a mask.

So, over 300 million doses shipped, 220 million shots in arms, 100 million fully vaccinated individuals. This represents significant progress and cause for hope.

We know we have more work to do. And in the weeks and months ahead, we'll continue building on the progress we made in our first 100 days.

As I laid out last week, in this next phase of our vaccination program, with everyone 16 and over eligible, we will focus on vaccinating millions of Americans each and every day; continuing to improve access and making it even easier for everyone to get vaccinated; strengthening confidence in the vaccine by getting Americans facts and answering their questions; and ensuring equity is at the center of everything we do so we can reach everyone in our response.

We know it won't be easy, but neither was getting 220 million shots in arms in just 100 days. And, together, we did it. We've seen what America is capable of when we come together and all of us do our part.

With that, over to Dr. Walensky. Dr. Walensky.

DR. WALENSKY: Good morning, and thank you so much. I'm pleased to be back with you today. We'll start with an overview of the data.

Yesterday, CDC reported over 53,000 new cases of COVID-19. Our seven-day average is about 52,500 daily cases; this represents a decrease of about 16 percent from our prior seven-day average. The seven-day average of hospital admissions is just over 5,050 -- again, a positive sign with a decrease of almost 10 percent from our previous seven days. And the seven-day average of daily deaths has also declined to 628 per day, a decrease of about 8 percent.

In addition to these positive trends, I'd like to share with you another exciting piece of news about vaccines. Earlier this week, CDC released a study examining the real-world effectiveness of the Pfizer and Moderna COVID-19 vaccines. This study looked at hospitalization rates among people over the age of 65 and found that fully vaccinated seniors were 94 percent less likely to be hospitalized with COVID-19 than were there -- those who are unvaccinated.

Importantly, this study was done in a high-risk population -- those over 65, who have endured a tremendous burden during this pandemic. This is yet another piece of great news that our vaccines are working to prevent severe disease.

I'd also like to take a look back on the last 100 days of work we've done to closely monitor COVID-19 variants. As we know, the more virus and viral replication, the virus has more chances to mutate, and this means additional opportunities for variants to evolve.

This is why we often describe our vaccine efforts here in the United States as a race against

the virus: how quickly can we vaccinate Americans to prevent further spread of the virus, and the potential for new and more ex- -- concerning variants to emerge.

Genomic sequencing is a laboratory method that identifies mutations or changes in the virus that contribute to the emergence of new variants. Taken together, genomic sequencing of many virus samples allows us to understand the prevalence of variants in circulation.

Over the past 100 days, CDC has dramatically built up our domestic genomic surveillance platforms to improve our visibility of circulating variants. Since January, CDC has increased the nation's sequencing output 75-fold.

On January 25th, CDC ramped up the national SARS-CoV-2 Strain Surveillance system -- or NS3 -- to begin requesting 750 specimens weekly from 64 public health jurisdictions for sequencing, virus isolation, and characterization.

In addition, CDC awarded multiple sequencing contracts to rapidly increase the number of specimens sequenced per week, going from 6,000 per week in January to more than 22,000 per week in April. Combined with the sequencing efforts of state and local public health laboratories, as well as our collaborations with academic institutions, the United States is now sequencing nearly 8 percent of the approximately 450,000 COVID-19 cases weekly.

With our current capacity and our cases across the nation coming down, we are on our way to sequencing even higher percentage of cases, which I consider a tremendous accomplishment.

CDC has made significant strides in -- to make our genomic surveillance data more accessible to the public through an interactive dashboard on our COVID Data Tracker website. This site is updated weekly with the prevalence of SARS-CoV-2 variants at the national, regional, and state levels.

We look forward to continued advancement in this area with the additional investments made by the American Rescue Plan, which provided \$1.7 billion to strengthen and expand much-needed activities and workforce related to genomic sequencing, genomic epidemiology, analytics, and disease surveillance.

From a global perspective, CDC is also supporting sequencing capacity in more than 50 countries, such as India, Brazil, and South Africa. This support, including -- includes defining standardized approaches, providing technical assistance to investigate variants, and coordinating with the broader research community.

As we mark 100 days of this administration, I am proud that we have collaborated with numerous partners to expand genomic sequencing and what all of that means not only to America, but to our global efforts to end this pandemic.

This work has made us better prepared for the threat of SARS-CoV-2 variants; helped us better understand, identify, and track the virus; and given us more tools to take actions that protect the American people and people around the world.

There is more work to be done, but over the past 100 days, we have ramped up our capacity to understand the virus circulating in our midst. And with 100 million Americans fully vaccinated as of today, we continue to move ahead in our progress to end this pandemic.

Thank you very much. I'll now turn things over to Dr. Fauci.

DR. FAUCI: Thank you very much, Dr. Walensky.

If we could move to the next slide.

Yesterday, Tara Parker-Pope, in the New York Times, wrote an article addressing the issue: Does it matter if one skips the second COVID shot?

So I like to spend just the next couple of minutes addressing this issue. Because now, about

8 percent of people -- estimated -- have not showed up for their second shot of a two-shot regimen, i.e. the mRNA regimen.

Next slide.

But if you compare this to other real-world uptake of vaccines that have been around for a while -- this report came out a week ago in Human Vaccines & Immunotherapeutics, looking at the zoster vaccine in the United States over a two-year period -- from 2017 to 2019.

And note -- on the second bullet -- it's a two-dose vaccine with the doses becoming two and six months after the first dose. Seventy to eighty percent of individuals completed the series, which means that twenty to thirty percent have not.

So thus far, the 8 percent -- though you'd like to see 100 percent adherence, 8 percent is within the realm of what you see what other multi-dose vaccines.

Next slide.

So let's take a quick look at what the guidelines are that we know about the administration. The Pfizer-BioNTech gets a -- it gets a single dose, and, 21 days later, you get the boost. For Moderna, it's 28 days. But as the CDC has said, it's not feasible -- if it's not feasible to adhere to the recommended interval.

And in the real world, there are many reasons why this might not be feasible. The second dose may be scheduled for administration up to six weeks or 42 days after the first dose.

Next slide.

So why is there some uncertainty about the importance of second doses when you talk to people and ask their opinion? Well, about 44 percent of adults reported that the vaccines provided strong protection by one to two weeks after the second dose.

So 44 percent of people are onboard, clearly, with the second dose. Twenty percent believe that the vaccines provide strong protection before the second dose. And 36 percent, in a recent survey, were unsure.

Next slide.

So let's take a look at the results, both clinically and from a laboratory standpoint, about the efficacy of the first dose versus following the second dose.

So this is a study that was recently published in the New England Journal of Medicine on the Pfizer-BioNTech mRNA in a nationwide mass vaccination setting in Israel.

Look at the column on the left, when you look at both infection, symptomatic hospitalization, or severe disease.

Although there is a significant degree of protection after the first dose, look at the difference between the first and second dose: 46 versus 92, 57 versus 94, et cetera, et cetera.

Next slide.

This is the study that Dr. Walensky just mentioned a moment ago when you look at individuals 65 years of age or older, where you have an extraordinarily good, effectiveness in fully vaccinated senior at 94 percent, as she mentioned.

But look at the partially vaccinated people -- again, a reasonable amount of protection, but not nearly as much as you get from the two doses.

Next slide.

Here, again, is a study I showed you at a previous briefing from employees at the University of Texas Southwestern. Again, the unvaccinated, when you look at the percent of infections

there, they did not do well. You do much better if you're partially vaccinated, but there's a 36-fold difference of getting fully vaccinated versus partially vaccinated.

Next slide.

Now, when you look at the immune response to a single dose of mRNA vaccines in organ transplant or cancer patients -- and very, very clearly, the single dose was not adequate -- this becomes really important. Because organ transplant, particularly individuals on a variety of immunosuppressive drugs and cancer patients -- but there are a lot of people in society who are on things like glucocorticoids for autoimmune diseases that may not get a good enough response after the first dose, and we absolutely want them to get the second dose.

So, very quickly, let's look at some of the data that backs up this clinical.

Next slide.

I showed you the slide before. This is the Pfizer-BioNTech, and we're here looking at neutralizing antibodies after the first dose, which is at the 21 day, versus the second dose, which is that day 28 to 35.

As you can see, regardless of the age -- younger individuals or older individuals -- a dramatic difference in neutralizing antibodies between the first and the second dose.

Next slide.

We often talk about T-cell responses -- the same thing. If you look at after the first dose -- namely at day 29 on the Th1 responses to the spike protein -- and you look at the responses at day 29 versus day 43, which is after the second dose -- yet again, another important difference.

Next slide.

And then when you look here at the neutralization after the second dose of Pfizer, when you're looking at variants -- so concentrate on the blue-shaded area. So if you look at one dose two weeks and then three weeks after the one dose, and look at the effect -- so if there are 15 vaccinees on the left, about a third of them had a good response about -- against the 614, which is the standard virus. Got less when you did B117. And nothing against 351.

At week three, it got a little bit better. You had more against 614, more against B117, but still nothing against 351.

But after the second dose, both week four and week six, look at the dramatic difference -- not only against the standard wild type, but also against the one that we have in this country that's dominant, B117. But also look at, now, the presence of neutralizing antibodies in vitro against the 351, or South African isolate. Again, a much, much better advantage for the second dose.

So, finally, on the last slide.

What can we do to help people get that second dose on time? Scheduling follow-up visits before and during the first dose, reschedule canceled clinics, and send reminders.

Bottom line of my message: A, get vaccinated. And if you're having a two-dose regimen, make sure you get that second dose.

Now passing it over to Dr. Murthy.

SURGEON GENERAL MURTHY: Well, thank you so much, Dr. Fauci, and it's good to be with all of you again this morning. You know, as we pass our 100-days mark and mark over 143 million people who are vaccinated with at least one dose, I want to share a little bit more about how we're thinking about our work ahead.

To help people protect themselves and the people they love requires us not only to build

confidence in vaccines, but to mobilize people to get vaccinated and to make sure people have easy access to vaccine -- vaccines.

Now, tracking vaccine confidence is nuanced, but there are two realities that remain true.

First, the surveys and studies continue to show us that since the winter, a growing share of people in our country have gotten or plan to get vaccinated. And we've come a long way since the end of last year.

Second, we know, not only from the data, but from conversations with community members and leaders, that there are still people who have questions and want more information about vaccines.

And that's why we're continuing to grow the scope and reach of our COVID-19 Community Corps, which, you'll remember, is a nationwide grassroot network of health professionals; community organizations; rural, union, and faith leaders; and Americans from all walks of life who share a commitment to protecting their communities by helping people get vaccinated.

This morning, I want to highlight for you several more stories that we've heard about the work from a few of those organizations. One of our organizations, ACCESS, has set up vaccination clinics in Sterling Heights in Dearborn, Michigan, where they're averaging hundreds of vaccines administered daily. They are forming community focus groups, which include primarily people of East Asian descent and people from Poland, Ukraine, and Sikh communities to address root causes of lower vaccine confidence and address questions.

Another organization, Peletah Ministries, is working with a large network of churches in eastern North Carolina. Peletah Ministries was founded to assist in disaster recovery following Hurricane Irene. And, today, the organization is engaging older adults by answering their questions about vaccines, dispelling myths, and helping administer vaccines when they -- when their seniors are ready to get it.

The UFW Foundation, which is also a Community Corps member, is focusing on vaccinating farmworkers and their families. The organization has coordinated community vaccine events that have provided thousands of vaccine doses to farmworkers. They've established a national hotline to support farmworkers with appointment registration. And the team is also engaging farmworkers on the ground in six states to spread factual scientific information.

Finally, I want to share with you that Washington, D.C., Mayor Muriel Bowser has created D.C.'s own COVID-19 Community Corps. The D.C. Corps will be launched this Saturday, May 1st, as part of a "Day of Action," and has list -- enlisted hundreds of volunteers to canvass neighborhoods and help residents make a plan to get vaccinated.

The Day of Action coincides with the -- with the day walk-up sites open across the city so that residents will be able to head straight to a vaccination site to get a free vaccine. If you're in D.C. and want to get involved in the Day of Action, you can find more information at bit.ly/dayofactiondc.

Now, these are a few of the thousands of organizations that have grown up -- that have joined the growing movement, rather, to vaccinate the nation. The Community Corps is ultimately built on a simple but powerful idea: that protecting the nation from COVID-19 requires individuals and committees to take action, not just the government.

And everyday Americans, community organizations, and businesses have risen to the challenge. And what that means is family members and friends helping each other make a plan to get vaccinated. It means doctors and nurses reaching out to their patients to answer questions and urge them to get vaccinated. It means faith leaders recognizing how easily rumors can spread and reaching out to their congregants with the truth about vaccines. It means social media companies taking responsibility for promoting accurate content and removing all blatant misinformation as well as more subtle, yet highly targeted, misinformation.

And it means workplaces giving employees paid time off when they -- when needed to get vaccinated or to recover from temporary flu-like symptoms. This is a step, by the way, that is now easier, given the tax credit that President Biden announced for small businesses that provide such time off.

Ultimately, our national COVID-19 response is, in many ways, a test of whether we will answer this moment with a spirit of community that has always been at the heart of our country's response to generational threats. And I believe that we will respond. Thank you for your time today, and I look forward to your questions.

MR. ZIENTS: Well, thank you, Doctors. Let's now open it up for questions. First question.

MODERATOR: Thanks, Jeff. And, reminder: one question, one person. First, we'll go to Nate Weixel at The Hill.

Q Hi. Thanks for taking my question. I'm wondering a little bit about these efforts to sort of decrease hesitation, combat misinformation. How much effort is the administration -- how much extra effort, would you say, you're, sort of, putting into some of the misinformation efforts out there? I know Dr. Fauci was out, you know, answering questions about Joe Rogan this week. I mean, how much does that play into helping solve hesitation? And how much is that, sort of, a distraction?

MR. ZIENTS: Dr. Murthy.

SURGEON GENERAL MURTHY: I'm sorry, could you repeat the tail end of your question? I want to make sure I'm clear on the end.

Q Yeah, it was just: How much is that helping to solve hesitation versus how much is it -- is sort of just a distraction and taking away from other work that's happening?

MR. ZIENTS: Dr. Murthy, combating misinformation is the core of the question.

SURGEON GENERAL MURTHY: Yeah, look -- look, I think that, ultimately, we know that people have questions for multiple reasons. Sometimes because there's misinformation that they've encountered; sometimes because they've had a bad experience with the healthcare system and they're wondering who to trust; and some people have just heard lots of different news as we continue to get updates on the vaccine, and they want to hear from someone they trust.

That's why, you know, our efforts are focused on mobilizing trusted messengers, which include doctors and nurses, faith leaders, and family members to get information out to people.

But just keep in mind that -- for people to get vaccinated, they need confidence. They need, you know, to know that this is urgent and important. And they need access. And that's why we are working hard on all three fronts.

MR. ZIENTS: Next question.

MODERATOR: Kristen Welker, NBC.

Q Hi, everyone. Thanks so much for doing this call. My big-picture question is: To what extent are you concerned that people are loosening restrictions too quickly? Clearly, there have been significant gains.

I'm thinking about, specifically New York announcing that it's reopening July 1st. Is that too soon or is that right on time?

I'm also thinking about the images we saw last night with the NFL Draft, hundreds of people in close quarters. I know they've been vaccinated and tested, but was that safe? Is that too many people?

MR. ZIENTS: Well let me -- let me start, and then, Dr. Walensky or Dr. Fauci, if you want to add anything here.

You know, I think situations clearly vary by state. We are encouraged that states are focused on getting people vaccinated. That's the most important area of focus, as we all know that vaccinations and getting as many Americans vaccinated as efficiently and equitably as possible is our path to returning to a more normal lifestyle.

Dr. Walensky or Dr. Fauci, anything to add here?

DR. WALENSKY: I don't have that much to add. I will just say that, you know, we are focused on getting people vaccinated and decreasing the case rates. You know, if we can continue at this pace -- case rates are coming down, vaccinations going up -- then I think July 1 would be a reasonable target.

MR. ZIENTS: Okay. Next question.

MODERATOR: Yamiche Alcindor at PBS.

Q Thanks so much for taking my question. I'm wondering about the dwindling demand for vaccines. You're seeing -- we're seeing some of that, according to local reporting, in California and in -- and in Ohio. How close are we to hitting a vaccine plateau? What would that even look like? And what's the strategy if we do start to hit a vaccine plateau?

MR. ZIENTS: So, you know, we're -- as I said, we're giving millions of shots per day, and as a result -- you saw the data that we've already delivered at least one shot to 55 percent of adult Americans, and then today's major milestone of 100 million adult Americans fully vaccinated.

You know, it's not unexpected, as we entered this next phase, that there will be a more of a balance between supply and demand. And that makes it even more important that we make it easier for people to get vaccinated, that we continue, as Dr. Murthy talked about, to build vaccine confidence and ensure equity.

I think what is unexpected is how fast we've gotten here. We know this next phase won't be easy, but neither was getting to 220 million shots in arms in the first 100 days.

And I think it's why the infrastructure that we've built -- having enough supply, enough places for people to get vaccinated, enough vaccinators in the field -- is so important as we build on those efforts of having 75,000 sites where people can get vaccinated and thousands of vaccinators now online, 90 percent of Americans within five miles.

So this next phase is very focused on making it even easier, continuing to build vaccine confidence, and ensuring equity for all Americans.

Next question.

SURGEON GENERAL MURTHY: Can I, Jeff --

MR. ZIENTS: I'm sorry.

SURGEON GENERAL MURTHY: Jeff, can I just add one -- one piece then --

MR. ZIENTS: Please. Please.

SURGEON GENERAL MURTHY: -- which is, also -- which is that -- you know, I completely agree with what Jeff said. And, you know, I don't think it's a surprise, you know, that -- you know, we knew that, you know, it wasn't going to be easy to vaccinate the entire country. And as obstacles come up, though, we continue to work together with communities to knock them down.

But I also want to be very clear that at this point -- that the effort to vaccinate America to protect our nation from COVID-19 is a collaborative effort. Like we need, certainly, the government to take action, but we know that we can't get there also -- to fully protecting our country -- until individuals and communities and community organizations and businesses are all working together hand in hand to make that vaccination effort possible.

And many are already are stepping up.

But this is one of these all-hands-on-deck moments when each of us needs to look around in our communities, in our families, in our fr- -- circle of friends and ask people if they have a plan to get vaccinated. And if they don't have a plan, we need to ask them do they need information, help them get information. If they need help making an appointment, you need to help them make an appointment.

It's only by stepping up, all of us, in our own roles in society that we're going to ultimately protect the company -- the country. And the government should make it as easy as possible, which is why we're so focused on access, getting accurate information out there. But again, this is an all-hands-on-deck effort where we've all got to chip in.

MR. ZIENTS: Well said, Dr. Murthy.

Next question.

MODERATOR: Rachel Rouben, Politico.

Q Hi, I just wanted to drill down a little bit more into that. So we are seeing a growing gap in vaccine rates both between states and within states, where certain communities and counties still have fewer than 20 percent of their population vaccinated.

You guys have talked about the Community Corps, but what new actions is the White House taking to, kind of, address this growing gap? And specifically, how is the strategy evolving here?

MR. ZIENTS: Why don't I go first and then -- and then, Dr. Murthy, if you want to add on here.

You know, in this next phase, we -- we're making it even easier for people to get vaccinated: partnering with doctors' offices, where people are accustomed to getting vaccinations. And,

you know, 90 percent of doctors have gotten at least their first dose of vaccine. And people, locally, trust and look to their doctors and nurses and other healthcare providers.

Helping get workers paid time off, as Dr. Murthy talked about the action the President took last week to make sure that small businesses have tax credits to allow employees to have time off to both get vaccinated and to recover if need be.

Setting up walkups sites so that you can have a certain number of people each day, with no appointment, show up and just get vaccinated, making it increasingly convenient.

Dr. Murthy, you might want to expand in terms of new confidence efforts that you're helping to lead here.

DR. MURTHY: Absolutely. Well, I would just say that the -- we are continuing to expand the breadth of organizations and individuals who are part of our Community Corps, recognizing exactly what you said: that if we really want to reach all parts of America -- rural and urban and people of all age demographics -- we've got to reflect the diversity of our country and the diversity of partners that we have as well.

I want to underscore though the point that Jeff made about working with doctors and with other healthcare providers: that we know that around 80 percent of people who are trying to decide about a vaccine say that they want to talk to their doctor about that -- about that decision.

And we've heard that loud and clear, and that's why we not only want to, you know, engage with doctors to ensure they're talking to their patients, but we also want to make it easier for people to ultimately get a vaccine through their doctor. And there'll be more to say about that initiative in the days ahead.

But that is a channel that we're certainly working on in close partnership with physicians, with other healthcare providers, and with medical organizations.

MR. ZIENTS: Okay. Next question.

MODERATOR: Jeremy Diamond, CNN.

Q Hey, guys. Thanks very much. So more than a dozen countries have either banned or restricted travel from India at this point. Why hasn't the President taken any of those steps so far? And is the administration currently considering a ban on travel from India?

And then, secondly, I'm just wondering: You know, this morning, we saw the First Lady outdoors wearing a mask, even though she's vaccinated. The President, yesterday, said he would need to wear a mask if he was sitting close to someone indoors, even if they're both vaccinated, which goes against CDC guidance.

And so, given that the President focused on modeling the best public health advice when masks were required, why isn't he doing more to show the country what you can do once you are vaccinated? Thank you.

MR. ZIENTS: So, in terms of travel from India, we remain in very close contact with our foreign counterparts and are continuously monitoring the situation. Our current inbound travel precautions and mandatory testing before travel -- the quarantine for unvaccinated individuals and the retesting during that quarantine period -- those are all in place for all international travel and have been effective.

Getting Americans vaccinated is the most effective tool, as we -- that we have against COVID, and we'll continue to follow the CDC's science-based guidance on -- on travel and other matters.

Dr. Walensky, I don't know if you have anything to add here.

DR. WALENSKY: No, nothing to add.

MR. ZIENTS: Okay, next question.

MODERATOR: Zeke Miller, AP.

Q Thanks for doing this. First, a quick point of information: When you say 100 million Americans are fully vaccinated, that just means they've gotten their second dose if they required a two-dose vaccine; that doesn't mean that they're two weeks past that dose, which is what is --

MR. ZIENTS: That is -- that is correct, Zeke. And that's why I was clear that everyone needs to make sure that they follow that two-week post. But they've -- now 100 million Americans have received their second shot if they're on a two-shot regimen or their one shot if they're on the J&J regimen.

Q Thank you. And then just following up on Dr. Walensky's point earlier about New York, that July 1st is sort of a reasonable timetable assuming the current trendlines are continued. Could you explain, Dr. Walensky, sort of, what that -- you know, what would be possible or, sort of, now seems likely on July -- July 1st then, New York's going to 100 percent capacity at restaurants and bars and -- and, you know, arenas and the like. You know, will masks still be required indoors? Could you sort of lay out a little bit sort of, you know, two weeks -- two months from now, rather, you know, what should the American people, sort of, hope for?

DR. WALENSKY: You know, what I'd like to do is, sort of, say: The more people are vaccinated, the fewer cases that we have. And as we see those numbers come down, we'll -- we'll take increased steps, as we have until now.

We've had three updated guidances of what you can do if you're fully vaccinated, and we look forward to more as more and more people get vaccinated. But I don't think this -- this virus has tricked us before, so I would like to sort of watch and see how it goes before making further estimations of what happens in a couple of months.

MR. ZIENTS: Good. Next question.

MODERATOR: Last question. Let's go to Meg Tirrell at CNBC.

Q Well, thanks so much. I just wanted to follow up on what the administration is doing to counter disinformation -- so really stronger on the spectrum of -- of hesitancy, but, you know, Peter Hotez wrote an editorial in "Nature," suggesting that the highest levels of government have to take direct, even confrontational, approaches with Russia and move to dismantle anti-vaccine groups in the United States. So, really going beyond counter-messaging from the global health community and pressure on social media companies.

I just wondered what the administration's, sort of, stance is on -- on stronger actions like that against specific disinformation, not just, sort of, hesitancy in general.

MR. ZIENTS: Dr. Murthy, do you want to talk about just positive measures on information and anything you want to say about combating disinformation?

SURGEON GENERAL MURTHY: Sure, well -- well, thank you for that question. I mean, that is such an important issue and -- and we are certainly focused on it in several ways. But the two that I'll mention is: We recognize that misinformation and disinformation thrive in the absence of accurate information.

So, one of our strategies is to put as much accurate information out there as possible with trusted voices -- not only the people from government, but also reputable medical sources and experts in communities.

But we are also working closely with these social media companies and other platforms to push them, also, and partner with them on rooting out active disinformation campaigns. You know, I said at the top of this -- top of this presser that it is all of our responsibilities to step up and to help address this crisis and get people vaccinated.

And I specifically mentioned that -- that we need social media companies and platforms to not only put out accurate information, but to root out both blatant and subtle

disinformation that's on their sites.

I think that they have work to do. We are certainly here to partner with them to get the job done. But clearly, you know, we still have way too much disinformation spreading on those sites. And it presents a clear and present danger, I believe, to people who need to be protected from COVID and who could potentially get vaccinated.

MR. ZIENTS: I want to thank everybody for joining today, and we look forward to next week's briefings.

Thank you.

11:42 A.M. EDT

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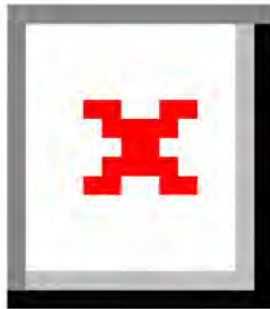
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Press Briefing by White House COVID-19 Response Team and Public Health Officials

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FOR IMMEDIATE RELEASE

April 30, 2021

Press Briefing by White House COVID-19 Response Team and Public Health Officials
Via Teleconference

11:04 A.M. EDT

MR. ZIENTS: Good morning. And thank you for joining us. Today, Dr. Walensky will provide an update on the state of the pandemic, Dr. Fauci will highlight the latest science, and Dr. Murthy will share an update on our efforts to strengthen confidence in the vaccines

First, I want to start by recapping what we've accomplished in the first 100 days and through our whole-of-government response that is treating the battle against the virus like the war that it is.

We beat the President's aggressive goal of 200 million shots in his first 100 days, delivering more than 220 million shots in arms. Two hundred and twenty million shots in a hundred days, that's a level of vaccinations no one expected us to reach this quickly.

By the end of May, we'll have enough vaccine supply for every adult American. In fact, just this week, we shipped our 300 millionth dose to states, Tribes, territories, and federal channels. Three hundred million doses shipped -- an important marker of progress.

Thanks to our accelerated vaccination program, we are far ahead of where anyone thought we would be in our war against the virus. Everyone 16 and over is eligible. And with 90 percent of Americans living within five miles of a vaccination site, it's never been easier to get a shot.

As the President has said, this is an American achievement. An achievement we can all take pride in. An achievement that should give every American confidence and hope.

Going forward, in this next phase of our vaccination program, we continue to be laser-focused on getting more and more Americans vaccinated.

As I said last week, given that we have succeeded in getting vaccinations to the lion's share of those most at risk and those most eager to get vaccinated, we are now increasingly focused on other groups that will take time to reach. And we expect the number of shots administered each day to moderate and fluctuate.

That said, we will continue to vaccinate millions of Americans each and every day. This past week, our average was 2.6 million shots per day.

Overall, as you can see on our vaccination progress report, 55 percent of adult Americans now have at least one shot. That's up from 38 percent at the end of March and 19 percent at the end of February.

Looking at the next slide, you see that today we reached a major milestone on the number of Americans who are fully vaccinated. Today, 100 million Americans are fully vaccinated, nearly double the 55 million who were fully vaccinated at the end of March. That's 100 million -- nearly 40 percent of all adults Americans who are now fully vaccinated with protection from COVID-19 two weeks after getting their last shot.

That's 100 million Americans with a sense of relief and peace of mind knowing that after a long and hard year, they're protected from the virus; knowing their decision to get vaccinated protects not just themselves but also protects their families, their friends, and their communities.

A hundred million Americans who can follow the new CDC guidance released this week and go -- enjoy going to the park with their family, dining and socializing with their friends outside, and many more outdoor activities without needing to wear a mask.

So, over 300 million doses shipped, 220 million shots in arms, 100 million fully vaccinated individuals. This represents significant progress and cause for hope.

We know we have more work to do. And in the weeks and months ahead, we'll continue building on the progress we made in our first 100 days.

As I laid out last week, in this next phase of our vaccination program, with everyone 16 and over eligible, we will focus on vaccinating millions of Americans each and every day; continuing to improve access and making it even easier for everyone to get vaccinated; strengthening confidence in the vaccine by getting Americans facts and answering their questions; and ensuring equity is at the center of everything we do so we can reach everyone in our response.

We know it won't be easy, but neither was getting 220 million shots in arms in just 100 days. And, together, we did it. We've seen what America is capable of when we come together and all of us do our part.

With that, over to Dr. Walensky. Dr. Walensky.

DR. WALENSKY: Good morning, and thank you so much. I'm pleased to be back with you today. We'll start with an overview of the data.

Yesterday, CDC reported over 53,000 new cases of COVID-19. Our seven-day average is about 52,500 daily cases; this represents a decrease of about 16 percent from our prior seven-day average. The seven-day average of hospital admissions is just over 5,050 -- again, a positive sign with a decrease of almost 10 percent from our previous seven days. And the seven-day average of daily deaths has also declined to 628 per day, a decrease of about 8 percent.

In addition to these positive trends, I'd like to share with you another exciting piece of news about vaccines. Earlier this week, CDC released a study examining the real-world effectiveness of the Pfizer and Moderna COVID-19 vaccines. This study looked at hospitalization rates among people over the age of 65 and found that fully vaccinated seniors were 94 percent less likely to be hospitalized with COVID-19 than were there -- those who are unvaccinated.

Importantly, this study was done in a high-risk population -- those over 65, who have endured a tremendous burden during this pandemic. This is yet another piece of great news that our vaccines are working to prevent severe disease.

I'd also like to take a look back on the last 100 days of work we've done to closely monitor COVID-19 variants. As we know, the more virus and viral replication, the virus has more chances to mutate, and this means additional opportunities for variants to evolve.

This is why we often describe our vaccine efforts here in the United States as a race against

the virus: how quickly can we vaccinate Americans to prevent further spread of the virus, and the potential for new and more ex- -- concerning variants to emerge.

Genomic sequencing is a laboratory method that identifies mutations or changes in the virus that contribute to the emergence of new variants. Taken together, genomic sequencing of many virus samples allows us to understand the prevalence of variants in circulation.

Over the past 100 days, CDC has dramatically built up our domestic genomic surveillance platforms to improve our visibility of circulating variants. Since January, CDC has increased the nation's sequencing output 75-fold.

On January 25th, CDC ramped up the national SARS-CoV-2 Strain Surveillance system -- or NS3 -- to begin requesting 750 specimens weekly from 64 public health jurisdictions for sequencing, virus isolation, and characterization.

In addition, CDC awarded multiple sequencing contracts to rapidly increase the number of specimens sequenced per week, going from 6,000 per week in January to more than 22,000 per week in April. Combined with the sequencing efforts of state and local public health laboratories, as well as our collaborations with academic institutions, the United States is now sequencing nearly 8 percent of the approximately 450,000 COVID-19 cases weekly.

With our current capacity and our cases across the nation coming down, we are on our way to sequencing even higher percentage of cases, which I consider a tremendous accomplishment.

CDC has made significant strides in -- to make our genomic surveillance data more accessible to the public through an interactive dashboard on our COVID Data Tracker website. This site is updated weekly with the prevalence of SARS-CoV-2 variants at the national, regional, and state levels.

We look forward to continued advancement in this area with the additional investments made by the American Rescue Plan, which provided \$1.7 billion to strengthen and expand much-needed activities and workforce related to genomic sequencing, genomic epidemiology, analytics, and disease surveillance.

From a global perspective, CDC is also supporting sequencing capacity in more than 50 countries, such as India, Brazil, and South Africa. This support, including -- includes defining standardized approaches, providing technical assistance to investigate variants, and coordinating with the broader research community.

As we mark 100 days of this administration, I am proud that we have collaborated with numerous partners to expand genomic sequencing and what all of that means not only to America, but to our global efforts to end this pandemic.

This work has made us better prepared for the threat of SARS-CoV-2 variants; helped us better understand, identify, and track the virus; and given us more tools to take actions that protect the American people and people around the world.

There is more work to be done, but over the past 100 days, we have ramped up our capacity to understand the virus circulating in our midst. And with 100 million Americans fully vaccinated as of today, we continue to move ahead in our progress to end this pandemic.

Thank you very much. I'll now turn things over to Dr. Fauci.

DR. FAUCI: Thank you very much, Dr. Walensky.

If we could move to the next slide.

Yesterday, Tara Parker-Pope, in the New York Times, wrote an article addressing the issue: Does it matter if one skips the second COVID shot?

So I like to spend just the next couple of minutes addressing this issue. Because now, about

8 percent of people -- estimated -- have not showed up for their second shot of a two-shot regimen, i.e. the mRNA regimen.

Next slide.

But if you compare this to other real-world uptake of vaccines that have been around for a while -- this report came out a week ago in Human Vaccines & Immunotherapeutics, looking at the zoster vaccine in the United States over a two-year period -- from 2017 to 2019.

And note -- on the second bullet -- it's a two-dose vaccine with the doses becoming two and six months after the first dose. Seventy to eighty percent of individuals completed the series, which means that twenty to thirty percent have not.

So thus far, the 8 percent -- though you'd like to see 100 percent adherence, 8 percent is within the realm of what you see what other multi-dose vaccines.

Next slide.

So let's take a quick look at what the guidelines are that we know about the administration. The Pfizer-BioNTech gets a -- it gets a single dose, and, 21 days later, you get the boost. For Moderna, it's 28 days. But as the CDC has said, it's not feasible -- if it's not feasible to adhere to the recommended interval.

And in the real world, there are many reasons why this might not be feasible. The second dose may be scheduled for administration up to six weeks or 42 days after the first dose.

Next slide.

So why is there some uncertainty about the importance of second doses when you talk to people and ask their opinion? Well, about 44 percent of adults reported that the vaccines provided strong protection by one to two weeks after the second dose.

So 44 percent of people are onboard, clearly, with the second dose. Twenty percent believe that the vaccines provide strong protection before the second dose. And 36 percent, in a recent survey, were unsure.

Next slide.

So let's take a look at the results, both clinically and from a laboratory standpoint, about the efficacy of the first dose versus following the second dose.

So this is a study that was recently published in the New England Journal of Medicine on the Pfizer-BioNTech mRNA in a nationwide mass vaccination setting in Israel.

Look at the column on the left, when you look at both infection, symptomatic hospitalization, or severe disease.

Although there is a significant degree of protection after the first dose, look at the difference between the first and second dose: 46 versus 92, 57 versus 94, et cetera, et cetera.

Next slide.

This is the study that Dr. Walensky just mentioned a moment ago when you look at individuals 65 years of age or older, where you have an extraordinarily good, effectiveness in fully vaccinated senior at 94 percent, as she mentioned.

But look at the partially vaccinated people -- again, a reasonable amount of protection, but not nearly as much as you get from the two doses.

Next slide.

Here, again, is a study I showed you at a previous briefing from employees at the University of Texas Southwestern. Again, the unvaccinated, when you look at the percent of infections

there, they did not do well. You do much better if you're partially vaccinated, but there's a 36-fold difference of getting fully vaccinated versus partially vaccinated.

Next slide.

Now, when you look at the immune response to a single dose of mRNA vaccines in organ transplant or cancer patients -- and very, very clearly, the single dose was not adequate -- this becomes really important. Because organ transplant, particularly individuals on a variety of immunosuppressive drugs and cancer patients -- but there are a lot of people in society who are on things like glucocorticoids for autoimmune diseases that may not get a good enough response after the first dose, and we absolutely want them to get the second dose.

So, very quickly, let's look at some of the data that backs up this clinical.

Next slide.

I showed you the slide before. This is the Pfizer-BioNTech, and we're here looking at neutralizing antibodies after the first dose, which is at the 21 day, versus the second dose, which is that day 28 to 35.

As you can see, regardless of the age -- younger individuals or older individuals -- a dramatic difference in neutralizing antibodies between the first and the second dose.

Next slide.

We often talk about T-cell responses -- the same thing. If you look at after the first dose -- namely at day 29 on the Th1 responses to the spike protein -- and you look at the responses at day 29 versus day 43, which is after the second dose -- yet again, another important difference.

Next slide.

And then when you look here at the neutralization after the second dose of Pfizer, when you're looking at variants -- so concentrate on the blue-shaded area. So if you look at one dose two weeks and then three weeks after the one dose, and look at the effect -- so if there are 15 vaccinees on the left, about a third of them had a good response about -- against the 614, which is the standard virus. Got less when you did B117. And nothing against 351.

At week three, it got a little bit better. You had more against 614, more against B117, but still nothing against 351.

But after the second dose, both week four and week six, look at the dramatic difference -- not only against the standard wild type, but also against the one that we have in this country that's dominant, B117. But also look at, now, the presence of neutralizing antibodies in vitro against the 351, or South African isolate. Again, a much, much better advantage for the second dose.

So, finally, on the last slide.

What can we do to help people get that second dose on time? Scheduling follow-up visits before and during the first dose, reschedule canceled clinics, and send reminders.

Bottom line of my message: A, get vaccinated. And if you're having a two-dose regimen, make sure you get that second dose.

Now passing it over to Dr. Murthy.

SURGEON GENERAL MURTHY: Well, thank you so much, Dr. Fauci, and it's good to be with all of you again this morning. You know, as we pass our 100-days mark and mark over 143 million people who are vaccinated with at least one dose, I want to share a little bit more about how we're thinking about our work ahead.

To help people protect themselves and the people they love requires us not only to build

confidence in vaccines, but to mobilize people to get vaccinated and to make sure people have easy access to vaccine -- vaccines.

Now, tracking vaccine confidence is nuanced, but there are two realities that remain true.

First, the surveys and studies continue to show us that since the winter, a growing share of people in our country have gotten or plan to get vaccinated. And we've come a long way since the end of last year.

Second, we know, not only from the data, but from conversations with community members and leaders, that there are still people who have questions and want more information about vaccines.

And that's why we're continuing to grow the scope and reach of our COVID-19 Community Corps, which, you'll remember, is a nationwide grassroot network of health professionals; community organizations; rural, union, and faith leaders; and Americans from all walks of life who share a commitment to protecting their communities by helping people get vaccinated.

This morning, I want to highlight for you several more stories that we've heard about the work from a few of those organizations. One of our organizations, ACCESS, has set up vaccination clinics in Sterling Heights in Dearborn, Michigan, where they're averaging hundreds of vaccines administered daily. They are forming community focus groups, which include primarily people of East Asian descent and people from Poland, Ukraine, and Sikh communities to address root causes of lower vaccine confidence and address questions.

Another organization, Peletah Ministries, is working with a large network of churches in eastern North Carolina. Peletah Ministries was founded to assist in disaster recovery following Hurricane Irene. And, today, the organization is engaging older adults by answering their questions about vaccines, dispelling myths, and helping administer vaccines when they -- when their seniors are ready to get it.

The UFW Foundation, which is also a Community Corps member, is focusing on vaccinating farmworkers and their families. The organization has coordinated community vaccine events that have provided thousands of vaccine doses to farmworkers. They've established a national hotline to support farmworkers with appointment registration. And the team is also engaging farmworkers on the ground in six states to spread factual scientific information.

Finally, I want to share with you that Washington, D.C., Mayor Muriel Bowser has created D.C.'s own COVID-19 Community Corps. The D.C. Corps will be launched this Saturday, May 1st, as part of a "Day of Action," and has list -- enlisted hundreds of volunteers to canvass neighborhoods and help residents make a plan to get vaccinated.

The Day of Action coincides with the -- with the day walk-up sites open across the city so that residents will be able to head straight to a vaccination site to get a free vaccine. If you're in D.C. and want to get involved in the Day of Action, you can find more information at bit.ly/dayofactiondc.

Now, these are a few of the thousands of organizations that have grown up -- that have joined the growing movement, rather, to vaccinate the nation. The Community Corps is ultimately built on a simple but powerful idea: that protecting the nation from COVID-19 requires individuals and committees to take action, not just the government.

And everyday Americans, community organizations, and businesses have risen to the challenge. And what that means is family members and friends helping each other make a plan to get vaccinated. It means doctors and nurses reaching out to their patients to answer questions and urge them to get vaccinated. It means faith leaders recognizing how easily rumors can spread and reaching out to their congregants with the truth about vaccines. It means social media companies taking responsibility for promoting accurate content and removing all blatant misinformation as well as more subtle, yet highly targeted, misinformation.

And it means workplaces giving employees paid time off when they -- when needed to get vaccinated or to recover from temporary flu-like symptoms. This is a step, by the way, that is now easier, given the tax credit that President Biden announced for small businesses that provide such time off.

Ultimately, our national COVID-19 response is, in many ways, a test of whether we will answer this moment with a spirit of community that has always been at the heart of our country's response to generational threats. And I believe that we will respond. Thank you for your time today, and I look forward to your questions.

MR. ZIENTS: Well, thank you, Doctors. Let's now open it up for questions. First question.

MODERATOR: Thanks, Jeff. And, reminder: one question, one person. First, we'll go to Nate Weixel at The Hill.

Q Hi. Thanks for taking my question. I'm wondering a little bit about these efforts to sort of decrease hesitation, combat misinformation. How much effort is the administration -- how much extra effort, would you say, you're, sort of, putting into some of the misinformation efforts out there? I know Dr. Fauci was out, you know, answering questions about Joe Rogan this week. I mean, how much does that play into helping solve hesitation? And how much is that, sort of, a distraction?

MR. ZIENTS: Dr. Murthy.

SURGEON GENERAL MURTHY: I'm sorry, could you repeat the tail end of your question? I want to make sure I'm clear on the end.

Q Yeah, it was just: How much is that helping to solve hesitation versus how much is it -- is sort of just a distraction and taking away from other work that's happening?

MR. ZIENTS: Dr. Murthy, combating misinformation is the core of the question.

SURGEON GENERAL MURTHY: Yeah, look -- look, I think that, ultimately, we know that people have questions for multiple reasons. Sometimes because there's misinformation that they've encountered; sometimes because they've had a bad experience with the healthcare system and they're wondering who to trust; and some people have just heard lots of different news as we continue to get updates on the vaccine, and they want to hear from someone they trust.

That's why, you know, our efforts are focused on mobilizing trusted messengers, which include doctors and nurses, faith leaders, and family members to get information out to people.

But just keep in mind that -- for people to get vaccinated, they need confidence. They need, you know, to know that this is urgent and important. And they need access. And that's why we are working hard on all three fronts.

MR. ZIENTS: Next question.

MODERATOR: Kristen Welker, NBC.

Q Hi, everyone. Thanks so much for doing this call. My big-picture question is: To what extent are you concerned that people are loosening restrictions too quickly? Clearly, there have been significant gains.

I'm thinking about, specifically New York announcing that it's reopening July 1st. Is that too soon or is that right on time?

I'm also thinking about the images we saw last night with the NFL Draft, hundreds of people in close quarters. I know they've been vaccinated and tested, but was that safe? Is that too many people?

MR. ZIENTS: Well let me -- let me start, and then, Dr. Walensky or Dr. Fauci, if you want to add anything here.

You know, I think situations clearly vary by state. We are encouraged that states are focused on getting people vaccinated. That's the most important area of focus, as we all know that vaccinations and getting as many Americans vaccinated as efficiently and equitably as possible is our path to returning to a more normal lifestyle.

Dr. Walensky or Dr. Fauci, anything to add here?

DR. WALENSKY: I don't have that much to add. I will just say that, you know, we are focused on getting people vaccinated and decreasing the case rates. You know, if we can continue at this pace -- case rates are coming down, vaccinations going up -- then I think July 1 would be a reasonable target.

MR. ZIENTS: Okay. Next question.

MODERATOR: Yamiche Alcindor at PBS.

Q Thanks so much for taking my question. I'm wondering about the dwindling demand for vaccines. You're seeing -- we're seeing some of that, according to local reporting, in California and in -- and in Ohio. How close are we to hitting a vaccine plateau? What would that even look like? And what's the strategy if we do start to hit a vaccine plateau?

MR. ZIENTS: So, you know, we're -- as I said, we're giving millions of shots per day, and as a result -- you saw the data that we've already delivered at least one shot to 55 percent of adult Americans, and then today's major milestone of 100 million adult Americans fully vaccinated.

You know, it's not unexpected, as we entered this next phase, that there will be a more of a balance between supply and demand. And that makes it even more important that we make it easier for people to get vaccinated, that we continue, as Dr. Murthy talked about, to build vaccine confidence and ensure equity.

I think what is unexpected is how fast we've gotten here. We know this next phase won't be easy, but neither was getting to 220 million shots in arms in the first 100 days.

And I think it's why the infrastructure that we've built -- having enough supply, enough places for people to get vaccinated, enough vaccinators in the field -- is so important as we build on those efforts of having 75,000 sites where people can get vaccinated and thousands of vaccinators now online, 90 percent of Americans within five miles.

So this next phase is very focused on making it even easier, continuing to build vaccine confidence, and ensuring equity for all Americans.

Next question.

SURGEON GENERAL MURTHY: Can I, Jeff --

MR. ZIENTS: I'm sorry.

SURGEON GENERAL MURTHY: Jeff, can I just add one -- one piece then --

MR. ZIENTS: Please. Please.

SURGEON GENERAL MURTHY: -- which is, also -- which is that -- you know, I completely agree with what Jeff said. And, you know, I don't think it's a surprise, you know, that -- you know, we knew that, you know, it wasn't going to be easy to vaccinate the entire country. And as obstacles come up, though, we continue to work together with communities to knock them down.

But I also want to be very clear that at this point -- that the effort to vaccinate America to protect our nation from COVID-19 is a collaborative effort. Like we need, certainly, the government to take action, but we know that we can't get there also -- to fully protecting our country -- until individuals and communities and community organizations and businesses are all working together hand in hand to make that vaccination effort possible.

And many are already are stepping up.

But this is one of these all-hands-on-deck moments when each of us needs to look around in our communities, in our families, in our fr- -- circle of friends and ask people if they have a plan to get vaccinated. And if they don't have a plan, we need to ask them do they need information, help them get information. If they need help making an appointment, you need to help them make an appointment.

It's only by stepping up, all of us, in our own roles in society that we're going to ultimately protect the company -- the country. And the government should make it as easy as possible, which is why we're so focused on access, getting accurate information out there. But again, this is an all-hands-on-deck effort where we've all got to chip in.

MR. ZIENTS: Well said, Dr. Murthy.

Next question.

MODERATOR: Rachel Rouben, Politico.

Q Hi, I just wanted to drill down a little bit more into that. So we are seeing a growing gap in vaccine rates both between states and within states, where certain communities and counties still have fewer than 20 percent of their population vaccinated.

You guys have talked about the Community Corps, but what new actions is the White House taking to, kind of, address this growing gap? And specifically, how is the strategy evolving here?

MR. ZIENTS: Why don't I go first and then -- and then, Dr. Murthy, if you want to add on here.

You know, in this next phase, we -- we're making it even easier for people to get vaccinated: partnering with doctors' offices, where people are accustomed to getting vaccinations. And,

you know, 90 percent of doctors have gotten at least their first dose of vaccine. And people, locally, trust and look to their doctors and nurses and other healthcare providers.

Helping get workers paid time off, as Dr. Murthy talked about the action the President took last week to make sure that small businesses have tax credits to allow employees to have time off to both get vaccinated and to recover if need be.

Setting up walkups sites so that you can have a certain number of people each day, with no appointment, show up and just get vaccinated, making it increasingly convenient.

Dr. Murthy, you might want to expand in terms of new confidence efforts that you're helping to lead here.

DR. MURTHY: Absolutely. Well, I would just say that the -- we are continuing to expand the breadth of organizations and individuals who are part of our Community Corps, recognizing exactly what you said: that if we really want to reach all parts of America -- rural and urban and people of all age demographics -- we've got to reflect the diversity of our country and the diversity of partners that we have as well.

I want to underscore though the point that Jeff made about working with doctors and with other healthcare providers: that we know that around 80 percent of people who are trying to decide about a vaccine say that they want to talk to their doctor about that -- about that decision.

And we've heard that loud and clear, and that's why we not only want to, you know, engage with doctors to ensure they're talking to their patients, but we also want to make it easier for people to ultimately get a vaccine through their doctor. And there'll be more to say about that initiative in the days ahead.

But that is a channel that we're certainly working on in close partnership with physicians, with other healthcare providers, and with medical organizations.

MR. ZIENTS: Okay. Next question.

MODERATOR: Jeremy Diamond, CNN.

Q Hey, guys. Thanks very much. So more than a dozen countries have either banned or restricted travel from India at this point. Why hasn't the President taken any of those steps so far? And is the administration currently considering a ban on travel from India?

And then, secondly, I'm just wondering: You know, this morning, we saw the First Lady outdoors wearing a mask, even though she's vaccinated. The President, yesterday, said he would need to wear a mask if he was sitting close to someone indoors, even if they're both vaccinated, which goes against CDC guidance.

And so, given that the President focused on modeling the best public health advice when masks were required, why isn't he doing more to show the country what you can do once you are vaccinated? Thank you.

MR. ZIENTS: So, in terms of travel from India, we remain in very close contact with our foreign counterparts and are continuously monitoring the situation. Our current inbound travel precautions and mandatory testing before travel -- the quarantine for unvaccinated individuals and the retesting during that quarantine period -- those are all in place for all international travel and have been effective.

Getting Americans vaccinated is the most effective tool, as we -- that we have against COVID, and we'll continue to follow the CDC's science-based guidance on -- on travel and other matters.

Dr. Walensky, I don't know if you have anything to add here.

DR. WALENSKY: No, nothing to add.

MR. ZIENTS: Okay, next question.

MODERATOR: Zeke Miller, AP.

Q Thanks for doing this. First, a quick point of information: When you say 100 million Americans are fully vaccinated, that just means they've gotten their second dose if they required a two-dose vaccine; that doesn't mean that they're two weeks past that dose, which is what is --

MR. ZIENTS: That is -- that is correct, Zeke. And that's why I was clear that everyone needs to make sure that they follow that two-week post. But they've -- now 100 million Americans have received their second shot if they're on a two-shot regimen or their one shot if they're on the J&J regimen.

Q Thank you. And then just following up on Dr. Walensky's point earlier about New York, that July 1st is sort of a reasonable timetable assuming the current trendlines are continued. Could you explain, Dr. Walensky, sort of, what that -- you know, what would be possible or, sort of, now seems likely on July -- July 1st then, New York's going to 100 percent capacity at restaurants and bars and -- and, you know, arenas and the like. You know, will masks still be required indoors? Could you sort of lay out a little bit sort of, you know, two weeks -- two months from now, rather, you know, what should the American people, sort of, hope for?

DR. WALENSKY: You know, what I'd like to do is, sort of, say: The more people are vaccinated, the fewer cases that we have. And as we see those numbers come down, we'll -- we'll take increased steps, as we have until now.

We've had three updated guidances of what you can do if you're fully vaccinated, and we look forward to more as more and more people get vaccinated. But I don't think this -- this virus has tricked us before, so I would like to sort of watch and see how it goes before making further estimations of what happens in a couple of months.

MR. ZIENTS: Good. Next question.

MODERATOR: Last question. Let's go to Meg Tirrell at CNBC.

Q Well, thanks so much. I just wanted to follow up on what the administration is doing to counter disinformation -- so really stronger on the spectrum of -- of hesitancy, but, you know, Peter Hotez wrote an editorial in "Nature," suggesting that the highest levels of government have to take direct, even confrontational, approaches with Russia and move to dismantle anti-vaccine groups in the United States. So, really going beyond counter-messaging from the global health community and pressure on social media companies.

I just wondered what the administration's, sort of, stance is on -- on stronger actions like that against specific disinformation, not just, sort of, hesitancy in general.

MR. ZIENTS: Dr. Murthy, do you want to talk about just positive measures on information and anything you want to say about combating disinformation?

SURGEON GENERAL MURTHY: Sure, well -- well, thank you for that question. I mean, that is such an important issue and -- and we are certainly focused on it in several ways. But the two that I'll mention is: We recognize that misinformation and disinformation thrive in the absence of accurate information.

So, one of our strategies is to put as much accurate information out there as possible with trusted voices -- not only the people from government, but also reputable medical sources and experts in communities.

But we are also working closely with these social media companies and other platforms to push them, also, and partner with them on rooting out active disinformation campaigns. You know, I said at the top of this -- top of this presser that it is all of our responsibilities to step up and to help address this crisis and get people vaccinated.

And I specifically mentioned that -- that we need social media companies and platforms to not only put out accurate information, but to root out both blatant and subtle

disinformation that's on their sites.

I think that they have work to do. We are certainly here to partner with them to get the job done. But clearly, you know, we still have way too much disinformation spreading on those sites. And it presents a clear and present danger, I believe, to people who need to be protected from COVID and who could potentially get vaccinated.

MR. ZIENTS: I want to thank everybody for joining today, and we look forward to next week's briefings.

Thank you.

11:42 A.M. EDT

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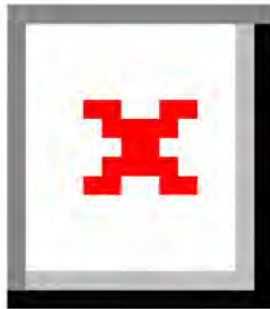
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Press Briefing by White House COVID-19 Response Team and Public Health Officials

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FOR IMMEDIATE RELEASE

April 30, 2021

Press Briefing by White House COVID-19 Response Team and Public Health Officials
Via Teleconference

11:04 A.M. EDT

MR. ZIENTS: Good morning. And thank you for joining us. Today, Dr. Walensky will provide an update on the state of the pandemic, Dr. Fauci will highlight the latest science, and Dr. Murthy will share an update on our efforts to strengthen confidence in the vaccines

First, I want to start by recapping what we've accomplished in the first 100 days and through our whole-of-government response that is treating the battle against the virus like the war that it is.

We beat the President's aggressive goal of 200 million shots in his first 100 days, delivering more than 220 million shots in arms. Two hundred and twenty million shots in a hundred days, that's a level of vaccinations no one expected us to reach this quickly.

By the end of May, we'll have enough vaccine supply for every adult American. In fact, just this week, we shipped our 300 millionth dose to states, Tribes, territories, and federal channels. Three hundred million doses shipped -- an important marker of progress.

Thanks to our accelerated vaccination program, we are far ahead of where anyone thought we would be in our war against the virus. Everyone 16 and over is eligible. And with 90 percent of Americans living within five miles of a vaccination site, it's never been easier to get a shot.

As the President has said, this is an American achievement. An achievement we can all take pride in. An achievement that should give every American confidence and hope.

Going forward, in this next phase of our vaccination program, we continue to be laser-focused on getting more and more Americans vaccinated.

As I said last week, given that we have succeeded in getting vaccinations to the lion's share of those most at risk and those most eager to get vaccinated, we are now increasingly focused on other groups that will take time to reach. And we expect the number of shots administered each day to moderate and fluctuate.

That said, we will continue to vaccinate millions of Americans each and every day. This past week, our average was 2.6 million shots per day.

Overall, as you can see on our vaccination progress report, 55 percent of adult Americans now have at least one shot. That's up from 38 percent at the end of March and 19 percent at the end of February.

Looking at the next slide, you see that today we reached a major milestone on the number of Americans who are fully vaccinated. Today, 100 million Americans are fully vaccinated, nearly double the 55 million who were fully vaccinated at the end of March. That's 100 million -- nearly 40 percent of all adults Americans who are now fully vaccinated with protection from COVID-19 two weeks after getting their last shot.

That's 100 million Americans with a sense of relief and peace of mind knowing that after a long and hard year, they're protected from the virus; knowing their decision to get vaccinated protects not just themselves but also protects their families, their friends, and their communities.

A hundred million Americans who can follow the new CDC guidance released this week and go -- enjoy going to the park with their family, dining and socializing with their friends outside, and many more outdoor activities without needing to wear a mask.

So, over 300 million doses shipped, 220 million shots in arms, 100 million fully vaccinated individuals. This represents significant progress and cause for hope.

We know we have more work to do. And in the weeks and months ahead, we'll continue building on the progress we made in our first 100 days.

As I laid out last week, in this next phase of our vaccination program, with everyone 16 and over eligible, we will focus on vaccinating millions of Americans each and every day; continuing to improve access and making it even easier for everyone to get vaccinated; strengthening confidence in the vaccine by getting Americans facts and answering their questions; and ensuring equity is at the center of everything we do so we can reach everyone in our response.

We know it won't be easy, but neither was getting 220 million shots in arms in just 100 days. And, together, we did it. We've seen what America is capable of when we come together and all of us do our part.

With that, over to Dr. Walensky. Dr. Walensky.

DR. WALENSKY: Good morning, and thank you so much. I'm pleased to be back with you today. We'll start with an overview of the data.

Yesterday, CDC reported over 53,000 new cases of COVID-19. Our seven-day average is about 52,500 daily cases; this represents a decrease of about 16 percent from our prior seven-day average. The seven-day average of hospital admissions is just over 5,050 -- again, a positive sign with a decrease of almost 10 percent from our previous seven days. And the seven-day average of daily deaths has also declined to 628 per day, a decrease of about 8 percent.

In addition to these positive trends, I'd like to share with you another exciting piece of news about vaccines. Earlier this week, CDC released a study examining the real-world effectiveness of the Pfizer and Moderna COVID-19 vaccines. This study looked at hospitalization rates among people over the age of 65 and found that fully vaccinated seniors were 94 percent less likely to be hospitalized with COVID-19 than were there -- those who are unvaccinated.

Importantly, this study was done in a high-risk population -- those over 65, who have endured a tremendous burden during this pandemic. This is yet another piece of great news that our vaccines are working to prevent severe disease.

I'd also like to take a look back on the last 100 days of work we've done to closely monitor COVID-19 variants. As we know, the more virus and viral replication, the virus has more chances to mutate, and this means additional opportunities for variants to evolve.

This is why we often describe our vaccine efforts here in the United States as a race against

the virus: how quickly can we vaccinate Americans to prevent further spread of the virus, and the potential for new and more ex- -- concerning variants to emerge.

Genomic sequencing is a laboratory method that identifies mutations or changes in the virus that contribute to the emergence of new variants. Taken together, genomic sequencing of many virus samples allows us to understand the prevalence of variants in circulation.

Over the past 100 days, CDC has dramatically built up our domestic genomic surveillance platforms to improve our visibility of circulating variants. Since January, CDC has increased the nation's sequencing output 75-fold.

On January 25th, CDC ramped up the national SARS-CoV-2 Strain Surveillance system -- or NS3 -- to begin requesting 750 specimens weekly from 64 public health jurisdictions for sequencing, virus isolation, and characterization.

In addition, CDC awarded multiple sequencing contracts to rapidly increase the number of specimens sequenced per week, going from 6,000 per week in January to more than 22,000 per week in April. Combined with the sequencing efforts of state and local public health laboratories, as well as our collaborations with academic institutions, the United States is now sequencing nearly 8 percent of the approximately 450,000 COVID-19 cases weekly.

With our current capacity and our cases across the nation coming down, we are on our way to sequencing even higher percentage of cases, which I consider a tremendous accomplishment.

CDC has made significant strides in -- to make our genomic surveillance data more accessible to the public through an interactive dashboard on our COVID Data Tracker website. This site is updated weekly with the prevalence of SARS-CoV-2 variants at the national, regional, and state levels.

We look forward to continued advancement in this area with the additional investments made by the American Rescue Plan, which provided \$1.7 billion to strengthen and expand much-needed activities and workforce related to genomic sequencing, genomic epidemiology, analytics, and disease surveillance.

From a global perspective, CDC is also supporting sequencing capacity in more than 50 countries, such as India, Brazil, and South Africa. This support, including -- includes defining standardized approaches, providing technical assistance to investigate variants, and coordinating with the broader research community.

As we mark 100 days of this administration, I am proud that we have collaborated with numerous partners to expand genomic sequencing and what all of that means not only to America, but to our global efforts to end this pandemic.

This work has made us better prepared for the threat of SARS-CoV-2 variants; helped us better understand, identify, and track the virus; and given us more tools to take actions that protect the American people and people around the world.

There is more work to be done, but over the past 100 days, we have ramped up our capacity to understand the virus circulating in our midst. And with 100 million Americans fully vaccinated as of today, we continue to move ahead in our progress to end this pandemic.

Thank you very much. I'll now turn things over to Dr. Fauci.

DR. FAUCI: Thank you very much, Dr. Walensky.

If we could move to the next slide.

Yesterday, Tara Parker-Pope, in the New York Times, wrote an article addressing the issue: Does it matter if one skips the second COVID shot?

So I like to spend just the next couple of minutes addressing this issue. Because now, about

8 percent of people -- estimated -- have not showed up for their second shot of a two-shot regimen, i.e. the mRNA regimen.

Next slide.

But if you compare this to other real-world uptake of vaccines that have been around for a while -- this report came out a week ago in Human Vaccines & Immunotherapeutics, looking at the zoster vaccine in the United States over a two-year period -- from 2017 to 2019.

And note -- on the second bullet -- it's a two-dose vaccine with the doses becoming two and six months after the first dose. Seventy to eighty percent of individuals completed the series, which means that twenty to thirty percent have not.

So thus far, the 8 percent -- though you'd like to see 100 percent adherence, 8 percent is within the realm of what you see what other multi-dose vaccines.

Next slide.

So let's take a quick look at what the guidelines are that we know about the administration. The Pfizer-BioNTech gets a -- it gets a single dose, and, 21 days later, you get the boost. For Moderna, it's 28 days. But as the CDC has said, it's not feasible -- if it's not feasible to adhere to the recommended interval.

And in the real world, there are many reasons why this might not be feasible. The second dose may be scheduled for administration up to six weeks or 42 days after the first dose.

Next slide.

So why is there some uncertainty about the importance of second doses when you talk to people and ask their opinion? Well, about 44 percent of adults reported that the vaccines provided strong protection by one to two weeks after the second dose.

So 44 percent of people are onboard, clearly, with the second dose. Twenty percent believe that the vaccines provide strong protection before the second dose. And 36 percent, in a recent survey, were unsure.

Next slide.

So let's take a look at the results, both clinically and from a laboratory standpoint, about the efficacy of the first dose versus following the second dose.

So this is a study that was recently published in the New England Journal of Medicine on the Pfizer-BioNTech mRNA in a nationwide mass vaccination setting in Israel.

Look at the column on the left, when you look at both infection, symptomatic hospitalization, or severe disease.

Although there is a significant degree of protection after the first dose, look at the difference between the first and second dose: 46 versus 92, 57 versus 94, et cetera, et cetera.

Next slide.

This is the study that Dr. Walensky just mentioned a moment ago when you look at individuals 65 years of age or older, where you have an extraordinarily good, effectiveness in fully vaccinated senior at 94 percent, as she mentioned.

But look at the partially vaccinated people -- again, a reasonable amount of protection, but not nearly as much as you get from the two doses.

Next slide.

Here, again, is a study I showed you at a previous briefing from employees at the University of Texas Southwestern. Again, the unvaccinated, when you look at the percent of infections

there, they did not do well. You do much better if you're partially vaccinated, but there's a 36-fold difference of getting fully vaccinated versus partially vaccinated.

Next slide.

Now, when you look at the immune response to a single dose of mRNA vaccines in organ transplant or cancer patients -- and very, very clearly, the single dose was not adequate -- this becomes really important. Because organ transplant, particularly individuals on a variety of immunosuppressive drugs and cancer patients -- but there are a lot of people in society who are on things like glucocorticoids for autoimmune diseases that may not get a good enough response after the first dose, and we absolutely want them to get the second dose.

So, very quickly, let's look at some of the data that backs up this clinical.

Next slide.

I showed you the slide before. This is the Pfizer-BioNTech, and we're here looking at neutralizing antibodies after the first dose, which is at the 21 day, versus the second dose, which is that day 28 to 35.

As you can see, regardless of the age -- younger individuals or older individuals -- a dramatic difference in neutralizing antibodies between the first and the second dose.

Next slide.

We often talk about T-cell responses -- the same thing. If you look at after the first dose -- namely at day 29 on the Th1 responses to the spike protein -- and you look at the responses at day 29 versus day 43, which is after the second dose -- yet again, another important difference.

Next slide.

And then when you look here at the neutralization after the second dose of Pfizer, when you're looking at variants -- so concentrate on the blue-shaded area. So if you look at one dose two weeks and then three weeks after the one dose, and look at the effect -- so if there are 15 vaccinees on the left, about a third of them had a good response about -- against the 614, which is the standard virus. Got less when you did B117. And nothing against 351.

At week three, it got a little bit better. You had more against 614, more against B117, but still nothing against 351.

But after the second dose, both week four and week six, look at the dramatic difference -- not only against the standard wild type, but also against the one that we have in this country that's dominant, B117. But also look at, now, the presence of neutralizing antibodies in vitro against the 351, or South African isolate. Again, a much, much better advantage for the second dose.

So, finally, on the last slide.

What can we do to help people get that second dose on time? Scheduling follow-up visits before and during the first dose, reschedule canceled clinics, and send reminders.

Bottom line of my message: A, get vaccinated. And if you're having a two-dose regimen, make sure you get that second dose.

Now passing it over to Dr. Murthy.

SURGEON GENERAL MURTHY: Well, thank you so much, Dr. Fauci, and it's good to be with all of you again this morning. You know, as we pass our 100-days mark and mark over 143 million people who are vaccinated with at least one dose, I want to share a little bit more about how we're thinking about our work ahead.

To help people protect themselves and the people they love requires us not only to build

confidence in vaccines, but to mobilize people to get vaccinated and to make sure people have easy access to vaccine -- vaccines.

Now, tracking vaccine confidence is nuanced, but there are two realities that remain true.

First, the surveys and studies continue to show us that since the winter, a growing share of people in our country have gotten or plan to get vaccinated. And we've come a long way since the end of last year.

Second, we know, not only from the data, but from conversations with community members and leaders, that there are still people who have questions and want more information about vaccines.

And that's why we're continuing to grow the scope and reach of our COVID-19 Community Corps, which, you'll remember, is a nationwide grassroot network of health professionals; community organizations; rural, union, and faith leaders; and Americans from all walks of life who share a commitment to protecting their communities by helping people get vaccinated.

This morning, I want to highlight for you several more stories that we've heard about the work from a few of those organizations. One of our organizations, ACCESS, has set up vaccination clinics in Sterling Heights in Dearborn, Michigan, where they're averaging hundreds of vaccines administered daily. They are forming community focus groups, which include primarily people of East Asian descent and people from Poland, Ukraine, and Sikh communities to address root causes of lower vaccine confidence and address questions.

Another organization, Peletah Ministries, is working with a large network of churches in eastern North Carolina. Peletah Ministries was founded to assist in disaster recovery following Hurricane Irene. And, today, the organization is engaging older adults by answering their questions about vaccines, dispelling myths, and helping administer vaccines when they -- when their seniors are ready to get it.

The UFW Foundation, which is also a Community Corps member, is focusing on vaccinating farmworkers and their families. The organization has coordinated community vaccine events that have provided thousands of vaccine doses to farmworkers. They've established a national hotline to support farmworkers with appointment registration. And the team is also engaging farmworkers on the ground in six states to spread factual scientific information.

Finally, I want to share with you that Washington, D.C., Mayor Muriel Bowser has created D.C.'s own COVID-19 Community Corps. The D.C. Corps will be launched this Saturday, May 1st, as part of a "Day of Action," and has list -- enlisted hundreds of volunteers to canvass neighborhoods and help residents make a plan to get vaccinated.

The Day of Action coincides with the -- with the day walk-up sites open across the city so that residents will be able to head straight to a vaccination site to get a free vaccine. If you're in D.C. and want to get involved in the Day of Action, you can find more information at bit.ly/dayofactiondc.

Now, these are a few of the thousands of organizations that have grown up -- that have joined the growing movement, rather, to vaccinate the nation. The Community Corps is ultimately built on a simple but powerful idea: that protecting the nation from COVID-19 requires individuals and committees to take action, not just the government.

And everyday Americans, community organizations, and businesses have risen to the challenge. And what that means is family members and friends helping each other make a plan to get vaccinated. It means doctors and nurses reaching out to their patients to answer questions and urge them to get vaccinated. It means faith leaders recognizing how easily rumors can spread and reaching out to their congregants with the truth about vaccines. It means social media companies taking responsibility for promoting accurate content and removing all blatant misinformation as well as more subtle, yet highly targeted, misinformation.

And it means workplaces giving employees paid time off when they -- when needed to get vaccinated or to recover from temporary flu-like symptoms. This is a step, by the way, that is now easier, given the tax credit that President Biden announced for small businesses that provide such time off.

Ultimately, our national COVID-19 response is, in many ways, a test of whether we will answer this moment with a spirit of community that has always been at the heart of our country's response to generational threats. And I believe that we will respond. Thank you for your time today, and I look forward to your questions.

MR. ZIENTS: Well, thank you, Doctors. Let's now open it up for questions. First question.

MODERATOR: Thanks, Jeff. And, reminder: one question, one person. First, we'll go to Nate Weixel at The Hill.

Q Hi. Thanks for taking my question. I'm wondering a little bit about these efforts to sort of decrease hesitation, combat misinformation. How much effort is the administration -- how much extra effort, would you say, you're, sort of, putting into some of the misinformation efforts out there? I know Dr. Fauci was out, you know, answering questions about Joe Rogan this week. I mean, how much does that play into helping solve hesitation? And how much is that, sort of, a distraction?

MR. ZIENTS: Dr. Murthy.

SURGEON GENERAL MURTHY: I'm sorry, could you repeat the tail end of your question? I want to make sure I'm clear on the end.

Q Yeah, it was just: How much is that helping to solve hesitation versus how much is it -- is sort of just a distraction and taking away from other work that's happening?

MR. ZIENTS: Dr. Murthy, combating misinformation is the core of the question.

SURGEON GENERAL MURTHY: Yeah, look -- look, I think that, ultimately, we know that people have questions for multiple reasons. Sometimes because there's misinformation that they've encountered; sometimes because they've had a bad experience with the healthcare system and they're wondering who to trust; and some people have just heard lots of different news as we continue to get updates on the vaccine, and they want to hear from someone they trust.

That's why, you know, our efforts are focused on mobilizing trusted messengers, which include doctors and nurses, faith leaders, and family members to get information out to people.

But just keep in mind that -- for people to get vaccinated, they need confidence. They need, you know, to know that this is urgent and important. And they need access. And that's why we are working hard on all three fronts.

MR. ZIENTS: Next question.

MODERATOR: Kristen Welker, NBC.

Q Hi, everyone. Thanks so much for doing this call. My big-picture question is: To what extent are you concerned that people are loosening restrictions too quickly? Clearly, there have been significant gains.

I'm thinking about, specifically New York announcing that it's reopening July 1st. Is that too soon or is that right on time?

I'm also thinking about the images we saw last night with the NFL Draft, hundreds of people in close quarters. I know they've been vaccinated and tested, but was that safe? Is that too many people?

MR. ZIENTS: Well let me -- let me start, and then, Dr. Walensky or Dr. Fauci, if you want to add anything here.

You know, I think situations clearly vary by state. We are encouraged that states are focused on getting people vaccinated. That's the most important area of focus, as we all know that vaccinations and getting as many Americans vaccinated as efficiently and equitably as possible is our path to returning to a more normal lifestyle.

Dr. Walensky or Dr. Fauci, anything to add here?

DR. WALENSKY: I don't have that much to add. I will just say that, you know, we are focused on getting people vaccinated and decreasing the case rates. You know, if we can continue at this pace -- case rates are coming down, vaccinations going up -- then I think July 1 would be a reasonable target.

MR. ZIENTS: Okay. Next question.

MODERATOR: Yamiche Alcindor at PBS.

Q Thanks so much for taking my question. I'm wondering about the dwindling demand for vaccines. You're seeing -- we're seeing some of that, according to local reporting, in California and in -- and in Ohio. How close are we to hitting a vaccine plateau? What would that even look like? And what's the strategy if we do start to hit a vaccine plateau?

MR. ZIENTS: So, you know, we're -- as I said, we're giving millions of shots per day, and as a result -- you saw the data that we've already delivered at least one shot to 55 percent of adult Americans, and then today's major milestone of 100 million adult Americans fully vaccinated.

You know, it's not unexpected, as we entered this next phase, that there will be a more of a balance between supply and demand. And that makes it even more important that we make it easier for people to get vaccinated, that we continue, as Dr. Murthy talked about, to build vaccine confidence and ensure equity.

I think what is unexpected is how fast we've gotten here. We know this next phase won't be easy, but neither was getting to 220 million shots in arms in the first 100 days.

And I think it's why the infrastructure that we've built -- having enough supply, enough places for people to get vaccinated, enough vaccinators in the field -- is so important as we build on those efforts of having 75,000 sites where people can get vaccinated and thousands of vaccinators now online, 90 percent of Americans within five miles.

So this next phase is very focused on making it even easier, continuing to build vaccine confidence, and ensuring equity for all Americans.

Next question.

SURGEON GENERAL MURTHY: Can I, Jeff --

MR. ZIENTS: I'm sorry.

SURGEON GENERAL MURTHY: Jeff, can I just add one -- one piece then --

MR. ZIENTS: Please. Please.

SURGEON GENERAL MURTHY: -- which is, also -- which is that -- you know, I completely agree with what Jeff said. And, you know, I don't think it's a surprise, you know, that -- you know, we knew that, you know, it wasn't going to be easy to vaccinate the entire country. And as obstacles come up, though, we continue to work together with communities to knock them down.

But I also want to be very clear that at this point -- that the effort to vaccinate America to protect our nation from COVID-19 is a collaborative effort. Like we need, certainly, the government to take action, but we know that we can't get there also -- to fully protecting our country -- until individuals and communities and community organizations and businesses are all working together hand in hand to make that vaccination effort possible.

And many are already are stepping up.

But this is one of these all-hands-on-deck moments when each of us needs to look around in our communities, in our families, in our fr- -- circle of friends and ask people if they have a plan to get vaccinated. And if they don't have a plan, we need to ask them do they need information, help them get information. If they need help making an appointment, you need to help them make an appointment.

It's only by stepping up, all of us, in our own roles in society that we're going to ultimately protect the company -- the country. And the government should make it as easy as possible, which is why we're so focused on access, getting accurate information out there. But again, this is an all-hands-on-deck effort where we've all got to chip in.

MR. ZIENTS: Well said, Dr. Murthy.

Next question.

MODERATOR: Rachel Rouben, Politico.

Q Hi, I just wanted to drill down a little bit more into that. So we are seeing a growing gap in vaccine rates both between states and within states, where certain communities and counties still have fewer than 20 percent of their population vaccinated.

You guys have talked about the Community Corps, but what new actions is the White House taking to, kind of, address this growing gap? And specifically, how is the strategy evolving here?

MR. ZIENTS: Why don't I go first and then -- and then, Dr. Murthy, if you want to add on here.

You know, in this next phase, we -- we're making it even easier for people to get vaccinated: partnering with doctors' offices, where people are accustomed to getting vaccinations. And,

you know, 90 percent of doctors have gotten at least their first dose of vaccine. And people, locally, trust and look to their doctors and nurses and other healthcare providers.

Helping get workers paid time off, as Dr. Murthy talked about the action the President took last week to make sure that small businesses have tax credits to allow employees to have time off to both get vaccinated and to recover if need be.

Setting up walkups sites so that you can have a certain number of people each day, with no appointment, show up and just get vaccinated, making it increasingly convenient.

Dr. Murthy, you might want to expand in terms of new confidence efforts that you're helping to lead here.

DR. MURTHY: Absolutely. Well, I would just say that the -- we are continuing to expand the breadth of organizations and individuals who are part of our Community Corps, recognizing exactly what you said: that if we really want to reach all parts of America -- rural and urban and people of all age demographics -- we've got to reflect the diversity of our country and the diversity of partners that we have as well.

I want to underscore though the point that Jeff made about working with doctors and with other healthcare providers: that we know that around 80 percent of people who are trying to decide about a vaccine say that they want to talk to their doctor about that -- about that decision.

And we've heard that loud and clear, and that's why we not only want to, you know, engage with doctors to ensure they're talking to their patients, but we also want to make it easier for people to ultimately get a vaccine through their doctor. And there'll be more to say about that initiative in the days ahead.

But that is a channel that we're certainly working on in close partnership with physicians, with other healthcare providers, and with medical organizations.

MR. ZIENTS: Okay. Next question.

MODERATOR: Jeremy Diamond, CNN.

Q Hey, guys. Thanks very much. So more than a dozen countries have either banned or restricted travel from India at this point. Why hasn't the President taken any of those steps so far? And is the administration currently considering a ban on travel from India?

And then, secondly, I'm just wondering: You know, this morning, we saw the First Lady outdoors wearing a mask, even though she's vaccinated. The President, yesterday, said he would need to wear a mask if he was sitting close to someone indoors, even if they're both vaccinated, which goes against CDC guidance.

And so, given that the President focused on modeling the best public health advice when masks were required, why isn't he doing more to show the country what you can do once you are vaccinated? Thank you.

MR. ZIENTS: So, in terms of travel from India, we remain in very close contact with our foreign counterparts and are continuously monitoring the situation. Our current inbound travel precautions and mandatory testing before travel -- the quarantine for unvaccinated individuals and the retesting during that quarantine period -- those are all in place for all international travel and have been effective.

Getting Americans vaccinated is the most effective tool, as we -- that we have against COVID, and we'll continue to follow the CDC's science-based guidance on -- on travel and other matters.

Dr. Walensky, I don't know if you have anything to add here.

DR. WALENSKY: No, nothing to add.

MR. ZIENTS: Okay, next question.

MODERATOR: Zeke Miller, AP.

Q Thanks for doing this. First, a quick point of information: When you say 100 million Americans are fully vaccinated, that just means they've gotten their second dose if they required a two-dose vaccine; that doesn't mean that they're two weeks past that dose, which is what is --

MR. ZIENTS: That is -- that is correct, Zeke. And that's why I was clear that everyone needs to make sure that they follow that two-week post. But they've -- now 100 million Americans have received their second shot if they're on a two-shot regimen or their one shot if they're on the J&J regimen.

Q Thank you. And then just following up on Dr. Walensky's point earlier about New York, that July 1st is sort of a reasonable timetable assuming the current trendlines are continued. Could you explain, Dr. Walensky, sort of, what that -- you know, what would be possible or, sort of, now seems likely on July -- July 1st then, New York's going to 100 percent capacity at restaurants and bars and -- and, you know, arenas and the like. You know, will masks still be required indoors? Could you sort of lay out a little bit sort of, you know, two weeks -- two months from now, rather, you know, what should the American people, sort of, hope for?

DR. WALENSKY: You know, what I'd like to do is, sort of, say: The more people are vaccinated, the fewer cases that we have. And as we see those numbers come down, we'll -- we'll take increased steps, as we have until now.

We've had three updated guidances of what you can do if you're fully vaccinated, and we look forward to more as more and more people get vaccinated. But I don't think this -- this virus has tricked us before, so I would like to sort of watch and see how it goes before making further estimations of what happens in a couple of months.

MR. ZIENTS: Good. Next question.

MODERATOR: Last question. Let's go to Meg Tirrell at CNBC.

Q Well, thanks so much. I just wanted to follow up on what the administration is doing to counter disinformation -- so really stronger on the spectrum of -- of hesitancy, but, you know, Peter Hotez wrote an editorial in "Nature," suggesting that the highest levels of government have to take direct, even confrontational, approaches with Russia and move to dismantle anti-vaccine groups in the United States. So, really going beyond counter-messaging from the global health community and pressure on social media companies.

I just wondered what the administration's, sort of, stance is on -- on stronger actions like that against specific disinformation, not just, sort of, hesitancy in general.

MR. ZIENTS: Dr. Murthy, do you want to talk about just positive measures on information and anything you want to say about combating disinformation?

SURGEON GENERAL MURTHY: Sure, well -- well, thank you for that question. I mean, that is such an important issue and -- and we are certainly focused on it in several ways. But the two that I'll mention is: We recognize that misinformation and disinformation thrive in the absence of accurate information.

So, one of our strategies is to put as much accurate information out there as possible with trusted voices -- not only the people from government, but also reputable medical sources and experts in communities.

But we are also working closely with these social media companies and other platforms to push them, also, and partner with them on rooting out active disinformation campaigns. You know, I said at the top of this -- top of this presser that it is all of our responsibilities to step up and to help address this crisis and get people vaccinated.

And I specifically mentioned that -- that we need social media companies and platforms to not only put out accurate information, but to root out both blatant and subtle

disinformation that's on their sites.

I think that they have work to do. We are certainly here to partner with them to get the job done. But clearly, you know, we still have way too much disinformation spreading on those sites. And it presents a clear and present danger, I believe, to people who need to be protected from COVID and who could potentially get vaccinated.

MR. ZIENTS: I want to thank everybody for joining today, and we look forward to next week's briefings.

Thank you.

11:42 A.M. EDT

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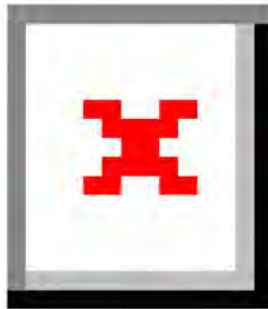
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Press Briefing by White House COVID-19 Response Team and Public Health Officials

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FOR IMMEDIATE RELEASE

April 30, 2021

Press Briefing by White House COVID-19 Response Team and Public Health Officials
Via Teleconference

11:04 A.M. EDT

MR. ZIENTS: Good morning. And thank you for joining us. Today, Dr. Walensky will provide an update on the state of the pandemic, Dr. Fauci will highlight the latest science, and Dr. Murthy will share an update on our efforts to strengthen confidence in the vaccines

First, I want to start by recapping what we've accomplished in the first 100 days and through our whole-of-government response that is treating the battle against the virus like the war that it is.

We beat the President's aggressive goal of 200 million shots in his first 100 days, delivering more than 220 million shots in arms. Two hundred and twenty million shots in a hundred days, that's a level of vaccinations no one expected us to reach this quickly.

By the end of May, we'll have enough vaccine supply for every adult American. In fact, just this week, we shipped our 300 millionth dose to states, Tribes, territories, and federal channels. Three hundred million doses shipped -- an important marker of progress.

Thanks to our accelerated vaccination program, we are far ahead of where anyone thought we would be in our war against the virus. Everyone 16 and over is eligible. And with 90 percent of Americans living within five miles of a vaccination site, it's never been easier to get a shot.

As the President has said, this is an American achievement. An achievement we can all take pride in. An achievement that should give every American confidence and hope.

Going forward, in this next phase of our vaccination program, we continue to be laser-focused on getting more and more Americans vaccinated.

As I said last week, given that we have succeeded in getting vaccinations to the lion's share of those most at risk and those most eager to get vaccinated, we are now increasingly focused on other groups that will take time to reach. And we expect the number of shots administered each day to moderate and fluctuate.

That said, we will continue to vaccinate millions of Americans each and every day. This past week, our average was 2.6 million shots per day.

Overall, as you can see on our vaccination progress report, 55 percent of adult Americans now have at least one shot. That's up from 38 percent at the end of March and 19 percent at the end of February.

Looking at the next slide, you see that today we reached a major milestone on the number of Americans who are fully vaccinated. Today, 100 million Americans are fully vaccinated, nearly double the 55 million who were fully vaccinated at the end of March. That's 100 million -- nearly 40 percent of all adults Americans who are now fully vaccinated with protection from COVID-19 two weeks after getting their last shot.

That's 100 million Americans with a sense of relief and peace of mind knowing that after a long and hard year, they're protected from the virus; knowing their decision to get vaccinated protects not just themselves but also protects their families, their friends, and their communities.

A hundred million Americans who can follow the new CDC guidance released this week and go -- enjoy going to the park with their family, dining and socializing with their friends outside, and many more outdoor activities without needing to wear a mask.

So, over 300 million doses shipped, 220 million shots in arms, 100 million fully vaccinated individuals. This represents significant progress and cause for hope.

We know we have more work to do. And in the weeks and months ahead, we'll continue building on the progress we made in our first 100 days.

As I laid out last week, in this next phase of our vaccination program, with everyone 16 and over eligible, we will focus on vaccinating millions of Americans each and every day; continuing to improve access and making it even easier for everyone to get vaccinated; strengthening confidence in the vaccine by getting Americans facts and answering their questions; and ensuring equity is at the center of everything we do so we can reach everyone in our response.

We know it won't be easy, but neither was getting 220 million shots in arms in just 100 days. And, together, we did it. We've seen what America is capable of when we come together and all of us do our part.

With that, over to Dr. Walensky. Dr. Walensky.

DR. WALENSKY: Good morning, and thank you so much. I'm pleased to be back with you today. We'll start with an overview of the data.

Yesterday, CDC reported over 53,000 new cases of COVID-19. Our seven-day average is about 52,500 daily cases; this represents a decrease of about 16 percent from our prior seven-day average. The seven-day average of hospital admissions is just over 5,050 -- again, a positive sign with a decrease of almost 10 percent from our previous seven days. And the seven-day average of daily deaths has also declined to 628 per day, a decrease of about 8 percent.

In addition to these positive trends, I'd like to share with you another exciting piece of news about vaccines. Earlier this week, CDC released a study examining the real-world effectiveness of the Pfizer and Moderna COVID-19 vaccines. This study looked at hospitalization rates among people over the age of 65 and found that fully vaccinated seniors were 94 percent less likely to be hospitalized with COVID-19 than were there -- those who are unvaccinated.

Importantly, this study was done in a high-risk population -- those over 65, who have endured a tremendous burden during this pandemic. This is yet another piece of great news that our vaccines are working to prevent severe disease.

I'd also like to take a look back on the last 100 days of work we've done to closely monitor COVID-19 variants. As we know, the more virus and viral replication, the virus has more chances to mutate, and this means additional opportunities for variants to evolve.

This is why we often describe our vaccine efforts here in the United States as a race against

the virus: how quickly can we vaccinate Americans to prevent further spread of the virus, and the potential for new and more ex- -- concerning variants to emerge.

Genomic sequencing is a laboratory method that identifies mutations or changes in the virus that contribute to the emergence of new variants. Taken together, genomic sequencing of many virus samples allows us to understand the prevalence of variants in circulation.

Over the past 100 days, CDC has dramatically built up our domestic genomic surveillance platforms to improve our visibility of circulating variants. Since January, CDC has increased the nation's sequencing output 75-fold.

On January 25th, CDC ramped up the national SARS-CoV-2 Strain Surveillance system -- or NS3 -- to begin requesting 750 specimens weekly from 64 public health jurisdictions for sequencing, virus isolation, and characterization.

In addition, CDC awarded multiple sequencing contracts to rapidly increase the number of specimens sequenced per week, going from 6,000 per week in January to more than 22,000 per week in April. Combined with the sequencing efforts of state and local public health laboratories, as well as our collaborations with academic institutions, the United States is now sequencing nearly 8 percent of the approximately 450,000 COVID-19 cases weekly.

With our current capacity and our cases across the nation coming down, we are on our way to sequencing even higher percentage of cases, which I consider a tremendous accomplishment.

CDC has made significant strides in -- to make our genomic surveillance data more accessible to the public through an interactive dashboard on our COVID Data Tracker website. This site is updated weekly with the prevalence of SARS-CoV-2 variants at the national, regional, and state levels.

We look forward to continued advancement in this area with the additional investments made by the American Rescue Plan, which provided \$1.7 billion to strengthen and expand much-needed activities and workforce related to genomic sequencing, genomic epidemiology, analytics, and disease surveillance.

From a global perspective, CDC is also supporting sequencing capacity in more than 50 countries, such as India, Brazil, and South Africa. This support, including -- includes defining standardized approaches, providing technical assistance to investigate variants, and coordinating with the broader research community.

As we mark 100 days of this administration, I am proud that we have collaborated with numerous partners to expand genomic sequencing and what all of that means not only to America, but to our global efforts to end this pandemic.

This work has made us better prepared for the threat of SARS-CoV-2 variants; helped us better understand, identify, and track the virus; and given us more tools to take actions that protect the American people and people around the world.

There is more work to be done, but over the past 100 days, we have ramped up our capacity to understand the virus circulating in our midst. And with 100 million Americans fully vaccinated as of today, we continue to move ahead in our progress to end this pandemic.

Thank you very much. I'll now turn things over to Dr. Fauci.

DR. FAUCI: Thank you very much, Dr. Walensky.

If we could move to the next slide.

Yesterday, Tara Parker-Pope, in the New York Times, wrote an article addressing the issue: Does it matter if one skips the second COVID shot?

So I like to spend just the next couple of minutes addressing this issue. Because now, about

8 percent of people -- estimated -- have not showed up for their second shot of a two-shot regimen, i.e. the mRNA regimen.

Next slide.

But if you compare this to other real-world uptake of vaccines that have been around for a while -- this report came out a week ago in Human Vaccines & Immunotherapeutics, looking at the zoster vaccine in the United States over a two-year period -- from 2017 to 2019.

And note -- on the second bullet -- it's a two-dose vaccine with the doses becoming two and six months after the first dose. Seventy to eighty percent of individuals completed the series, which means that twenty to thirty percent have not.

So thus far, the 8 percent -- though you'd like to see 100 percent adherence, 8 percent is within the realm of what you see what other multi-dose vaccines.

Next slide.

So let's take a quick look at what the guidelines are that we know about the administration. The Pfizer-BioNTech gets a -- it gets a single dose, and, 21 days later, you get the boost. For Moderna, it's 28 days. But as the CDC has said, it's not feasible -- if it's not feasible to adhere to the recommended interval.

And in the real world, there are many reasons why this might not be feasible. The second dose may be scheduled for administration up to six weeks or 42 days after the first dose.

Next slide.

So why is there some uncertainty about the importance of second doses when you talk to people and ask their opinion? Well, about 44 percent of adults reported that the vaccines provided strong protection by one to two weeks after the second dose.

So 44 percent of people are onboard, clearly, with the second dose. Twenty percent believe that the vaccines provide strong protection before the second dose. And 36 percent, in a recent survey, were unsure.

Next slide.

So let's take a look at the results, both clinically and from a laboratory standpoint, about the efficacy of the first dose versus following the second dose.

So this is a study that was recently published in the New England Journal of Medicine on the Pfizer-BioNTech mRNA in a nationwide mass vaccination setting in Israel.

Look at the column on the left, when you look at both infection, symptomatic hospitalization, or severe disease.

Although there is a significant degree of protection after the first dose, look at the difference between the first and second dose: 46 versus 92, 57 versus 94, et cetera, et cetera.

Next slide.

This is the study that Dr. Walensky just mentioned a moment ago when you look at individuals 65 years of age or older, where you have an extraordinarily good, effectiveness in fully vaccinated senior at 94 percent, as she mentioned.

But look at the partially vaccinated people -- again, a reasonable amount of protection, but not nearly as much as you get from the two doses.

Next slide.

Here, again, is a study I showed you at a previous briefing from employees at the University of Texas Southwestern. Again, the unvaccinated, when you look at the percent of infections

there, they did not do well. You do much better if you're partially vaccinated, but there's a 36-fold difference of getting fully vaccinated versus partially vaccinated.

Next slide.

Now, when you look at the immune response to a single dose of mRNA vaccines in organ transplant or cancer patients -- and very, very clearly, the single dose was not adequate -- this becomes really important. Because organ transplant, particularly individuals on a variety of immunosuppressive drugs and cancer patients -- but there are a lot of people in society who are on things like glucocorticoids for autoimmune diseases that may not get a good enough response after the first dose, and we absolutely want them to get the second dose.

So, very quickly, let's look at some of the data that backs up this clinical.

Next slide.

I showed you the slide before. This is the Pfizer-BioNTech, and we're here looking at neutralizing antibodies after the first dose, which is at the 21 day, versus the second dose, which is that day 28 to 35.

As you can see, regardless of the age -- younger individuals or older individuals -- a dramatic difference in neutralizing antibodies between the first and the second dose.

Next slide.

We often talk about T-cell responses -- the same thing. If you look at after the first dose -- namely at day 29 on the Th1 responses to the spike protein -- and you look at the responses at day 29 versus day 43, which is after the second dose -- yet again, another important difference.

Next slide.

And then when you look here at the neutralization after the second dose of Pfizer, when you're looking at variants -- so concentrate on the blue-shaded area. So if you look at one dose two weeks and then three weeks after the one dose, and look at the effect -- so if there are 15 vaccinees on the left, about a third of them had a good response about -- against the 614, which is the standard virus. Got less when you did B117. And nothing against 351.

At week three, it got a little bit better. You had more against 614, more against B117, but still nothing against 351.

But after the second dose, both week four and week six, look at the dramatic difference -- not only against the standard wild type, but also against the one that we have in this country that's dominant, B117. But also look at, now, the presence of neutralizing antibodies in vitro against the 351, or South African isolate. Again, a much, much better advantage for the second dose.

So, finally, on the last slide.

What can we do to help people get that second dose on time? Scheduling follow-up visits before and during the first dose, reschedule canceled clinics, and send reminders.

Bottom line of my message: A, get vaccinated. And if you're having a two-dose regimen, make sure you get that second dose.

Now passing it over to Dr. Murthy.

SURGEON GENERAL MURTHY: Well, thank you so much, Dr. Fauci, and it's good to be with all of you again this morning. You know, as we pass our 100-days mark and mark over 143 million people who are vaccinated with at least one dose, I want to share a little bit more about how we're thinking about our work ahead.

To help people protect themselves and the people they love requires us not only to build

confidence in vaccines, but to mobilize people to get vaccinated and to make sure people have easy access to vaccine -- vaccines.

Now, tracking vaccine confidence is nuanced, but there are two realities that remain true.

First, the surveys and studies continue to show us that since the winter, a growing share of people in our country have gotten or plan to get vaccinated. And we've come a long way since the end of last year.

Second, we know, not only from the data, but from conversations with community members and leaders, that there are still people who have questions and want more information about vaccines.

And that's why we're continuing to grow the scope and reach of our COVID-19 Community Corps, which, you'll remember, is a nationwide grassroot network of health professionals; community organizations; rural, union, and faith leaders; and Americans from all walks of life who share a commitment to protecting their communities by helping people get vaccinated.

This morning, I want to highlight for you several more stories that we've heard about the work from a few of those organizations. One of our organizations, ACCESS, has set up vaccination clinics in Sterling Heights in Dearborn, Michigan, where they're averaging hundreds of vaccines administered daily. They are forming community focus groups, which include primarily people of East Asian descent and people from Poland, Ukraine, and Sikh communities to address root causes of lower vaccine confidence and address questions.

Another organization, Peletah Ministries, is working with a large network of churches in eastern North Carolina. Peletah Ministries was founded to assist in disaster recovery following Hurricane Irene. And, today, the organization is engaging older adults by answering their questions about vaccines, dispelling myths, and helping administer vaccines when they -- when their seniors are ready to get it.

The UFW Foundation, which is also a Community Corps member, is focusing on vaccinating farmworkers and their families. The organization has coordinated community vaccine events that have provided thousands of vaccine doses to farmworkers. They've established a national hotline to support farmworkers with appointment registration. And the team is also engaging farmworkers on the ground in six states to spread factual scientific information.

Finally, I want to share with you that Washington, D.C., Mayor Muriel Bowser has created D.C.'s own COVID-19 Community Corps. The D.C. Corps will be launched this Saturday, May 1st, as part of a "Day of Action," and has list -- enlisted hundreds of volunteers to canvass neighborhoods and help residents make a plan to get vaccinated.

The Day of Action coincides with the -- with the day walk-up sites open across the city so that residents will be able to head straight to a vaccination site to get a free vaccine. If you're in D.C. and want to get involved in the Day of Action, you can find more information at bit.ly/dayofactiondc.

Now, these are a few of the thousands of organizations that have grown up -- that have joined the growing movement, rather, to vaccinate the nation. The Community Corps is ultimately built on a simple but powerful idea: that protecting the nation from COVID-19 requires individuals and committees to take action, not just the government.

And everyday Americans, community organizations, and businesses have risen to the challenge. And what that means is family members and friends helping each other make a plan to get vaccinated. It means doctors and nurses reaching out to their patients to answer questions and urge them to get vaccinated. It means faith leaders recognizing how easily rumors can spread and reaching out to their congregants with the truth about vaccines. It means social media companies taking responsibility for promoting accurate content and removing all blatant misinformation as well as more subtle, yet highly targeted, misinformation.

And it means workplaces giving employees paid time off when they -- when needed to get vaccinated or to recover from temporary flu-like symptoms. This is a step, by the way, that is now easier, given the tax credit that President Biden announced for small businesses that provide such time off.

Ultimately, our national COVID-19 response is, in many ways, a test of whether we will answer this moment with a spirit of community that has always been at the heart of our country's response to generational threats. And I believe that we will respond. Thank you for your time today, and I look forward to your questions.

MR. ZIENTS: Well, thank you, Doctors. Let's now open it up for questions. First question.

MODERATOR: Thanks, Jeff. And, reminder: one question, one person. First, we'll go to Nate Weixel at The Hill.

Q Hi. Thanks for taking my question. I'm wondering a little bit about these efforts to sort of decrease hesitation, combat misinformation. How much effort is the administration -- how much extra effort, would you say, you're, sort of, putting into some of the misinformation efforts out there? I know Dr. Fauci was out, you know, answering questions about Joe Rogan this week. I mean, how much does that play into helping solve hesitation? And how much is that, sort of, a distraction?

MR. ZIENTS: Dr. Murthy.

SURGEON GENERAL MURTHY: I'm sorry, could you repeat the tail end of your question? I want to make sure I'm clear on the end.

Q Yeah, it was just: How much is that helping to solve hesitation versus how much is it -- is sort of just a distraction and taking away from other work that's happening?

MR. ZIENTS: Dr. Murthy, combating misinformation is the core of the question.

SURGEON GENERAL MURTHY: Yeah, look -- look, I think that, ultimately, we know that people have questions for multiple reasons. Sometimes because there's misinformation that they've encountered; sometimes because they've had a bad experience with the healthcare system and they're wondering who to trust; and some people have just heard lots of different news as we continue to get updates on the vaccine, and they want to hear from someone they trust.

That's why, you know, our efforts are focused on mobilizing trusted messengers, which include doctors and nurses, faith leaders, and family members to get information out to people.

But just keep in mind that -- for people to get vaccinated, they need confidence. They need, you know, to know that this is urgent and important. And they need access. And that's why we are working hard on all three fronts.

MR. ZIENTS: Next question.

MODERATOR: Kristen Welker, NBC.

Q Hi, everyone. Thanks so much for doing this call. My big-picture question is: To what extent are you concerned that people are loosening restrictions too quickly? Clearly, there have been significant gains.

I'm thinking about, specifically New York announcing that it's reopening July 1st. Is that too soon or is that right on time?

I'm also thinking about the images we saw last night with the NFL Draft, hundreds of people in close quarters. I know they've been vaccinated and tested, but was that safe? Is that too many people?

MR. ZIENTS: Well let me -- let me start, and then, Dr. Walensky or Dr. Fauci, if you want to add anything here.

You know, I think situations clearly vary by state. We are encouraged that states are focused on getting people vaccinated. That's the most important area of focus, as we all know that vaccinations and getting as many Americans vaccinated as efficiently and equitably as possible is our path to returning to a more normal lifestyle.

Dr. Walensky or Dr. Fauci, anything to add here?

DR. WALENSKY: I don't have that much to add. I will just say that, you know, we are focused on getting people vaccinated and decreasing the case rates. You know, if we can continue at this pace -- case rates are coming down, vaccinations going up -- then I think July 1 would be a reasonable target.

MR. ZIENTS: Okay. Next question.

MODERATOR: Yamiche Alcindor at PBS.

Q Thanks so much for taking my question. I'm wondering about the dwindling demand for vaccines. You're seeing -- we're seeing some of that, according to local reporting, in California and in -- and in Ohio. How close are we to hitting a vaccine plateau? What would that even look like? And what's the strategy if we do start to hit a vaccine plateau?

MR. ZIENTS: So, you know, we're -- as I said, we're giving millions of shots per day, and as a result -- you saw the data that we've already delivered at least one shot to 55 percent of adult Americans, and then today's major milestone of 100 million adult Americans fully vaccinated.

You know, it's not unexpected, as we entered this next phase, that there will be a more of a balance between supply and demand. And that makes it even more important that we make it easier for people to get vaccinated, that we continue, as Dr. Murthy talked about, to build vaccine confidence and ensure equity.

I think what is unexpected is how fast we've gotten here. We know this next phase won't be easy, but neither was getting to 220 million shots in arms in the first 100 days.

And I think it's why the infrastructure that we've built -- having enough supply, enough places for people to get vaccinated, enough vaccinators in the field -- is so important as we build on those efforts of having 75,000 sites where people can get vaccinated and thousands of vaccinators now online, 90 percent of Americans within five miles.

So this next phase is very focused on making it even easier, continuing to build vaccine confidence, and ensuring equity for all Americans.

Next question.

SURGEON GENERAL MURTHY: Can I, Jeff --

MR. ZIENTS: I'm sorry.

SURGEON GENERAL MURTHY: Jeff, can I just add one -- one piece then --

MR. ZIENTS: Please. Please.

SURGEON GENERAL MURTHY: -- which is, also -- which is that -- you know, I completely agree with what Jeff said. And, you know, I don't think it's a surprise, you know, that -- you know, we knew that, you know, it wasn't going to be easy to vaccinate the entire country. And as obstacles come up, though, we continue to work together with communities to knock them down.

But I also want to be very clear that at this point -- that the effort to vaccinate America to protect our nation from COVID-19 is a collaborative effort. Like we need, certainly, the government to take action, but we know that we can't get there also -- to fully protecting our country -- until individuals and communities and community organizations and businesses are all working together hand in hand to make that vaccination effort possible.

And many are already are stepping up.

But this is one of these all-hands-on-deck moments when each of us needs to look around in our communities, in our families, in our fr- -- circle of friends and ask people if they have a plan to get vaccinated. And if they don't have a plan, we need to ask them do they need information, help them get information. If they need help making an appointment, you need to help them make an appointment.

It's only by stepping up, all of us, in our own roles in society that we're going to ultimately protect the company -- the country. And the government should make it as easy as possible, which is why we're so focused on access, getting accurate information out there. But again, this is an all-hands-on-deck effort where we've all got to chip in.

MR. ZIENTS: Well said, Dr. Murthy.

Next question.

MODERATOR: Rachel Rouben, Politico.

Q Hi, I just wanted to drill down a little bit more into that. So we are seeing a growing gap in vaccine rates both between states and within states, where certain communities and counties still have fewer than 20 percent of their population vaccinated.

You guys have talked about the Community Corps, but what new actions is the White House taking to, kind of, address this growing gap? And specifically, how is the strategy evolving here?

MR. ZIENTS: Why don't I go first and then -- and then, Dr. Murthy, if you want to add on here.

You know, in this next phase, we -- we're making it even easier for people to get vaccinated: partnering with doctors' offices, where people are accustomed to getting vaccinations. And,

you know, 90 percent of doctors have gotten at least their first dose of vaccine. And people, locally, trust and look to their doctors and nurses and other healthcare providers.

Helping get workers paid time off, as Dr. Murthy talked about the action the President took last week to make sure that small businesses have tax credits to allow employees to have time off to both get vaccinated and to recover if need be.

Setting up walkups sites so that you can have a certain number of people each day, with no appointment, show up and just get vaccinated, making it increasingly convenient.

Dr. Murthy, you might want to expand in terms of new confidence efforts that you're helping to lead here.

DR. MURTHY: Absolutely. Well, I would just say that the -- we are continuing to expand the breadth of organizations and individuals who are part of our Community Corps, recognizing exactly what you said: that if we really want to reach all parts of America -- rural and urban and people of all age demographics -- we've got to reflect the diversity of our country and the diversity of partners that we have as well.

I want to underscore though the point that Jeff made about working with doctors and with other healthcare providers: that we know that around 80 percent of people who are trying to decide about a vaccine say that they want to talk to their doctor about that -- about that decision.

And we've heard that loud and clear, and that's why we not only want to, you know, engage with doctors to ensure they're talking to their patients, but we also want to make it easier for people to ultimately get a vaccine through their doctor. And there'll be more to say about that initiative in the days ahead.

But that is a channel that we're certainly working on in close partnership with physicians, with other healthcare providers, and with medical organizations.

MR. ZIENTS: Okay. Next question.

MODERATOR: Jeremy Diamond, CNN.

Q Hey, guys. Thanks very much. So more than a dozen countries have either banned or restricted travel from India at this point. Why hasn't the President taken any of those steps so far? And is the administration currently considering a ban on travel from India?

And then, secondly, I'm just wondering: You know, this morning, we saw the First Lady outdoors wearing a mask, even though she's vaccinated. The President, yesterday, said he would need to wear a mask if he was sitting close to someone indoors, even if they're both vaccinated, which goes against CDC guidance.

And so, given that the President focused on modeling the best public health advice when masks were required, why isn't he doing more to show the country what you can do once you are vaccinated? Thank you.

MR. ZIENTS: So, in terms of travel from India, we remain in very close contact with our foreign counterparts and are continuously monitoring the situation. Our current inbound travel precautions and mandatory testing before travel -- the quarantine for unvaccinated individuals and the retesting during that quarantine period -- those are all in place for all international travel and have been effective.

Getting Americans vaccinated is the most effective tool, as we -- that we have against COVID, and we'll continue to follow the CDC's science-based guidance on -- on travel and other matters.

Dr. Walensky, I don't know if you have anything to add here.

DR. WALENSKY: No, nothing to add.

MR. ZIENTS: Okay, next question.

MODERATOR: Zeke Miller, AP.

Q Thanks for doing this. First, a quick point of information: When you say 100 million Americans are fully vaccinated, that just means they've gotten their second dose if they required a two-dose vaccine; that doesn't mean that they're two weeks past that dose, which is what is --

MR. ZIENTS: That is -- that is correct, Zeke. And that's why I was clear that everyone needs to make sure that they follow that two-week post. But they've -- now 100 million Americans have received their second shot if they're on a two-shot regimen or their one shot if they're on the J&J regimen.

Q Thank you. And then just following up on Dr. Walensky's point earlier about New York, that July 1st is sort of a reasonable timetable assuming the current trendlines are continued. Could you explain, Dr. Walensky, sort of, what that -- you know, what would be possible or, sort of, now seems likely on July -- July 1st then, New York's going to 100 percent capacity at restaurants and bars and -- and, you know, arenas and the like. You know, will masks still be required indoors? Could you sort of lay out a little bit sort of, you know, two weeks -- two months from now, rather, you know, what should the American people, sort of, hope for?

DR. WALENSKY: You know, what I'd like to do is, sort of, say: The more people are vaccinated, the fewer cases that we have. And as we see those numbers come down, we'll -- we'll take increased steps, as we have until now.

We've had three updated guidances of what you can do if you're fully vaccinated, and we look forward to more as more and more people get vaccinated. But I don't think this -- this virus has tricked us before, so I would like to sort of watch and see how it goes before making further estimations of what happens in a couple of months.

MR. ZIENTS: Good. Next question.

MODERATOR: Last question. Let's go to Meg Tirrell at CNBC.

Q Well, thanks so much. I just wanted to follow up on what the administration is doing to counter disinformation -- so really stronger on the spectrum of -- of hesitancy, but, you know, Peter Hotez wrote an editorial in "Nature," suggesting that the highest levels of government have to take direct, even confrontational, approaches with Russia and move to dismantle anti-vaccine groups in the United States. So, really going beyond counter-messaging from the global health community and pressure on social media companies.

I just wondered what the administration's, sort of, stance is on -- on stronger actions like that against specific disinformation, not just, sort of, hesitancy in general.

MR. ZIENTS: Dr. Murthy, do you want to talk about just positive measures on information and anything you want to say about combating disinformation?

SURGEON GENERAL MURTHY: Sure, well -- well, thank you for that question. I mean, that is such an important issue and -- and we are certainly focused on it in several ways. But the two that I'll mention is: We recognize that misinformation and disinformation thrive in the absence of accurate information.

So, one of our strategies is to put as much accurate information out there as possible with trusted voices -- not only the people from government, but also reputable medical sources and experts in communities.

But we are also working closely with these social media companies and other platforms to push them, also, and partner with them on rooting out active disinformation campaigns. You know, I said at the top of this -- top of this presser that it is all of our responsibilities to step up and to help address this crisis and get people vaccinated.

And I specifically mentioned that -- that we need social media companies and platforms to not only put out accurate information, but to root out both blatant and subtle

disinformation that's on their sites.

I think that they have work to do. We are certainly here to partner with them to get the job done. But clearly, you know, we still have way too much disinformation spreading on those sites. And it presents a clear and present danger, I believe, to people who need to be protected from COVID and who could potentially get vaccinated.

MR. ZIENTS: I want to thank everybody for joining today, and we look forward to next week's briefings.

Thank you.

11:42 A.M. EDT

To view the COVID Press Briefing slides, visit https://www.whitehouse.gov/wp-content/uploads/2021/04/COVID-Press-Briefing_30April2021_for-transcript.pdf

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**[WARNING: UNSCANNABLE EXTRACTION FAILED]RE:
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 Guixiang (Grace) (CDC/DDNID/NCCDPHP/DPH)" <Ex 6 - (5 [REDACTED])>, "Zimmerman,
 Laura (CDC/DDPHSIS/CGH/GID)" <Ex 6 - (5 [REDACTED])>

Date: Tue, 11 May 2021 12:50:25 -0400

Attachments: AOC Deep Dive 20210511.pdf (8.18 MB); COVID Daily Update 20210511 vf.pdf (2.1 MB); AOC ensemble share 10 May 2021.html (3.88 MB)

Hi all – for those of us (myself included) who have not received my email and slides, I am re-sending it now – apologies for the delay... might be having CDC network issues on my end.

A quick reminder that the AOC Deep Dives are back to 1 hour in length, and we will be starting with the AOC state review promptly at **1:05pm**. We do have 1 late-breaking state (Indiana) that we'd like to get feedback on if at all possible (no worries at all if folks are not able/available to comment today).

Agenda/overview:

1. AOC State Review

- Region 7: KS
- Region 3: WV
- Region 6: NM
- Region 8: MT
- Region 9: HI
- + Region 5: IN (*late-breaking state*)

2. Tribal Analysis

- a. Spokane Tribe, Confederated Tribes of Warm Springs, Confederated Tribes of the Umatilla Indian Reservation, Spirit Lake Nation

3. "VVEE"

○ **Vaccines**

- Rising hospitalizations among younger age group
- Vaccine misinformation/disinformation
- COVID-19 vaccine confidence bi-weekly update from VTF

○ **Variants**

- Update on B.1.526

○ **Education**

- College vaccine requirements for Fall 2021

○ **Equity**

- Efforts to increase vaccination rates among Hispanic populations in AZ and NM

Thanks, and see you all at 1pm!!

Gloria

Gloria J. Kang, PhD, MPH

Lead, Areas of Concern

Integrated Surveillance Analysis

Data Strategy & Execution Workgroup

m: Ex 6 - (5) | Ex 6 - (5)

-----Original Appointment-----

From: COVID-DATA-RFI (OS/ASPR) <Ex 6 - (5 U.S.C. Sec >

Subject: Areas of Concern Deep Dive

When: Tuesday, May 11, 2021 1:00 PM-2:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process

Meeting invite has been updated; please use new Zoom link below.

For security reasons, when calling into the meeting, **please clearly state your name and affiliation (when by phone) as well as reflecting this in your display name.** Doing so will allow entrance in from the waiting room, as well as preventing removal from the meeting.

This meeting is related to work by the Data Strategy and Execution Work Group and is intended solely for team members directly associated with this meeting. This is not a public meeting. If elements of the media, the public, or other persons receive this invitation, you are not authorized to attend. Refer any questions you may have to Ex 6 - (5 U.S.C. Sec

Join ZoomGov Meeting

Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process

Meeting ID: Ex 5 DP- (5

Passcode: Ex 5 DP- (5

One tap mobile

Ex 5 DP- (5 U.S.C. Sec US (San Jose)

552(b)(5)) Deliberative US (New York)

Dial by your location

Ex 5 DP- (5 U.S.C. (San Jose)

Sec 552(b)(5)) (New York)

Deliberative

Process (San Jose)

Meeting ID: Ex 5 DP- (5

Find your local number: Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative

Join by SIP

Ex 6 - (5 U.S.C. Sec

Join by H.323

Ex 5 DP- (5 (US West)

U.S.C. Sec (US East)

Meeting ID: Ex 5 DP- (5

Passcode: Ex 5 DP- (5



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Areas of Concern Deep Dive

May 11, 2021

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VACCINES, VARIANT, EQUITY, & EDUCATION	<i>Vaccines</i> <ul style="list-style-type: none">• COVID-19 hospitalizations trending younger• Vaccine misinformation/disinformation• COVID-19 vaccine confidence <i>Variants</i> <ul style="list-style-type: none">• B.1.526 Update <i>Education</i> <ul style="list-style-type: none">• IHE vaccine mandates <i>Equity</i> <ul style="list-style-type: none">• Efforts to increase Hispanic vaccination rates in AZ and NM
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AOC State Analysis

Smaller area covered
indicates better rank / lower
transmission / more
aggressive response

Data as of 05/03/2021

AOC States this Week

WV, NM, KS, MT, HI + IN

Indicator groups most divergent from national average:

(1) Vaccination program to date +15.2, (2) Testing +13.3, (3) Public beliefs and actions +10.7, (4) Hospital utilization +10.3, (5) Hospital supply & staffing +9.8

WV



IN



NM



KS



MT



HI



KANSAS

Region 7

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
1,281 (44 per 100k) ↓ 484 (-27%)	4.1% ↓ 0.4 pct. pts.	33,719 (1,157 per 100k) ↓ 4,095 (-11%)	485 (2.3% of total) ↓ 0.3 pct. pts	169 (6 per 100k) ↓ 37 (-18%)	34 (1 per 100k) ↑ 20 (+143%)

STATE HOSPITAL UTILIZATION

Inpatient Beds	57% (2% for COVID-19)
ICU Beds	70% (7% for COVID-19)
Ventilators	13% (2% for COVID-19)
Hospitals Reporting Last 7 Days: 138 out of 140	

VACCINATION RATES

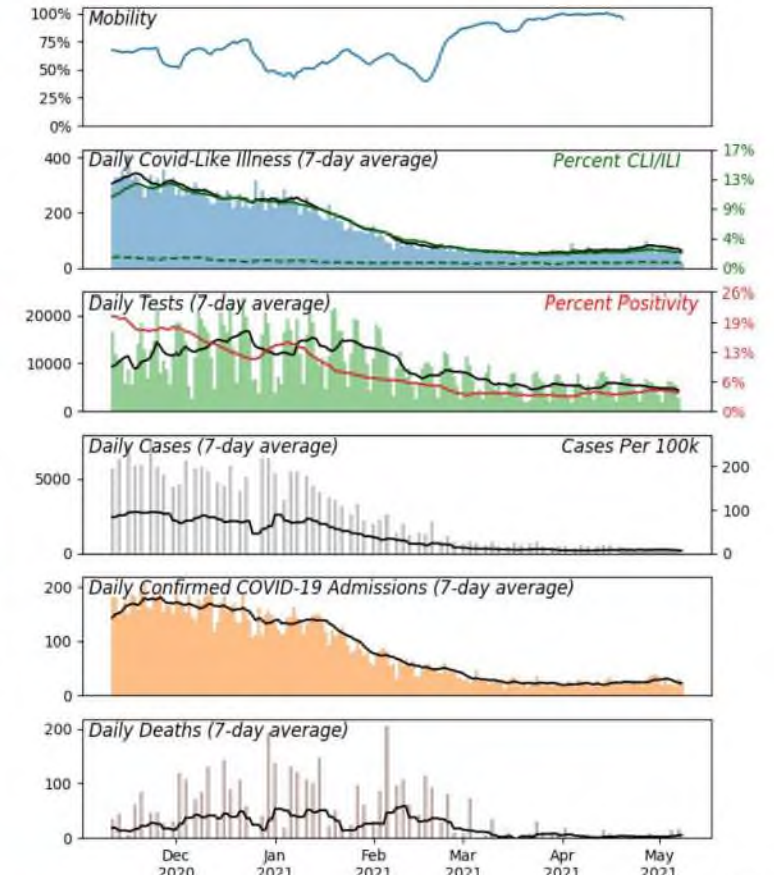
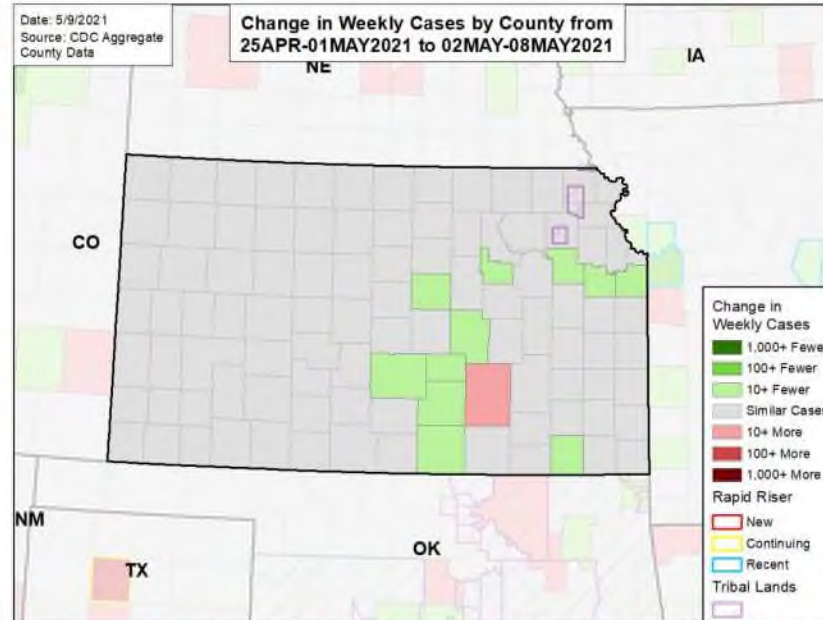
At least 1 dose	43.8% (88.8% of 65+ population)
Fully vaccinated	34.9% (74.4% of 65+ population)
Doses admin.	3,180 per 100k in last 7 days (↓ 5%)
24% of non-vaccinated persons will definitely/probably get a vaccine	

CASE DEMOGRAPHICS – LAST 14 DAYS

	Cases (Change)	Pop.
0-17 Years	23% (↑ 3 pct. pts.)	24%
18-24 Years	15% (No Change)	10%
65+ Years	8% (No Change)	16%
Hispanic	15% (↑ 2 pct. pts.)	12%
NH Black	11% (↓ 1 pct. pt.)	6%
NH Amer. Indian	1% (No Change)	1%
2,002 cases w/ known age, 1,539 cases w/ known race/ethnicity		

STATE CHARACTERISTICS

Population	2,913,314
Average Household Size	2.52
Uninsured	9%
Poverty Rate	12%
Flu Vaccination Rate (2019) Ages 18 - 64	41%
Flu Vaccination Rate (2019) Ages 65+	68%



* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

KANSAS

Top Counties of Concern	CDC Proportions of Variants	State Reported Variants (May 7)		% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Saline, Greary, Harvey, Wyandotte, and Riley County	N/A	B.1.1.7: 516 B.1.351: 5 B.1.427/429: 47	P.1: 95 B.1.525/B.1.526: 28 Other: 10	98% / State-mandated	No statewide mandate.	No statewide restrictions. Counties can set guidelines.

Vaccine News	Recent Case, Testing, and Hospitalization Trends	<ul style="list-style-type: none"> News on Apr. 30: Hospitalizations statewide are increasing. Officials are quoted as stating most, if not all, hospitalized individuals are unvaccinated. News on May 5: Cases in the Kansas City area are on the rise over the last week.
Variant News	Outbreaks	<ul style="list-style-type: none"> News on Apr. 30: Numerous school districts are reporting spikes in cases and quarantined students. Youth sports were partially attributed to the rise, where kids do not wear masks. State on May 5: 60 active clusters reported, all of which have reported five or more cases in the past 14 days. One meat packing facility is responsible for 838 cases, 17 hospitalizations, and 6 deaths. 22 active private business clusters have led to 577 cases, 17 hospitalizations, and 2 deaths.
<p>State opened eligibility to all adults 16+ on March 29.</p> <ul style="list-style-type: none"> News on May 5: Several Kansas City area businesses are offering incentives for vaccinated customers and employees. News on May 6: Kansas has requested the federal government deliver under 14,000 vaccine doses for the upcoming week, despite an allotment of 162,000 doses available. News on Apr. 23: 62 of Kansas' 105 counties declined their weekly vaccine allocation. Six counties (Cheyenne, Decatur, Lane, Phillips, Sheridan, and Woodson) declined four weeks in a row. Their vaccination coverage is between 26% and 36%. 	Universities	<ul style="list-style-type: none"> University of Kansas: Undergraduate finals will be completed May 14. The University reported 11 cases among faculty and students in the past week. Masks are required at all times on campus. Students on campus must submit daily symptom tracking. Kansas State University: Undergraduate finals will be completed May 14. From Apr. 26-30, there were 20 cases. The test positivity rate was 3.66%, 3x higher than the week prior. The university is offering J&J clinics for students before they depart campus. Wichita State University: All courses are offered in either hybrid or online formats. The university reported 0 cases (from 54 tests administered) in the past 14 days.
<ul style="list-style-type: none"> News on May 3: Sedgwick County is responsible for the majority of newly reported variant cases in the state. They are experiencing dual outbreaks of B.1.1.7 and P.1. State on May 7: 68% of all variant cases are in Sedgwick (43%), Shawnee (13%), and Johnson (12%) counties. News on May 3: In Region 7, which includes Kansas, Missouri, Nebraska, and Iowa, 65% of all samples collected were from the B.1.1.7 variant, 12% were the California variants, and 1% was the P.1 variant. 	Other Notable Information	<ul style="list-style-type: none"> News on May 6: Kansas is shuttering their mass vaccination sites, moving to supporting smaller clinics and mobile operations. The Missouri Hospital Association polled 800 adults in April, finding the large vaccine coverage disparity is being led by low vaccination rates in rural counties, young conservatives, and Black residents.

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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WEST VIRGINIA

Region 3

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
2,503 (140 per 100k) ↑ 73 (+3%)	6.9% ↑ 0.2 pct. pts.	39,669 (2,213 per 100k) ↑ 570 (+1%)	601 (2.8% of total) ↓ 0.3 pct. pts	247 (14 per 100k) ↑ 51 (+26%)	47 (3 per 100k) ↑ 185 (+134%)

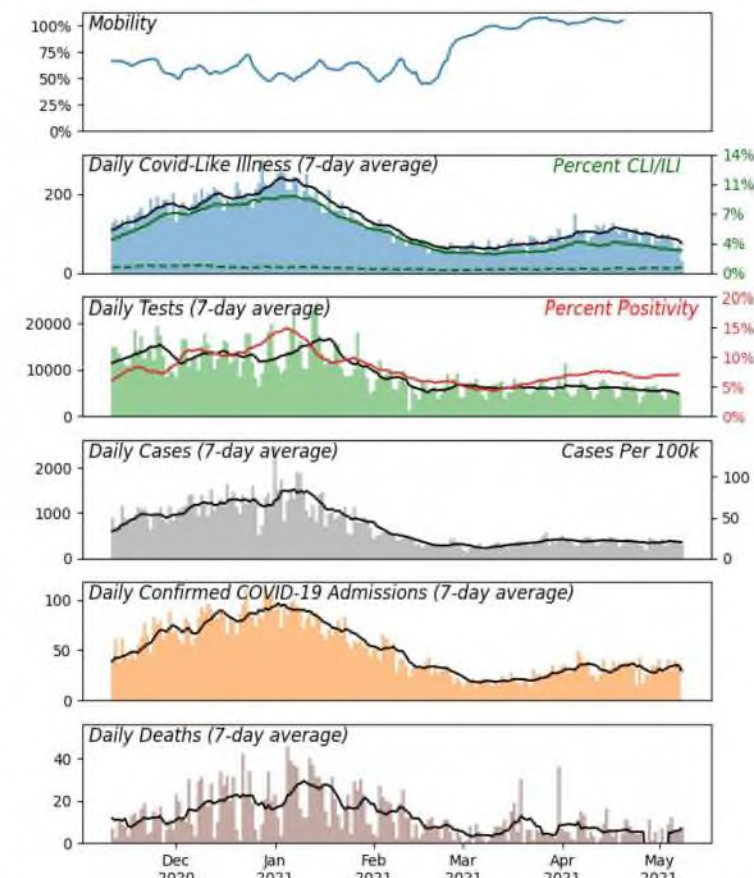
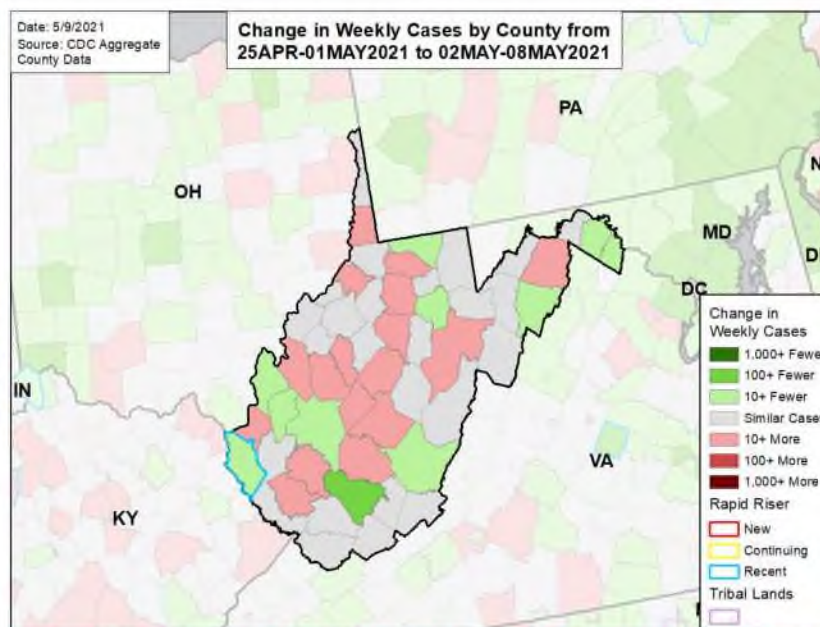
STATE HOSPITAL UTILIZATION	
Inpatient Beds	75% (5% for COVID-19)
ICU Beds	72% (12% for COVID-19)
Ventilators	25% (4% for COVID-19)
Hospitals Reporting Last 7 Days: 53 out of 54	

CASE DEMOGRAPHICS – LAST 14 DAYS		
	Cases (Change)	Pop.
0-17 Years	Unavailable	20%
18-24 Years	Unavailable	9%
65+ Years	Unavailable	20%
Hispanic	Unavailable	2%
NH Black	Unavailable	4%
NH Amer. Indian	Unavailable	< 1%
< 10% cases w/ known age, < 10% cases w/ known race/ethnicity		

STATE CHARACTERISTICS	
Population	1,792,147
Average Household Size	2.42
Uninsured	6%
Poverty Rate	17%
Flu Vaccination Rate (2019) Ages 18 - 64	39%
Flu Vaccination Rate (2019) Ages 65+	69%

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

VACCINATION RATES	
At least 1 dose	36.7% (71.1% of 65+ population)
Fully vaccinated	32.0% (65.0% of 65+ population)
Doses admin.	1,691 per 100k in last 7 days (↓ 35%)
26% of non-vaccinated persons will definitely/probably get a vaccine	



WV

WEST VIRGINIA

Top Counties of Concern	CDC Proportions of Variants (Apr. 10)	State Reported Variants (May 10)	% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Mingo, Morgan, Nicholas, Jackson, Barbour	32.2% B.1.1.7, 0.1% B.1.351, 9.5% B.1.427/B.1.429, 0.3% P.1, 57.9% Other Lineages Total Sequences: 755	B.1.1.7: 982 B.1.427/B.1.429: 226 B.1.351: 5 P.1: 3	100% / State-mandated	Masks required for those age 9+ until June 20.	No restrictions

Vaccine News	Recent Case, Testing, and Hospitalization Trends	Outbreaks	Universities	Other Notable Information
<p>State opened eligibility to all adults 16+ on March 22.</p> <ul style="list-style-type: none"> News on May 8: The state set a goal to vaccinate 75% of adults age 50+ and 65% of those age 12+ by June 20, assuming FDA approves Pfizer for children age 12-15 shortly. State on May 10: 54.9% of residents age 16+ have received at least one dose. News on May 4: Vaccination clinics will be held at high traffic locations including state parks, sporting events, fairs, festivals, and others. The state is also working to increase messaging and vaccinations from primary care providers. News on May 2: Gov. Justice partially attributed vaccine hesitancy to fear-mongering. Regarding the \$100 incentive for vaccinations among young adults, Gov. Justice noted "It's working, but I don't think it will be a silver bullet." 	<ul style="list-style-type: none"> State on May 9: Residents age 19 and younger account for 29% of cases reported in the past 7 days; residents age 29 and younger account for 44% of cases in the past 7 days. News on May 2: The median age of cases decreased to 34, indicating more young people are contracting COVID-19. 	<ul style="list-style-type: none"> State on May 7: There are 13 active outbreaks at LTCF in West Virginia, with a total of 35 active resident cases and 36 active staff cases. BOP on May 7: There are 2 active inmate cases and 12 active staff cases at 5 federal prisons. State on May 9: There are 8 active inmate cases and 13 active employee cases at state correctional facilities. State on May 10: 192 cases have been reported in public schools since April 26. 	<ul style="list-style-type: none"> West Virginia University: Offering summer classes online and on-campus beginning May 17; masks required on campus. 5 cases were reported the week of April 26 – May 2. The university will offer vaccines on campus throughout the summer. Marshall University: Spring classes were held in-person and online; summer classes begin May 10. Masks required in university buildings. No new cases have been reported since April 26. The university is hosting on campus vaccination clinics for students and employees. Fairmont State University: Campus areas will reopen for community use (including recreational) on June 1; masks will still be required. There were no active cases on campus as of May 3; 908 people are fully vaccinated. 	<ul style="list-style-type: none"> News on May 8: West Virginia's mask mandate will be lifted June 20, the state's 158th birthday. News on May 10: The state is working out the details of the savings bond incentive for young adult vaccinations and may offer a cash gift card as an alternative.
Variant News				
<ul style="list-style-type: none"> News on May 10: B.1.1.7 variant is the dominant strain in WV. News on Apr. 30: 73% of the cases of B.1.427/B.1.429 variant were in Monongalia County; nearly all counties have reported cases of the B.1.1.7 variant. 				

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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NEW MEXICO

Region 6

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
1,387 (66 per 100k) ↓ 130 (-9%)	2.8% ↓ 0.1 pct. pts.	28,528 (1,361 per 100k) ↓ 2,262 (-7%)	310 (1.8% of total) ↓ 0.4 pct. pts	160 (8 per 100k) ↓ 12 (-7%)	31 (1 per 100k) ↓ 12 (-28%)

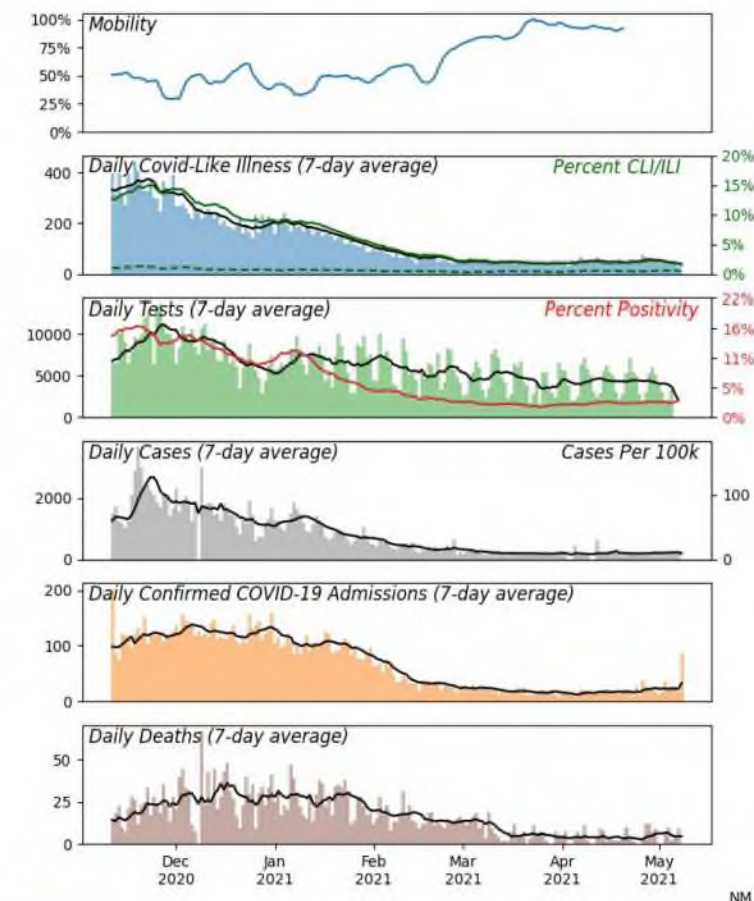
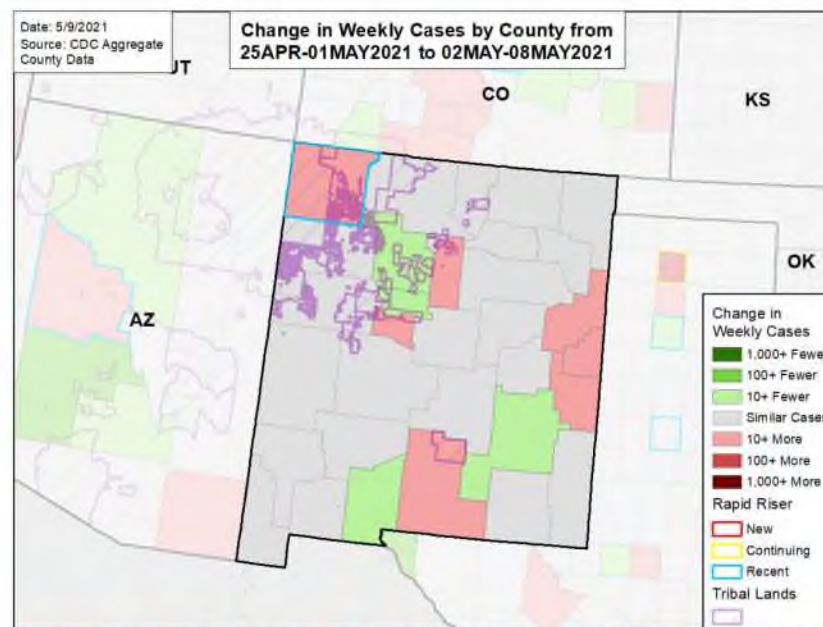
STATE HOSPITAL UTILIZATION	
Inpatient Beds	68% (4% for COVID-19)
ICU Beds	75% (10% for COVID-19)
Ventilators	17% (1% for COVID-19)
Hospitals Reporting Last 7 Days: 47 out of 47	

CASE DEMOGRAPHICS – LAST 14 DAYS		
	Cases (Change)	Pop.
0-17 Years	14% (↑ 1 pct. pt.)	23%
18-24 Years	13% (↓ 1 pct. pt.)	9%
65+ Years	12% (↑ 1 pct. pt.)	18%
Hispanic	66% (↓ 1 pct. pt.)	49%
NH Black	1% (No Change)	2%
NH Amer. Indian	14% (↓ 2 pct. pts.)	9%
17,543 cases w/ known age, 7,057 cases w/ known race/ethnicity		

STATE CHARACTERISTICS	
Population	2,096,829
Average Household Size	2.64
Uninsured	10%
Poverty Rate	19%
Flu Vaccination Rate (2019) Ages 18 - 64	38%
Flu Vaccination Rate (2019) Ages 65+	69%

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

VACCINATION RATES	
At least 1 dose	52.9% (88.1% of 65+ population)
Fully vaccinated	41.6% (75.4% of 65+ population)
Doses admin.	4,392 per 100k in last 7 days (↓ 3%)
37% of non-vaccinated persons will definitely/probably get a vaccine	



NM

NEW MEXICO

Top Counties of Concern	CDC Proportions of Variants (Mar. 27)	State Reported Variants (May 5)	% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Otero, Lincoln, Valencia, San Juan, and Bernalillo County	N/A	B.1.1.7: 158 B.1.351: 1 B.1.427/429: 74 P.1: 5 B.1.2: 16	100% /State ordered open by April 5.	Masks required . Violators subject to \$100 fine.	Dependent on county. Turquoise counties 150, Green 20, Yellow 10, Red 5

Vaccine News	Recent Case, Testing, and Hospitalization Trends	<ul style="list-style-type: none"> State on Apr. 28: Instituted a new framework for reopening. Counties are reevaluated every 2 weeks, unless in turquoise, 4 weeks. Based on case incidence, positivity, and vaccination rate. State on May 3: All but 3 counties are in turquoise. Valencia and Catron are at green and Chaves is at yellow. Chaves is in yellow due to case rate and low vaccinations. News on May 5: Santa Fe area cases are up, hitting 20 after previously staying in single digits.
Variant News	Outbreaks	<ul style="list-style-type: none"> State on May 9: 8 schools are on the watch list for cases and may be closed if additional cases are reported. Portales High School is closed due to 4 or more rapid responses (initiated when a student or students test positive). News on May 6: 7 students from 3 Santa Fe schools tested positive. BOP on May 9: 3 active cases among inmates and staff in federal facilities. State on May 5: There are 5 active cases in state correctional facilities. ICE on May 7: Otero County facility reports one active case. State on May 7: 18 LTCF in the state have reported at least one case in the past 28 days.
<p>State opened eligibility to all adults 16+ on April 5.</p> <ul style="list-style-type: none"> State on May 5: The state started a new program to recruit primary care providers as vaccine providers. News on May 4: Walmart and Sams Club offering walk-up vaccinations in 53 locations around the state. City on May 6: Evening and weekend drive-through vaccination clinics scheduled in Las Cruces. Appointments and IDs not required. Spanish-speaking providers are available. News on May 5: 30% of those 16-18 are vaccinated. State health secretaries encourage residents ages 12-15 to pre-register for the vaccine. 	Universities	<ul style="list-style-type: none"> University of New Mexico reported 13 new cases in the past 2 weeks as of May 10. Spring semester was held in hybrid mode. The university is planning to mandate vaccination. New Mexico State University reported 2 active cases among staff on May 10. Masks no longer required outdoors for those who are fully vaccinated, with the exception of commencement. Holding Sleeve Up! Vaccination clinics. Last day of classes is May 14. In person commencement will be at the stadium with no guests. New Mexico State University-Dona Ana reported no active cases on May 10.
<p>News on May 5: Officials reported several variants are active in the state, with B.1.1.7 most prevalent.</p> <p>CDC on Apr. 10: Region 6, which includes New Mexico, Texas, Arkansas, Louisiana, and Oklahoma reported the following variant proportions: 68.9% B.1.1.7, 0.4% B.1.351, 4.5% B.1.427/B.1.429, 3.4% P.1, and 22.8% Other Lineages.</p>	Other Notable Information	<ul style="list-style-type: none"> News on Apr. 28: The state will open and remove restrictions when 60% of the adult population is vaccinated, with an end-of-June goal.

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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MONTANA

Region 8

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
904 (85 per 100k) ↓ 33 (-4%)	4.8% ↓ 0.3 pct. pts.	15,780 (1,476 per 100k) ↓ 668 (-4%)	153 (2.1% of total) ↓ 0.1 pct. pts	115 (11 per 100k) ↑ 21 (+22%)	18 (2 per 100k) ↑ 7 (+64%)

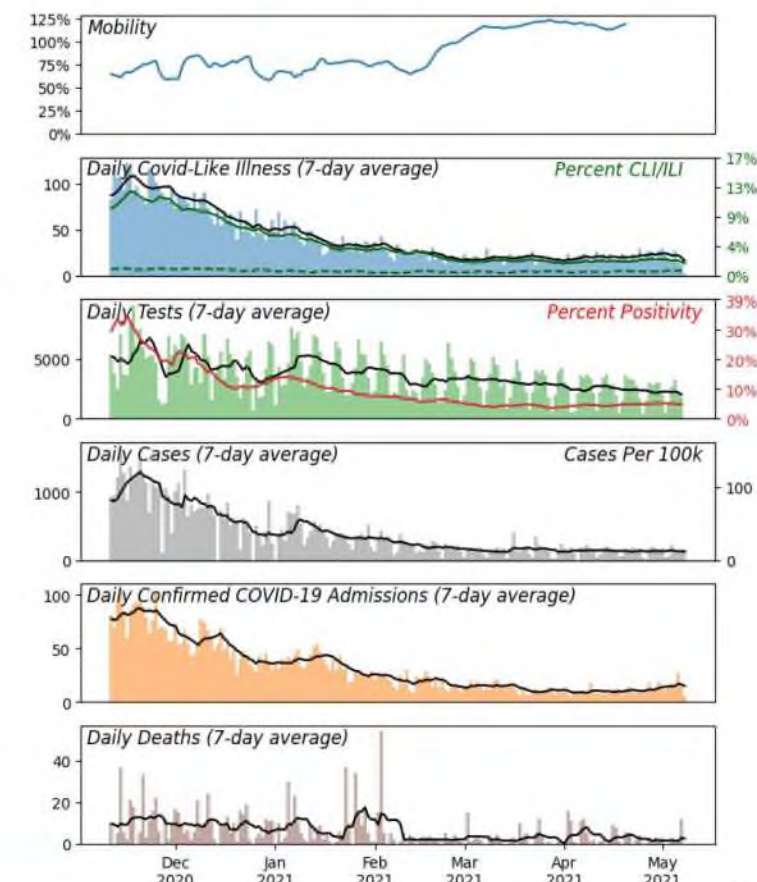
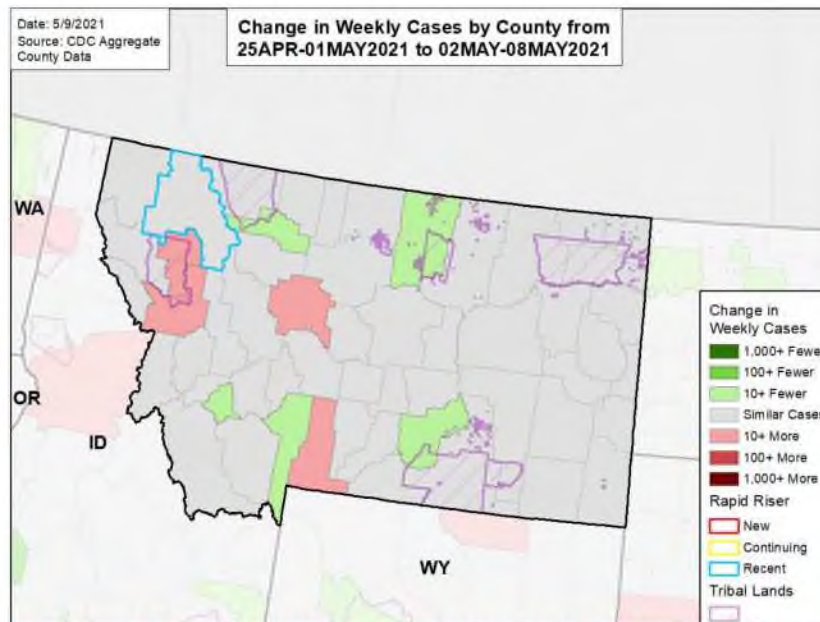
STATE HOSPITAL UTILIZATION	
Inpatient Beds	62% (2% for COVID-19)
ICU Beds	62% (8% for COVID-19)
Ventilators	10% (2% for COVID-19)
Hospitals Reporting Last 7 Days: 64 out of 64	

CASE DEMOGRAPHICS – LAST 14 DAYS		
	Cases (Change)	Pop.
0-17 Years	18% (↑ 5 pct. pts.)	21%
18-24 Years	12% (↓ 2 pct. pts.)	9%
65+ Years	10% (↑ 1 pct. pt.)	19%
Hispanic	4% (↑ 2 pct. pts.)	4%
NH Black	1% (↑ 1 pct. pt.)	1%
NH Amer. Indian	7% (↑ 5 pct. pts.)	6%
1,233 cases w/ known age, 683 cases w/ known race/ethnicity		

STATE CHARACTERISTICS	
Population	1,068,778
Average Household Size	2.39
Uninsured	10%
Poverty Rate	13%
Flu Vaccination Rate (2019) Ages 18 - 64	40%
Flu Vaccination Rate (2019) Ages 65+	68%

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

VACCINATION RATES	
At least 1 dose	42.1% (78.9% of 65+ population)
Fully vaccinated	34.7% (71.0% of 65+ population)
Doses admin.	2,494 per 100k in last 7 days (↓ 34%)
16% of non-vaccinated persons will definitely/probably get a vaccine	



MT

MONTANA

Top Counties of Concern	CDC Proportions of Variants	State Reported Variants (May 7)	% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Park, Cascade, Lewis and Clark, Flathead, Gallatin	N/A	96 B.1.1.7, 4 B.1.351, 33 B.1.427, 43 B.1.429, 3 P.1, 5 B.1.525, 7 B.1.526, 1 B.1.617.2 Total Sequences: N/A	100% / District decided	No statewide mandate. Local mandates in some counties.*	No restrictions.

Vaccine News	Recent Case, Testing, and Hospitalization Trends	<ul style="list-style-type: none"> State on May 10: 1,101 active cases and 71 active hospitalizations reported. News on May 7: Health officials in Flathead, Park, and Cascade Counties have noted a rise in cases and hospitalizations among younger, unvaccinated people. Park County's Health Officers described the current outbreak as "more contagious than anything we have seen before."
<p>MT opened eligibility to all adults 16+ on Apr. 1.</p> <ul style="list-style-type: none"> News on May 5: The vaccination rates in MT have been falling and remain lowest among those age 30 and younger. Health officials are moving away from mass vaccination sites and adopting smaller pop-up and outreach efforts. News on May 4: Approx. 96% of Montanans have returned for their second dose, according to health officials. News on May 7: MT will offer vaccines to Canadian truck drivers from neighboring Alberta from May 10-23. News on May 6: The Missoula City-County Health Dept. held a Cinco de Mayo "Vaccine Fiesta" at a local brewery that reportedly drew a long line of patrons. News on May 5: Due to declining demand, Flathead County is reducing its vaccine clinics from at least three to two days per week. 	Outbreaks	<ul style="list-style-type: none"> State on May 6: 116 K-12 schools and 9 universities reported cases over the 14 days prior to Apr. 30. State on May 7: 19 active cases were reported across 11 LTC and assisted-living facilities.
	Universities	<ul style="list-style-type: none"> Montana State University: Spring largely mix of in-person and hybrid. Administering vaccines on campus. Vaccine clinics also being held on Billings campus. No vaccine requirement. University of Montana: Spring semester had "as much in-person instruction as possible." Vaccine clinics held on campus. No vaccine requirement. The Montana University System is anticipating a return to normal operations without restrictions across its 16 campuses by Fall.
Variant News	Other Notable Information	<ul style="list-style-type: none"> State on May 7: MT has had 121 cases of breakthrough infection since Feb. 15, resulting in 14 hospitalizations and 1 death. 15 out of 28 subtyped cases were variants. News on May 8: MT reported its first confirmed cases of the P.1 and B.1.617.2 variants on May 7.
		<ul style="list-style-type: none"> News on May 7: Gov. Gianforte signed a bill May 7 prohibiting local health officials from actions that impede the ability of private businesses to conduct business. Lewis and Clark and Gallatin Counties say they will no longer be able to enforce their mask mandates as a result. News on May 7: Other measures have been passed that remove the ability to penalize law enforcement officials for refusing to enforce public health orders and that allow citizens to amend or repeal local health board actions.

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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HAWAII

Region 9

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
623 (44 per 100k) ↓ 21 (-3%)	1.7% ↓ 0.1 pct. pts.	41,446 (2,927 per 100k) ↑ 7,988 (+24%)	Unavailable	51 (4 per 100k) ↑ 17 (+50%)	4 (0.28 per 100k) ↓ 1 (-20%)

STATE HOSPITAL UTILIZATION

Inpatient Beds	70% (2% for COVID-19)
ICU Beds	59% (5% for COVID-19)
Ventilators	15% (1% for COVID-19)
Hospitals Reporting Last 7 Days: 24 out of 25	

VACCINATION RATES

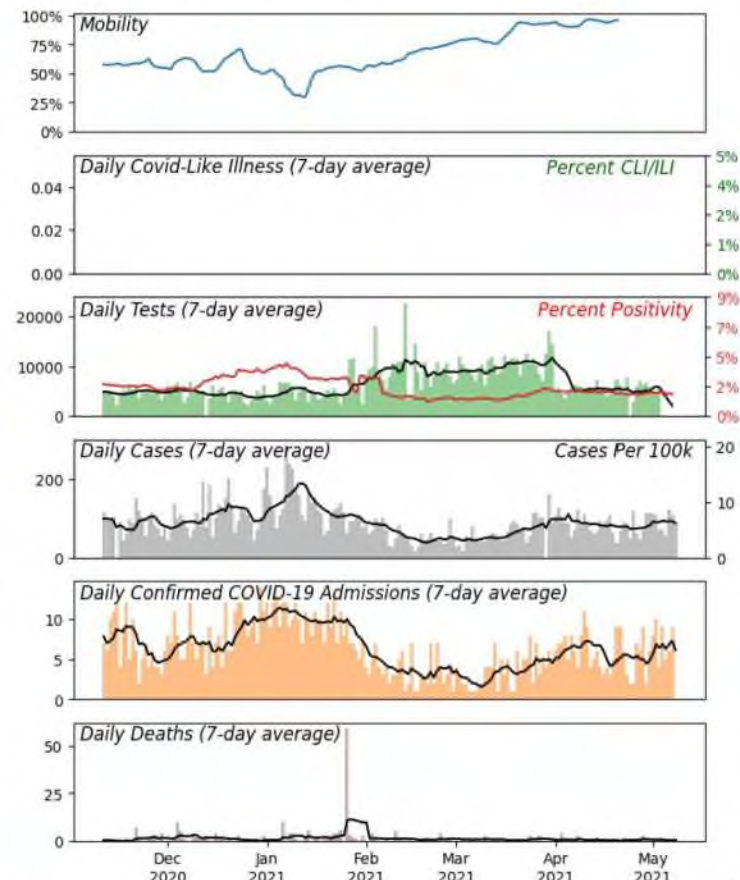
At least 1 dose	58.8% (94.9% of 65+ population)
Fully vaccinated	40.8% (77.9% of 65+ population)
Doses admin.	9,448 per 100k in last 7 days (↑ 39%)
35% of non-vaccinated persons will definitely/probably get a vaccine	

CASE DEMOGRAPHICS – LAST 14 DAYS

	Cases (Change)	Pop.
0-17 Years	20% (↑ 1 pct. pt.)	21%
18-24 Years	17% (↑ 1 pct. pt.)	8%
65+ Years	4% (↓ 2 pct. pts.)	19%
Hispanic	13% (No Change)	11%
NH Black	6% (↑ 4 pct. pts.)	2%
NH Amer. Indian	0% (No Change)	< 1%
643 cases w/ known age, 504 cases w/ known race/ethnicity		

STATE CHARACTERISTICS

Population	1,415,872
Average Household Size	3.02
Uninsured	4%
Poverty Rate	10%
Flu Vaccination Rate (2019) Ages 18 - 64	41%
Flu Vaccination Rate (2019) Ages 65+	67%

Date: 5/9/2021
Source: CDC Aggregate
County DataChange in Weekly Cases by County from
25APR-01MAY2021 to 02MAY-08MAY2021

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

HAWAII

Top Counties of Concern	CDC Proportions of Variants	State Reported Variants	% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Kauai, Maui, Honolulu, and Hawaii County	NA	NA	39% / Reopening and closing is state-mandated	Mask mandate in public settings	Honolulu – social 10 people Kauai – social 5 indoor, 25 out Maui – social 5 people in/out

<p>Vaccine News</p> <p>State opened eligibility to all adults 16+ on April 19.</p> <ul style="list-style-type: none"> News on May 4: Hawaii is seeing demand slow, and for the first time ordered less vaccines than allocated. News on May 3: The state held a pop-up vaccination clinic at a public-housing project in Kalihi in an effort to bring vaccines to harder-to-reach populations. Barriers to access noted were language, lack of internet access or technology, or general lack of knowledge about vaccination. Translators for Chuukese, Marshallese, Korean, Samoan and Ilocano were available. News on May 3: The Health Department is working with schools on a social media campaign to reach younger people. With other populations, the state is using community groups with established relationships to reach people. 	<p>Recent Case, Testing, and Hospitalization Trends</p> <ul style="list-style-type: none"> News on May 4: Amid rising cases, Kauai revised reopening plans to allow outdoor activities like sports, but limit indoor gatherings to 5 people. State on May 7: Statewide, cases increased by 17% from Apr. 21 to May 4, to an average of 94 new cases per day. Honolulu County has the highest test positivity, with 2.3% and Kauai County had the largest percent increase in cases over the past two weeks.
	<p>Outbreaks</p> <ul style="list-style-type: none"> News on May 1: Kauai reported clusters of cases at two restaurants and two events, which have contributed to the uptick in cases. State on May 5: Two skilled nursing facilities reported new cases in the past 14 days. State on May 6: Clusters were identified at 2 educational settings (15 cases), 1 food supplier (22 cases), 6 restaurants (87 cases), 2 construction settings (17 cases), 4 other occupational settings (47 cases), 7 travel, lodging, and tourism settings (124 cases), 3 social gatherings (31 cases), and 1 other setting (4 cases).
	<p>Universities</p> <ul style="list-style-type: none"> University of Hawaii at Manoa is utilizing in-person, hybrid and online instruction. (Main campus located in Honolulu) Reported 5 cases in past 14 days. Students are encouraged to visit vaccine clinics in the community. Commencement will be virtual.
	<p>Other Notable Information</p> <ul style="list-style-type: none"> News on May 3: Some high schools are holding drive-thru diploma pickups, while others are holding distanced outdoor graduation ceremonies or live-streamed graduations. News on May 8: On May 11, Hawaii began their inter-island vaccine passport program. Persons who were vaccinated in Hawaii can upload their vaccine card instead of mandatory testing before travel between islands. The state plans to roll out the program to everyone in the US by late-summer, but there are concerns over the ability to validate whether cards are fraudulent.
<p>Variant News</p> <p>News on Apr. 23: State reports 555 variants, with 209 cases detected over previous 14 days. (454 of California variants, mostly B.1.429, 86 of B.1.1.7, 8 of B.1.351 and 7 of P.1). The state is sequencing 75 specimens per week.</p> <p>News on Apr. 23: State Epidemiologist reported that 82% of sequences from Maui are the B1.429 variant.</p>	

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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INDIANA

Region 5

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
7,234 (107 per 100k) ↓ 384 (-5%)	5.7% ↑ 0.6 pct. pts.	126,219 (1,875 per 100k) ↓ 3,877 (-3%)	1,537 (3.2% of total) ↑ 0.0 pct. pts	689 (10 per 100k) ↓ 61 (-8%)	67 (1.0 per 100k)

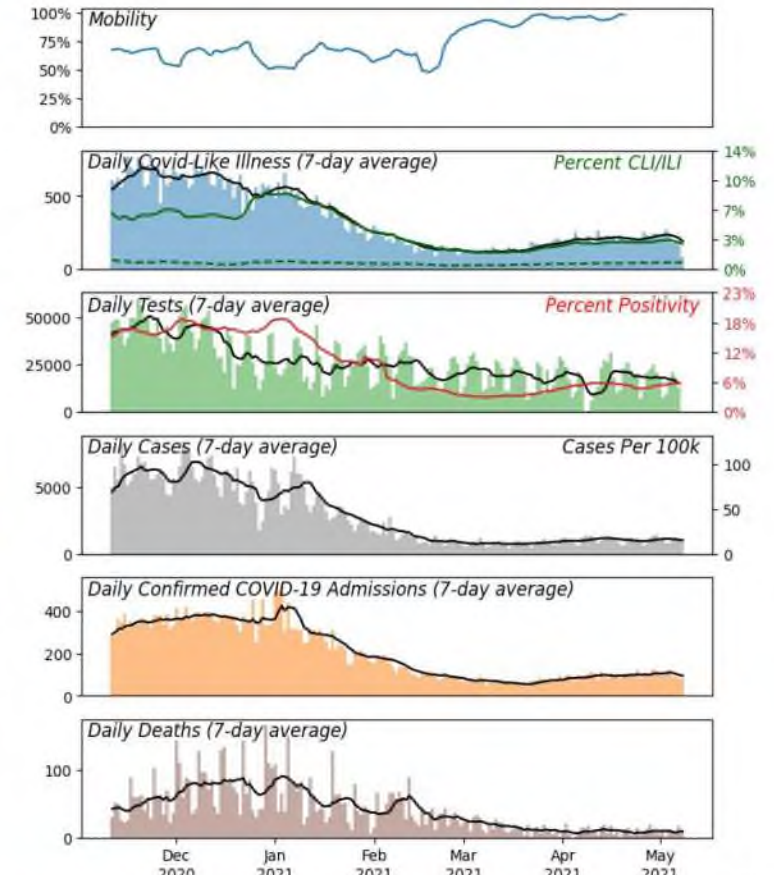
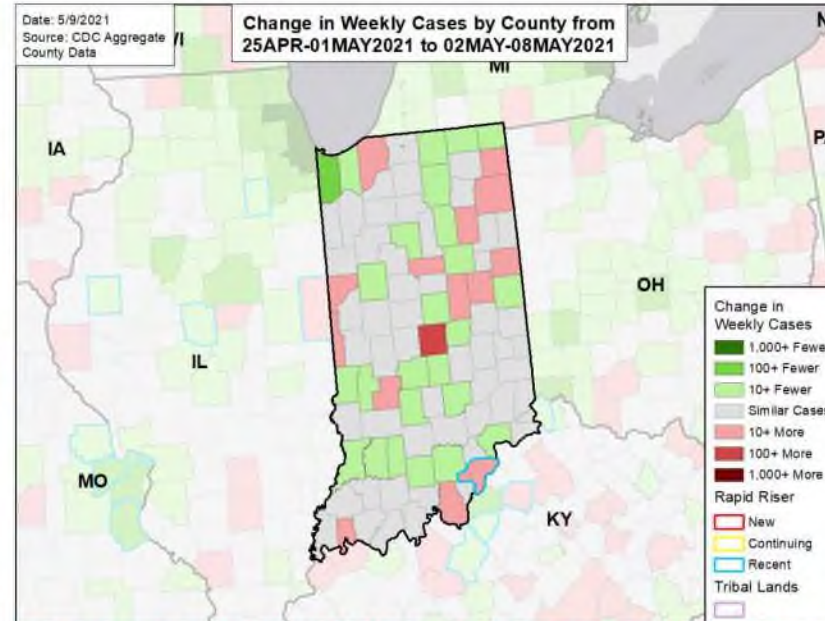
STATE HOSPITAL UTILIZATION	
Inpatient Beds	64% (4% for COVID-19)
ICU Beds	67% (8% for COVID-19)
Ventilators	18% (2% for COVID-19)
Hospitals Reporting Last 7 Days: 126 out of 128	

CASE DEMOGRAPHICS – LAST 14 DAYS		
	Cases (Change)	Pop.
0-17 Years	19% (↑ 3 pct. pts.)	23%
18-24 Years	15% (↓ 2 pct. pts.)	10%
65+ Years	7% (No Change)	16%
Hispanic	12% (↑ 3 pct. pts.)	7%
NH Black	12% (↑ 5 pct. pts.)	10%
NH Amer. Indian	< 1% (No Change)	< 1%
18,506 cases w/ known age, 13,048 cases w/ known race/ethnicity		

STATE CHARACTERISTICS	
Population	6,732,219
Average Household Size	2.52
Uninsured	9%
Poverty Rate	14%
Flu Vaccination Rate (2019) Ages 18 - 64	39%
Flu Vaccination Rate (2019) Ages 65+	68%

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

VACCINATION RATES	
At least 1 dose	37.9% (79.2% of 65+ population)
Fully vaccinated	30.2% (73.6% of 65+ population)
Doses admin.	3,833 per 100k in last 7 days (↓ 12%)
47% of non-vaccinated persons will definitely/probably get a vaccine	



TRIBAL AREA ANALYSIS

	Spokane Tribe (Spokane Reservation, WA; 2,900 enrolled members)	Confederated Tribes of Warm Springs (Warm Springs Reservation, OR; over 5,000 members)	Confederated Tribes of the Umatilla Indian Reservation (CTUIR) (Umatilla Reservation, OR; 3,100 members)	Spirit Lake Nation (Spirit Lake Reservation, ND; 7,256 members)
Cases Trends	As of Apr. 21, 13 on-res active cases and 1 off-res. 40+ people in quarantine.	As of May 5, 19 active cases and 28 contacts, up from 3 active cases and 19 contacts on Apr. 21.	There are 2 active cases as of May 5. As of Apr. 30, there were 43 days without a case.	As of May 5, there are 17 active cases . From Apr. 26-May 5, there were 16 cases.
Testing	From Apr. 14-21 , conducted 50 tests, of which 1 was positive.	1.83% positivity week ending May 4. From Apr. 21-May 5, conducted 432 tests. Tests available at Warm Springs Health & Wellness Center.	28 tests conducted the week of Apr. 30. Yellowhawk Tribal Health Center offers testing Mon., Wed., and Fri. by appointment.	From Apr. 26-May 2, positivity was 9.4%, and from Apr. 19-25, positivity was 16.7%. Drive thru testing offered May 6 and May 20. Can also call if exposed.
Hospitalizations	In Stevens County, where the reservation is located, there is 1 COVID-19 hospitalization as of Apr. 24. IHS operates the David C. Wynecoop Memorial Clinic, an ambulatory care center.	As of May 5, 0 hospitalized , down from 1 hospitalization on Apr. 21. Warm Springs Health & Wellness Center (WSHWC) is an ambulatory care center.	As of May 5, there are 0 hospitalizations .	As of May 5, there is 1 current hospitalization. IHS operates Spirit Lake Health Center (SLHC), a 3 physician ambulatory care center.
Vaccinations	Offering incentives , entering fully vaccinated in drawings for 5 \$500 prizes. 5 prizes awarded every 2 weeks. All vaccinated members receive \$100 and a t-shirt. Hosted clinic open to public May 7 in partnership with State Dept. of Health and Spokane Regional Health District. Wellpinit Clinic hosted Pfizer clinic for ages 16-17 May 4-5. Appointment was required, and "limited vaccine" was available. Moderna clinic held May 3 without appointment. Wellpinit Clinic hosted drive thru Moderna and J&J event May 6 without appointment. Wellpinit Clinic hosted drive thru Moderna clinics Apr. 27-30. Anyone " connected to the Spokane Tribe " is eligible. IHS staff visited Wellpinit middle and high schools to answer vaccine questions.	As of May 5 , 2,360 primary doses and 1,972 secondary doses administered. 50.3% have received at least one dose. 195 primary doses and 120 secondary doses are on hand. From Apr. 21-May 5 , 92 primary doses and 142 secondary doses administered. WSHWC held a J&J clinic with walk-ins on May 5 and Apr. 28 . WSHWC offering Moderna and J&J for anyone living or working in Warm Springs, IHS eligible or a family member. WSHWC held a vaccine clinics for ages 16-17 on Apr. 6 and Mar. 24 . Pace of vaccinations has slowed . As of Apr. 27, WSHWC has Moderna and Pfizer on hand .	Yellowhawk Tribal Health Center offering Pfizer on Tuesdays through July 27 to Yellowhawk eligible and tribal employees. As of Apr. 30, has administered 5,271 doses. 3,034 people have received at least one dose, and 2,237 are fully vaccinated. No vaccines reported administered since the week of Apr. 9. Opened a mass vaccination event from Apr. 12-13 to any age 16+ "in the 11 counties that span the CTUIR ceded territory" after 600 appointments were filled for the 1,700 dose event. National Guard assisted Yellowhawk staff with administration at the event. Yellowhawk held a 2 nd dose event May 3-4	As of Apr. 30, SLHC had administered 2,167 doses – 1,188 1 st doses and 979 2 nd doses. This is an increase of 253 doses – 110 1 st doses and 143 2 nd doses – since Mar. 31. Vaccine clinics are first come, first serve; no pre-registration. Walk-in vaccine clinics scheduled May 13 and May 27. Rides offered if needed. SLHC offers Moderna . Advertising vaccines through direct elder calls, media, emails, flyers in senior meals, medication bag stuffers, flyers in buildings, and tribal employee alert system. Vaccines available to all individuals age 18+ .
Mitigation Measures	In Phase 3 with gatherings from outside household at 10 indoor and 50 outdoor. Was in modified Phase 3 from Apr. 19-May 1 with gatherings from outside household at 5 indoor and 15 outdoor, both with 2 household limit and required attendance records. Masks required.	Masks required . Members asked to avoid large gatherings, distance, and stay home if sick.	As of Apr. 9 , gatherings limited to 8 indoors from 2 households and 10 outdoor. Restaurants and faith institutions open at 50% capacity. Daycare operating at full capacity. Mask usage is strongly encouraged.	As of Apr. 21 , masks are required in public places. Non-essential visits from those living outside the reservation and indoor gatherings are discouraged.
Other Notable Info	Wellpinit School District planned to return to 4 day in-person classes May 3, but, on Apr. 27, announced they would continue with A/B hybrid for remainder of school year. T'Creek Research & Diagnostics conducting 9 month antibody study that started May 5.	Jefferson County 509-J Schools have been in-person since Feb. 1 and reported an elementary student case on May 5.	On May 5, canceled the Root Feast Celebration due to rising cases	Tribal employees submit a proof of vaccine refusal form.

Tribes selected based on case rates in their states and on data availability. Information gathered from Tribal websites and Facebook pages.

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Vaccines, Variants, Equity, and Education (VVEE) BLUFs

Vaccines

- Despite improving COVID-19 metrics in the United States, **the media is raising concerns that COVID-19 outcomes on younger populations is increasing.** The public health community is aiming to better understand the epidemiology of COVID-19 in younger populations and any trends that may be emerging, as these populations are becoming eligible for vaccination.
- According to a Center for Countering Digital Hate analysis of **anti-vaccine content posted on Facebook and Twitter between Feb. and Mar. 2021, 73% of Facebook content and 17% of tweets were attributable to 12 people. In Mar. 2021, the attorneys general of 12 states called on Facebook and Twitter to do more to police their platforms and remove or flag mis/disinformation.**
- Recently available results from the National Immunization Survey, Adult COVID Module show that 75% of adults are endorsers (vaccinated or plan to get vaccinated), 12% are reachable (probably will get vaccinated or are unsure); and 13% are reluctant (probably or definitely will not get vaccinated).

Variants

- The B.1.526 variant has been identified in all 50 states. Recent incidence is highest in New York (24%), North Carolina (21%), New Jersey (24%), and Delaware (25%). In all these states, B.1.1.7 incidence is higher (45%, 60%, 53%, and 50%, respectively) and in only Delaware does B.1.1.7 appear to be recently outcompeted, albeit with wide confidence intervals. B.1.1.7 is growing in incidence nationally and in all HHS regions, per data from CDC.

Education

- At least 322 IHES have decided to mandate the COVID-19 vaccine for Fall 2021.

Equity

- New Mexico has the largest proportion of Hispanic residents (49%) in the US and Arizona has the 4th largest (32%). However, both states have struggled to reach an equal proportion of Hispanic residents vaccinated. Both states appear to have waited to hold targeted interventions until later in the vaccine rollout, and are now partnering with local organizations to reach Hispanic/Latinx residents.

Vaccines

COVID-19 HOSPITALIZATIONS TRENDING YOUNGER

- Despite improving COVID-19 metrics in the United States, the media is raising concerns that COVID-19 outcomes on younger populations is increasing [1, 2, 3, 4]. The public health community is aiming to better understand the epidemiology of COVID-19 in younger populations and any trends that may be emerging, as these populations are becoming eligible for vaccination.
- Variants, vaccinations, eligibility, demographics, susceptible populations, and transmission may all at play.
 - Some of the attention likely comes from concerns that novel variants may have an increased risk of severe illness in younger populations. Countries such as Chile and Brazil, which are experiencing a substantial burden of the P.1 variant, have reported an [increased number and rate of hospitalizations](#) in those under the age of 60.
 - Despite [early concerns](#) in the UK that the B.1.1.7 variant was more transmissible and severe in children compared to adults, this hypothesis has not been supported by recent evidence [1, 2, 3].
 - More data is need to understand the full impacts of SARS-CoV-2 variants on children.
 - Per data from [CDC](#), there are substantial drop-offs in vaccine coverage (both one dose and fully vaccinated) in each subsequent age blocks after 65-74 years of age. These are likely due to the prioritization of older populations in the vaccine rollout.
- On May 10, FDA [expanded](#) Pfizer EUA coverage to children age 12-15.

US Vaccine Coverage by Age

Age	Receiving at Least One Dose	Fully Vaccinated
75+ yrs	82.3%	70.4%
65-74 yrs	85.0%	71.9%
50-64 yrs	64.9%	49.4%
40-49 yrs	53.2%	37.4%
30-39 yrs	46.4%	31.5%
18-29 yrs	37.1%	22.8%
<18 yrs	3.3%	1.3%

Age data were available for 99.0% of vaccinations. Texas has been excluded from all calculations on this page.*

[CDC](#), May 8, 2021

VACCINE MIS/DISINFORMATION

Vaccine Mis/Disinformation Circulating

- Based on [NewsGuard's](#) list of top COVID-19 vaccine myths and recent headlines in the [COVIDGeo Misinformation Dashboard](#), recent mis/disinformation has largely targeted fears about reproductive health and vaccine mortality, often spinning [VAERS](#) data.
- The [Center for Countering Digital Hate](#) (CCDH) reports that promoters of anti-vaccine narratives have more than 59 million followers across Facebook, YouTube, Instagram, and Twitter.
 - A recent [study](#) published in Nature found that exposure to misinformation led to a 6.4% decline in self-reported intent to “definitely” vaccinate among U.S. participants.
- According to a CCDH [analysis](#) of anti-vaccine content posted on Facebook and Twitter between Feb. and Mar. 2021, 73% of Facebook content and 17% of tweets were attributable to 12 people.
 - Most are known for fringe medicine
 - Several have promoted narratives claiming that COVID-19 vaccines harm fertility
 - At least two, Rizza Islam and Kevin Jenkins, have promoted anti-vaccine narratives specifically targeting Black/African American populations

Response

- In a Nov. analysis of state vaccination plans, [KFF](#) found that “38% of state [vaccine] plans included at least a mention of addressing vaccine misinformation, but most of these states do not provide specific strategies for countering misinformation.”
- In Mar. 2021, the attorneys general of 12 states [called on](#) Facebook and Twitter to do more to police their platforms and remove or flag mis/disinformation.
- Some [states](#) and [localities](#) have been working with community leaders, community organizations, and influencers to address misinformation in communities of color.

Information gathered from recent media reporting, studies, and scientific journals.

Common Themes Among Recent Anti-Vaccine Mis/Disinformation

The vaccines are dangerous and have caused numerous deaths/more deaths than COVID-19.

The mRNA vaccines alter a person's DNA.

The vaccines are detrimental to fertility/will cause miscarriages/can harm breastfeeding babies. Being around a vaccinated person can cause harm.

The vaccines actually increase the risk of contracting COVID-19/are causing the new variants.

The vaccines are ineffective

*Themes spinning VAERS data for narrative

CCDH's "Disinformation Dozen"

Mis/Disinformation Distributor	Social Media Platforms Removed – Partially Removed – Active
Joseph Mercola	Facebook, Twitter, Instagram
Robert F. Kennedy Jr.	Facebook, Twitter, Instagram
Ty & Charlene Bollinger	Facebook, Twitter, Instagram
Sherri Tenpenny	Facebook, Twitter, Instagram
Rizza Islam	Facebook, Twitter, Instagram
Rashid Buttar	Facebook, Twitter, Instagram
Erin Elizabeth	Facebook, Twitter, Instagram
Sayer Ji	Facebook, Twitter, Instagram
Kelly Brogan	Facebook, Twitter, Instagram
Christiane Northrup	Facebook, Twitter, Instagram
Ben Tapper	Facebook, Twitter, Instagram
Kevin Jenkins	Facebook, Twitter, Instagram

[Center for Countering Digital Hate](#), March 24, 2021

COVID-19 VACCINE CONFIDENCE

The COVID-19 State of Vaccine Confidence Insights Report is a biweekly quantitative and qualitative analysis of 14+ data sources, compiled by CDC. It synthesizes major themes that may influence COVID-19 vaccine confidence and uptake.

For full report: eocevent515@cdc.gov

Vaccine confidence

- trust that patients, families and providers have in vaccines, vaccinators, and the system of vaccine development, manufacturing and policy making
- supports decision making about vaccination

Factors influencing vaccine confidence

- cultural, social, political, individual, group, vaccine-specific and other factors

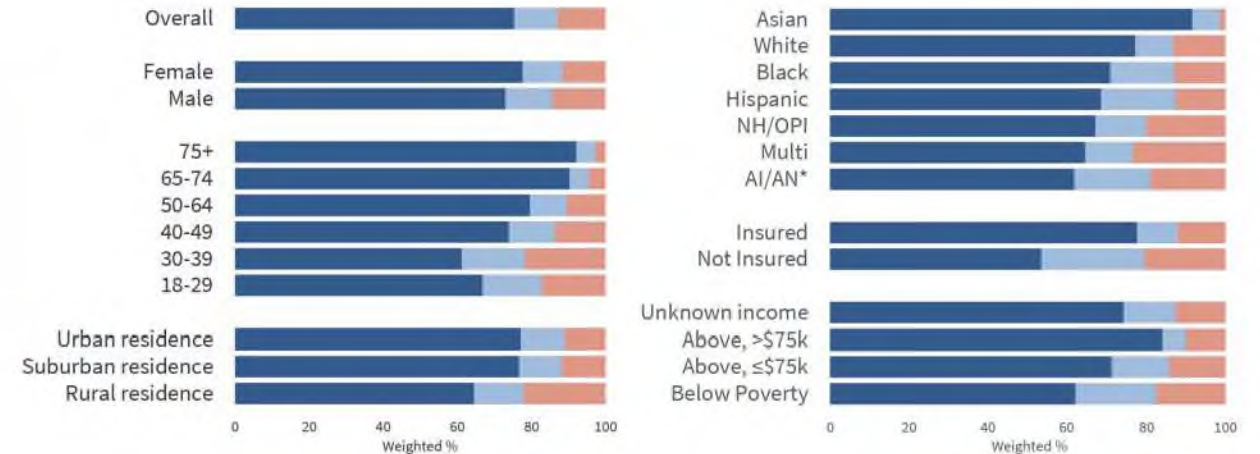
Data sources to inform understanding of vaccine confidence

- digital media, peer-reviewed research, polling data, social listening platforms and web-metric data

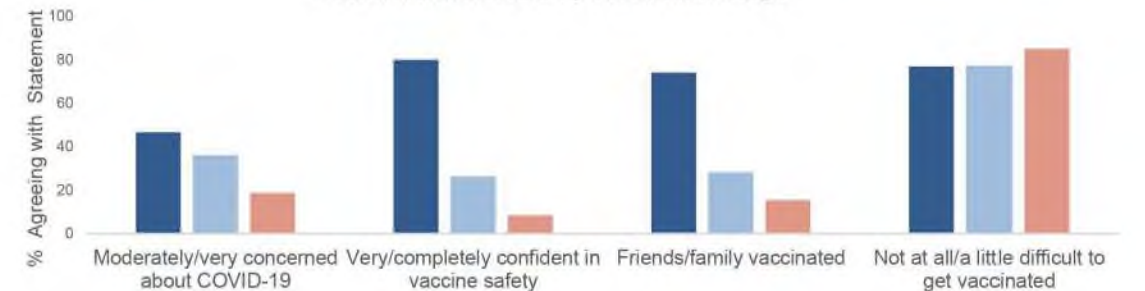
National Immunization Survey (CDC), Adult COVID Module, April 26 – May 1, 2021 (N=19,846)
Vaccination stage of respondents (endorser, reachable, reluctant) (%) by sociodemographic characteristics

■ **Endorser** = vaccinated/definitely plan to get vaccinated ■ **Reachable** = probably will get vaccinated/unsure
■ **Reluctant** = probably/definitely will not get vaccinated

Overall: 75.3% of adults are endorsers, 11.8% are reachable, 12.8% are reluctant



Behavioral Indicators by Vaccination Stage



*Due to small sample size results should be interpreted with caution. AI/AN: American Indian/Alaska Native; NH/OPI: Native Hawaiian/Other Pacific Islander

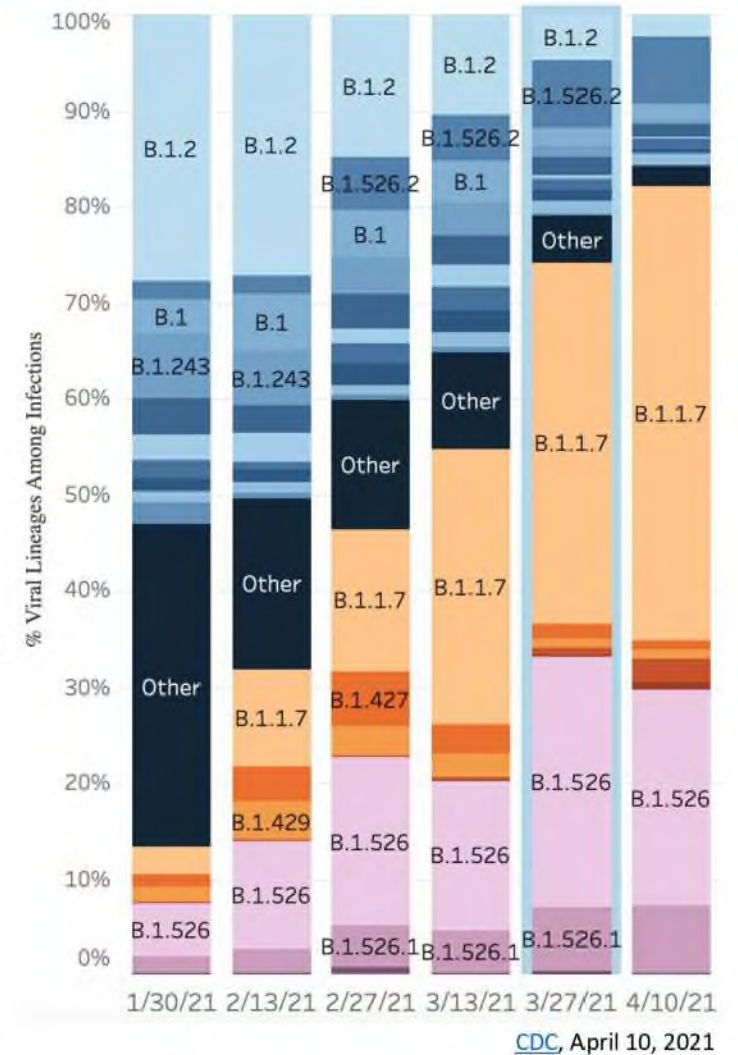
Major Themes, Report #7, April 13-26, 2021	Ways to Act
Media coverage of pharmaceutical executives making statements about potential booster doses cause some to believe vaccines are ineffective or being promoted for financial gain	<ul style="list-style-type: none"> • Amplify messages about COVID-19 vaccine effectiveness and benefits by trusted messengers and advocates
Access to vaccines remains an issue for communities of color	<ul style="list-style-type: none"> • Work with communities to assess and problem-solve practical and structural barriers affecting vaccine access.
Parents are confused about benefits of vaccination for children and if benefits outweigh the risk of illness	<ul style="list-style-type: none"> • Promote clear communication efforts about benefits, safety, side effects and effectiveness of COVID-19 vaccines for children • Disseminate messages about what is known and unknown about risk of COVID-19 illness for children

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Variants

B.1.526 VARIANT

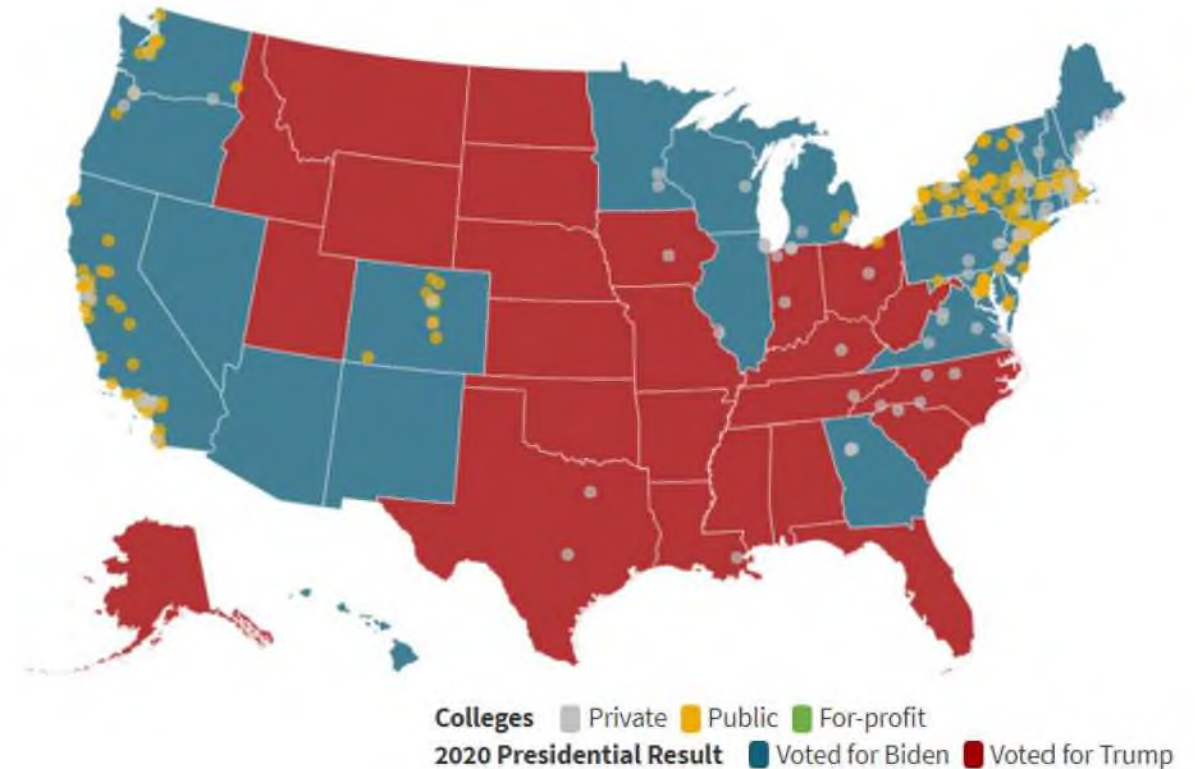
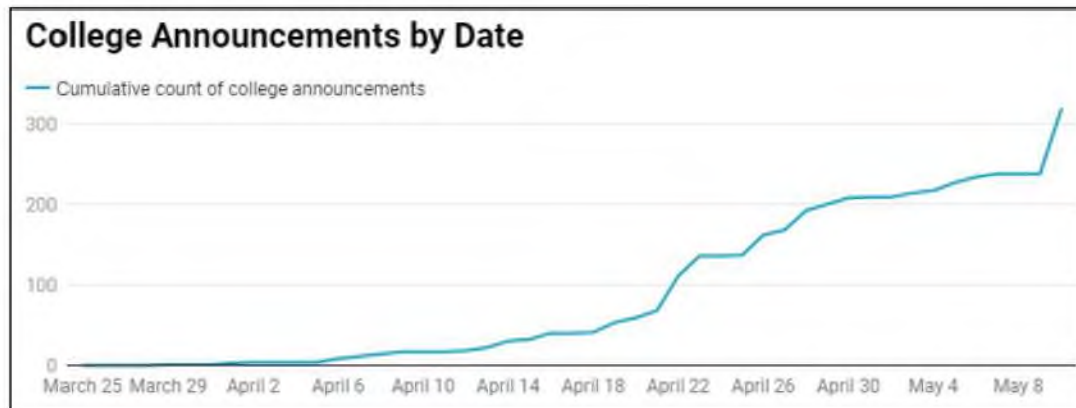
- [B.1.526](#), the variant first identified in New York, is classified as a [variant of interest](#). It is characterized by several mutations, including S:E484K (shared by B.1.351 and P.2) and ORF1b:P314L (shared by B.1.426/CAL.20C).
- To date, the variant has been identified in all [50 states](#). Recent incidence is highest in New York (24%), North Carolina (21%), New Jersey (24%), and Delaware (25%). In all these states, B.1.1.7 [incidence](#) is higher (45%, 60%, 53%, and 50%, respectively) and in only [Delaware](#) does B.1.1.7 appear to be recently outcompeted, albeit with wide confidence intervals. B.1.1.7 is growing in incidence nationally and in all HHS regions, per data from [CDC](#).
- Recent [detailed epidemiological analysis](#) from the New York City Department of Health and Mental Hygiene suggests B.1.526:
 - Has similar transmissibility to B.1.1.7 ([~50%](#) increased transmission),
 - Does not result in an increased risk of hospitalization compared to other circulating, non-B.1.1.7 lineages, and
 - Does not have a higher risk of reinfection
- However, individuals infected with B.1.526 were typically younger and from higher poverty areas, potentially biasing estimates of severe illness risk.



Education

INSTITUTES OF HIGHER EDUCATION VACCINE MANDATES

- At least [322 IHES](#) have decided to mandate the COVID-19 vaccine for Fall 2021. All schools but 19 are in states that voted Democrat in 2020, suggesting the same political divides in vaccine confidence that have been seen across the county. Of these 19 schools, all but one are private institutions.



Information gathered from recent media reporting and polling results.

Image Sources: [The Chronicle of Higher Education](#)

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Equity

EFFORTS TO INCREASE HISPANIC VACCINATION RATES IN AZ & NM

New Mexico has the largest proportion of Hispanic residents (49%) in the US and Arizona has the 4th largest (32%). However, both states have struggled to reach an equal proportion of Hispanic residents vaccinated. Both states appear to have waited to hold targeted interventions until later in the vaccine rollout, and are now partnering with local organizations to reach Hispanic/Latinx residents.

Arizona

	AZ Census	% with at least one dose
Hispanic	31.7%	13.0%
Non Hispanic	68.3%	56.4%
Other	NA	17.0%
Unknown	NA	13.7%

Source: [AZ Dashboard](#), May 5, 2021

- In mid-February, the health department created a [Spanish](#) version of their vaccine appointment website. At that point, over 1 million vaccines had been administered.
- A week long vaccine clinic was held in south central Phoenix in late March to target [underserved](#) communities. Volunteers went door-to-door and passed out flyers to advertise the event.
- Promise Arizona is [calling](#) people who have taken their English classes, had immigration consultations or worked on voter outreach to see if they need help getting vaccinated, including offering rides.
- In May, [UnidosUS](#) is running an "Esperanza Hope for All" educational campaign in Hispanic communities where health resources are lacking or difficult to access, including Phoenix and Yuma. Outreach workers go to Hispanic grocery stores, strip malls, food banks, and flea markets to speak with Latinx community members about the benefits of getting the COVID-19 vaccine.
- The state is facing [criticism](#) since a former political consult of Gov. Ducey was awarded a multi-million dollar [no-bid](#) contract to run an education campaign focused on increasing COVID-19 vaccination rates among Hispanic populations.

New Mexico

	NM Census	% with at least one dose
Hispanic	49.3%	40.6%
Non Hispanic	50.7%	48.9%
Other	0%	2.1%
Unknown	0%	8.4%

Source: [NM Dashboard](#), May 5, 2021

- The overall high vaccination rate in New Mexico is attributed to "homegrown technological expertise, cooperation between state and local agencies and a focus by elected officials on combating the virus," though Hispanic residents are less likely to be vaccinated, compared to non-Hispanic residents, according to the health department.
- The gap is beginning to close with clinics in underserved communities and the DOH working with community leaders. However, access issues are still present with lack of internet or transportation. Some pop-ups vaccine clinics in Hispanic communities are offering [food](#), and allow both appointments and walk-ins.
- A state DOH spokesperson, attributed racial and ethnic vaccine disparities to [skepticism](#), due to historical medical experiments.
- La Clinica de Familia, a nonprofit, used staff outreach to reach [rural](#) Hispanic communities with the vaccine.
- The Empowerment Congress of Doña Ana County has been doing [outreach](#) in rural areas, noting lack of internet access, lack of trust in the state's online portal, a preference for phone calls, and lack of translators were are barriers to vaccination. Some residents desired to ask questions and some wanted to "wait-and-see."

Information gathered from recent media reporting and state websites.

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Slide Notes & Data Sources

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in changes from day to day.
- **Population/Demographics:** Population and demographic data is from US Census Vintage 2019 Demographic Estimates.
- **Cases and Deaths:** COVID-19 case and death metrics at the state and county level are generated using a dataset managed by the CDC which is compiled from state and local health departments. Most states and localities report both confirmed and suspected cases and deaths, although some report just confirmed cases and deaths. To ensure data quality, daily data alerts are monitored for deviations in the data (e.g., decreases in cumulative values, no change in values, abnormal increases in values). These alerts are manually reviewed every day by checking the data against local government websites, state websites, and news sources, and the raw values are corrected as needed to reflect local government reports. Cases are based on date of report and not on date of symptom onset. This may cause artificial spikes in any given day of data. Changes in reporting may also cause temporary spikes or dips (e.g. shifts from reporting confirmed and probable cases to reporting just confirmed cases). Case data are presented as 7-day totals or averages to adjust for these anomalies as well as weekly variations in reporting. CBSA-level data are calculated by aggregating county/municipio-level data. Regional and national values are calculated by aggregating state-level data.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and six commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) lab test positivity rate is the number of positive tests divided by the number of tests performed and resulted. See <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html> for more information on this method. Testing data may be backfilled over time, resulting in changes week-to-week in testing data.
- **Hospital Data:** Unified Hospital Dataset, including federal facilities (VA, DHA, and IHS hospitals) and excluding psychiatric, rehabilitation, and religious non-medical hospitals.
 - Hospital data are reported to HHS either directly from facilities or via a state submission. Data for hospitals with the same CMS Certification Number (CCN) are aggregated. Three percent of CCNs contain multiple facilities that map to different counties and some of these may also map to different CBSAs. These data are reported daily by more than 6,000 facilities across the country. While these data are reviewed for errors and corrected, some reporting errors may still exist within the data. To minimize errors in data reported here, extreme outliers are removed from the data before the metrics are calculated.
 - Total inpatient bed, ICU bed, and ventilator counts are calculated as an average among reports from each hospital in the given timeframe. Unless otherwise noted, "inpatient beds" indicates staffed adult and pediatric inpatient beds, while "ICU beds" indicates staffed adult ICU beds. Utilization metrics calculate the average utilization in the geography for the week. Due to inconsistent reporting and impacts of staffing on the total number of beds at each hospital, variations may occur over time and the number shown may not be a full representation of the true number of resources in the area.
 - Total number of admissions is calculated as a sum of confirmed and suspected admissions, both adult and pediatric, reported by all hospitals reporting in the given timeframe. Due to inconsistent reporting and data errors, the number shown may not be a full representation of the true number of admissions in the area.

Color Thresholds for Indicators

The green-to-red color thresholds convey information on levels of transmission severity. There are not specific labels associated with each color threshold.

Colors are determined by first rounding a raw number to the nearest integer or tenth, and then selecting the associated color. If there is no data or a metric cannot be computed, a cell is colored gray.

Color thresholds were set based on a variety of factors and analyses, including assessing historical correlations in test positivity and case counts.

Additional shades of red are used for certain visualizations to provide greater context.

NOTE: Colors are applied after rounding to the displayed digits of precision

CASES/DEATHS

Confirmed cases - 7-day total
Cases per 100k - 7-day total
Confirmed deaths - 7-day total
Confirmed deaths per 100k - 7-day total
Confirmed cases - % change
Confirmed deaths - % change

DARK GREEN	LIGHT GREEN	YELLOW	ORANGE	LIGHT RED	RED
colored by per capita thresholds					
4 or less	5 – 9	10 – 49	50 – 99	100 – 199	200 or more
colored by per capita thresholds					
not used	0.0	0.1 – 0.9	1.0 – 1.9	2.0 – 4.9	5.0 or more
-26% or less	-25% – -11%	-10% – +0%	+1% – +10%	+11% – +25%	+26% or more

VIRAL (RT-PCR) LAB TESTING

Viral (RT-PCR) lab test positivity rate - 7 day average
Total RT-PCR diagnostic tests - 7-day total
RT-PCR tests per 100k - 7-day total
Viral (RT-PCR) lab test positivity rate - absolute change
Total RT-PCR diagnostic tests - percent change

DARK GREEN	LIGHT GREEN	YELLOW	ORANGE	LIGHT RED	RED
colored by per capita thresholds					
2.9% or less	3.0% – 4.9%	5.0% – 7.9%	8.0% – 9.9%	10.0% – 14.9%	15.0% or more
colored by per capita thresholds					
5,000 or more	3,000 – 4,999	2,000 – 2,999	1,000 – 1,999	500 – 999	499 or less
-2.1% or less	-2.0% – -0.6%	-0.5% – +0.0%	+0.1% – +0.5%	+0.6% – +2.0%	+2.1% or more
+26% or more	+25% – +11%	+10% – +1%	+0% – -10%	-11% – -25%	-26% or less

HOSPITAL UTILIZATION

Confirmed COVID-19 admissions - 7-day total
Suspected COVID-19 admissions - 7-day total
Total COVID-19 admissions - 7-day total
Confirmed COVID-19 admissions per 100 inpatient beds - 7-day total
Suspected COVID-19 admissions per 100 inpatient beds - 7-day total
Total COVID-19 admissions per 100 inpatient beds - 7-day total
% inpatient beds occupied
% ICU beds occupied
% ventilators in use
% inpatient beds occupied by COVID-19 patient
% ICU beds occupied by COVID-19 patient
% ventilators in use by COVID-19 patient
Confirmed COVID-19 admissions per 100 inpatient beds - percent change
Suspected COVID-19 admissions per 100 inpatient beds - percent change
% inpatient beds occupied - absolute change
% inpatient beds occupied by COVID-19 patient - absolute change
% ICU beds occupied - absolute change
% ICU beds occupied by COVID-19 patient - absolute change
% ventilators in use - absolute change
% ventilators in use by COVID-19 patient - absolute change
Monoclonal antibody courses administered by hospitals - percent change

DARK GREEN	LIGHT GREEN	YELLOW	ORANGE	LIGHT RED	RED
colored by per 100 bed thresholds					
1 or less	2 – 3	4 – 5	6 – 10	11 – 15	16 or more
2 or less	3 – 5	6 – 10	11 – 15	16 – 20	21 or more
GRAY 0% – 80%				81% – 90%	91% or more
3% or less	4% – 7%	8% – 12%	13% – 15%	16% – 20%	21% or more
-26% or less	-25% – -11%	-10% – +0%	+1% – +10%	+11% – +25%	+26% or more
-2% or less	-1%	0%	+1%	+2%	+3% or more
100% or more	99% – 20%	19% – 0%	-1% – -19%	-20% – -99%	-100% or less

States that have provided no county testing data for the most recent days of reporting:

- MP provided no testing data after 04/10: MP's testing numbers may therefore be a significant underestimate of the true value.
- MH provided no testing data after 04/29: MH's testing numbers may therefore be a significant underestimate of the true value.
- CA provided no testing data after 05/03: CA's testing numbers may therefore be a significant underestimate of the true value.
- HI provided no testing data after 05/03: HI's testing numbers may therefore be a significant underestimate of the true value.
- CT provided no testing data after 05/05: CT's testing numbers may therefore be a significant underestimate of the true value.
- MO provided no testing data after 05/05: MO's testing numbers may therefore be a significant underestimate of the true value.
- NM provided no testing data after 05/05: NM's testing numbers may therefore be a significant underestimate of the true value.
- TN provided no testing data after 05/05: TN's testing numbers may therefore be a significant underestimate of the true value.

States that have provided no state testing data for the most recent days of reporting

- MP provided no testing data after 04/10: MP's testing numbers may therefore be a significant underestimate of the true value.
- MH provided no testing data after 04/29: MH's testing numbers may therefore be a significant underestimate of the true value.
- CA provided no testing data after 05/03: CA's testing numbers may therefore be a significant underestimate of the true value.
- HI provided no testing data after 05/03: HI's testing numbers may therefore be a significant underestimate of the true value.
- CT provided no testing data after 05/05: CT's testing numbers may therefore be a significant underestimate of the true value.
- MO provided no testing data after 05/05: MO's testing numbers may therefore be a significant underestimate of the true value.
- NM provided no testing data after 05/05: NM's testing numbers may therefore be a significant underestimate of the true value.
- TN provided no testing data after 05/05: TN's testing numbers may therefore be a significant underestimate of the true value.

Cases and Deaths

- County-level case and death data are inclusive of all updates as of 12PM 5/9/2021.
- State-level case and death data are inclusive of all updates as of 12PM 5/9/2021.

County Test Data Source by State

- **CELR data from states provided in line level format:** AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY

State Test Data Source by State

- **CELR data from states provided in line level format:** AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY

DATA SOURCES AND METHODS – AOC CONTINUUM

The **Areas of Concern Continuum** is used to describe communities as they progress through stages of the epidemic. There are 7 possible AOC classifications based on current and recent history of case and testing data for the location:

Low Burden Community

Purpose: Identify communities with minimal activity.

Definition:

- <10 new cases per 100k population in the last week

Moderate Burden Community

Purpose: Identify communities with moderate disease activity.

Definition:

- Has **NOT** been identified as a Hotspot, Sustained Hotspot, or High Burden—Resolving within the last 2 weeks
AND
- Does not meet the definition for an Emerging Hotspot, Hotspot, Sustained Hotspot, or High Burden—Resolving
AND
- Does not meet the definition for being a Low Burden Community

Emerging Hotspot

Purpose: Generate early and reliable signals of communities with emerging increases in disease burden that have a high likelihood for becoming a hotspot in the next 1-7 days.

Method:

Decision tree model that leverages the following features, trained based on prior data:

Cases

- Total cases in the last week
- Total cases per 100k population in the last week
- New cases in the last week minus new cases the previous week
- Ratio of total cases in last 7 days to total cases in last 30 days

Testing

- Number of tests last week
- Difference in percent positive tests in last 7 days from last 21 days

Hotspot

Purpose: Identify communities that have reached a threshold of disease activity considered as being of high burden.

Definition:

- >100 new cases per 100k population OR >500 new cases in the past week
AND
- Number of days in downward case trajectory* ≤ 7 days
AND
- >50 cases during past week
AND
- Conditions must hold for at least 3 of the previous 5 days

Sustained Hotspot

Purpose: Identify communities that have had a high sustained case burden and are at potentially higher risk for experiencing healthcare resource limitations.

Definition:

- Either Hotspot for at least 7 preceding days or already a Sustained Hotspot on previous day
AND
- >200 new cases per 100k population OR >1,000 new cases in the past two weeks
AND
- Daily incidence rate >15 new cases per 100k population for 8 or more of the last 14 days OR test positivity >10% over last 14 days
AND
- >100 cases during the last two weeks
AND
- Conditions must hold for at least 3 of the previous 5 days

Data Sources: CDC Aggregate County Data; Unified Testing Dataset; US Census 2019

High Burden - Resolving

Purpose: Identify communities that were recently identified as hotspots and are now improving.

Definition:

- Identified as a Hotspot or Sustained Hotspot within the last 2 weeks
AND
- Not currently a Emerging Hotspot, Hotspot, or Sustained Hotspot
AND
- >100 new cases per 100k population OR >500 new cases in last week
AND
- Number of days in downward trajectory* ≥ 7
AND
- >50 cases during last week OR both ≥ 10 cases in last week and >10% test positivity in last week

Moderate Burden - Resolving

Purpose: Identify communities that have a moderate level of burden, but are demonstrating improvement.

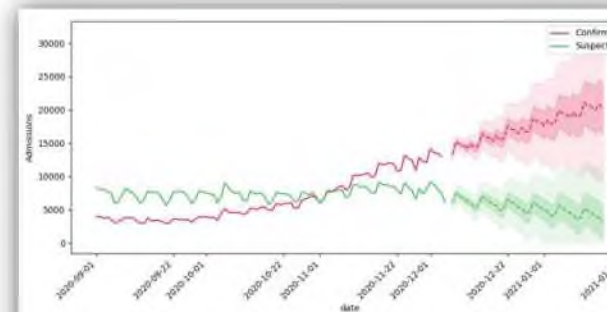
Definition:

- Identified as a Hotspot, Sustained Hotspot, or High Burden—Resolving within the last 2 weeks
AND
- Does not meet the definition for an Emerging Hotspot, Hotspot, Sustained Hotspot, or High Burden—Resolving
AND
- Does not meet the definition for being a Low Burden Community

***Number of Days in Downward Case Trajectory:** This field is calculated using a CDC algorithm that first fits a smooth spline curve to daily case counts, and then counts the number of days that curve has been decreasing or at a low level. More specifically, the computation is based on a cubic spline fit of the 7-day rolling average of cases. The number of days decreasing (in downward trajectory) is calculated by summing the number of consecutive days of decline or near-zero incidence. A day is considered part of a downward trajectory if it (i) was previously at elevated incidence (had a two-week incidence greater than 10 cases per 100k population), and (ii) meets one of the following three conditions: (a) had a negative slope, OR (b) was in a low-incidence plateau (two-week incidence ≤ 10 cases per 100k population and a slope ≥ 0 to < 0.1 new cases per 100k population based on a 7-day moving average), OR (c) had less than 5 cases in the past 2 weeks.

DATA SOURCES AND METHODS: SARIMA Forecast

- **SARIMA Forecasting: Time series, regression-based method relying on observed data only.**
- Intended for short-term forecasts
- Forecasts weekly data using past trend and weekly cycle
- Used for identifying likely capacity concerns at state and hospital region level
 - Confirmed and suspected COVID admissions
 - Staffed bed/ICU usage total and for COVID
 - Available staffed beds/ICU
- **Limitations**
 - These methods should be considered “beta,” as they have not been fully documented or validated.
 - Best for understanding how current trends may evolve based on past observations
 - Does not model changes in underlying behavior that may alter trajectories
 - Sensitive to reporting issues and seasonal anomalies (e.g. holidays)
 - ***These results should only be used in the context of other information (including subject matter expertise), and not as the sole basis for decision-making.***



4-Week Forecast for National Total COVID Admissions (7-day Average)					
Week Ending	2.5th Percentile	25th Percentile	Median	75th Percentile	97.5th Percentile
12/14/2020	16,027	18,671	20,059	21,446	24,090
12/21/2020	14,296	18,549	20,781	23,012	27,266
12/28/2020	12,211	18,305	21,503	24,701	30,795

SARIMA is a widely used statistical technique for fitting and forecasting seasonal time series data.

S: Seasonal

- Captures weekly cycle

AR: Auto-Regressive

- Current value depends directly on immediately preceding values

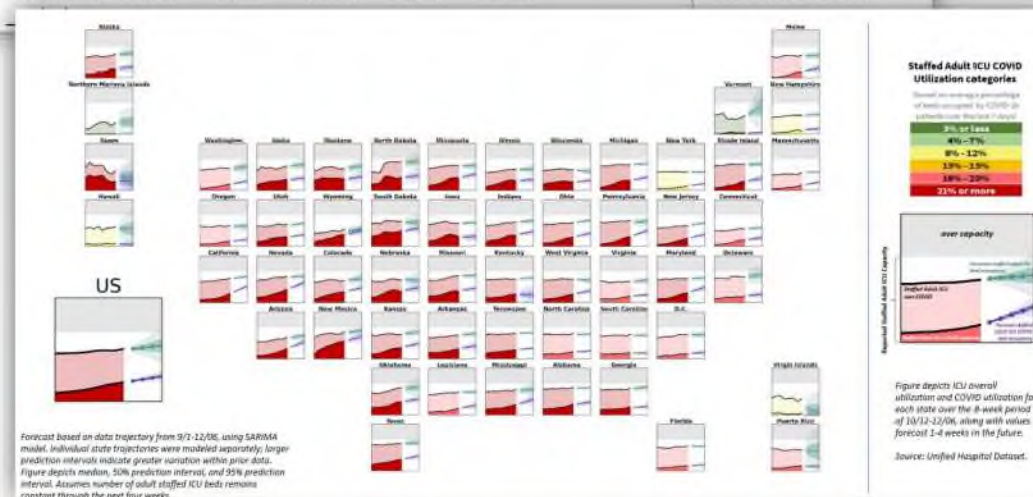
I: Integrated

- Uses differences in values

MA: Moving Average

- Depends on moving average of previous values

Limitations: best used for estimating what happens if current trends continue in the absence of substantial changes in mitigations; very limited ability to forecast peaks



DASHBOARD SLIDE NOTES & DATA SOURCES



Cases and Deaths: County-level and PR municipio data from CDC Aggregate County Dataset. CBSA values are calculated by aggregating county/municipio-level data.

State-level data from CDC state-reported data. Regional data are calculated by aggregating state-level data.

Case Demographics: CDC Line-Level Case Surveillance

Testing: HHS Protect unified data set, including COVID-19 Electronic Lab Reporting (CELR) state health department-reported data and Federal Direct Report testing data (provided directly to Federal Government from public health labs, hospital labs, and six commercial labs).

Hospitalization: HHS Protect unified data set based on latest reported NHSN, state-reported, and TeleTracking data.

CLI and ILI: COVID-Like Illness (CLI) and Influenza-Like Illness (ILI) Emergency Department data from NSSP (National Syndromic Surveillance Program).

Vaccination: CDC COVID Data Tracker, <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level.

Demographic information: 2019 U.S. Census estimates

Average Household Size/Uninsured/Poverty Rate information: 2018 U.S. Census estimates, American Community Survey (ACS)

CDC SVI: Social Vulnerability Index, <https://svi.cdc.gov/>

CCVI: COVID Community Vulnerability Index, <https://precisionforcovid.org/ccvi>

Rapid Risers (was Hotspots): Based on county-level data from CDC Aggregate County Data. Among all counties/parishes in US, a county must demonstrate: (i) >100 new cases in recent week, >0% change in the 7-day incidence, >-60% change in the 3-day incidence, and a 7-day incidence / 30-day incidence ratio >0.31, AND (ii) meet one or both of the following triggering criteria: (a) >60% change in 3-day incidence, (b) >60% change in 7-day incidence. The counties meeting these criteria each day are referred to as the "Rapid Riser list".

New Rapid Riser: County must either have never been flagged as a Rapid Riser, OR have not been flagged for the previous 21 days.

Continuing Rapid Riser: County that appears on the Rapid Riser list, but is not new.

Recent Rapid Riser: County that appeared on the Rapid Riser list in the past 14 days, but not on the current list.

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

Metric	Green	Red
New <u>cases</u> per 100k per week		>100
Percent change in new <u>cases</u> by week	<-10%	>10%
Diagnostic <u>test result positivity rate</u>		>10%
Absolute change in <u>test positivity</u>	<-0.5%	>0.5%
Total diagnostic <u>tests</u> resulted per 100k per week		<500
Percent change in <u>tests</u> by week	>10%	<-10%
<u>CLI and ILI ED visits</u> (no coloring)		
Absolute change in <u>CLI and ILI visits</u> as % of ED visits by week	<-0.5%	>0.5%
COVID-19 <u>deaths</u> per 100k per week (no coloring)		
Percent change in COVID-19 <u>deaths</u> by week	<-10%	>10%
<u>Hospital resource utilization</u> – all patients		>80%
<u>Hospital resource utilization</u> – COVID-19 patients		>15%
Population		>500k
Population Density		>1000/sq.mi.
Percent of Population Uninsured		>20%
Poverty Rate		>20%
CDC SVI		>80%
CCVI		>80%
Absolute % difference in Case Distribution and Case Demographics		> 10% over population

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JURISDICTION REPORT (RADAR PLOTS) DATA NOTES

DISEASE SPREAD

Cases per 100k population

CDC state-reported data. Excludes historical case dumps that exceed 1% of national cases reported for the day. In the most recent 7-day period, this includes adjustments to MO, TX, MN, and CA.

Cases per 100k population - % change

CDC state-reported data

RT-PCR test positivity

Unified Testing Dataset

Estimated prevalence of B.1.1.7 variant

CDC national genomic surveillance program, <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>. Proportions in the table above are only shown for states for which CDC has at least 300 sequences from specimens collected during this timeframe.

(BETA) Estimated prevalence of all variants of concern

CDC national genomic surveillance program, <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>. Proportions in the table above are only shown for states for which CDC has at least 300 sequences from specimens collected during this timeframe.

Cases (weighted by testing volume) per 100k population

7-day case count weighted by testing volume, from CDC state-reported data and Unified Testing Dataset. Computed by dividing the number of cases in a week by (number of tests per 100k / 2000). So if an area has 2000 tests per 100k in a week, cases are multiplied by a factor of 1.0; if an area has 1000 tests per 100k, cases are multiplied by a factor of 2.0; if an area has 4000 tests per 100k, cases are multiplied by a factor of 0.5.

(BETA) Ratio of 7-day to 28-day cases

CDC state-reported data

(BETA) Number of days in decline of cases

CDC state-reported data. This field is calculated using a CDC algorithm that first fits a smooth spline curve to daily case counts, and then counts the number of days that curve has been decreasing or at a low level. More specifically, the computation is based on a cubic spline fit of the 7-day rolling average of cases. The number of days decreasing (in downward trajectory) is calculated by summing the number of consecutive days of decline or near-zero incidence. A day is considered part of a downward trajectory if it (i) was previously at elevated incidence (had a two-week incidence greater than 10 cases per 100k population), and (ii) meets one of the following three conditions: (a) had a negative slope, OR (b) was in a low-incidence plateau (two-week incidence ≤ 10 cases per 100k population and a slope ≥ 0 to < 0.1 new cases per 100k population based on a 7-day moving average), OR (c) had less than 5 cases in the past 2 weeks.

TESTING

Tests per 100k population

Unified Testing Dataset

% of tests resulted in 3 or fewer days

Unified Testing Dataset

(BETA) Median test latency

Unified Testing Dataset

HOSPITAL UTILIZATION

Confirmed COVID-19 admissions per 100 beds

Unified Hospital Dataset

% of inpatient beds occupied

Unified Hospital Dataset

% of inpatient beds occupied by COVID-19 patient

Unified Hospital Dataset

% of staffed adult ICU beds occupied

Unified Hospital Dataset

% of staffed adult ICU beds occupied by COVID-19 patient

Unified Hospital Dataset

HOSPITAL SUPPLY & STAFFING

% of hospitals reporting staffing shortage

Unified Hospital Dataset

% of hospitals reporting supply shortage

Unified Hospital Dataset



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JURISDICTION REPORT (RADAR PLOTS) DATA NOTES, CONT.

VACCINATION PROGRAM (LAST WEEK)

Vaccine doses administered per 100k population (new)

Unified COVID-19 Vaccine Dataset (Tiberius). Doses administered are the total number reported by states, territories, and organizations that received doses. Values reflect total by report date, not administered date. Persons who received one or more doses are currently attributed to the jurisdiction in which they received the vaccine.

(BETA) % of population receiving at least one vaccine dose (new)

Unified COVID-19 Vaccine Dataset (Tiberius)

% of population aged 18+ receiving at least one dose (new)

Unified COVID-19 Vaccine Dataset (Tiberius)

% of population aged 65+ receiving at least one dose (new)

Unified COVID-19 Vaccine Dataset (Tiberius)

COVID Response Ratio (CRR) - ratio of new vaccine doses given to new cases reported

Unified COVID-19 Vaccine Dataset (Tiberius) and CDC state-reported data. Includes only vaccine doses and cases reported in the last 7 days.

(BETA) Weighted COVID Response Ratio (CRR) - ratio of new vaccine doses given to new cases weighted by testing volume

Unified COVID-19 Vaccine Dataset (Tiberius), CDC state-reported data, and Unified Testing Dataset. Same as the CRR, but calculated with test-weighted cases rather than raw cases.

VACCINATION PROGRAM (TO DATE)

Cumulative % of available vaccine doses ordered

COVID-19 Vaccine Data (Tiberius)

Cumulative % of delivered vaccine doses administered

Measures the percentage of delivered doses that have been administered (state), using 7-day averages with a 3-day lag to account for reporting of administered doses. Data from HHS Tiberius.

Cumulative % of delivered vaccine doses administered (federal)

Measures the percentage of delivered doses that have been administered (federal), using 7-day averages with a 3-day lag to account for reporting of administered doses. Data from HHS Tiberius.

Cumulative vaccine doses administered per 100k population

Unified COVID-19 Vaccine Dataset (Tiberius)

Cumulative % of population fully vaccinated

Unified COVID-19 Vaccine Dataset (Tiberius)

Cumulative % of population aged 18+ fully vaccinated

Unified COVID-19 Vaccine Dataset (Tiberius)

Cumulative % of population aged 65+ fully vaccinated

Unified COVID-19 Vaccine Dataset (Tiberius)

Cumulative COVID Response Ratio (CRR) - ratio of total vaccine doses given to total cases reported

Unified COVID-19 Vaccine Dataset (Tiberius) and CDC state-reported data. Includes all vaccine doses and cases reported to date.

VACCINATION PROGRAM (EQUITY)

Cumulative % of persons with 1+ doses with known race/ethnicity

Among persons reported as receiving 1 or more COVID-19 vaccine doses, the percentage where race/ethnicity is known. Data from Unified COVID-19 Vaccine Dataset (Tiberius).

Difference in expected vs. observed non-white* vaccine recipients

Measures the cumulative difference between percentages of non-white persons in the overall population and among vaccine recipients. Positive values indicate a higher percentage of non-white vaccine recipients relative to the population. In some cases, these percentages may be unreliable due to low reporting of race and ethnicity among vaccine recipients. "White" refers to non-Hispanic white persons. Data from Unified COVID-19 Vaccine Dataset (Tiberius) and US Census.

PUBLIC BELIEFS AND ACTIONS

Mask adherence - others (survey)

"Estimated proportion of respondents who say that most or all other people wear masks when they are in public and social distancing is not possible." Data from Delphi COVIDcast, covidcast.cmu.edu.

Vaccine confidence (survey)

Percentage of adults reporting they have not yet received a COVID-19 vaccine, but "definitely" or "probably" will. Data from U.S. Census Household Pulse Survey.

Oxford Stringency Index

Data from <https://github.com/OxCGRT/USA-covid-policy>. The stringency index provides "a systematic and objective account of the strength of COVID-19 response policies that have been instigated by the USA's [national, state, and territory governments]." It is based on a composite score based on policies such as school closures, workplace closures, events/gathering restrictions, face covering policies, and more. See also <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker>.

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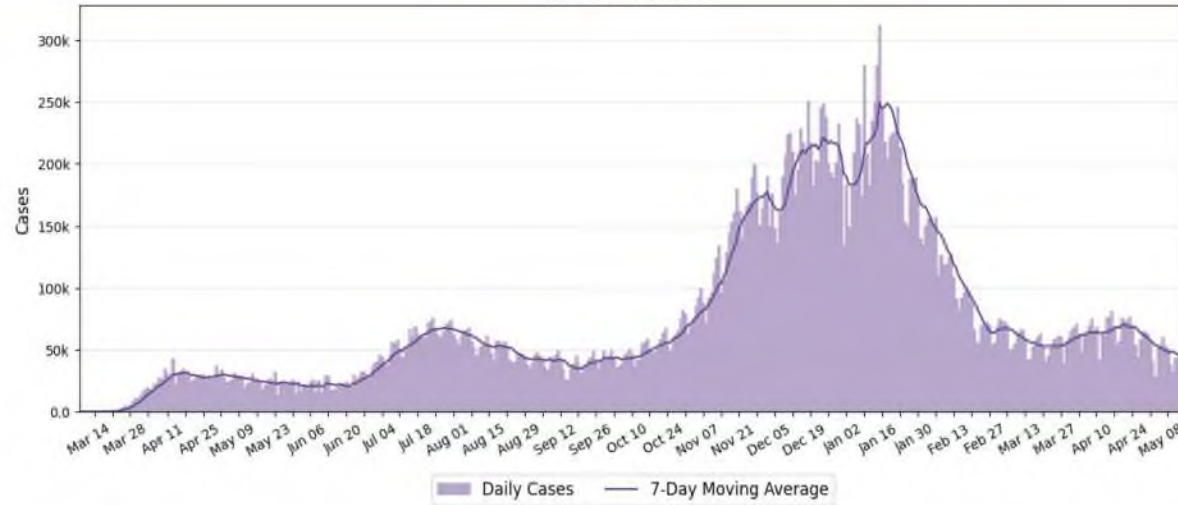
Appendix & HHS Protect Links

- *National Overviews of Cases and Tests*
 - *National Time Series*
 - *Time Series by Census Region*
 - *Case Incidence by Census Region & State*
 - *Trends in Case Incidence by State*
 - *Total Diagnostic Tests & Test Positivity by Census Region & State*
 - *Trends in Viral Test Positivity by Census Region & State*
 - *Trends in Viral Test Positivity by Age Group & FEMA Region*
 - *National Areas of Concern (AOC) Continuum*
 - *AOC Rapid Riser and Persistent Rapid Riser Counties*
 - *Community Transmission*
- *Hospital Data*
 - *Trends in COVID Admissions by Age Group and FEMA Region*
 - *Trends in COVID-19 Hospital Admissions by State*
 - *Trends in Inpatient COVID Utilization by State*
 - *Trends in ICU Capacity by State*
- *Vaccine Information*
 - *Vaccine Distribution and Trends by State*
 - *Vaccine Distribution by County*
 - *Impact of Variants on Vaccines*
- *HHS Protect Links*

NATIONAL TIME SERIES

New Cases

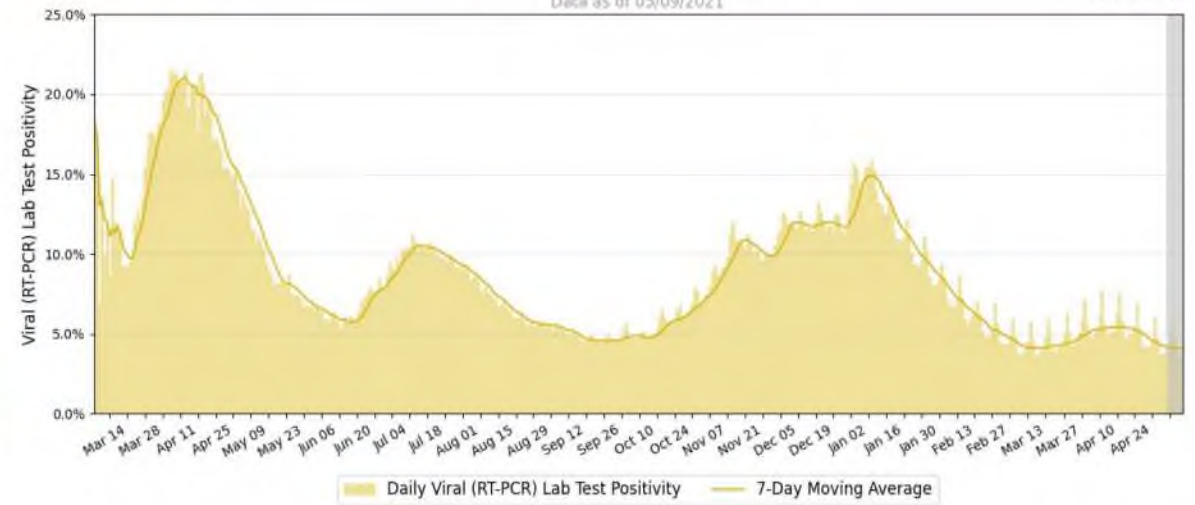
Data as of 05/09/2021



Viral (RT-PCR) Lab Test Positivity

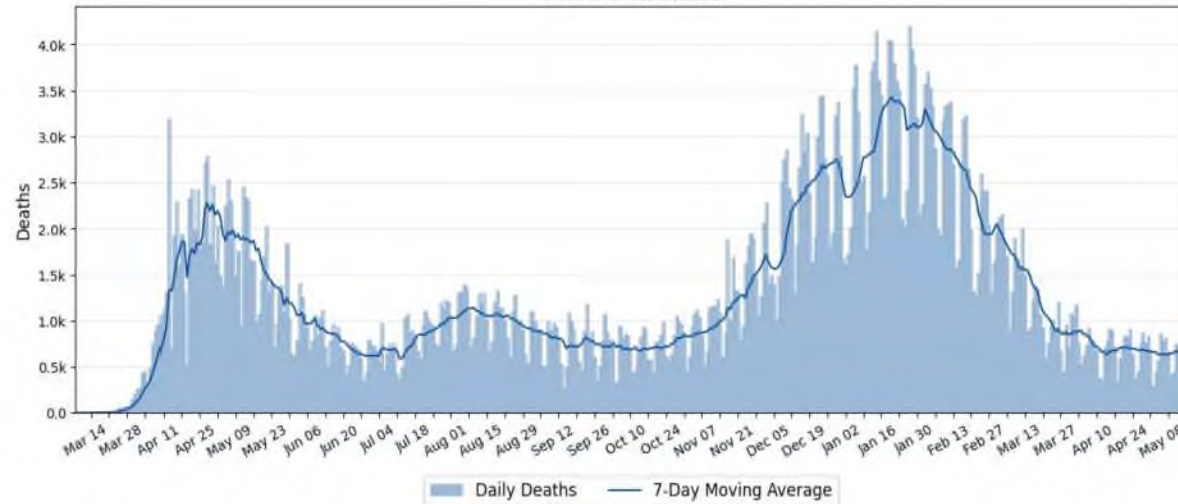
Data as of 05/09/2021

Incomplete Reporting



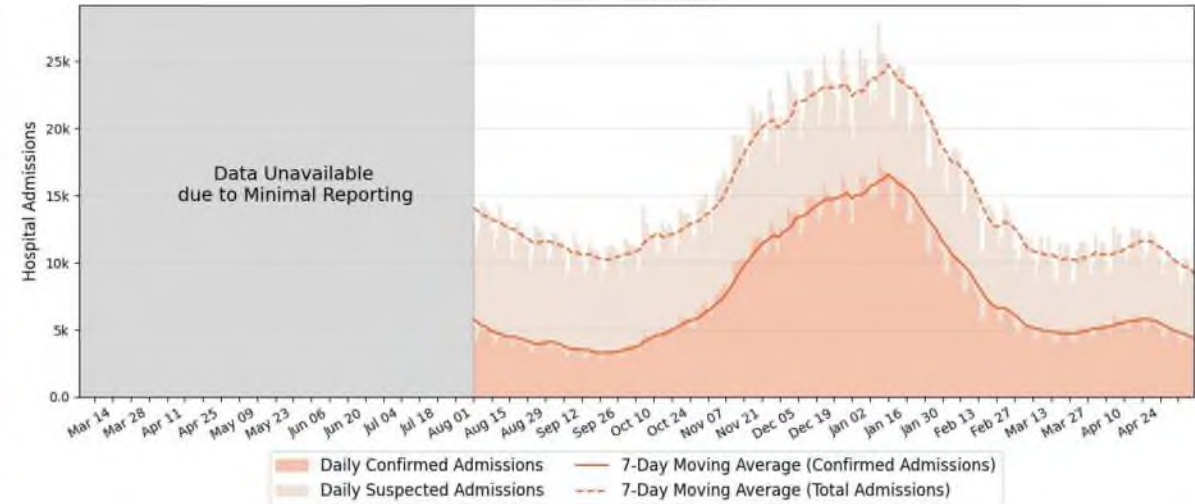
New Deaths

Data as of 05/09/2021



New Hospital Admissions

Data as of 05/09/2021



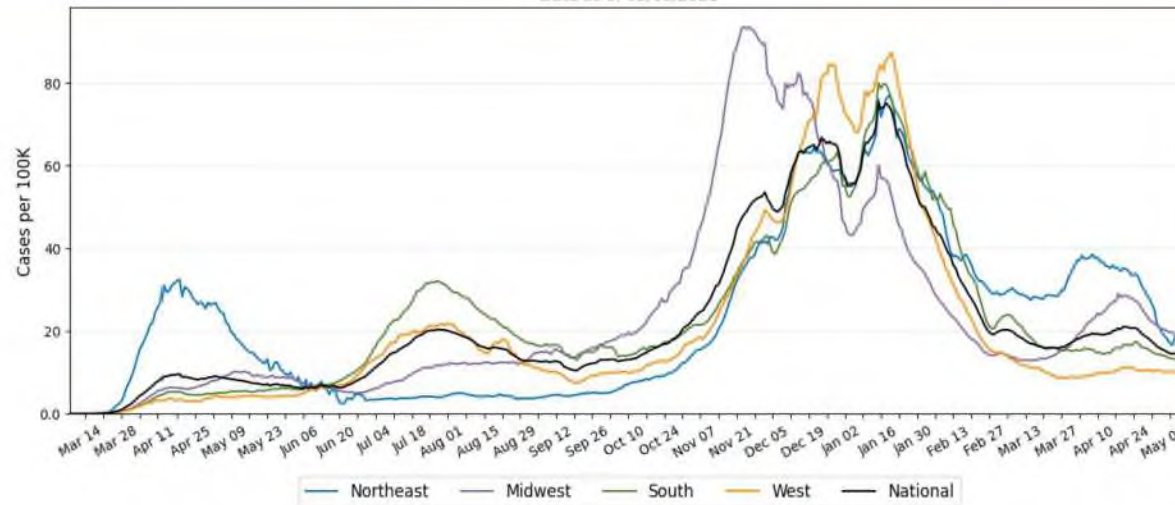
Source: CDC state-reported data (cases and deaths), Unified Testing Dataset, Unified Hospital Dataset.

INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE

TIME SERIES BY CENSUS REGION

New Cases per 100K (7-day average)

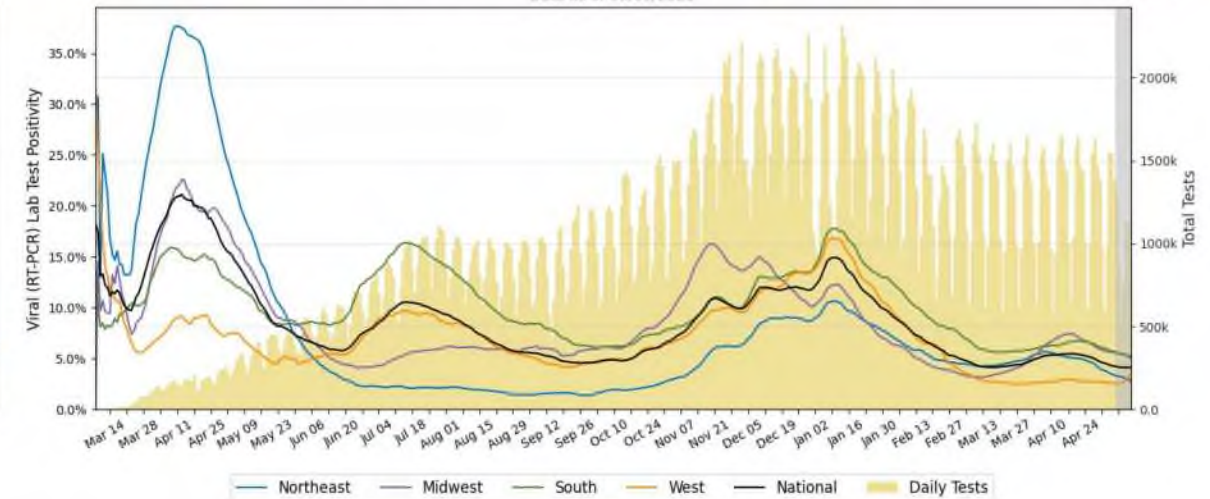
Data as of 05/09/2021



Viral (RT-PCR) Lab Test Positivity (7-day average)

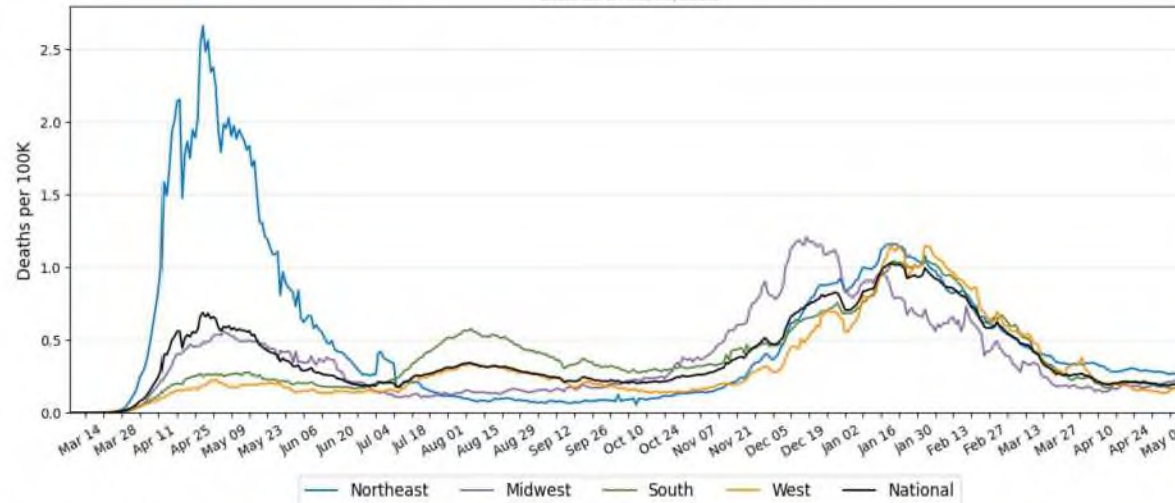
Data as of 05/09/2021

Incomplete Reporting



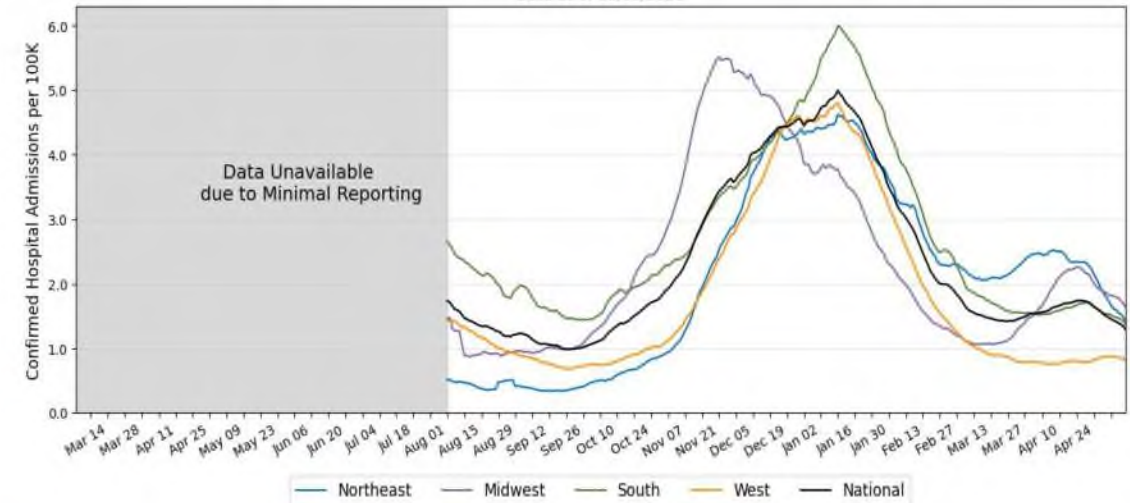
New Deaths per 100K (7-day average)

Data as of 05/09/2021



New Confirmed Hospital Admissions per 100K (7-day average)

Data as of 05/09/2021

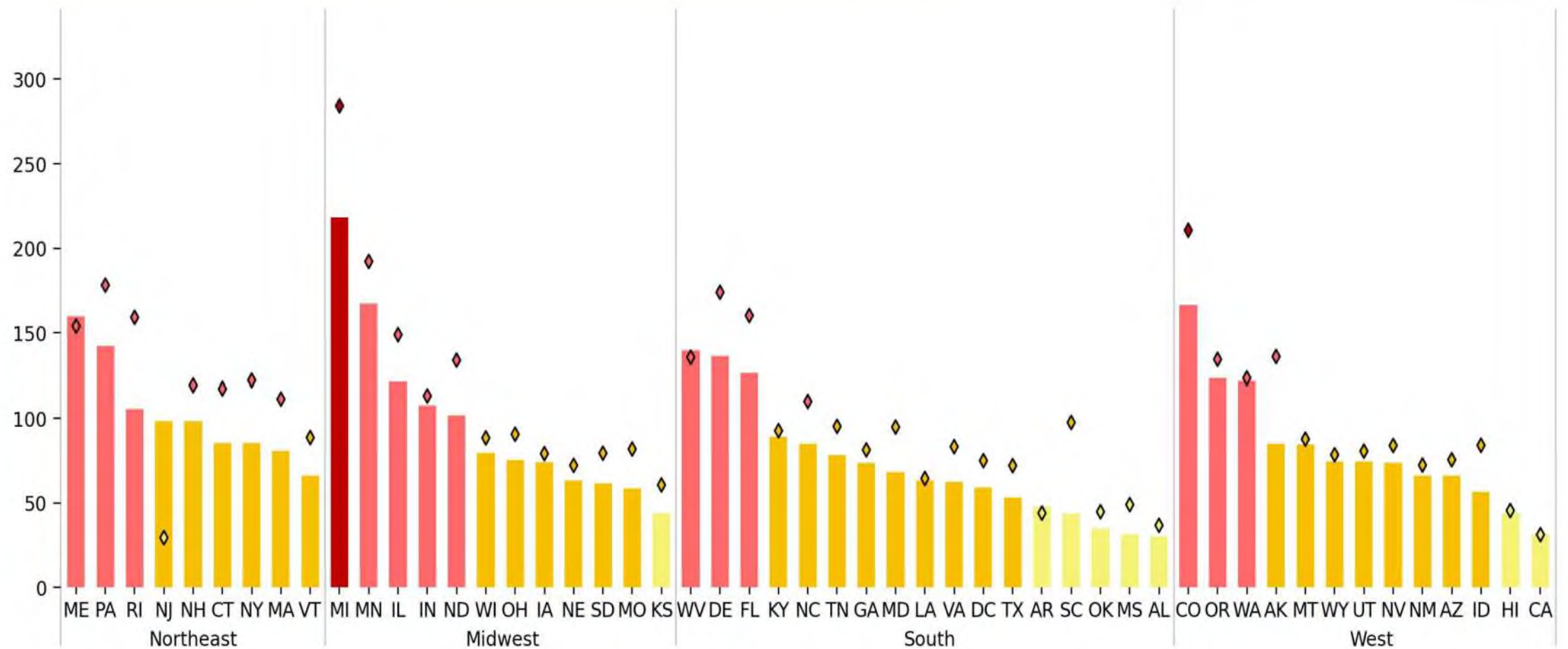


Source: CDC state-reported data (cases and deaths), Unified Testing Dataset, Unified Hospital Dataset.

See <https://www.census.gov/geographies/reference-maps/2010/geo/2010-census-regions-and-divisions-of-the-united-states.html> for census regions.

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CASE INCIDENCE BY CENSUS REGION/STATE



Rate per 100,000 population categories (Based on last 7 days, diamonds indicate 7 days before that)

0-4 5-9 10-50 51-100 101-199 200 or more

Data as of 5/9/2021, Last 7 days is May 2-8.

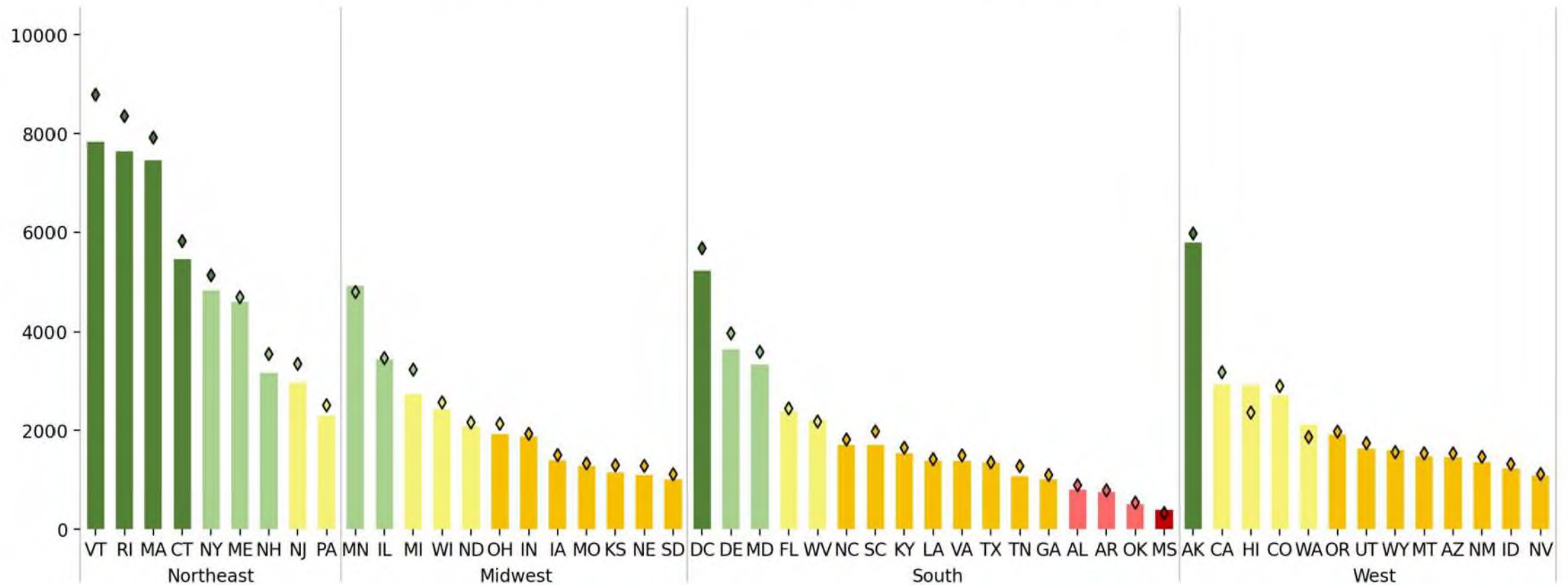
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TRENDS IN CASE INCIDENCE DURING THE LAST 8 WEEKS



TOTAL RT-PCR DIAGNOSTIC TESTS PER 100K BY CENSUS REGION/STATE

Total RT-PCR Diagnostic Tests per 100k by Census Region/State

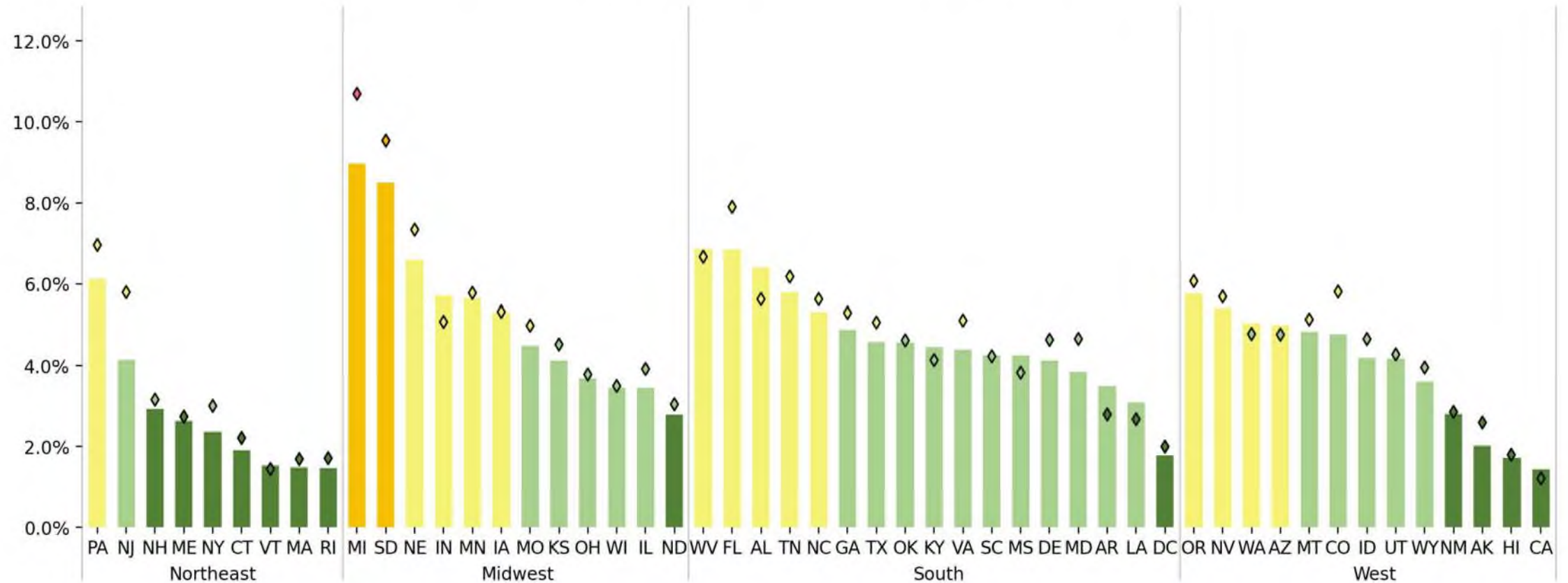


Total RT – PCR diagnostic tests per 100k (bars indicate value 4/26-5/2, diamonds indicate value 4/19-4/25)

● 499 or less
 ● 500 - 999
 ● 1000 - 1999
 ● 2000 - 2999
 ● 3000 - 4999
 ● 5000 or more

VIRAL (RT-PCR) LAB TEST POSITIVITY BY CENSUS REGION/STATE

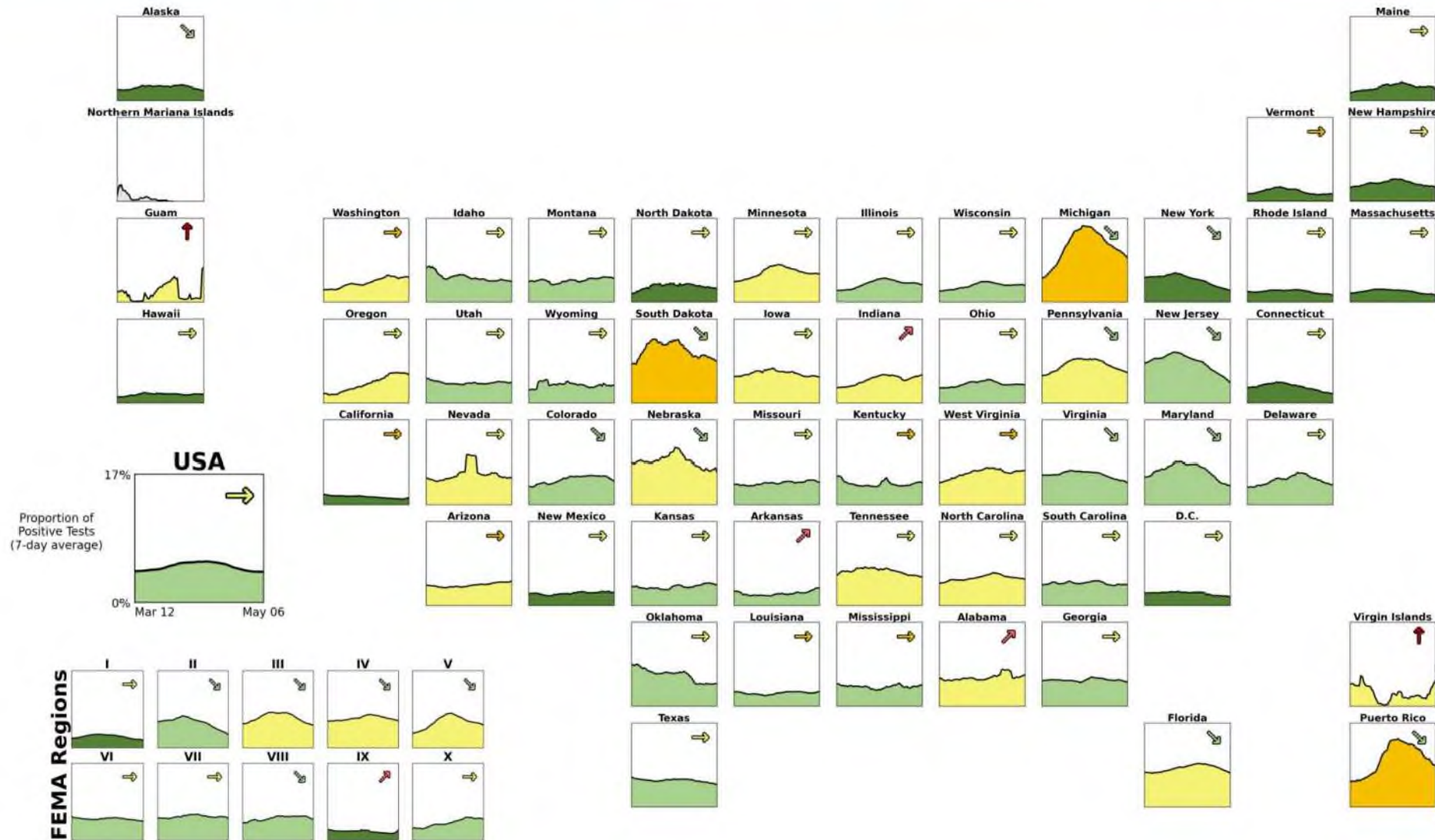
Viral (RT-PCR) Lab Test Positivity by Census Region/State



Viral (RT – PCR) lab test positivity (bars indicate value 4/30-5/6, diamonds indicate value 4/23-4/29)

● 2.9% or less
 ● 3.0% - 4.9%
 ● 5.0% - 7.9%
 ● 8.0% - 9.9%
 ● 10.0% - 14.9%
 ● 15.0% or more

TRENDS IN VIRAL (RT-PCR) LAB TEST POSITIVITY DURING THE LAST 8 WEEKS



Most recent dates may be less reliable due to delayed reporting. States in gray have limited or no reporting in most recent week.

Source: Unified Testing Dataset. See Data Sources/Methods slides for additional details.

TRENDS IN VIRAL (RT-PCR) LAB TEST POSITIVITY BY AGE GROUP AND REGION

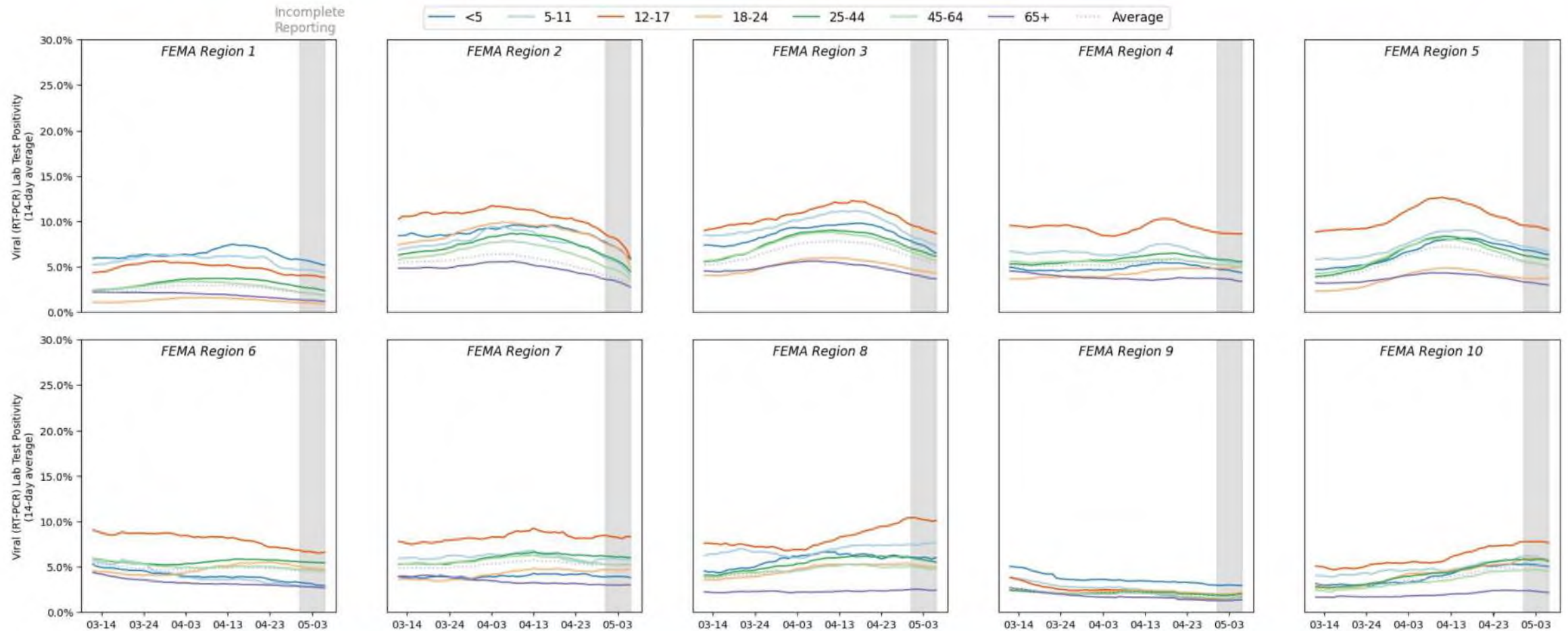


Figure depicts the 14-day average percent test positivity for each region and age group over the 8-week period of 3/11-5/6. Average includes records with known age only.

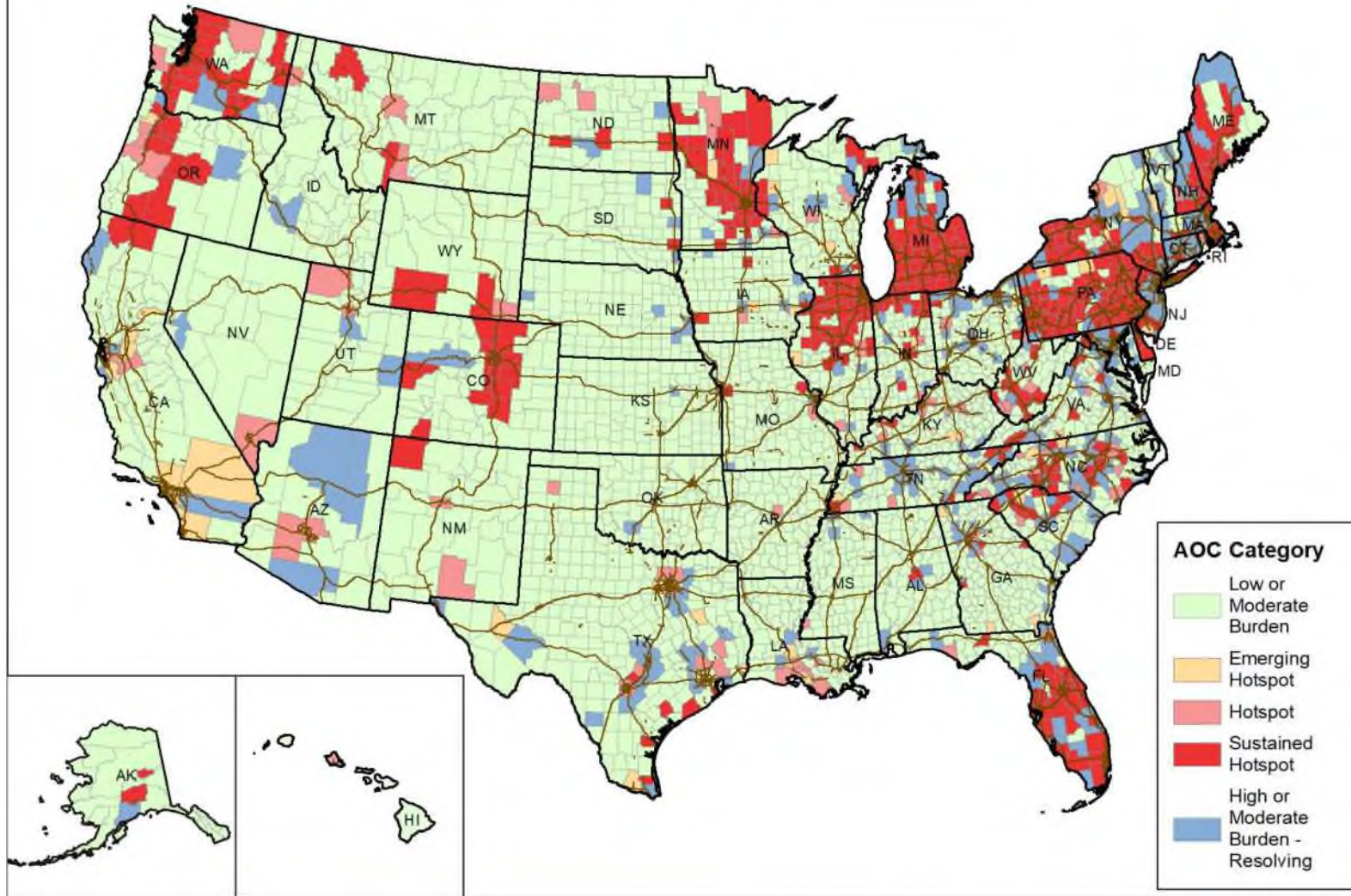
Source: COVID-19 Electronic Lab Reporting (CELRS) and Federal Direct Report Testing Data, limited to records with known age over the period 3/11-5/6.

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AREA OF CONCERN CONTINUUM

Date: 5/9/2021

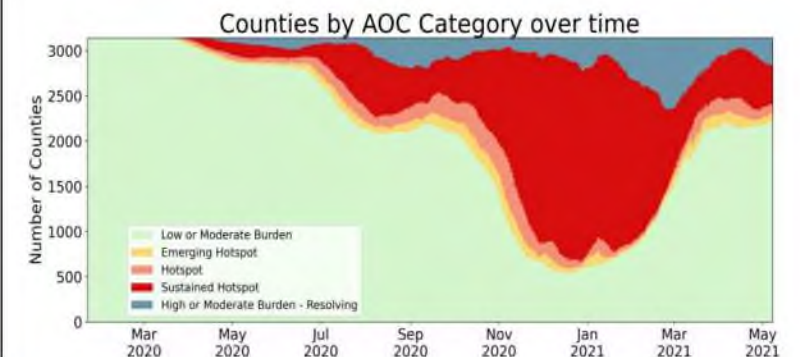
Area of Concern Continuum by County 08MAY2021



The Areas of Concern Continuum (AOCC) is used to describe communities as they progress through stages of the epidemic. There are 7 possible AOC classifications based on current and recent history of case and testing data for the location:

- (1) **Low Burden** – communities with minimal activity
- (2) **Moderate Burden** – communities with moderate disease activity
- (3) **Emerging Hotspot** – communities with a high likelihood to become hotspots in the next 1-7 days
- (4) **Hotspot** – communities that have reached a threshold of disease activity considered as being of high burden
- (5) **Sustained Hotspot** – communities that have had a high sustained case burden and may be higher risk for experiencing healthcare resource limitations
- (6) **High Burden – Resolving** – communities that were recently identified as hotspots and are now improving
- (7) **Moderate Burden – Resolving** – communities that have a moderate level of burden, but are demonstrating improvement

See Data Sources/Methods slides for more information.

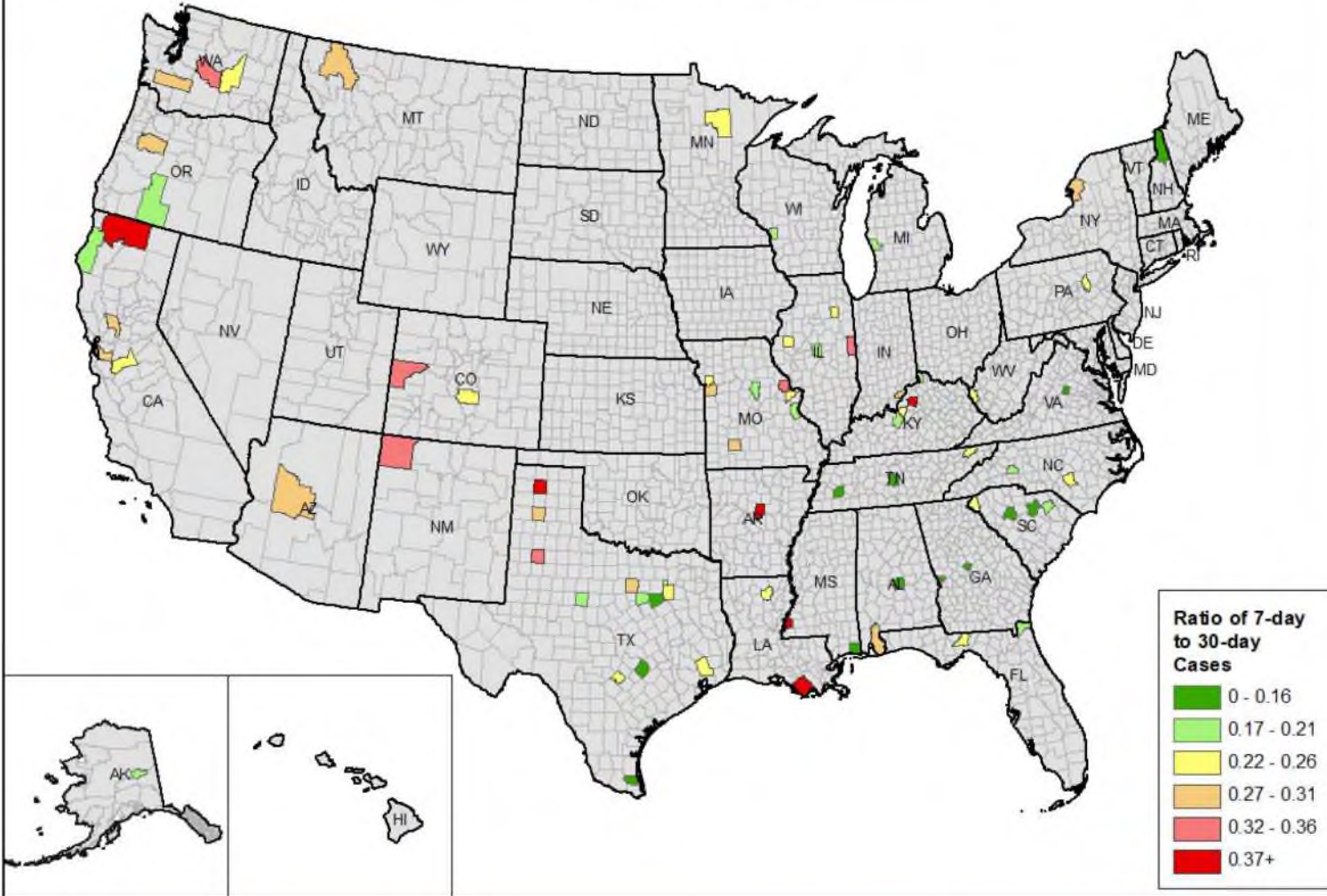


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AREA OF CONCERN CONTINUUM - RAPID RISER COUNTIES

Date: 5/9/2021
Source: CDC Aggregate County Data

Counties with Rapid Rise in Cases in the Last 14 Days



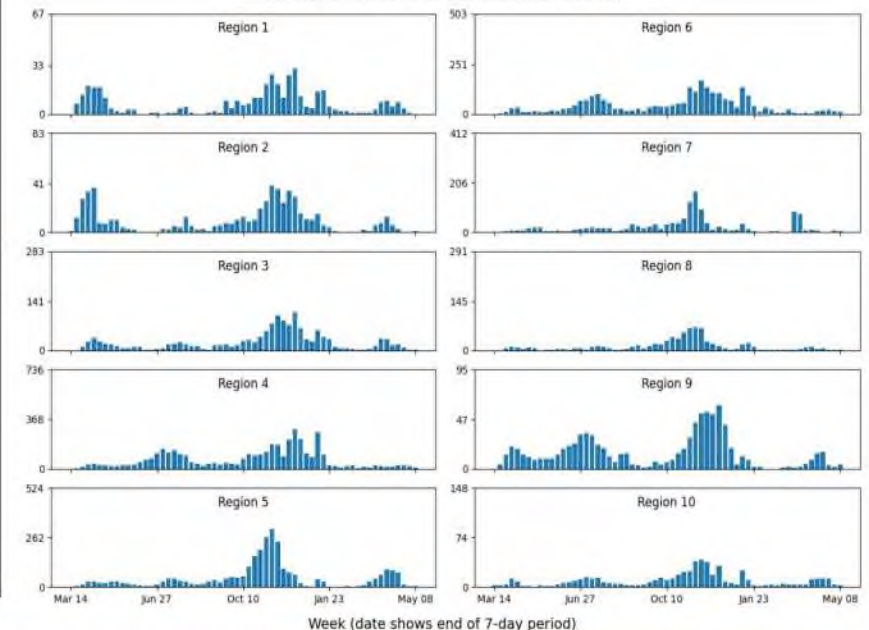
This map shows counties that have seen a rapid rise in cases within the last 14 days by meeting the following **Rapid Riser County** criteria:

- >100 new cases in last 7 days
- >0% change in 7-day incidence
- >-60% change in 3-day incidence
- 7-day incidence / 30-day incidence ratio >0.31
- one or both of the following triggering criteria:
 - (a) >60% change in 3-day incidence,
 - (b) >60% change in 7-day incidence

The color indicates *current* acceleration in cases (ratio of 7-day to 30-day cases). Counties in **light red** and **red** are continuing to see accelerating cases in the most recent week, while those in **dark green** and **green** may have seen declines in the most recent week.

The bar charts below show the history of rapid riser counties by FEMA region and week, indicating when different geographic areas have seen the greatest acceleration in cases.

of Distinct Rapid Riser Counties by Week and FEMA Region
(vertical axis scaled to number of counties in region)

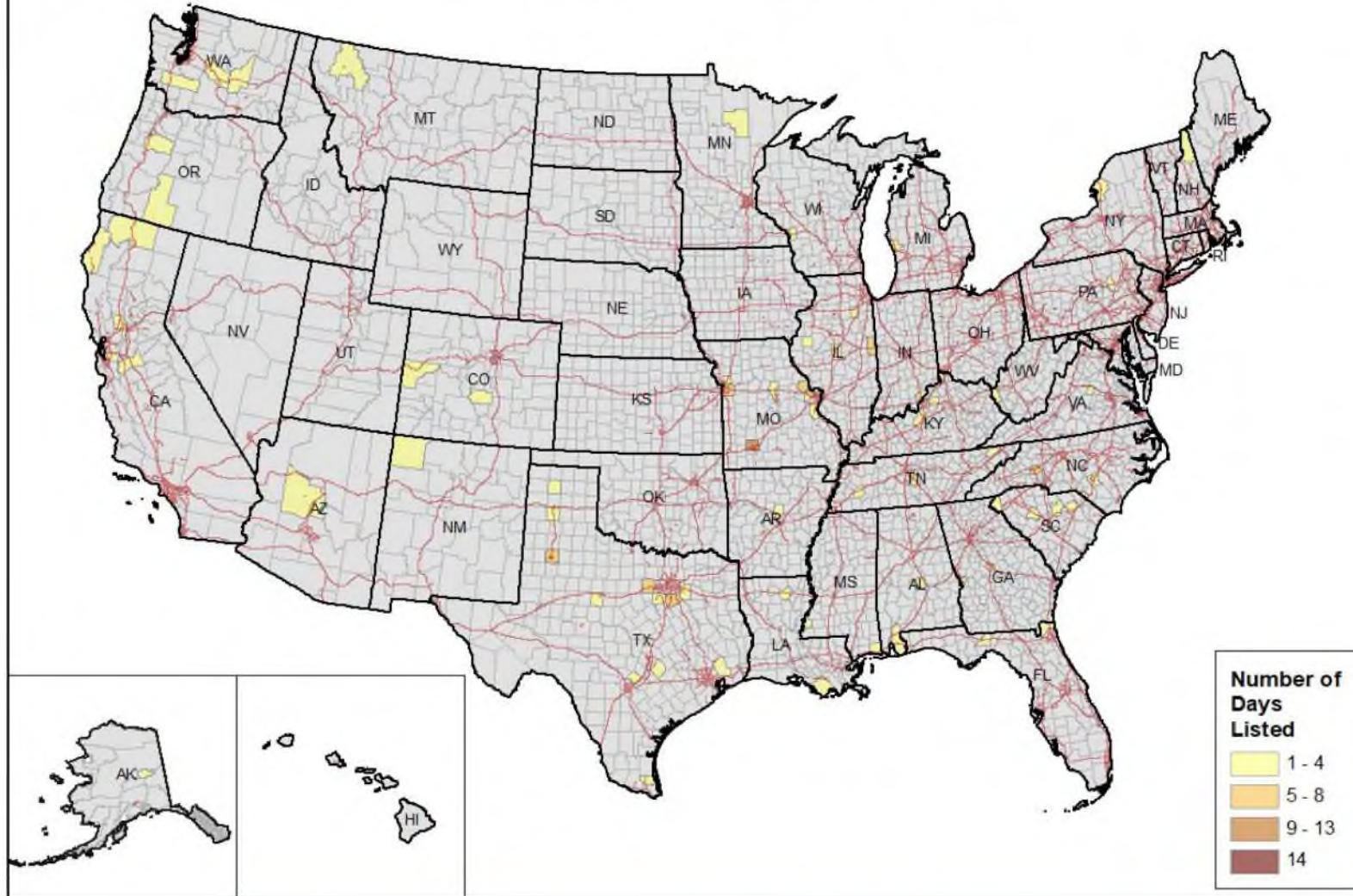


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NATIONAL HOTSPOT SUMMARY — Persistent Rapid Riser Counties

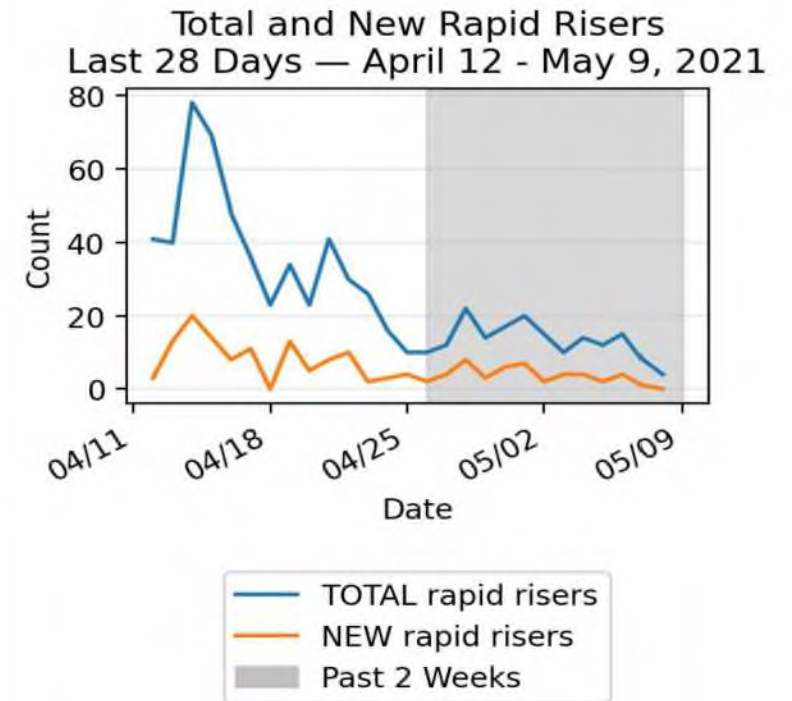
Date: 5/9/2021
Source: CDC Aggregate
County Data

Rapid Riser Counties May 02-May 08 Frequency of Appearance in Last 14 Days



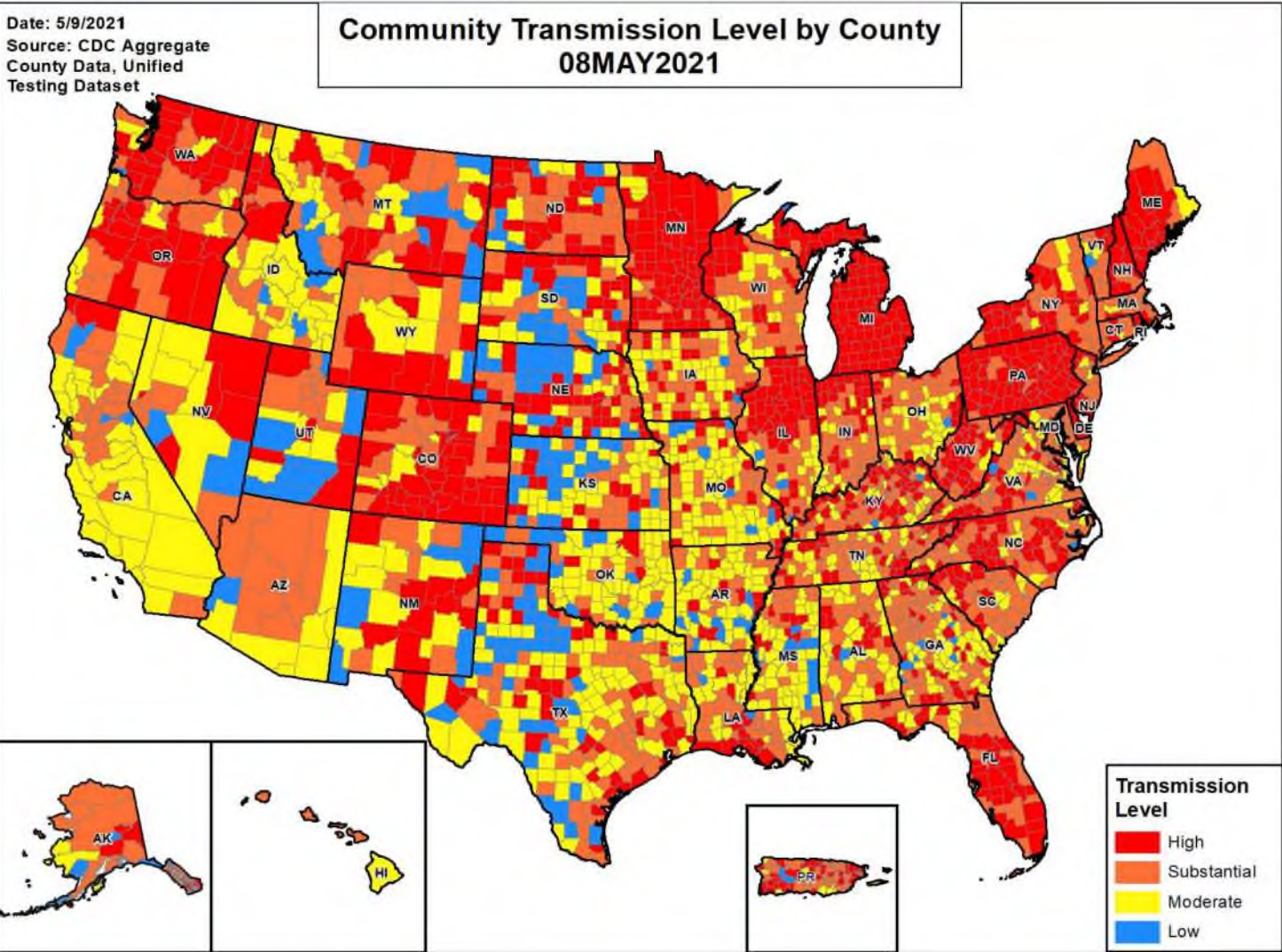
Shaded counties have been on the rapid riser list at least once in the last 7 days. Color shows frequency of appearance over the last 14 days.

For additional data and trend information associated with rapid riser counties, including details on daily occurrences, see the [HHS Protect Dashboard](#).



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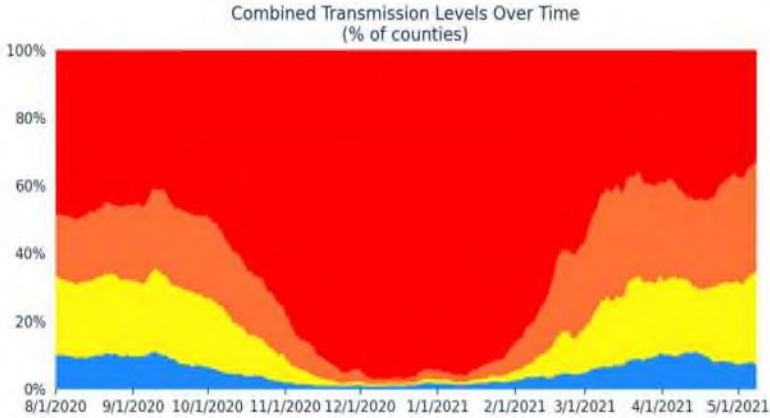
COMMUNITY TRANSMISSION LEVEL



Source: CDC Aggregate County Dataset (cases), Unified Testing Dataset (tests)
Notes: Combined Transmission Level is the higher threshold among cases and testing thresholds.

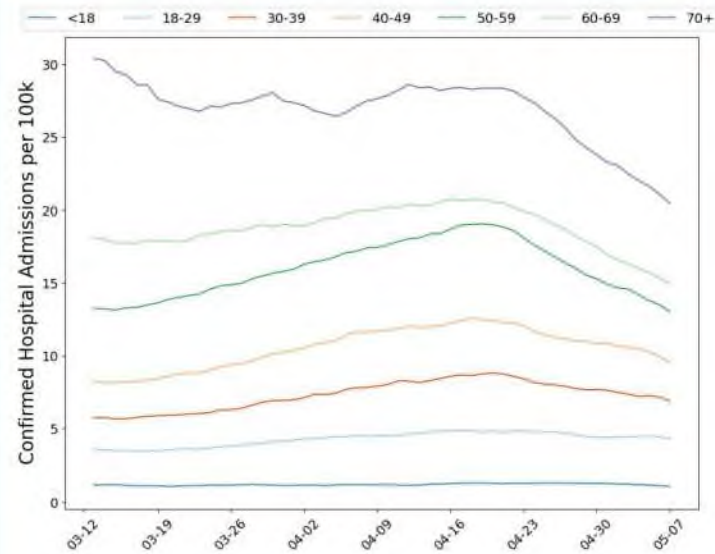
Counties by Community Transmission Indicator				
Cases per 100k	0 to 9	10 to 49	50 to 99	100 +
# of counties (change)	255 (0)	973 (↑121)	1094 (↑53)	898 (↓174)
% of counties (change)	7.9% (0.0%)	30.2% (↑3.8%)	34.0% (↑1.6%)	27.9% (↓5.4%)
Test Positivity	0.0% to 4.9%	5.0% to 7.9%	8.0% to 9.9%	10.0% +
# of counties (change)	1861 (↑52)	753 (↓33)	245 (↑5)	361 (↓24)
% of counties (change)	57.8% (↑1.6%)	23.4% (↓1.0%)	7.6% (↑0.2%)	11.2% (↓0.7%)

Counties by Combined Transmission Level				
Category	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
# of counties (change)	224 (↑5)	881 (↑94)	1049 (↑60)	1066 (↓159)
% of counties (change)	7.0% (↑0.2%)	27.4% (↑2.9%)	32.6% (↑1.9%)	33.1% (↓4.9%)



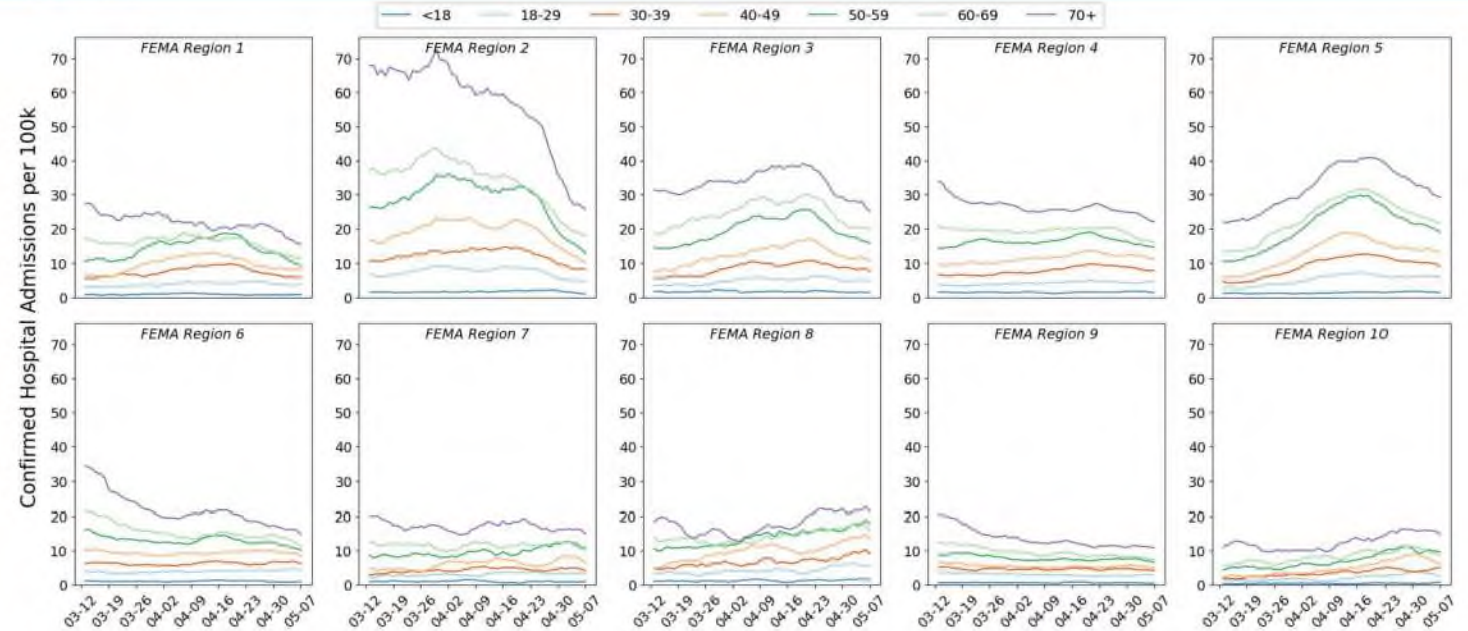
TRENDS IN CONFIRMED COVID-19 ADMISSIONS BY AGE GROUP AND REGION

National



Age group	Conf. admits per 100k (last 7 days)	% change from previous week
<18	1.0	-16% ↘
18-29	4.3	-2% →
30-39	6.9	-10% →
40-49	9.5	-12% ↘
50-59	13.0	-15% ↘
60-69	14.9	-15% ↘
70+	20.5	-14% ↘

Regional



Age group	Region 1 % change	Region 2 % change	Region 3 % change	Region 4 % change	Region 5 % change	Region 6 % change	Region 7 % change	Region 8 % change	Region 9 % change	Region 10 % change
<18	+10% →	-50% ↓	-2% →	-16% ↘	-24% ↘	-6% →	+8% →	+5% →	-17% ↘	+92% ↑
18-29	-2% →	-16% ↘	-0% →	+4% →	-2% →	+3% →	+5% →	-10% →	+6% →	-39% ↓
30-39	-12% ↘	-14% ↘	-13% ↘	-13% ↘	-12% ↘	-9% →	-7% →	+11% ↗	-13% ↘	+30% ↑
40-49	0% →	-32% ↓	-10% →	-10% →	-5% →	-14% ↘	-14% ↘	+3% →	-10% →	-33% ↓
50-59	-29% ↓	-33% ↓	-14% ↘	-11% ↘	-11% ↘	-19% ↘	-12% ↘	+14% ↗	-14% ↘	-10% →
60-69	-16% ↘	-21% ↘	-10% →	-14% ↘	-12% ↘	-24% ↘	-9% →	-5% →	-12% ↘	-23% ↘
70+	-23% ↘	-28% ↓	-14% ↘	-11% ↘	-13% ↘	-15% ↘	-7% →	-4% →	-1% →	-8% →

Source: Unified Hospital Dataset. Figures show 7-day totals over the last 8 weeks. See Data Sources/Methods slides for additional details. Percent change is shown as light red if +11% to +25%, and dark red if +26% or greater.

TRENDS IN HOSPITAL ADMISSIONS PER 100 BEDS DURING THE LAST 8 WEEKS



Figure depicts total confirmed (darker color) and suspected (lighter color) hospital admissions per 100 inpatient beds.

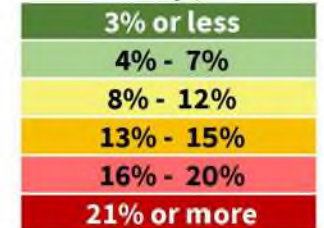
Source: Unified Hospital Dataset. See Data Sources/Methods slides for additional details.

TRENDS IN HOSPITAL INPATIENT COVID UTILIZATION DURING THE LAST 8 WEEKS



Inpatient bed utilization categories

(based on average percentage of beds occupied by confirmed COVID-19 patients over the last 7 days)



Weekly absolute change categories

(arrow based on absolute change in weekly % of beds occupied by confirmed COVID-19 patients)



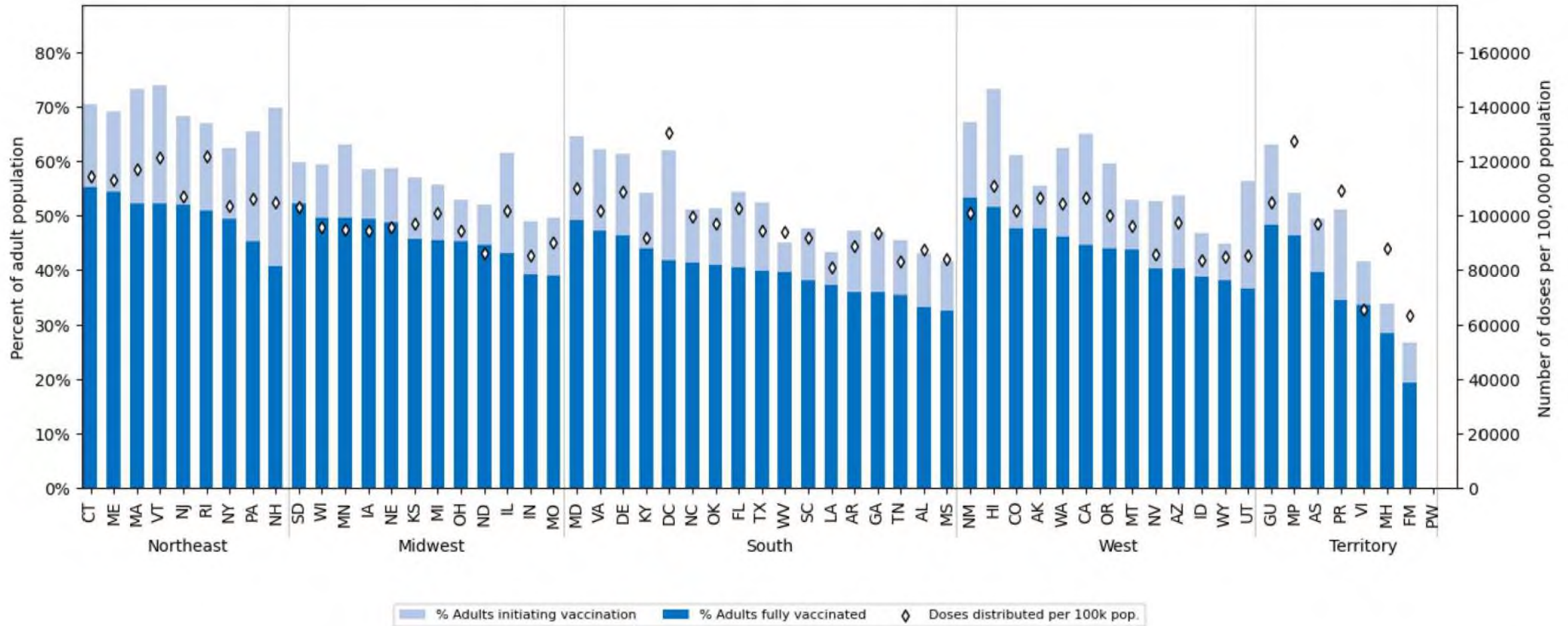
Source: Unified Hospital Dataset. See Data Sources/Methods slides for additional details.

TRENDS IN STAFFED ADULT ICU BED CAPACITY DURING THE LAST 8 WEEKS



VACCINATION DISTRIBUTION BY STATE

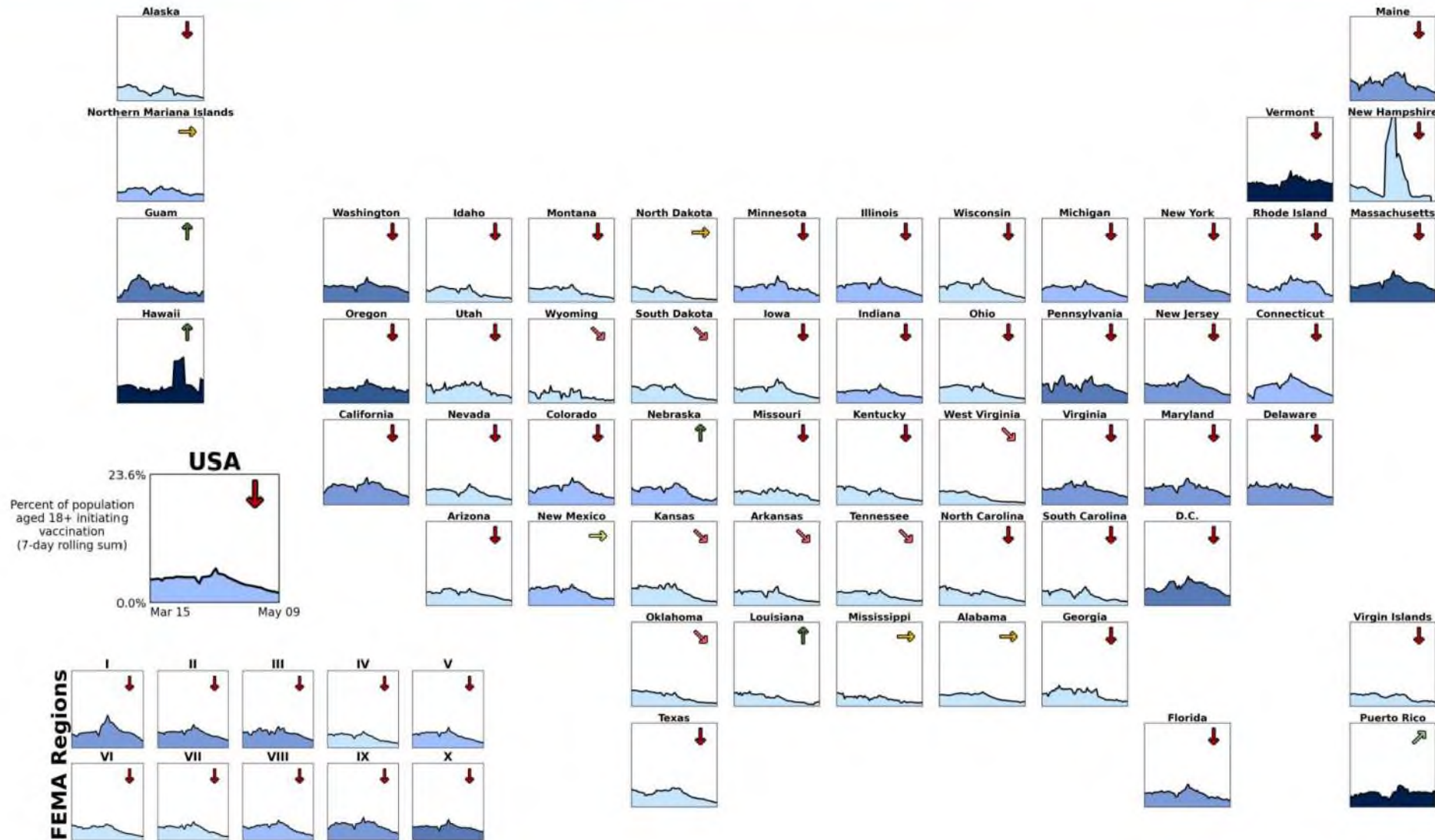
Vaccination Distribution and Administration by State



Source: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

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TRENDS IN PERCENT OF POPULATION AGED 18+ INITIATING VACCINATION DURING THE LAST 8 WEEKS



Percent of population 18+ initiating vaccination

(based on percent of population in last 7 days)

+1.5% or less
+1.6% - +2.0%
+2.1% - +2.5%
+2.6% - +3.0%
+3.1% - +3.5%
+3.6% - +4.0%
+4.1% or more

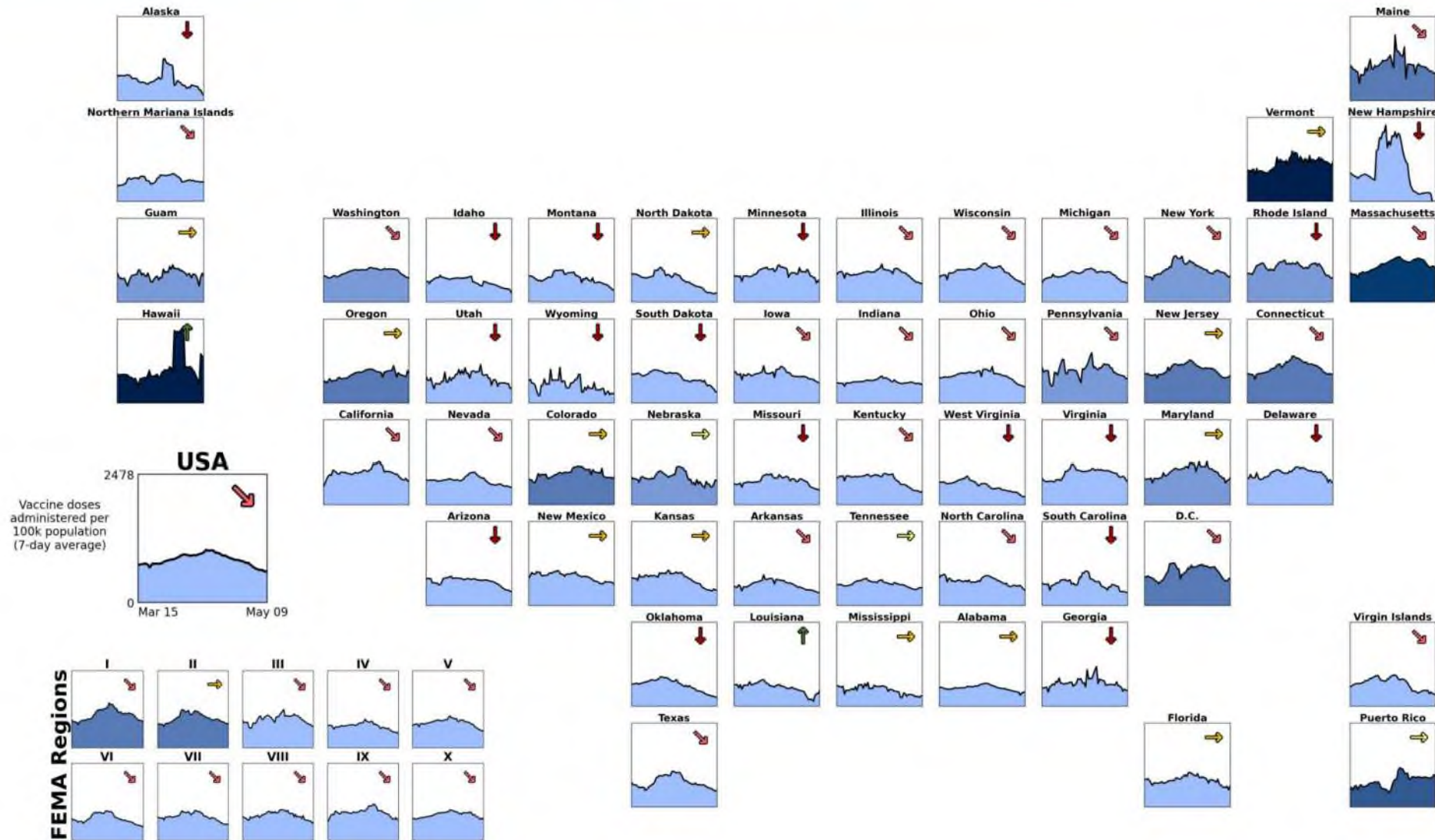
Weekly absolute change categories

(arrow based on absolute change in percent of population)

-0.26% or less	↓
-0.25% - -0.11%	↘
-0.10% - +0.01%	→
+0.02% - +0.10%	↗
+0.11% - +0.25%	↗
+0.26% or more	↑

Source: Unified COVID-19 Vaccine Dataset. See Data Sources/Methods slides for additional details.

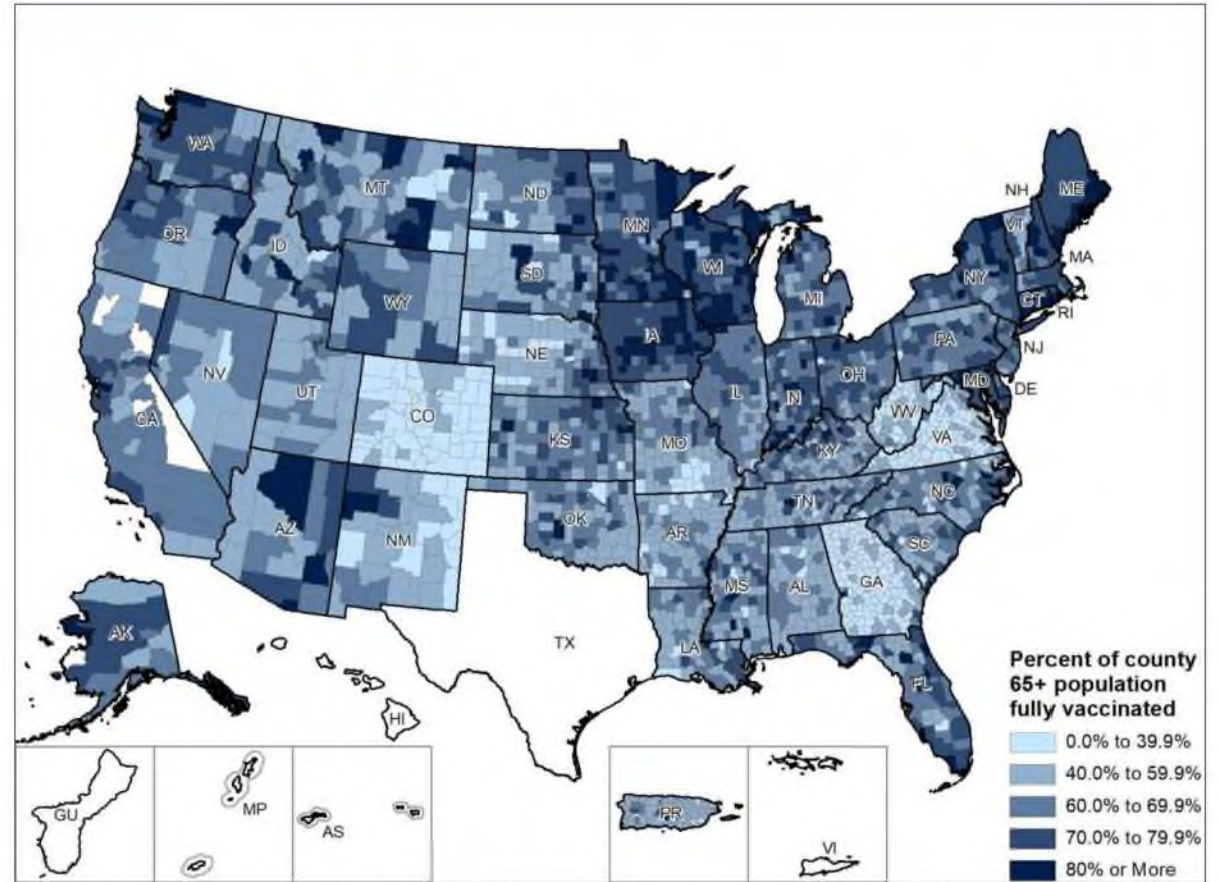
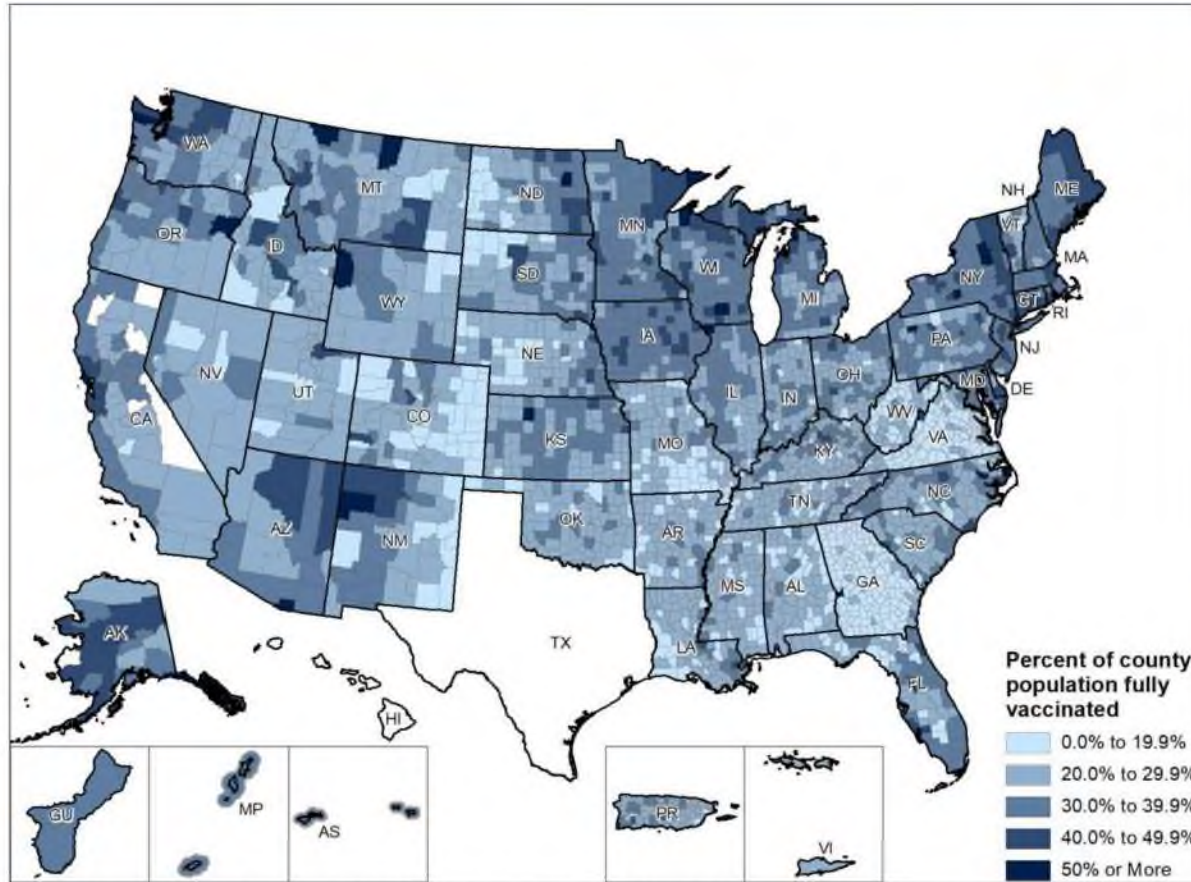
TRENDS IN VACCINE DOSES ADMINISTERED PER 100K POPULATION DURING THE LAST 8 WEEKS



VACCINATION RATES BY COUNTY

Percent of Population Fully Vaccinated: 34.4%
Percent of Population with at Least 1 Dose: 45.8%

Percent of 65+ Population Fully Vaccinated: 71.1%
Percent of 65+ Population with at Least 1 Dose: 83.4%



Source: Unified COVID-19 Vaccine Dataset. Fully vaccinated indicates those who received the second dose of Pfizer-BioNTech or Moderna vaccines and those who received one dose of J&J/Janssen COVID-19 vaccine. Values reflect total by report date, not administered date. The following states have ≤80% completeness reporting vaccinations by county, which may result in underestimates of vaccination data for counties and CBSAs: NM (78%), VT (74%), CO (69%), WV (54%), VA (50%), GA (48%), HI (0%), TX (0%), AS (0%), FM (0%), MH (0%), MP (0%)

IMPACT OF VARIANTS ON VACCINES

Variant	Pfizer/BioNTech (mRNA)	Moderna (mRNA)	Johnson and Johnson (viral vector)	Novavax (protein subunit)
B.1.1.7	<ul style="list-style-type: none"> Case-control study of PCR-positive, vaccinated and unvaccinated individuals in Israel Higher number of B.1.1.7 cases in partially vaccinated (221/247) than unvaccinated (206/247) individuals. No difference in fully vaccinated. [source] Real-world, 265,410 Qatari nationals >14 days post-second dose. 89.5% efficacy against infection, 100.0% efficacy against severe disease [source] 	<ul style="list-style-type: none"> In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 8) 1.2-fold reduction in neutralization Assessment of B.1.1.7 variant including the E484K mutation 3.1-fold reduction in neutralization [source] 	-	<ul style="list-style-type: none"> Trial, 15,000 UK adults (18-84) with symptomatic disease as primary endpoint. Reduction in efficacy from 96% to 86% with no cases of severe disease in the vaccinated arm (1 in placebo). [source]
B.1.351	<ul style="list-style-type: none"> Trial, 800 participants in South Africa with symptomatic disease as primary endpoint. Nine cases, all in placebo group. 100% vaccine efficacy (95% CI, [53.5, 100]). Six of nine cases in placebo group were B.1.351. [source] Real-world, 265,410 Qatari nationals >14 days post-second dose. 75.0% efficacy against infection, 100.0% efficacy against severe disease [source]. 	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in live virus neutralization assay (n = 12). 12.4-fold reduction in titre. [source] In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 26) 9.7-fold reduction in titre. [source] 	<ul style="list-style-type: none"> Trial, 44,000 global participants with symptomatic disease as primary endpoint. Overall efficacy of 66% in preventing moderate disease but only 57% in South Africa. Maintains 85% efficacy in preventing severe disease in all locations and variants. [source 1, source 2] 	<ul style="list-style-type: none"> Trial, 6,324 adults in South Africa with symptomatic disease as primary endpoint. Post-hoc estimate of 51.0% vaccine efficacy against B.1.351 among HIV-1 negative trial participants. [source] In vitro assessment in pseudovirus neutralization assay (n = 23) 14.5-fold reduction in titre. [source]
B.1.427 B.1.429	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 14). 4-fold reduction in titre. [source] 	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 11). 2.8-fold reduction in titre. [source] Neutralization titers were 2.0 times lower testing plasma from 26 participant samples. [source] 	-	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 23) Neutralization titres were 2.5 times lower testing plasma from 23 participant samples [source]
P.1	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 20). No reduction in neutralization. [source] In vitro assessment of two dose regimen in live virus neutralization assay (n = 25). 2.6-fold reduction in titre. [source] 	<ul style="list-style-type: none"> In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 8) 3.5-fold reduction in neutralization, maintained above level of detection [source] 	-	-
B.1.526	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 5) 3.6-fold reduction in titre with E484K mutation, no reduction without. [source] 	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 5) 3.6-fold reduction in titre with E484K mutation, no reduction without. [source] 	-	-

Information gathered from recent scientific journals and media reporting.

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IMPACT OF VARIANTS ON VACCINES

Variant	Oxford/AZ (viral vector)	Sinovac/CoronaVac (inactivated virus)	Gamaleya - Sputnik V (viral vector)	Sinopharm (inactivated virus)
B.1.1.7	<ul style="list-style-type: none"> Trial, nested within original Phase III of adults in a two-dose regimen. Mild decrease in efficacy for mild disease from 85% to 75%. Large decrease in efficacy against asymptomatic infection (75.4% to 26.5% with large confidence intervals). [source] 	<ul style="list-style-type: none"> Reports that sera can neutralize variant. Data not available. [source 1, source 2] In vitro assessment two-dose regimen in pseudovirus assay (n = 25) 2-fold decrease in neutralizing titre. [source] 	<ul style="list-style-type: none"> In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 12) No reduction in neutralizing titre [source] 	<ul style="list-style-type: none"> In vitro assessment two-dose regimen in pseudovirus assay (n = 25) 1.4-fold increase in neutralizing titre. [source]
B.1.351	<ul style="list-style-type: none"> Trial, 1467 adults aged 18-<65 in a two-dose regimen. No efficacy against mild or moderate disease. No cases of severe disease in either arm. [source] In vitro assessment of two dose regimen in live virus neutralization assay (n = 25). 9-fold reduction in titre. [source] 	<ul style="list-style-type: none"> Reports that sera can neutralize variant. Data not available. [source 1, source 2] In vitro assessment two-dose regimen in pseudovirus assay (n = 25) 3.3-fold decrease in neutralizing titre. [source] 	<ul style="list-style-type: none"> In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 12) 6.1-fold reduction in neutralizing titre [source] 	<ul style="list-style-type: none"> In vitro assessment of one-dose regimen. 1.6-fold reduction in neutralizing titre. [source] In vitro assessment two-dose regimen in pseudovirus assay (n = 25) 2.5-fold decrease in neutralizing titre. [source]
B.1.427 B.1.429	-	-	-	-
P.1	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in live virus neutralization assay (n = 25). 2.9-fold reduction in titre. [source] Real world, national mortality rates measuring proportionate mortality of elderly populations prioritized for vaccination. Populations with high vaccine coverage (aged 80+) had proportionate mortality decrease by a factor of 2. [source] 	<ul style="list-style-type: none"> Trial, 53,176 healthcare workers in Brazil with symptomatic infection primary endpoint. 46,884 received at least 1 dose 49.6% effectiveness against symptomatic infection, 35.1% effective against asymptomatic [source] Real world, national mortality rates measuring proportionate mortality of elderly populations prioritized for vaccination. Populations with high vaccine coverage (aged 80+) had proportionate mortality decrease by a factor of 2. [source] 	-	-
B.1.526	-	-	-	-

Information gathered from recent scientific journals and media reporting.

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HHS PROTECT COUNTY DASHBOARD LINKS

FIPS	County	FEMA Region	CBSA	HHS Protect
36045	Jefferson County, NY	2	Watertown-Fort Drum, NY	Link
28001	Adams County, MS	4	Natchez, MS-LA	Link
45071	Newberry County, SC	4	Newberry, SC	Link
17109	McDonough County, IL	5	Macomb, IL	Link
48091	Comal County, TX	6	San Antonio-New Braunfels, TX	Link
6093	Siskiyou County, CA	9		Link

Areas of Concern Deep Dive 05-11-21

From: "Jarman-Miller, Hannah L. EOP/WHO" <Ex 6 - (5 U.S.C. Sec 552(b)(6)) >
To: "Webb, Cameron C. EOP/WHO" <Ex 6 - (5 U.S.C. Sec >, "Siegel, Jared P. EOP/OMB" <Ex 6 - (5 U.S.C. Sec >, "Sackner-Bernstein, Sonya E. EOP/WHO" <Ex 6 - (5 U.S.C. Sec 552(b)(6)) >, "Chang, Amy X. EOP/WHO" <Ex 6 - (5 U.S.C. Sec >, "Po, Rosa EOP/WHO" <Ex 6 - (5 U.S.C. Sec >, "Cisneros, Eduardo EOP/WHO" <Ex 6 - (5 U.S.C. Sec >, "Choucair, Bechara EOP/WHO" <Ex 6 - (5 U.S.C. Sec >, "Makhmudov, Machmud A. EOP/WHO" <Ex 6 - (5 U.S.C. Sec 552(b)(6)) >
Cc: "Shahpar, Cyrus EOP/WHO" <Ex 6 - (5 U.S.C. Sec >, "Siegel, Becca G. EOP/OMB" <Ex 6 - (5 U.S.C. Sec >
Date: Tue, 11 May 2021 17:28:00 -0400
Attachments: AOC Deep Dive 20210511.pdf (8.18 MB); AOC ensemble share 10 May 2021.html (3.88 MB)

Attached is the Areas of Concern deck for this week. Please let me know if you have any questions.

Topics Included:

1. AOC State Review

- o Region 7: KS
- o Region 3: WV
- o Region 6: NM
- o Region 8: MT
- o Region 9: HI
- o + Region 5: IN (late-breaking state)

2. Tribal Analysis

- a. Spokane Tribe, Confederated Tribes of Warm Springs, Confederated Tribes of the Umatilla Indian Reservation, Spirit Lake Nation

3. "VVEE"

- o **Vaccines**
 - Rising hospitalizations among younger age group
 - Vaccine misinformation/disinformation
 - COVID-19 vaccine confidence bi-weekly update from VTF
- o **Variants**
 - Update on B.1.526
- o **Education**
 - College vaccine requirements for Fall 2021
- o **Equity**
 - Efforts to increase vaccination rates among Hispanic populations in AZ and NM

Discussion Notes:

May 11 - Vaccination program to date, testing, public beliefs and actions, hospital utilization, and hospital supply & staffing

Pre-decisional // FOUO

Region 7: KS -

- Jenny Williams (Region 7 CDC Coordinator) said Kansas is doing Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) . They've also launched a "roll up your sleeves" campaign that will run through June 20. 46% of adults are fully vaccinated. Ex 5 DP- (5 U.S.C. Sec 552(b)(5))
- Raimi Ewetola (CDC) noted the positivity rate is 4.5%, which is half a percentage point above the national average. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process In Davison county, the average hospitalization age is 40.
- Dana Hall (Regional Emergency Coordinator) added that Davison County contains Kansas State University. There's also a slowdown in vaccinations. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process COVID admissions are starting to trend downward. The death rate is expected to follow suit.
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process

Region 3: WV -

- Carlos Toledo (CDC) said WV identified some areas for technical assistance on the state call earlier today. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Todd Wilson (CDC) announced on May 7 that the mask mandate will end in June. There's a new promotional vaccination campaign that is ramping up through State Day on June 20. It's a community partnership. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- The state is also looking at universities and trying to turn the tide on vaccinating younger populations (Carlos Toledo, CDC). They're trying to find and influence the gatekeepers of this age group.
- There's a new cash voucher incentive, but it's not an official state program. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- It was noted that incentives have gotten about 33% of hesitant people to a vaccination site.

Region 6: NM -

- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process The death rate isn't increasing. Mask compliance is down. There's an updated COVID-19 map, showing that two counties are in a high tier (turquoise).
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process 67.3% of adults 18+ have had at least one dose. They're trying to reach vulnerable populations by capitalizing on available resources, such as a FEMA mobile clinic. They're also enlisting state partners in mobile vaccination efforts. The state is releasing targeted communications to address specific points of hesitancy (e.g., noting the vaccine is free).

Region 8: MT -

- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative The middle parts of the state are the most heavily populated areas, to include all the major universities (MSU and the University of Montana). Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative
- West Yellowstone, which is on the border, is anticipating a fairly normal tourist season despite low numbers to date.
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Kai Elgethun (CDC) pointed out that the National Park Service is working with Montana and Wyoming on vaccination clinics that include tourists. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Local health departments are partnering with big events in Montana, such as rodeos, to increase vaccinations.
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process The governor said the state will stop participating in the federal program to provide additional unemployment.
- Laird Ruth said Canadian truckers are also continuing to be being vaccinated.

Region 9: HI -

- Richard Brostrom (Regional Coordinator for the CAG) reported there were 61 new cases today, and the new case rate has been fairly steady.
- Masking has become the norm because people were initially being cited if they weren't in compliance.
- There's a large tourist industry. Testing is currently required. Therefore, Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative
- The overall test positivity rate in the state is .8%.
- Hospital capacity has been fairly steady since November.
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative
- Every county in Hawaii has to be accessed by plane, but the response has been coordinated by and across the state.
- Victoria Rayle (CDC LNO for VTF) added that the state has had a self-quarantine requirement for many months, and it's still in effect for foreign embarkations. There was a case surge in August/September, but the state is now stable.
- Vaccination requirements for access are being tested between islands. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
One pharmacy partnered with a local high school before prom, noting a high vaccination percentage would allow the dance to be held in-person. The class vaccination rate was ~95%. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
Polls show residents still have a high interest in receiving a vaccine. Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process

- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- [State's inter-island vaccine passport program begins as broader plan still in the works \(hawaiinewsnow.com\)](#)
- [U.S. Surgeon General Jerome Adams cited for violating covid-19 rules in Hawaii by visiting shuttered park - The Washington Post](#)

Region 5: IN -

- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Andrea Harmon (IN LNO) said some of the counties along the Michigan border have a high positivity rate between 10-12%. This seems to be Ex 5 DP- (5 U.S.C. Sec. Also, the state announced an incentive campaign today to provide free girl scout cookies to anyone who gets vaccinated.
- The demand for vaccines is decreasing, Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5))
- Duane Wagner (ASPR) said some of the populations don't want to vaccinate; they're aware of those populations, and Ex 5 DP- (5 U.S.C. Sec 552(b)(5))
- Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process



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Areas of Concern Deep Dive

May 11, 2021

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AOC State Analysis

JURISDICTION REVIEW // AOC STATES THIS WEEK

*Smaller area covered
indicates better rank / lower
transmission / more
aggressive response*

Data as of 05/03/2021

AOC States this Week

WV, NM, KS, MT, HI + IN

Indicator groups most divergent from national average:

(1) Vaccination program to date +15.2, (2) Testing +13.3, (3) Public beliefs and actions +10.7, (4) Hospital utilization +10.3, (5) Hospital supply & staffing +9.8

WV



IN



NM



KS



MT



HI



KANSAS

Region 7

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
1,281 (44 per 100k) ↓ 484 (-27%)	4.1% ↓ 0.4 pct. pts.	33,719 (1,157 per 100k) ↓ 4,095 (-11%)	485 (2.3% of total) ↓ 0.3 pct. pts	169 (6 per 100k) ↓ 37 (-18%)	34 (1 per 100k) ↑ 20 (+143%)

STATE HOSPITAL UTILIZATION

Inpatient Beds	57% (2% for COVID-19)
ICU Beds	70% (7% for COVID-19)
Ventilators	13% (2% for COVID-19)
Hospitals Reporting Last 7 Days: 138 out of 140	

VACCINATION RATES

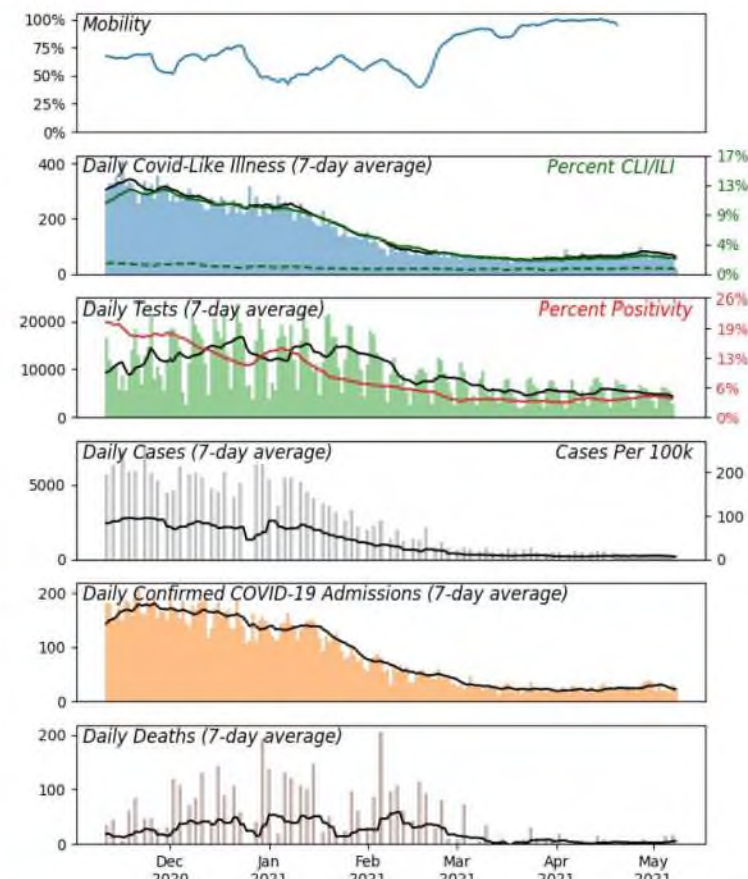
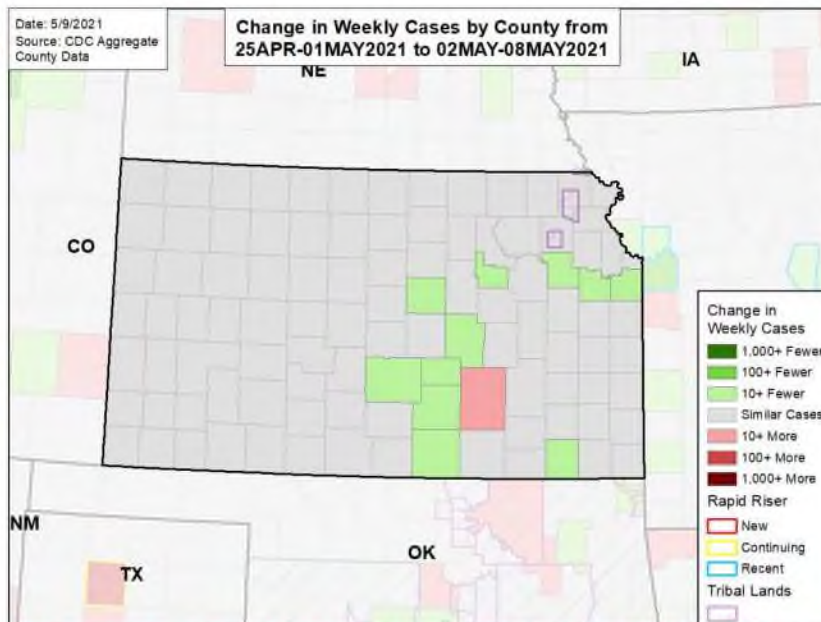
At least 1 dose	43.8% (88.8% of 65+ population)
Fully vaccinated	34.9% (74.4% of 65+ population)
Doses admin.	3,180 per 100k in last 7 days (↓ 5%)
24% of non-vaccinated persons will definitely/probably get a vaccine	

CASE DEMOGRAPHICS – LAST 14 DAYS

	Cases (Change)	Pop.
0-17 Years	23% (↑ 3 pct. pts.)	24%
18-24 Years	15% (No Change)	10%
65+ Years	8% (No Change)	16%
Hispanic	15% (↑ 2 pct. pts.)	12%
NH Black	11% (↓ 1 pct. pt.)	6%
NH Amer. Indian	1% (No Change)	1%
2,002 cases w/ known age, 1,539 cases w/ known race/ethnicity		

STATE CHARACTERISTICS

Population	2,913,314
Average Household Size	2.52
Uninsured	9%
Poverty Rate	12%
Flu Vaccination Rate (2019) Ages 18 - 64	41%
Flu Vaccination Rate (2019) Ages 65+	68%



* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

KANSAS

Top Counties of Concern	CDC Proportions of Variants	State Reported Variants (May 7)		% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Saline, Greary, Harvey, Wyandotte, and Riley County	N/A	B.1.1.7: 516 B.1.351: 5 B.1.427/429: 47	P.1: 95 B.1.525/B.1.526: 28 Other: 10	98% / State-mandated	No statewide mandate.	No statewide restrictions. Counties can set guidelines.

Vaccine News	Recent Case, Testing, and Hospitalization Trends	<ul style="list-style-type: none"> News on Apr. 30: Hospitalizations statewide are increasing. Officials are quoted as stating most, if not all, hospitalized individuals are unvaccinated. News on May 5: Cases in the Kansas City area are on the rise over the last week.
Variant News	Outbreaks	<ul style="list-style-type: none"> News on Apr. 30: Numerous school districts are reporting spikes in cases and quarantined students. Youth sports were partially attributed to the rise, where kids do not wear masks. State on May 5: 60 active clusters reported, all of which have reported five or more cases in the past 14 days. One meat packing facility is responsible for 838 cases, 17 hospitalizations, and 6 deaths. 22 active private business clusters have led to 577 cases, 17 hospitalizations, and 2 deaths.
<p>State opened eligibility to all adults 16+ on March 29.</p> <ul style="list-style-type: none"> News on May 5: Several Kansas City area businesses are offering incentives for vaccinated customers and employees. News on May 6: Kansas has requested the federal government deliver under 14,000 vaccine doses for the upcoming week, despite an allotment of 162,000 doses available. News on Apr. 23: 62 of Kansas' 105 counties declined their weekly vaccine allocation. Six counties (Cheyenne, Decatur, Lane, Phillips, Sheridan, and Woodson) declined four weeks in a row. Their vaccination coverage is between 26% and 36%. 	Universities	<ul style="list-style-type: none"> University of Kansas: Undergraduate finals will be completed May 14. The University reported 11 cases among faculty and students in the past week. Masks are required at all times on campus. Students on campus must submit daily symptom tracking. Kansas State University: Undergraduate finals will be completed May 14. From Apr. 26-30, there were 20 cases. The test positivity rate was 3.66%, 3x higher than the week prior. The university is offering J&J clinics for students before they depart campus. Wichita State University: All courses are offered in either hybrid or online formats. The university reported 0 cases (from 54 tests administered) in the past 14 days.
<ul style="list-style-type: none"> News on May 3: Sedgwick County is responsible for the majority of newly reported variant cases in the state. They are experiencing dual outbreaks of B.1.1.7 and P.1. State on May 7: 68% of all variant cases are in Sedgwick (43%), Shawnee (13%), and Johnson (12%) counties. News on May 3: In Region 7, which includes Kansas, Missouri, Nebraska, and Iowa, 65% of all samples collected were from the B.1.1.7 variant, 12% were the California variants, and 1% was the P.1 variant. 	Other Notable Information	<ul style="list-style-type: none"> News on May 6: Kansas is shuttering their mass vaccination sites, moving to supporting smaller clinics and mobile operations. The Missouri Hospital Association polled 800 adults in April, finding the large vaccine coverage disparity is being led by low vaccination rates in rural counties, young conservatives, and Black residents.

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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WEST VIRGINIA

Region 3

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
2,503 (140 per 100k) ↑ 73 (+3%)	6.9% ↑ 0.2 pct. pts.	39,669 (2,213 per 100k) ↑ 570 (+1%)	601 (2.8% of total) ↓ 0.3 pct. pts	247 (14 per 100k) ↑ 51 (+26%)	47 (3 per 100k) ↑ 185 (+134%)

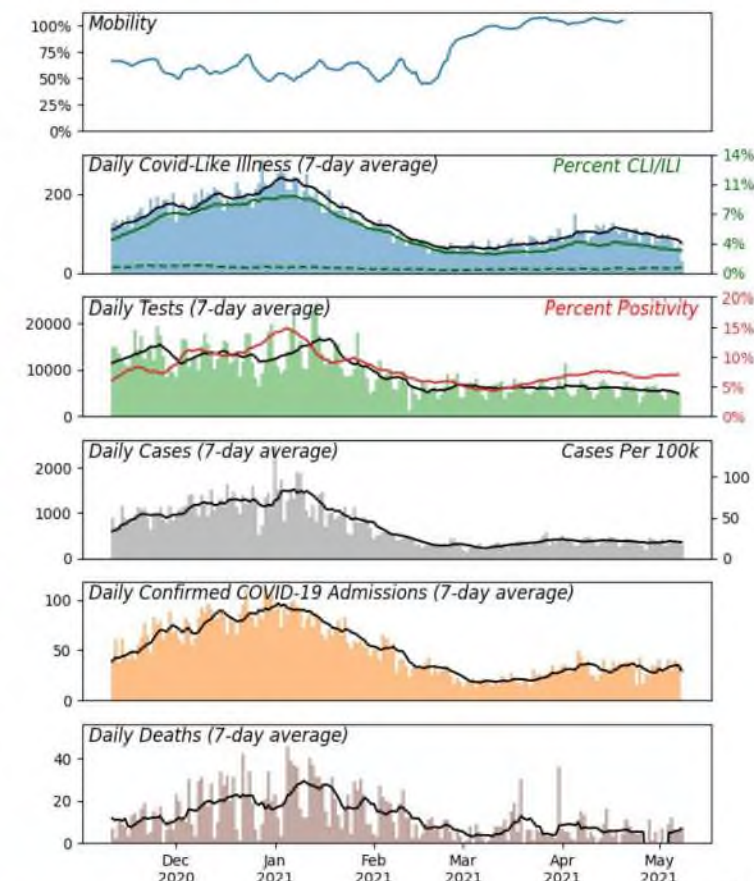
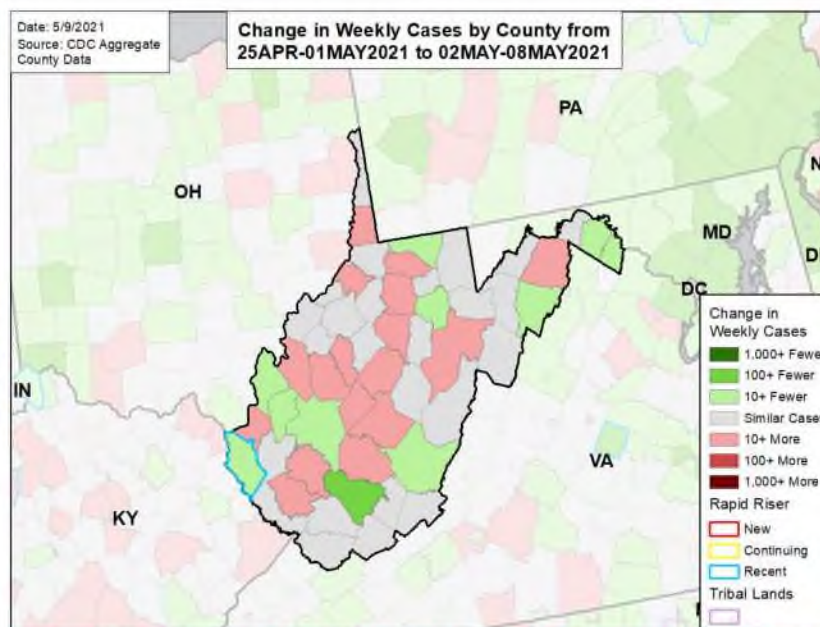
STATE HOSPITAL UTILIZATION	
Inpatient Beds	75% (5% for COVID-19)
ICU Beds	72% (12% for COVID-19)
Ventilators	25% (4% for COVID-19)
Hospitals Reporting Last 7 Days: 53 out of 54	

CASE DEMOGRAPHICS – LAST 14 DAYS		
	Cases (Change)	Pop.
0-17 Years	Unavailable	20%
18-24 Years	Unavailable	9%
65+ Years	Unavailable	20%
Hispanic	Unavailable	2%
NH Black	Unavailable	4%
NH Amer. Indian	Unavailable	< 1%
< 10% cases w/ known age, < 10% cases w/ known race/ethnicity		

STATE CHARACTERISTICS	
Population	1,792,147
Average Household Size	2.42
Uninsured	6%
Poverty Rate	17%
Flu Vaccination Rate (2019) Ages 18 - 64	39%
Flu Vaccination Rate (2019) Ages 65+	69%

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

VACCINATION RATES	
At least 1 dose	36.7% (71.1% of 65+ population)
Fully vaccinated	32.0% (65.0% of 65+ population)
Doses admin.	1,691 per 100k in last 7 days (↓ 35%)
26% of non-vaccinated persons will definitely/probably get a vaccine	



WV

WEST VIRGINIA

Top Counties of Concern	CDC Proportions of Variants (Apr. 10)	State Reported Variants (May 10)	% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Mingo, Morgan, Nicholas, Jackson, Barbour	32.2% B.1.1.7, 0.1% B.1.351, 9.5% B.1.427/B.1.429, 0.3% P.1, 57.9% Other Lineages Total Sequences: 755	B.1.1.7: 982 B.1.427/B.1.429: 226 B.1.351: 5 P.1: 3	100% / State-mandated	Masks required for those age 9+ until June 20.	No restrictions

Vaccine News	Recent Case, Testing, and Hospitalization Trends	Outbreaks	Universities	Other Notable Information
<p>State opened eligibility to all adults 16+ on March 22.</p> <ul style="list-style-type: none"> News on May 8: The state set a goal to vaccinate 75% of adults age 50+ and 65% of those age 12+ by June 20, assuming FDA approves Pfizer for children age 12-15 shortly. State on May 10: 54.9% of residents age 16+ have received at least one dose. News on May 4: Vaccination clinics will be held at high traffic locations including state parks, sporting events, fairs, festivals, and others. The state is also working to increase messaging and vaccinations from primary care providers. News on May 2: Gov. Justice partially attributed vaccine hesitancy to fear-mongering. Regarding the \$100 incentive for vaccinations among young adults, Gov. Justice noted "It's working, but I don't think it will be a silver bullet." 	<ul style="list-style-type: none"> State on May 9: Residents age 19 and younger account for 29% of cases reported in the past 7 days; residents age 29 and younger account for 44% of cases in the past 7 days. News on May 2: The median age of cases decreased to 34, indicating more young people are contracting COVID-19. 	<ul style="list-style-type: none"> State on May 7: There are 13 active outbreaks at LTCF in West Virginia, with a total of 35 active resident cases and 36 active staff cases. BOP on May 7: There are 2 active inmate cases and 12 active staff cases at 5 federal prisons. State on May 9: There are 8 active inmate cases and 13 active employee cases at state correctional facilities. State on May 10: 192 cases have been reported in public schools since April 26. 	<ul style="list-style-type: none"> West Virginia University: Offering summer classes online and on-campus beginning May 17; masks required on campus. 5 cases were reported the week of April 26 – May 2. The university will offer vaccines on campus throughout the summer. Marshall University: Spring classes were held in-person and online; summer classes begin May 10. Masks required in university buildings. No new cases have been reported since April 26. The university is hosting on campus vaccination clinics for students and employees. Fairmont State University: Campus areas will reopen for community use (including recreational) on June 1; masks will still be required. There were no active cases on campus as of May 3; 908 people are fully vaccinated. 	<ul style="list-style-type: none"> News on May 8: West Virginia's mask mandate will be lifted June 20, the state's 158th birthday. News on May 10: The state is working out the details of the savings bond incentive for young adult vaccinations and may offer a cash gift card as an alternative.
Variant News				
<ul style="list-style-type: none"> News on May 10: B.1.1.7 variant is the dominant strain in WV. News on Apr. 30: 73% of the cases of B.1.427/B.1.429 variant were in Monongalia County; nearly all counties have reported cases of the B.1.1.7 variant. 				

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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NEW MEXICO

Region 6

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
1,387 (66 per 100k) ↓ 130 (-9%)	2.8% ↓ 0.1 pct. pts.	28,528 (1,361 per 100k) ↓ 2,262 (-7%)	310 (1.8% of total) ↓ 0.4 pct. pts	160 (8 per 100k) ↓ 12 (-7%)	31 (1 per 100k) ↓ 12 (-28%)

STATE HOSPITAL UTILIZATION

Inpatient Beds	68% (4% for COVID-19)
ICU Beds	75% (10% for COVID-19)
Ventilators	17% (1% for COVID-19)
Hospitals Reporting Last 7 Days: 47 out of 47	

VACCINATION RATES

At least 1 dose	52.9% (88.1% of 65+ population)
Fully vaccinated	41.6% (75.4% of 65+ population)
Doses admin.	4,392 per 100k in last 7 days (↓ 3%)
37% of non-vaccinated persons will definitely/probably get a vaccine	

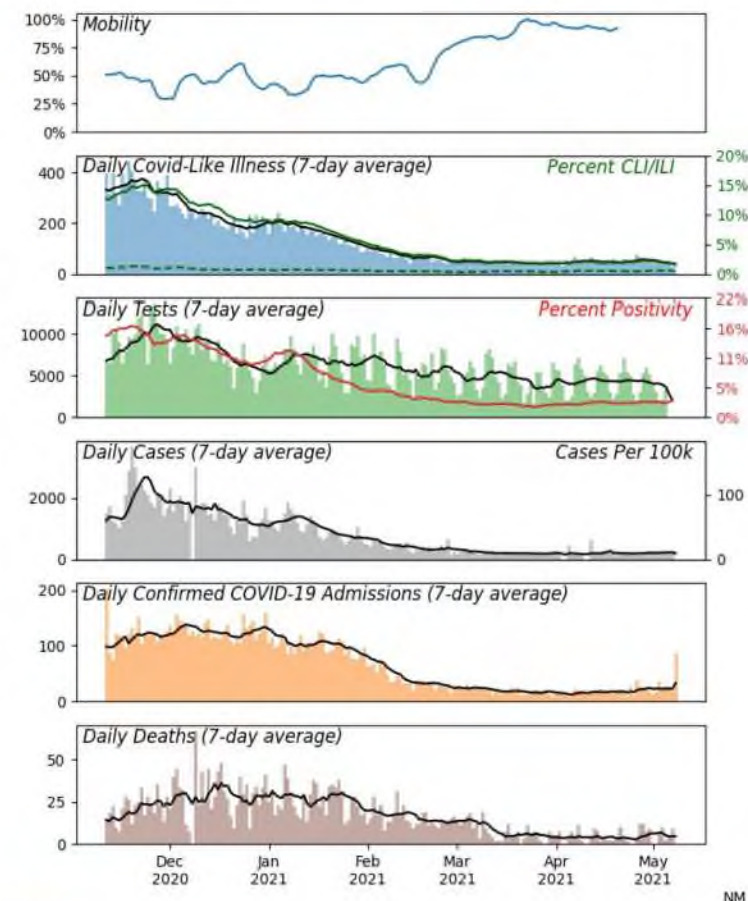
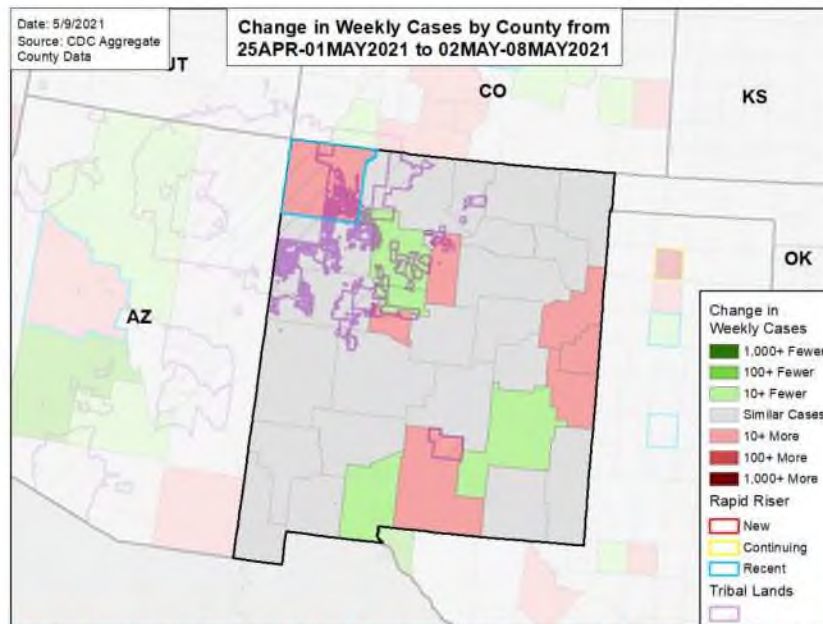
CASE DEMOGRAPHICS – LAST 14 DAYS

	Cases (Change)	Pop.
0-17 Years	14% (↑ 1 pct. pt.)	23%
18-24 Years	13% (↓ 1 pct. pt.)	9%
65+ Years	12% (↑ 1 pct. pt.)	18%
Hispanic	66% (↓ 1 pct. pt.)	49%
NH Black	1% (No Change)	2%
NH Amer. Indian	14% (↓ 2 pct. pts.)	9%
17,543 cases w/ known age, 7,057 cases w/ known race/ethnicity		

STATE CHARACTERISTICS

Population	2,096,829
Average Household Size	2.64
Uninsured	10%
Poverty Rate	19%
Flu Vaccination Rate (2019) Ages 18 - 64	38%
Flu Vaccination Rate (2019) Ages 65+	69%

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.



NM

NEW MEXICO

Top Counties of Concern	CDC Proportions of Variants (Mar. 27)	State Reported Variants (May 5)	% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Otero, Lincoln, Valencia, San Juan, and Bernalillo County	N/A	B.1.1.7: 158 B.1.351: 1 B.1.427/429: 74 P.1: 5 B.1.2: 16	100% /State ordered open by April 5.	Masks required . Violators subject to \$100 fine.	Dependent on county. Turquoise counties 150, Green 20, Yellow 10, Red 5

Vaccine News State opened eligibility to all adults 16+ on April 5 . <ul style="list-style-type: none"> State on May 5: The state started a new program to recruit primary care providers as vaccine providers. News on May 4: Walmart and Sams Club offering walk-up vaccinations in 53 locations around the state. City on May 6: Evening and weekend drive-through vaccination clinics scheduled in Las Cruces. Appointments and IDs not required. Spanish-speaking providers are available. News on May 5: 30% of those 16-18 are vaccinated. State health secretaries encourage residents ages 12-15 to pre-register for the vaccine. 		Recent Case, Testing, and Hospitalization Trends <ul style="list-style-type: none"> State on Apr. 28: Instituted a new framework for reopening. Counties are reevaluated every 2 weeks, unless in turquoise, 4 weeks. Based on case incidence, positivity, and vaccination rate. State on May 3: All but 3 counties are in turquoise. Valencia and Catron are at green and Chaves is at yellow. Chaves is in yellow due to case rate and low vaccinations. News on May 5: Santa Fe area cases are up, hitting 20 after previously staying in single digits.
Variant News News on May 5: Officials reported several variants are active in the state, with B.1.1.7 most prevalent. CDC on Apr. 10: Region 6, which includes New Mexico, Texas, Arkansas, Louisiana, and Oklahoma reported the following variant proportions: 68.9% B.1.1.7, 0.4% B.1.351, 4.5% B.1.427/B.1.429, 3.4% P.1, and 22.8% Other Lineages.		Outbreaks <ul style="list-style-type: none"> State on May 9: 8 schools are on the watch list for cases and may be closed if additional cases are reported. Portales High School is closed due to 4 or more rapid responses (initiated when a student or students test positive). News on May 6: 7 students from 3 Santa Fe schools tested positive. BOP on May 9: 3 active cases among inmates and staff in federal facilities. State on May 5: There are 5 active cases in state correctional facilities. ICE on May 7: Otero County facility reports one active case. State on May 7: 18 LTCF in the state have reported at least one case in the past 28 days.
		Universities <ul style="list-style-type: none"> University of New Mexico reported 13 new cases in the past 2 weeks as of May 10. Spring semester was held in hybrid mode. The university is planning to mandate vaccination. New Mexico State University reported 2 active cases among staff on May 10. Masks no longer required outdoors for those who are fully vaccinated, with the exception of commencement. Holding Sleeve Up! Vaccination clinics. Last day of classes is May 14. In person commencement will be at the stadium with no guests. New Mexico State University-Dona Ana reported no active cases on May 10.
		Other Notable Information <ul style="list-style-type: none"> News on Apr. 28: The state will open and remove restrictions when 60% of the adult population is vaccinated, with an end-of-June goal.

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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MONTANA

Region 8

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
904 (85 per 100k) ↓ 33 (-4%)	4.8% ↓ 0.3 pct. pts.	15,780 (1,476 per 100k) ↓ 668 (-4%)	153 (2.1% of total) ↓ 0.1 pct. pts	115 (11 per 100k) ↑ 21 (+22%)	18 (2 per 100k) ↑ 7 (+64%)

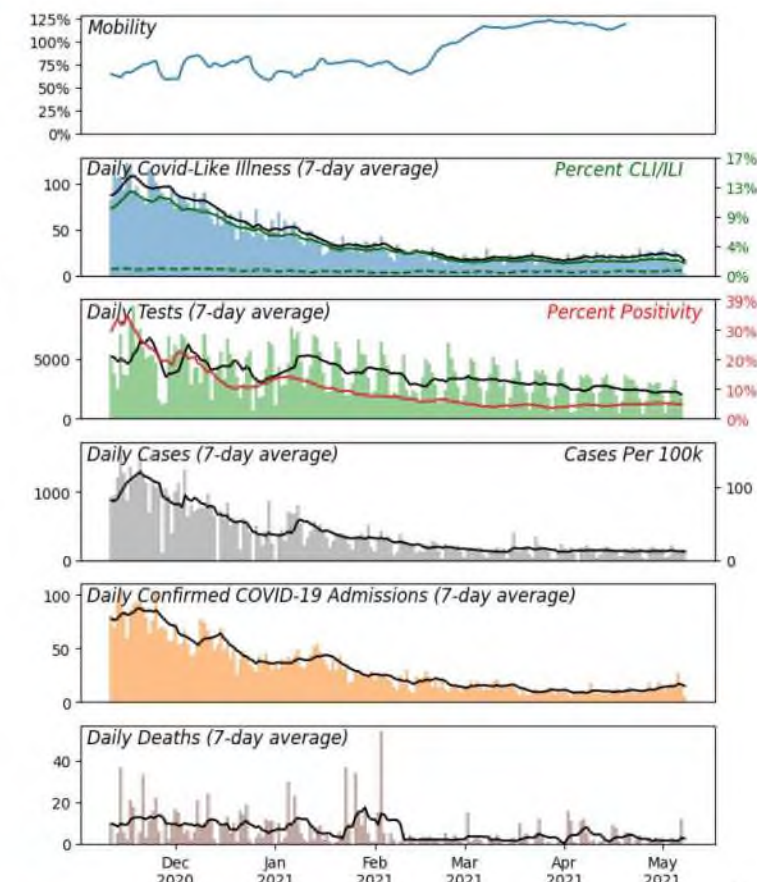
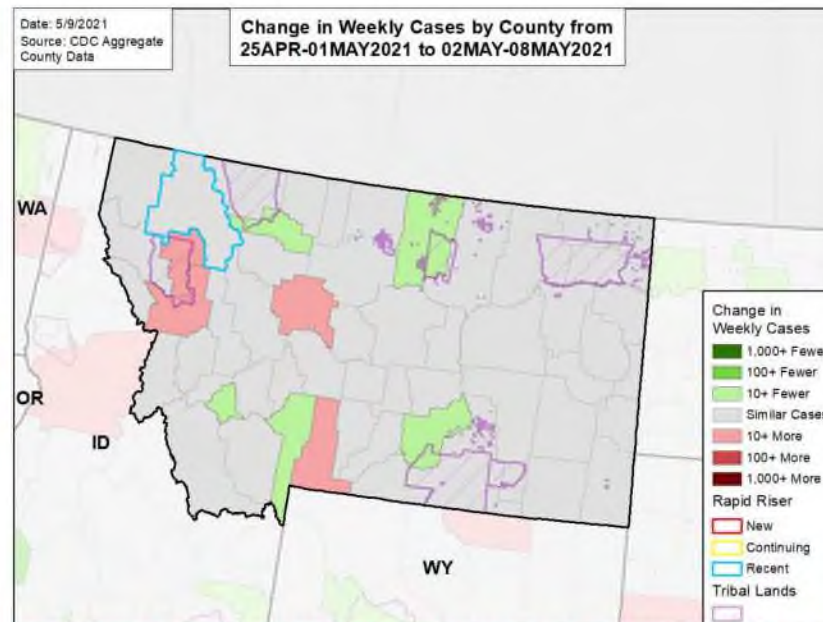
STATE HOSPITAL UTILIZATION	
Inpatient Beds	62% (2% for COVID-19)
ICU Beds	62% (8% for COVID-19)
Ventilators	10% (2% for COVID-19)
Hospitals Reporting Last 7 Days: 64 out of 64	

CASE DEMOGRAPHICS – LAST 14 DAYS		
	Cases (Change)	Pop.
0-17 Years	18% (↑ 5 pct. pts.)	21%
18-24 Years	12% (↓ 2 pct. pts.)	9%
65+ Years	10% (↑ 1 pct. pt.)	19%
Hispanic	4% (↑ 2 pct. pts.)	4%
NH Black	1% (↑ 1 pct. pt.)	1%
NH Amer. Indian	7% (↑ 5 pct. pts.)	6%
1,233 cases w/ known age, 683 cases w/ known race/ethnicity		

STATE CHARACTERISTICS	
Population	1,068,778
Average Household Size	2.39
Uninsured	10%
Poverty Rate	13%
Flu Vaccination Rate (2019) Ages 18 - 64	40%
Flu Vaccination Rate (2019) Ages 65+	68%

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

VACCINATION RATES	
At least 1 dose	42.1% (78.9% of 65+ population)
Fully vaccinated	34.7% (71.0% of 65+ population)
Doses admin.	2,494 per 100k in last 7 days (↓ 34%)
16% of non-vaccinated persons will definitely/probably get a vaccine	



MT

MONTANA

Top Counties of Concern	CDC Proportions of Variants	State Reported Variants (May 7)	% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Park, Cascade, Lewis and Clark, Flathead, Gallatin	N/A	96 B.1.1.7, 4 B.1.351, 33 B.1.427, 43 B.1.429, 3 P.1, 5 B.1.525, 7 B.1.526, 1 B.1.617.2 Total Sequences: N/A	100% / District decided	No statewide mandate. Local mandates in some counties.*	No restrictions.

Vaccine News	Recent Case, Testing, and Hospitalization Trends	<ul style="list-style-type: none"> State on May 10: 1,101 active cases and 71 active hospitalizations reported. News on May 7: Health officials in Flathead, Park, and Cascade Counties have noted a rise in cases and hospitalizations among younger, unvaccinated people. Park County's Health Officers described the current outbreak as "more contagious than anything we have seen before."
<p>MT opened eligibility to all adults 16+ on Apr. 1.</p> <ul style="list-style-type: none"> News on May 5: The vaccination rates in MT have been falling and remain lowest among those age 30 and younger. Health officials are moving away from mass vaccination sites and adopting smaller pop-up and outreach efforts. News on May 4: Approx. 96% of Montanans have returned for their second dose, according to health officials. News on May 7: MT will offer vaccines to Canadian truck drivers from neighboring Alberta from May 10-23. News on May 6: The Missoula City-County Health Dept. held a Cinco de Mayo "Vaccine Fiesta" at a local brewery that reportedly drew a long line of patrons. News on May 5: Due to declining demand, Flathead County is reducing its vaccine clinics from at least three to two days per week. 	Outbreaks	<ul style="list-style-type: none"> State on May 6: 116 K-12 schools and 9 universities reported cases over the 14 days prior to Apr. 30. State on May 7: 19 active cases were reported across 11 LTC and assisted-living facilities.
	Universities	<ul style="list-style-type: none"> Montana State University: Spring largely mix of in-person and hybrid. Administering vaccines on campus. Vaccine clinics also being held on Billings campus. No vaccine requirement. University of Montana: Spring semester had "as much in-person instruction as possible." Vaccine clinics held on campus. No vaccine requirement. The Montana University System is anticipating a return to normal operations without restrictions across its 16 campuses by Fall.
Variant News	Other Notable Information	<ul style="list-style-type: none"> State on May 7: MT has had 121 cases of breakthrough infection since Feb. 15, resulting in 14 hospitalizations and 1 death. 15 out of 28 subtyped cases were variants. News on May 8: MT reported its first confirmed cases of the P.1 and B.1.617.2 variants on May 7.
		<ul style="list-style-type: none"> News on May 7: Gov. Gianforte signed a bill May 7 prohibiting local health officials from actions that impede the ability of private businesses to conduct business. Lewis and Clark and Gallatin Counties say they will no longer be able to enforce their mask mandates as a result. News on May 7: Other measures have been passed that remove the ability to penalize law enforcement officials for refusing to enforce public health orders and that allow citizens to amend or repeal local health board actions.

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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HAWAII

Region 9

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
623 (44 per 100k) ↓ 21 (-3%)	1.7% ↓ 0.1 pct. pts.	41,446 (2,927 per 100k) ↑ 7,988 (+24%)	Unavailable	51 (4 per 100k) ↑ 17 (+50%)	4 (0.28 per 100k) ↓ 1 (-20%)

STATE HOSPITAL UTILIZATION

Inpatient Beds	70% (2% for COVID-19)
ICU Beds	59% (5% for COVID-19)
Ventilators	15% (1% for COVID-19)
Hospitals Reporting Last 7 Days: 24 out of 25	

VACCINATION RATES

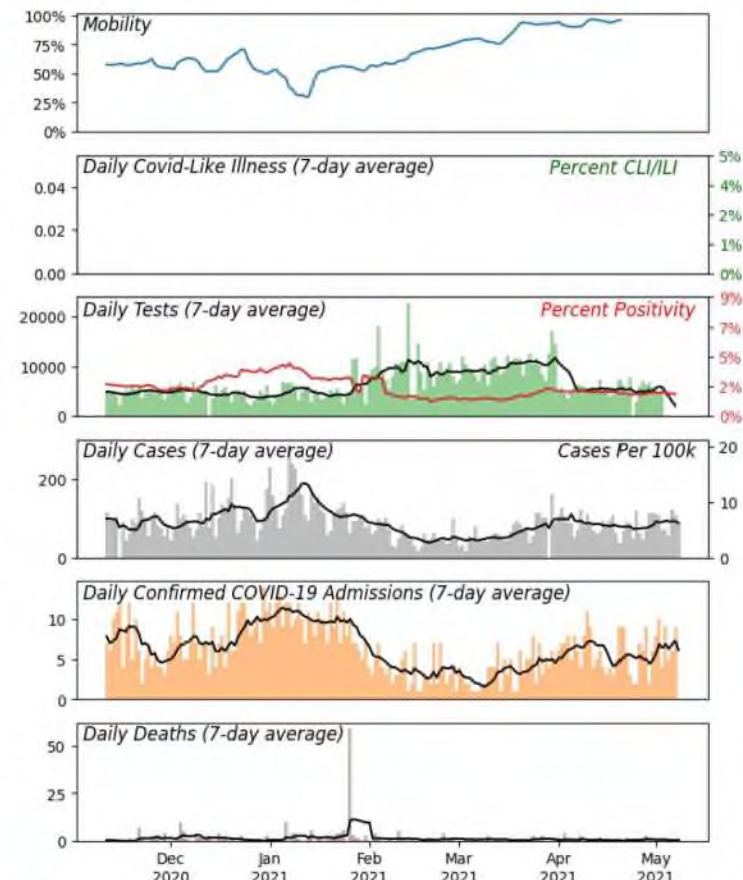
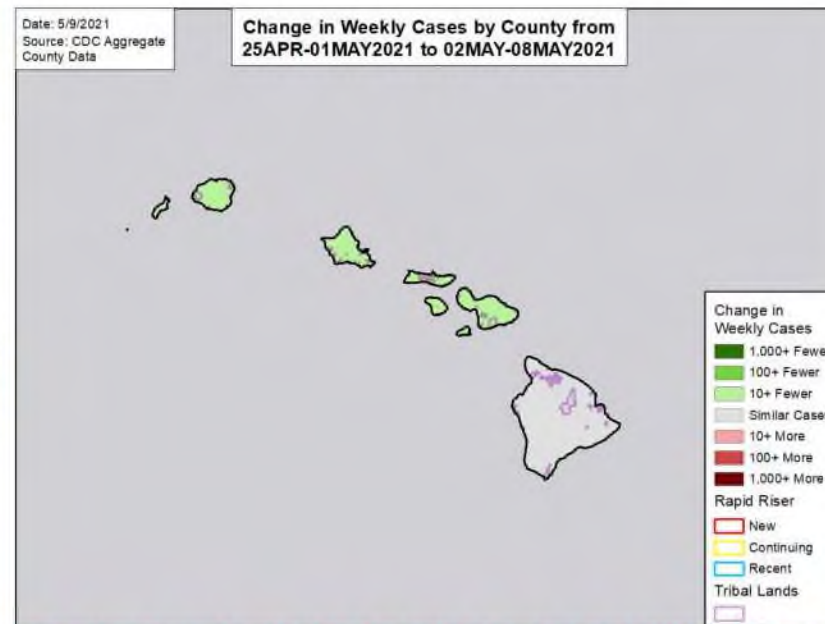
At least 1 dose	58.8% (94.9% of 65+ population)
Fully vaccinated	40.8% (77.9% of 65+ population)
Doses admin.	9,448 per 100k in last 7 days (↑ 39%)
35% of non-vaccinated persons will definitely/probably get a vaccine	

CASE DEMOGRAPHICS – LAST 14 DAYS

	Cases (Change)	Pop.
0-17 Years	20% (↑ 1 pct. pt.)	21%
18-24 Years	17% (↑ 1 pct. pt.)	8%
65+ Years	4% (↓ 2 pct. pts.)	19%
Hispanic	13% (No Change)	11%
NH Black	6% (↑ 4 pct. pts.)	2%
NH Amer. Indian	0% (No Change)	< 1%
643 cases w/ known age, 504 cases w/ known race/ethnicity		

STATE CHARACTERISTICS

Population	1,415,872
Average Household Size	3.02
Uninsured	4%
Poverty Rate	10%
Flu Vaccination Rate (2019) Ages 18 - 64	41%
Flu Vaccination Rate (2019) Ages 65+	67%

Date: 5/9/2021
Source: CDC Aggregate
County DataChange in Weekly Cases by County from
25APR-01MAY2021 to 02MAY-08MAY2021

* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

HAWAII

Top Counties of Concern	CDC Proportions of Variants	State Reported Variants	% of K-12 Schools in-person / Policy	Mask Policy	Gathering Policy
Kauai, Maui, Honolulu, and Hawaii County	NA	NA	39% / Reopening and closing is state-mandated	Mask mandate in public settings	Honolulu – social 10 people Kauai – social 5 indoor, 25 out Maui – social 5 people in/out

<p>Vaccine News</p> <p>State opened eligibility to all adults 16+ on April 19.</p> <ul style="list-style-type: none"> News on May 4: Hawaii is seeing demand slow, and for the first time ordered less vaccines than allocated. News on May 3: The state held a pop-up vaccination clinic at a public-housing project in Kalihi in an effort to bring vaccines to harder-to-reach populations. Barriers to access noted were language, lack of internet access or technology, or general lack of knowledge about vaccination. Translators for Chuukese, Marshallese, Korean, Samoan and Ilocano were available. News on May 3: The Health Department is working with schools on a social media campaign to reach younger people. With other populations, the state is using community groups with established relationships to reach people. 	Recent Case, Testing, and Hospitalization Trends	<ul style="list-style-type: none"> News on May 4: Amid rising cases, Kauai revised reopening plans to allow outdoor activities like sports, but limit indoor gatherings to 5 people. State on May 7: Statewide, cases increased by 17% from Apr. 21 to May 4, to an average of 94 new cases per day. Honolulu County has the highest test positivity, with 2.3% and Kauai County had the largest percent increase in cases over the past two weeks.
	Outbreaks	<ul style="list-style-type: none"> News on May 1: Kauai reported clusters of cases at two restaurants and two events, which have contributed to the uptick in cases. State on May 5: Two skilled nursing facilities reported new cases in the past 14 days. State on May 6: Clusters were identified at 2 educational settings (15 cases), 1 food supplier (22 cases), 6 restaurants (87 cases), 2 construction settings (17 cases), 4 other occupational settings (47 cases), 7 travel, lodging, and tourism settings (124 cases), 3 social gatherings (31 cases), and 1 other setting (4 cases).
	Universities	<ul style="list-style-type: none"> University of Hawaii at Manoa is utilizing in-person, hybrid and online instruction. (Main campus located in Honolulu) Reported 5 cases in past 14 days. Students are encouraged to visit vaccine clinics in the community. Commencement will be virtual.
	Other Notable Information	<ul style="list-style-type: none"> News on May 3: Some high schools are holding drive-thru diploma pickups, while others are holding distanced outdoor graduation ceremonies or live-streamed graduations. News on May 8: On May 11, Hawaii began their inter-island vaccine passport program. Persons who were vaccinated in Hawaii can upload their vaccine card instead of mandatory testing before travel between islands. The state plans to roll out the program to everyone in the US by late-summer, but there are concerns over the ability to validate whether cards are fraudulent.
<p>Variant News</p> <p>News on Apr. 23: State reports 555 variants, with 209 cases detected over previous 14 days. (454 of California variants, mostly B.1.429, 86 of B.1.1.7, 8 of B.1.351 and 7 of P.1). The state is sequencing 75 specimens per week.</p> <p>News on Apr. 23: State Epidemiologist reported that 82% of sequences from Maui are the B1.429 variant.</p>		

Information gathered from recent media reporting. Top Counties of Concern selected using combined ranking of last week new cases per 100k and week-to-week % increase in new cases. Counties with ≤10 cases from last week or the previous week are excluded.

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INDIANA

Region 5

DATA DATE May 9, 2021

Last 7 Days (May 2 - May 8)*

CASES	TEST POSITIVITY*	TOTAL TESTS*	CLI ED VISITS*	CONF. ADMISSIONS	DEATHS
7,234 (107 per 100k) ↓ 384 (-5%)	5.7% ↑ 0.6 pct. pts.	126,219 (1,875 per 100k) ↓ 3,877 (-3%)	1,537 (3.2% of total) ↑ 0.0 pct. pts	689 (10 per 100k) ↓ 61 (-8%)	67 (1.0 per 100k)

STATE HOSPITAL UTILIZATION

Inpatient Beds	64% (4% for COVID-19)
ICU Beds	67% (8% for COVID-19)
Ventilators	18% (2% for COVID-19)
Hospitals Reporting Last 7 Days: 126 out of 128	

VACCINATION RATES

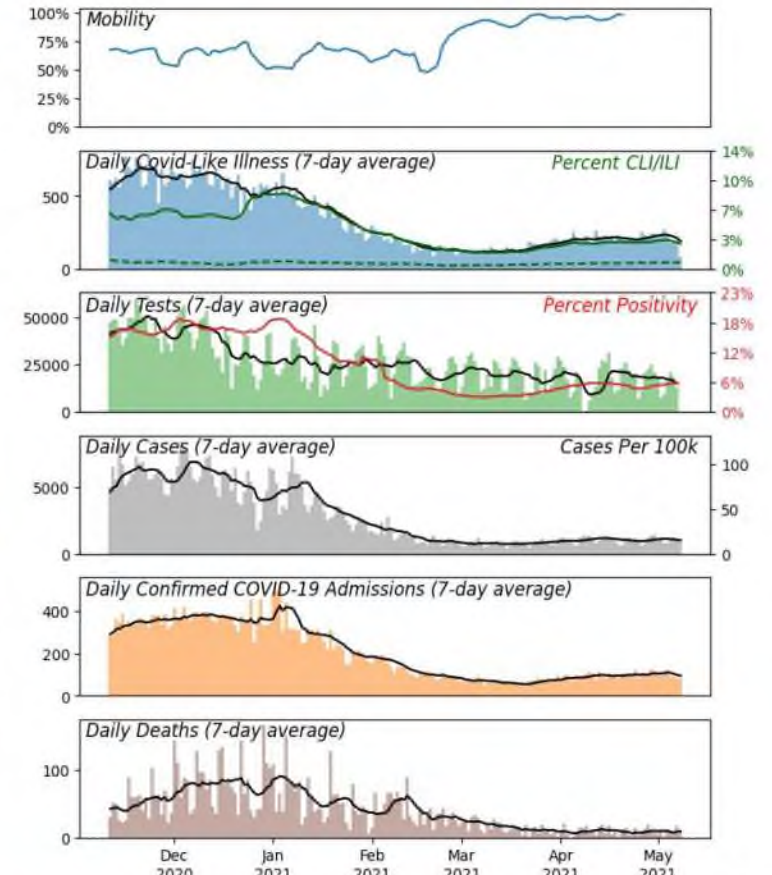
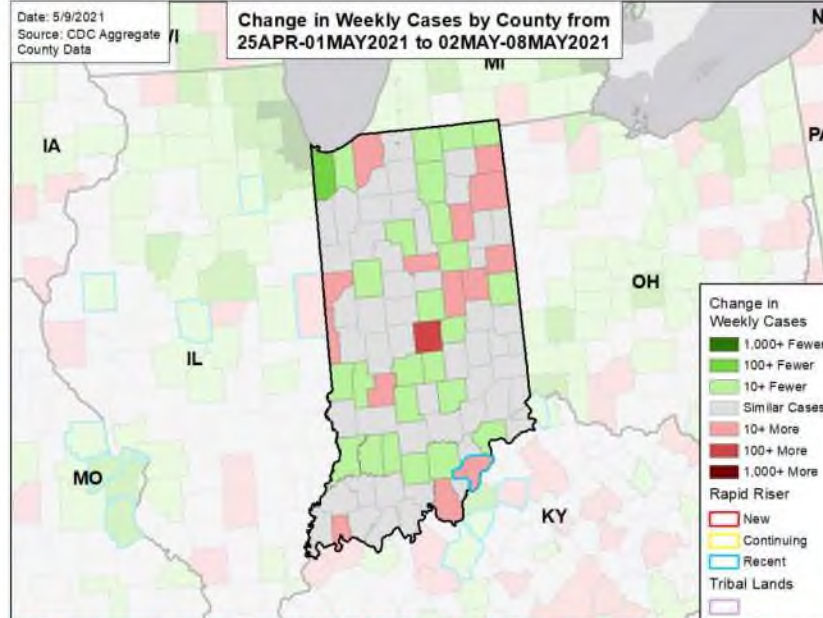
At least 1 dose	37.9% (79.2% of 65+ population)
Fully vaccinated	30.2% (73.6% of 65+ population)
Doses admin.	3,833 per 100k in last 7 days (↓ 12%)
47% of non-vaccinated persons will definitely/probably get a vaccine	

CASE DEMOGRAPHICS – LAST 14 DAYS

	Cases (Change)	Pop.
0-17 Years	19% (↑ 3 pct. pts.)	23%
18-24 Years	15% (↓ 2 pct. pts.)	10%
65+ Years	7% (No Change)	16%
Hispanic	12% (↑ 3 pct. pts.)	7%
NH Black	12% (↑ 5 pct. pts.)	10%
NH Amer. Indian	< 1% (No Change)	< 1%
18,506 cases w/ known age, 13,048 cases w/ known race/ethnicity		

STATE CHARACTERISTICS

Population	6,732,219
Average Household Size	2.52
Uninsured	9%
Poverty Rate	14%
Flu Vaccination Rate (2019) Ages 18 - 64	39%
Flu Vaccination Rate (2019) Ages 65+	68%



* Test positivity and ED metrics include a 2-day reporting lag. Total test metrics include a 6-day reporting lag. These metrics may be an underestimate due to delayed reporting.

TRIBAL AREA ANALYSIS

	Spokane Tribe (Spokane Reservation, WA; 2,900 enrolled members)	Confederated Tribes of Warm Springs (Warm Springs Reservation, OR; over 5,000 members)	Confederated Tribes of the Umatilla Indian Reservation (CTUIR) (Umatilla Reservation, OR; 3,100 members)	Spirit Lake Nation (Spirit Lake Reservation, ND; 7,256 members)
Cases Trends	As of Apr. 21, 13 on-res active cases and 1 off-res. 40+ people in quarantine.	As of May 5, 19 active cases and 28 contacts, up from 3 active cases and 19 contacts on Apr. 21.	There are 2 active cases as of May 5. As of Apr. 30, there were 43 days without a case.	As of May 5, there are 17 active cases . From Apr. 26-May 5, there were 16 cases.
Testing	From Apr. 14-21 , conducted 50 tests, of which 1 was positive.	1.83% positivity week ending May 4. From Apr. 21-May 5, conducted 432 tests. Tests available at Warm Springs Health & Wellness Center.	28 tests conducted the week of Apr. 30. Yellowhawk Tribal Health Center offers testing Mon., Wed., and Fri. by appointment.	From Apr. 26-May 2, positivity was 9.4%, and from Apr. 19-25, positivity was 16.7%. Drive thru testing offered May 6 and May 20. Can also call if exposed.
Hospitalizations	In Stevens County, where the reservation is located, there is 1 COVID-19 hospitalization as of Apr. 24. IHS operates the David C. Wynecoop Memorial Clinic, an ambulatory care center.	As of May 5, 0 hospitalized , down from 1 hospitalization on Apr. 21. Warm Springs Health & Wellness Center (WSHWC) is an ambulatory care center.	As of May 5, there are 0 hospitalizations .	As of May 5, there is 1 current hospitalization. IHS operates Spirit Lake Center (SLHC), a 3 physician ambulatory care center.
Vaccinations	Offering incentives , entering fully vaccinated in drawings for 5 \$500 prizes. 5 prizes awarded every 2 weeks. All vaccinated members receive \$100 and a t-shirt. Hosted clinic open to public May 7 in partnership with State Dept. of Health and Spokane Regional Health District. Wellpinit Clinic hosted Pfizer clinic for ages 16-17 May 4-5. Appointment was required, and "limited vaccine" was available. Moderna clinic held May 3 without appointment. Wellpinit Clinic hosted drive thru Moderna and J&J event May 6 without appointment. Wellpinit Clinic hosted drive thru Moderna clinics Apr. 27-30. Anyone " connected to the Spokane Tribe " is eligible. IHS staff visited Wellpinit middle and high schools to answer vaccine questions.	As of May 5 , 2,360 primary doses and 1,972 secondary doses administered. 50.3% have received at least one dose. 195 primary doses and 120 secondary doses are on hand. From Apr. 21-May 5 , 92 primary doses and 142 secondary doses administered. WSHWC held a J&J clinic with walk-ins on May 5 and Apr. 28 . WSHWC offering Moderna and J&J for anyone living or working in Warm Springs, IHS eligible or a family member. WSHWC held a vaccine clinics for ages 16-17 on Apr. 6 and Mar. 24 . Pace of vaccinations has slowed . As of Apr. 27, WSHWC has Moderna and Pfizer on hand .	Yellowhawk Tribal Health Center offering Pfizer on Tuesdays through July 27 to Yellowhawk eligible and tribal employees. As of Apr. 30, has administered 5,271 doses. 3,034 people have received at least one dose, and 2,237 are fully vaccinated. No vaccines reported administered since the week of Apr. 9. Opened a mass vaccination event from Apr. 12-13 to any age 16+ "in the 11 counties that span the CTUIR ceded territory" after 600 appointments were filled for the 1,700 dose event. National Guard assisted Yellowhawk staff with administration at the event. Yellowhawk held a 2 nd dose event May 3-4	As of Apr. 30, SLHC had administered 2,167 doses – 1,188 1 st doses and 979 2 nd doses. This is an increase of 253 doses – 110 1 st doses and 143 2 nd doses – since Mar. 31. Vaccine clinics are first come, first serve; no pre-registration. Walk-in vaccine clinics scheduled May 13 and May 27. Rides offered if needed. SLHC offers Moderna . Advertising vaccines through direct elder calls, media, emails, flyers in senior meals, medication bag stuffers, flyers in buildings, and tribal employee alert system. Vaccines available to all individuals age 18+ .
Mitigation Measures	In Phase 3 with gatherings from outside household at 10 indoor and 50 outdoor. Was in modified Phase 3 from Apr. 19-May 1 with gatherings from outside household at 5 indoor and 15 outdoor, both with 2 household limit and required attendance records. Masks required.	Masks required . Members asked to avoid large gatherings, distance, and stay home if sick.	As of Apr. 9 , gatherings limited to 8 indoors from 2 households and 10 outdoor. Restaurants and faith institutions open at 50% capacity. Daycare operating at full capacity. Mask usage is strongly encouraged.	As of Apr. 21 , masks are required in public places. Non-essential visits from those living outside the reservation and indoor gatherings are discouraged.
Other Notable Info	Wellpinit School District planned to return to 4 day in-person classes May 3, but, on Apr. 27, announced they would continue with A/B hybrid for remainder of school year. T'Creek Research & Diagnostics conducting 9 month antibody study that started May 5.	Jefferson County 509-J Schools have been in-person since Feb. 1 and reported an elementary student case on May 5.	On May 5, canceled the Root Feast Celebration due to rising cases	Tribal employees submit a proof of vaccine refusal form.

Tribes selected based on case rates in their states and on data availability. Information gathered from Tribal websites and Facebook pages.

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Vaccines, Variants, Equity, and Education (VVEE) BLUFs

Vaccines

- Despite improving COVID-19 metrics in the United States, the media is raising concerns that COVID-19 outcomes on younger populations is increasing. The public health community is aiming to better understand the epidemiology of COVID-19 in younger populations and any trends that may be emerging, as these populations are becoming eligible for vaccination.
- According to a Center for Countering Digital Hate analysis of anti-vaccine content posted on Facebook and Twitter between Feb. and Mar. 2021, 73% of Facebook content and 17% of tweets were attributable to 12 people. In Mar. 2021, the attorneys general of 12 states called on Facebook and Twitter to do more to police their platforms and remove or flag mis/disinformation.
- Recently available results from the National Immunization Survey, Adult COVID Module show that 75% of adults are endorsers (vaccinated or plan to get vaccinated), 12% are reachable (probably will get vaccinated or are unsure); and 13% are reluctant (probably or definitely will not get vaccinated).

Variants

- The B.1.526 variant has been identified in all 50 states. Recent incidence is highest in New York (24%), North Carolina (21%), New Jersey (24%), and Delaware (25%). In all these states, B.1.1.7 incidence is higher (45%, 60%, 53%, and 50%, respectively) and in only Delaware does B.1.1.7 appear to be recently outcompeted, albeit with wide confidence intervals. B.1.1.7 is growing in incidence nationally and in all HHS regions, per data from CDC.

Education

- At least 322 IHES have decided to mandate the COVID-19 vaccine for Fall 2021.

Equity

- New Mexico has the largest proportion of Hispanic residents (49%) in the US and Arizona has the 4th largest (32%). However, both states have struggled to reach an equal proportion of Hispanic residents vaccinated. Both states appear to have waited to hold targeted interventions until later in the vaccine rollout, and are now partnering with local organizations to reach Hispanic/Latinx residents.

Vaccines

COVID-19 HOSPITALIZATIONS TRENDING YOUNGER

- Despite improving COVID-19 metrics in the United States, the media is raising concerns that COVID-19 outcomes on younger populations is increasing [1, 2, 3, 4]. The public health community is aiming to better understand the epidemiology of COVID-19 in younger populations and any trends that may be emerging, as these populations are becoming eligible for vaccination.
- Variants, vaccinations, eligibility, demographics, susceptible populations, and transmission may all at play.
 - Some of the attention likely comes from concerns that novel variants may have an increased risk of severe illness in younger populations. Countries such as Chile and Brazil, which are experiencing a substantial burden of the P.1 variant, have reported an [increased number and rate of hospitalizations](#) in those under the age of 60.
 - Despite [early concerns](#) in the UK that the B.1.1.7 variant was more transmissible and severe in children compared to adults, this hypothesis has not been supported by recent evidence [1, 2, 3].
 - More data is need to understand the full impacts of SARS-CoV-2 variants on children.
 - Per data from [CDC](#), there are substantial drop-offs in vaccine coverage (both one dose and fully vaccinated) in each subsequent age blocks after 65-74 years of age. These are likely due to the prioritization of older populations in the vaccine rollout.
- On May 10, FDA [expanded](#) Pfizer EUA coverage to children age 12-15.

US Vaccine Coverage by Age

Age	Receiving at Least One Dose	Fully Vaccinated
75+ yrs	82.3%	70.4%
65-74 yrs	85.0%	71.9%
50-64 yrs	64.9%	49.4%
40-49 yrs	53.2%	37.4%
30-39 yrs	46.4%	31.5%
18-29 yrs	37.1%	22.8%
<18 yrs	3.3%	1.3%

Age data were available for 99.0% of vaccinations. Texas has been excluded from all calculations on this page.*

[CDC](#), May 8, 2021

Vaccine Mis/Disinformation Circulating

- Based on [NewsGuard's](#) list of top COVID-19 vaccine myths and recent headlines in the [COVIDGeo Misinformation Dashboard](#), recent mis/disinformation has largely targeted fears about reproductive health and vaccine mortality, often spinning [VAERS](#) data.
- The [Center for Countering Digital Hate](#) (CCDH) reports that promoters of anti-vaccine narratives have more than 59 million followers across Facebook, YouTube, Instagram, and Twitter.
 - A recent [study](#) published in Nature found that exposure to misinformation led to a 6.4% decline in self-reported intent to “definitely” vaccinate among U.S. participants.
- According to a CCDH [analysis](#) of anti-vaccine content posted on Facebook and Twitter between Feb. and Mar. 2021, 73% of Facebook content and 17% of tweets were attributable to 12 people.
 - Most are known for fringe medicine
 - Several have promoted narratives claiming that COVID-19 vaccines harm fertility
 - At least two, Rizza Islam and Kevin Jenkins, have promoted anti-vaccine narratives specifically targeting Black/African American populations

Response

- In a Nov. analysis of state vaccination plans, [KFF](#) found that “38% of state [vaccine] plans included at least a mention of addressing vaccine misinformation, but most of these states do not provide specific strategies for countering misinformation.”
- In Mar. 2021, the attorneys general of 12 states [called on](#) Facebook and Twitter to do more to police their platforms and remove or flag mis/disinformation.
- Some [states](#) and [localities](#) have been working with community leaders, community organizations, and influencers to address misinformation in communities of color.

Common Themes Among Recent Anti-Vaccine Mis/Disinformation

The vaccines are dangerous and have caused numerous deaths/more deaths than COVID-19.

The mRNA vaccines alter a person's DNA.

The vaccines are detrimental to fertility/will cause miscarriages/can harm breastfeeding babies. Being around a vaccinated person can cause harm.

The vaccines actually increase the risk of contracting COVID-19/are causing the new variants.

The vaccines are ineffective

*Themes spinning VAERS data for narrative

CCDH's "Disinformation Dozen"

Mis/Disinformation Distributor	Social Media Platforms Removed – Partially Removed – Active
Joseph Mercola	Facebook, Twitter, Instagram
Robert F. Kennedy Jr.	Facebook, Twitter, Instagram
Ty & Charlene Bollinger	Facebook, Twitter, Instagram
Sherri Tenpenny	Facebook, Twitter, Instagram
Rizza Islam	Facebook, Twitter, Instagram
Rashid Buttar	Facebook, Twitter, Instagram
Erin Elizabeth	Facebook, Twitter, Instagram
Sayer Ji	Facebook, Twitter, Instagram
Kelly Brogan	Facebook, Twitter, Instagram
Christiane Northrup	Facebook, Twitter, Instagram
Ben Tapper	Facebook, Twitter, Instagram
Kevin Jenkins	Facebook, Twitter, Instagram

[Center for Countering Digital Hate](#), March 24, 2021

COVID-19 VACCINE CONFIDENCE

The COVID-19 State of Vaccine Confidence Insights Report is a biweekly quantitative and qualitative analysis of 14+ data sources, compiled by CDC. It synthesizes major themes that may influence COVID-19 vaccine confidence and uptake.

For full report: eocevent515@cdc.gov

Vaccine confidence

- trust that patients, families and providers have in vaccines, vaccinators, and the system of vaccine development, manufacturing and policy making
- supports decision making about vaccination

Factors influencing vaccine confidence

- cultural, social, political, individual, group, vaccine-specific and other factors

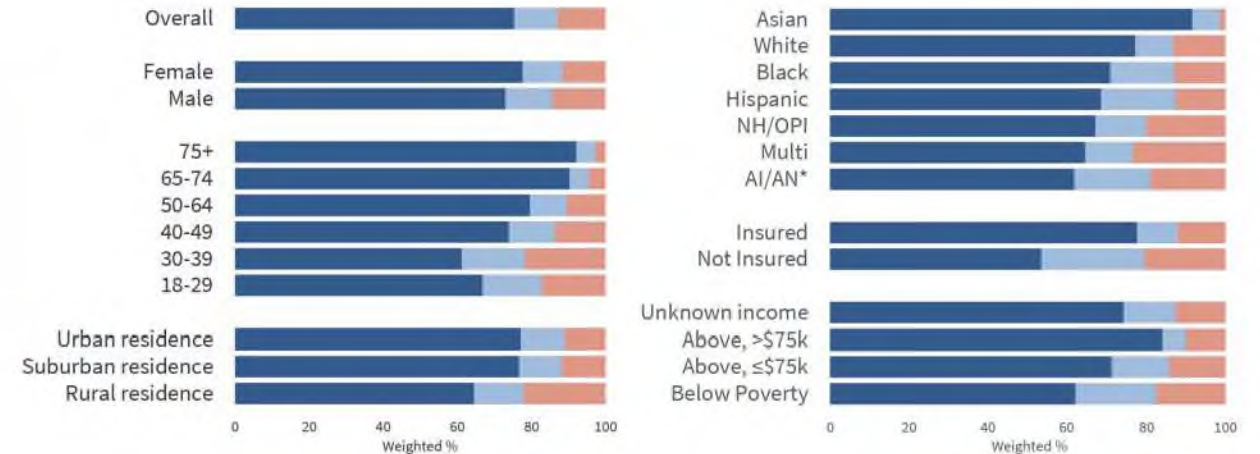
Data sources to inform understanding of vaccine confidence

- digital media, peer-reviewed research, polling data, social listening platforms and web-metric data

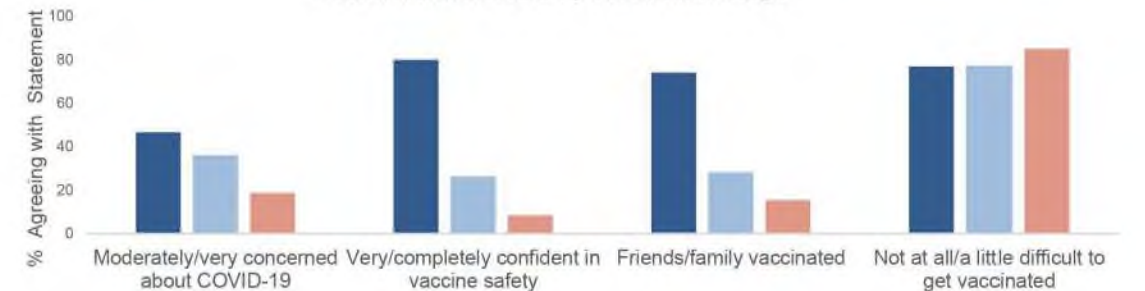
National Immunization Survey (CDC), Adult COVID Module, April 26 – May 1, 2021 (N=19,846)
Vaccination stage of respondents (endorser, reachable, reluctant) (%) by sociodemographic characteristics

■ **Endorser** = vaccinated/definitely plan to get vaccinated ■ **Reachable** = probably will get vaccinated/unsure
■ **Reluctant** = probably/definitely will not get vaccinated

Overall: 75.3% of adults are endorser, 11.8% are reachable, 12.8% are reluctant



Behavioral Indicators by Vaccination Stage



*Due to small sample size results should be interpreted with caution. AI/AN: American Indian/Alaska Native; NH/OPI: Native Hawaiian/Other Pacific Islander

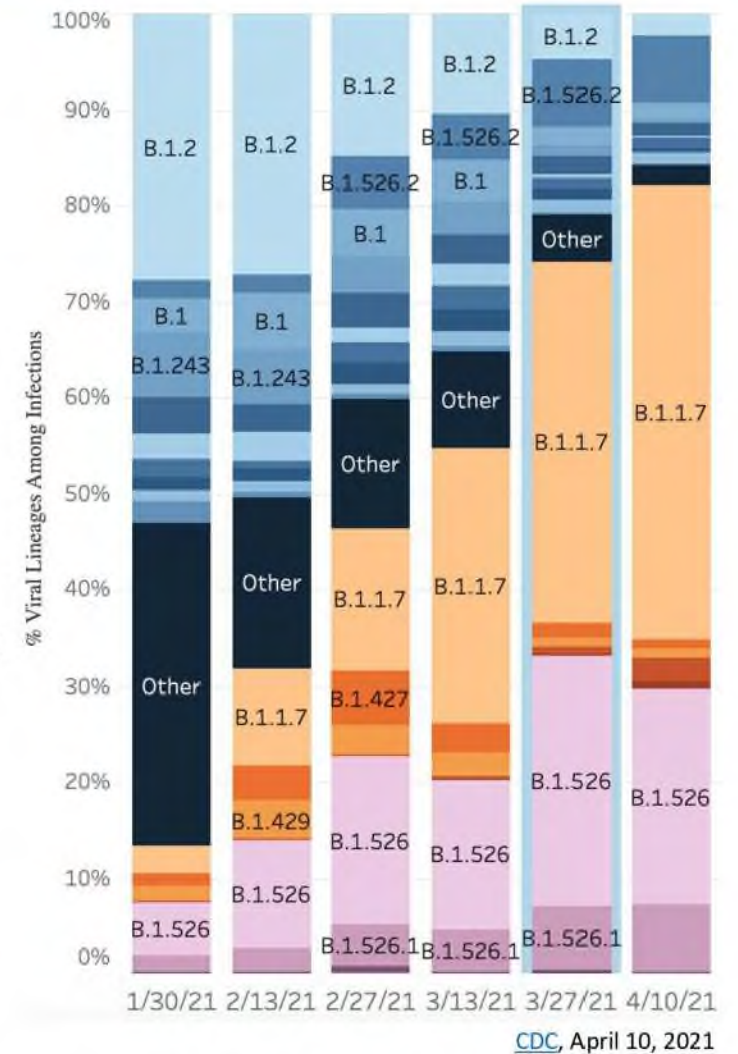
Major Themes, Report #7, April 13-26, 2021	Ways to Act
Media coverage of pharmaceutical executives making statements about potential booster doses cause some to believe vaccines are ineffective or being promoted for financial gain	<ul style="list-style-type: none"> • Amplify messages about COVID-19 vaccine effectiveness and benefits by trusted messengers and advocates
Access to vaccines remains an issue for communities of color	<ul style="list-style-type: none"> • Work with communities to assess and problem-solve practical and structural barriers affecting vaccine access.
Parents are confused about benefits of vaccination for children and if benefits outweigh the risk of illness	<ul style="list-style-type: none"> • Promote clear communication efforts about benefits, safety, side effects and effectiveness of COVID-19 vaccines for children • Disseminate messages about what is known and unknown about risk of COVID-19 illness for children

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Variants

B.1.526 VARIANT

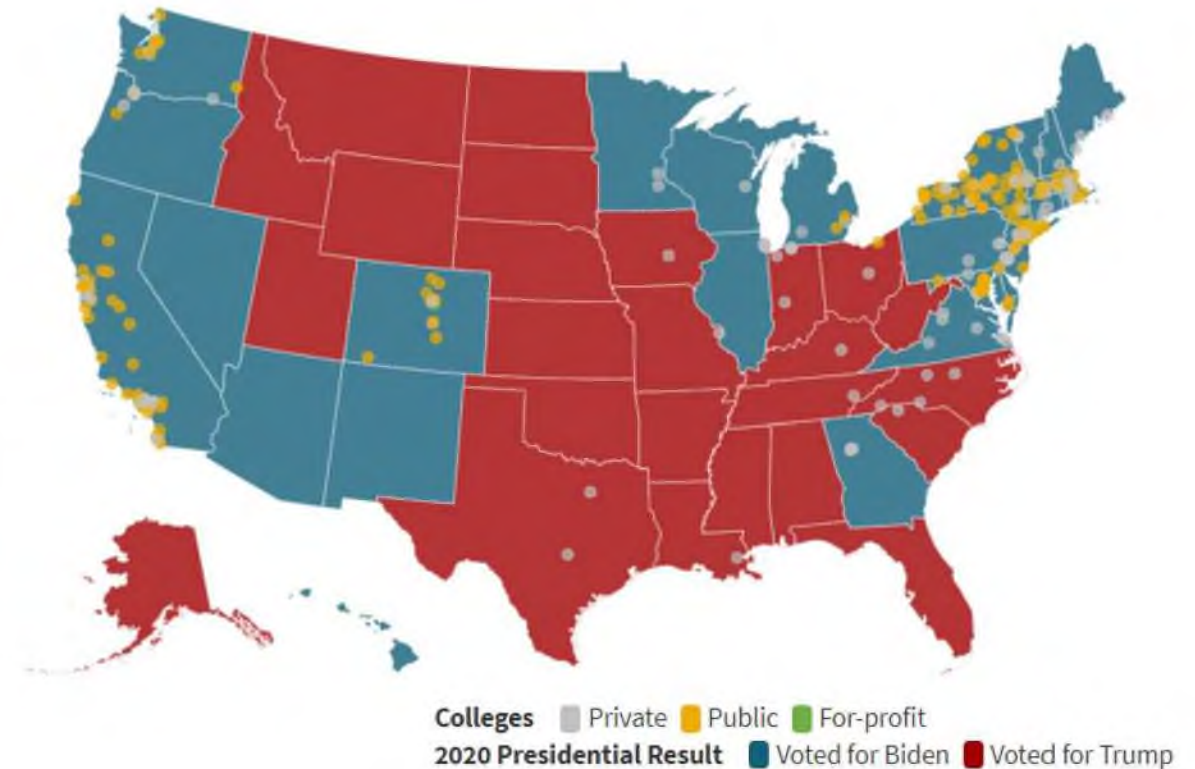
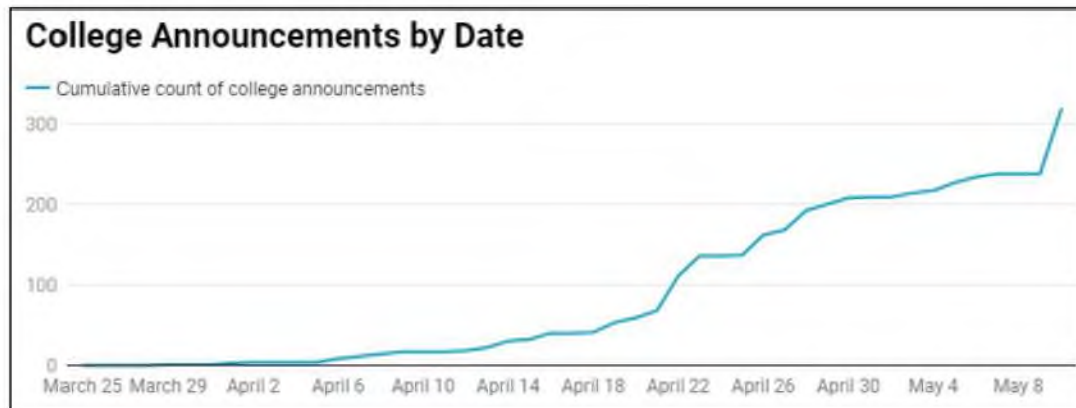
- [B.1.526](#), the variant first identified in New York, is classified as a [variant of interest](#). It is characterized by several mutations, including S:E484K (shared by B.1.351 and P.2) and ORF1b:P314L (shared by B.1.426/CAL.20C).
- To date, the variant has been identified in all [50 states](#). Recent incidence is highest in New York (24%), North Carolina (21%), New Jersey (24%), and Delaware (25%). In all these states, B.1.1.7 [incidence](#) is higher (45%, 60%, 53%, and 50%, respectively) and in only [Delaware](#) does B.1.1.7 appear to be recently outcompeted, albeit with wide confidence intervals. B.1.1.7 is growing in incidence nationally and in all HHS regions, per data from [CDC](#).
- Recent [detailed epidemiological analysis](#) from the New York City Department of Health and Mental Hygiene suggests B.1.526:
 - Has similar transmissibility to B.1.1.7 ([~50%](#) increased transmission),
 - Does not result in an increased risk of hospitalization compared to other circulating, non-B.1.1.7 lineages, and
 - Does not have a higher risk of reinfection
- However, individuals infected with B.1.526 were typically younger and from higher poverty areas, potentially biasing estimates of severe illness risk.



Education

INSTITUTES OF HIGHER EDUCATION VACCINE MANDATES

- At least [322 IHES](#) have decided to mandate the COVID-19 vaccine for Fall 2021. All schools but 19 are in states that voted Democrat in 2020, suggesting the same [political divides](#) in vaccine confidence that have been seen [across the county](#). Of these 19 schools, all but one are private institutions.



Information gathered from recent media reporting and polling results.

Image Sources: [The Chronicle of Higher Education](#)

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Equity

EFFORTS TO INCREASE HISPANIC VACCINATION RATES IN AZ & NM

New Mexico has the largest proportion of Hispanic residents (49%) in the US and Arizona has the 4th largest (32%). However, both states have struggled to reach an equal proportion of Hispanic residents vaccinated. Both states appear to have waited to hold targeted interventions until later in the vaccine rollout, and are now partnering with local organizations to reach Hispanic/Latinx residents.

Arizona

	AZ Census	% with at least one dose
Hispanic	31.7%	13.0%
Non Hispanic	68.3%	56.4%
Other	NA	17.0%
Unknown	NA	13.7%

Source: [AZ Dashboard](#), May 5, 2021

- In mid-February, the health department created a [Spanish](#) version of their vaccine appointment website. At that point, over 1 million vaccines had been administered.
- A week long vaccine clinic was held in south central Phoenix in late March to target [underserved](#) communities. Volunteers went door-to-door and passed out flyers to advertise the event.
- Promise Arizona is [calling](#) people who have taken their English classes, had immigration consultations or worked on voter outreach to see if they need help getting vaccinated, including offering rides.
- In May, [UnidosUS](#) is running an "Esperanza Hope for All" educational campaign in Hispanic communities where health resources are lacking or difficult to access, including Phoenix and Yuma. Outreach workers go to Hispanic grocery stores, strip malls, food banks, and flea markets to speak with Latinx community members about the benefits of getting the COVID-19 vaccine.
- The state is facing [criticism](#) since a former political consult of Gov. Ducey was awarded a multi-million dollar [no-bid](#) contract to run an education campaign focused on increasing COVID-19 vaccination rates among Hispanic populations.

New Mexico

	NM Census	% with at least one dose
Hispanic	49.3%	40.6%
Non Hispanic	50.7%	48.9%
Other	0%	2.1%
Unknown	0%	8.4%

Source: [NM Dashboard](#), May 5, 2021

- The overall high vaccination rate in New Mexico is attributed to "homegrown technological expertise, cooperation between state and local agencies and a focus by elected officials on combating the virus," though Hispanic residents are less likely to be vaccinated, compared to non-Hispanic residents, according to the health department.
- The gap is beginning to close with clinics in underserved communities and the DOH working with community leaders. However, access issues are still present with lack of internet or transportation. Some pop-ups vaccine clinics in Hispanic communities are offering [food](#), and allow both appointments and walk-ins.
- A state DOH spokesperson, attributed racial and ethnic vaccine disparities to [skepticism](#), due to historical medical experiments.
- La Clinica de Familia, a nonprofit, used staff outreach to reach [rural](#) Hispanic communities with the vaccine.
- The Empowerment Congress of Doña Ana County has been doing [outreach](#) in rural areas, noting lack of internet access, lack of trust in the state's online portal, a preference for phone calls, and lack of translators were are barriers to vaccination. Some residents desired to ask questions and some wanted to "wait-and-see."

Information gathered from recent media reporting and state websites.

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Slide Notes & Data Sources

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in changes from day to day.
- **Population/Demographics:** Population and demographic data is from US Census Vintage 2019 Demographic Estimates.
- **Cases and Deaths:** COVID-19 case and death metrics at the state and county level are generated using a dataset managed by the CDC which is compiled from state and local health departments. Most states and localities report both confirmed and suspected cases and deaths, although some report just confirmed cases and deaths. To ensure data quality, daily data alerts are monitored for deviations in the data (e.g., decreases in cumulative values, no change in values, abnormal increases in values). These alerts are manually reviewed every day by checking the data against local government websites, state websites, and news sources, and the raw values are corrected as needed to reflect local government reports. Cases are based on date of report and not on date of symptom onset. This may cause artificial spikes in any given day of data. Changes in reporting may also cause temporary spikes or dips (e.g. shifts from reporting confirmed and probable cases to reporting just confirmed cases). Case data are presented as 7-day totals or averages to adjust for these anomalies as well as weekly variations in reporting. CBSA-level data are calculated by aggregating county/municipio-level data. Regional and national values are calculated by aggregating state-level data.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and six commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) lab test positivity rate is the number of positive tests divided by the number of tests performed and resulted. See <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html> for more information on this method. Testing data may be backfilled over time, resulting in changes week-to-week in testing data.
- **Hospital Data:** Unified Hospital Dataset, including federal facilities (VA, DHA, and IHS hospitals) and excluding psychiatric, rehabilitation, and religious non-medical hospitals.
 - Hospital data are reported to HHS either directly from facilities or via a state submission. Data for hospitals with the same CMS Certification Number (CCN) are aggregated. Three percent of CCNs contain multiple facilities that map to different counties and some of these may also map to different CBSAs. These data are reported daily by more than 6,000 facilities across the country. While these data are reviewed for errors and corrected, some reporting errors may still exist within the data. To minimize errors in data reported here, extreme outliers are removed from the data before the metrics are calculated.
 - Total inpatient bed, ICU bed, and ventilator counts are calculated as an average among reports from each hospital in the given timeframe. Unless otherwise noted, "inpatient beds" indicates staffed adult and pediatric inpatient beds, while "ICU beds" indicates staffed adult ICU beds. Utilization metrics calculate the average utilization in the geography for the week. Due to inconsistent reporting and impacts of staffing on the total number of beds at each hospital, variations may occur over time and the number shown may not be a full representation of the true number of resources in the area.
 - Total number of admissions is calculated as a sum of confirmed and suspected admissions, both adult and pediatric, reported by all hospitals reporting in the given timeframe. Due to inconsistent reporting and data errors, the number shown may not be a full representation of the true number of admissions in the area.

Color Thresholds for Indicators

The green-to-red color thresholds convey information on levels of transmission severity. There are not specific labels associated with each color threshold.

Colors are determined by first rounding a raw number to the nearest integer or tenth, and then selecting the associated color. If there is no data or a metric cannot be computed, a cell is colored gray.

Color thresholds were set based on a variety of factors and analyses, including assessing historical correlations in test positivity and case counts.

Additional shades of red are used for certain visualizations to provide greater context.

NOTE: Colors are applied after rounding to the displayed digits of precision

CASES/DEATHS

Confirmed cases - 7-day total
Cases per 100k - 7-day total
Confirmed deaths - 7-day total
Confirmed deaths per 100k - 7-day total
Confirmed cases - % change
Confirmed deaths - % change

DARK GREEN	LIGHT GREEN	YELLOW	ORANGE	LIGHT RED	RED
colored by per capita thresholds					
4 or less	5 – 9	10 – 49	50 – 99	100 – 199	200 or more
colored by per capita thresholds					
not used	0.0	0.1 – 0.9	1.0 – 1.9	2.0 – 4.9	5.0 or more
-26% or less	-25% – -11%	-10% – +0%	+1% – +10%	+11% – +25%	+26% or more

VIRAL (RT-PCR) LAB TESTING

Viral (RT-PCR) lab test positivity rate - 7 day average
Total RT-PCR diagnostic tests - 7-day total
RT-PCR tests per 100k - 7-day total
Viral (RT-PCR) lab test positivity rate - absolute change
Total RT-PCR diagnostic tests - percent change

DARK GREEN	LIGHT GREEN	YELLOW	ORANGE	LIGHT RED	RED
colored by per capita thresholds					
2.9% or less	3.0% – 4.9%	5.0% – 7.9%	8.0% – 9.9%	10.0% – 14.9%	15.0% or more
colored by per capita thresholds					
5,000 or more	3,000 – 4,999	2,000 – 2,999	1,000 – 1,999	500 – 999	499 or less
-2.1% or less	-2.0% – -0.6%	-0.5% – +0.0%	+0.1% – +0.5%	+0.6% – +2.0%	+2.1% or more
+26% or more	+25% – +11%	+10% – +1%	+0% – -10%	-11% – -25%	-26% or less

HOSPITAL UTILIZATION

Confirmed COVID-19 admissions - 7-day total
Suspected COVID-19 admissions - 7-day total
Total COVID-19 admissions - 7-day total
Confirmed COVID-19 admissions per 100 inpatient beds - 7-day total
Suspected COVID-19 admissions per 100 inpatient beds - 7-day total
Total COVID-19 admissions per 100 inpatient beds - 7-day total
% inpatient beds occupied
% ICU beds occupied
% ventilators in use
% inpatient beds occupied by COVID-19 patient
% ICU beds occupied by COVID-19 patient
% ventilators in use by COVID-19 patient
Confirmed COVID-19 admissions per 100 inpatient beds - percent change
Suspected COVID-19 admissions per 100 inpatient beds - percent change
% inpatient beds occupied - absolute change
% inpatient beds occupied by COVID-19 patient - absolute change
% ICU beds occupied - absolute change
% ICU beds occupied by COVID-19 patient - absolute change
% ventilators in use - absolute change
% ventilators in use by COVID-19 patient - absolute change
Monoclonal antibody courses administered by hospitals - percent change

DARK GREEN	LIGHT GREEN	YELLOW	ORANGE	LIGHT RED	RED
colored by per 100 bed thresholds					
1 or less	2 – 3	4 – 5	6 – 10	11 – 15	16 or more
2 or less	3 – 5	6 – 10	11 – 15	16 – 20	21 or more
GRAY 0% – 80%				81% – 90%	91% or more
3% or less	4% – 7%	8% – 12%	13% – 15%	16% – 20%	21% or more
-26% or less	-25% – -11%	-10% – +0%	+1% – +10%	+11% – +25%	+26% or more
-2% or less	-1%	0%	+1%	+2%	+3% or more
100% or more	99% – 20%	19% – 0%	-1% – -19%	-20% – -99%	-100% or less

States that have provided no county testing data for the most recent days of reporting:

- MP provided no testing data after 04/10: MP's testing numbers may therefore be a significant underestimate of the true value.
- MH provided no testing data after 04/29: MH's testing numbers may therefore be a significant underestimate of the true value.
- CA provided no testing data after 05/03: CA's testing numbers may therefore be a significant underestimate of the true value.
- HI provided no testing data after 05/03: HI's testing numbers may therefore be a significant underestimate of the true value.
- CT provided no testing data after 05/05: CT's testing numbers may therefore be a significant underestimate of the true value.
- MO provided no testing data after 05/05: MO's testing numbers may therefore be a significant underestimate of the true value.
- NM provided no testing data after 05/05: NM's testing numbers may therefore be a significant underestimate of the true value.
- TN provided no testing data after 05/05: TN's testing numbers may therefore be a significant underestimate of the true value.

States that have provided no state testing data for the most recent days of reporting

- MP provided no testing data after 04/10: MP's testing numbers may therefore be a significant underestimate of the true value.
- MH provided no testing data after 04/29: MH's testing numbers may therefore be a significant underestimate of the true value.
- CA provided no testing data after 05/03: CA's testing numbers may therefore be a significant underestimate of the true value.
- HI provided no testing data after 05/03: HI's testing numbers may therefore be a significant underestimate of the true value.
- CT provided no testing data after 05/05: CT's testing numbers may therefore be a significant underestimate of the true value.
- MO provided no testing data after 05/05: MO's testing numbers may therefore be a significant underestimate of the true value.
- NM provided no testing data after 05/05: NM's testing numbers may therefore be a significant underestimate of the true value.
- TN provided no testing data after 05/05: TN's testing numbers may therefore be a significant underestimate of the true value.

Cases and Deaths

- County-level case and death data are inclusive of all updates as of 12PM 5/9/2021.
- State-level case and death data are inclusive of all updates as of 12PM 5/9/2021.

County Test Data Source by State

- **CELR data from states provided in line level format:** AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY

State Test Data Source by State

- **CELR data from states provided in line level format:** AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY

DATA SOURCES AND METHODS – AOC CONTINUUM

The **Areas of Concern Continuum** is used to describe communities as they progress through stages of the epidemic. There are 7 possible AOC classifications based on current and recent history of case and testing data for the location:

Low Burden Community

Purpose: Identify communities with minimal activity.

Definition:

- <10 new cases per 100k population in the last week

Moderate Burden Community

Purpose: Identify communities with moderate disease activity.

Definition:

- Has **NOT** been identified as a Hotspot, Sustained Hotspot, or High Burden—Resolving within the last 2 weeks
AND
- Does not meet the definition for an Emerging Hotspot, Hotspot, Sustained Hotspot, or High Burden—Resolving
AND
- Does not meet the definition for being a Low Burden Community

Emerging Hotspot

Purpose: Generate early and reliable signals of communities with emerging increases in disease burden that have a high likelihood for becoming a hotspot in the next 1-7 days.

Method:

Decision tree model that leverages the following features, trained based on prior data:

Cases

- Total cases in the last week
- Total cases per 100k population in the last week
- New cases in the last week minus new cases the previous week
- Ratio of total cases in last 7 days to total cases in last 30 days

Testing

- Number of tests last week
- Difference in percent positive tests in last 7 days from last 21 days

Hotspot

Purpose: Identify communities that have reached a threshold of disease activity considered as being of high burden.

Definition:

- >100 new cases per 100k population OR >500 new cases in the past week
AND
- Number of days in downward case trajectory* ≤ 7 days
AND
- >50 cases during past week
AND
- Conditions must hold for at least 3 of the previous 5 days

Sustained Hotspot

Purpose: Identify communities that have had a high sustained case burden and are at potentially higher risk for experiencing healthcare resource limitations.

Definition:

- Either Hotspot for at least 7 preceding days or already a Sustained Hotspot on previous day
AND
- >200 new cases per 100k population OR >1,000 new cases in the past two weeks
AND
- Daily incidence rate >15 new cases per 100k population for 8 or more of the last 14 days OR test positivity >10% over last 14 days
AND
- >100 cases during the last two weeks
AND
- Conditions must hold for at least 3 of the previous 5 days

Data Sources: CDC Aggregate County Data; Unified Testing Dataset; US Census 2019

High Burden - Resolving

Purpose: Identify communities that were recently identified as hotspots and are now improving.

Definition:

- Identified as a Hotspot or Sustained Hotspot within the last 2 weeks
AND
- Not currently a Emerging Hotspot, Hotspot, or Sustained Hotspot
AND
- >100 new cases per 100k population OR >500 new cases in last week
AND
- Number of days in downward trajectory* ≥ 7
AND
- >50 cases during last week OR both ≥ 10 cases in last week and >10% test positivity in last week

Moderate Burden - Resolving

Purpose: Identify communities that have a moderate level of burden, but are demonstrating improvement.

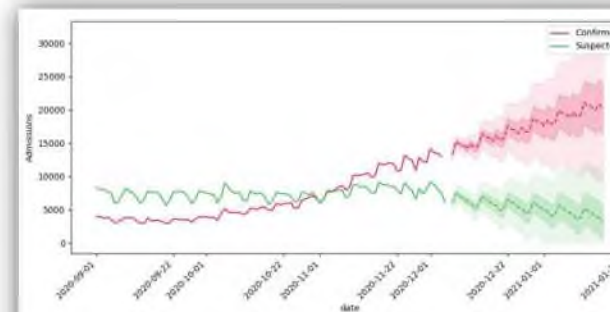
Definition:

- Identified as a Hotspot, Sustained Hotspot, or High Burden—Resolving within the last 2 weeks
AND
- Does not meet the definition for an Emerging Hotspot, Hotspot, Sustained Hotspot, or High Burden—Resolving
AND
- Does not meet the definition for being a Low Burden Community

***Number of Days in Downward Case Trajectory:** This field is calculated using a CDC algorithm that first fits a smooth spline curve to daily case counts, and then counts the number of days that curve has been decreasing or at a low level. More specifically, the computation is based on a cubic spline fit of the 7-day rolling average of cases. The number of days decreasing (in downward trajectory) is calculated by summing the number of consecutive days of decline or near-zero incidence. A day is considered part of a downward trajectory if it (i) was previously at elevated incidence (had a two-week incidence greater than 10 cases per 100k population), and (ii) meets one of the following three conditions: (a) had a negative slope, OR (b) was in a low-incidence plateau (two-week incidence ≤ 10 cases per 100k population and a slope ≥ 0 to < 0.1 new cases per 100k population based on a 7-day moving average), OR (c) had less than 5 cases in the past 2 weeks.

DATA SOURCES AND METHODS: SARIMA Forecast

- **SARIMA Forecasting: Time series, regression-based method relying on observed data only.**
- Intended for short-term forecasts
- Forecasts weekly data using past trend and weekly cycle
- Used for identifying likely capacity concerns at state and hospital region level
 - Confirmed and suspected COVID admissions
 - Staffed bed/ICU usage total and for COVID
 - Available staffed beds/ICU
- Limitations
 - These methods should be considered “beta,” as they have not been fully documented or validated.
 - Best for understanding how current trends may evolve based on past observations
 - Does not model changes in underlying behavior that may alter trajectories
 - Sensitive to reporting issues and seasonal anomalies (e.g. holidays)
 - ***These results should only be used in the context of other information (including subject matter expertise), and not as the sole basis for decision-making.***



4-Week Forecast for National Total COVID Admissions (7-day Average)

Week Ending	2.5th Percentile	25th Percentile	Median	75th Percentile	97.5th Percentile
12/14/2020	16,027	18,671	20,059	21,446	24,090
12/21/2020	14,296	18,549	20,781	23,012	27,266
12/28/2020	12,211	18,305	21,503	24,701	30,795

SARIMA is a widely used statistical technique for fitting and forecasting seasonal time series data.

S: Seasonal

- Captures weekly cycle

AR: Auto-Regressive

- Current value depends directly on immediately preceding values

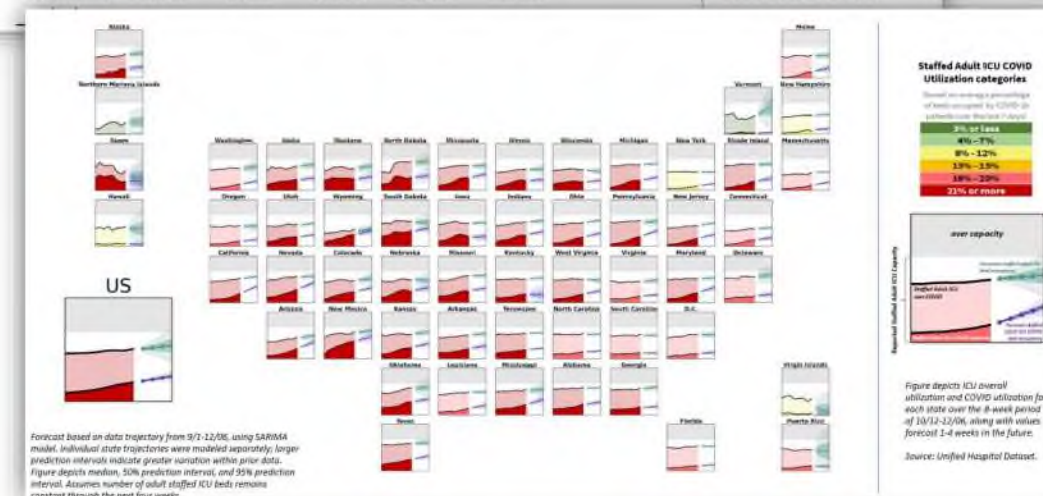
I: Integrated

- Uses differences in values

MA: Moving Average

- Depends on moving average of previous values

Limitations: best used for estimating what happens if current trends continue in the absence of substantial changes in mitigations; very limited ability to forecast peaks



DASHBOARD SLIDE NOTES & DATA SOURCES



Cases and Deaths: County-level and PR municipio data from CDC Aggregate County Dataset. CBSA values are calculated by aggregating county/municipio-level data.

State-level data from CDC state-reported data. Regional data are calculated by aggregating state-level data.

Case Demographics: CDC Line-Level Case Surveillance

Testing: HHS Protect unified data set, including COVID-19 Electronic Lab Reporting (CELR) state health department-reported data and Federal Direct Report testing data (provided directly to Federal Government from public health labs, hospital labs, and six commercial labs).

Hospitalization: HHS Protect unified data set based on latest reported NHSN, state-reported, and TeleTracking data.

CLI and ILI: COVID-Like Illness (CLI) and Influenza-Like Illness (ILI) Emergency Department data from NSSP (National Syndromic Surveillance Program).

Vaccination: CDC COVID Data Tracker, <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level.

Demographic information: 2019 U.S. Census estimates

Average Household Size/Uninsured/Poverty Rate information: 2018 U.S. Census estimates, American Community Survey (ACS)

CDC SVI: Social Vulnerability Index, <https://svi.cdc.gov/>

CCVI: COVID Community Vulnerability Index, <https://precisionforcovid.org/ccvi>

Rapid Risers (was Hotspots): Based on county-level data from CDC Aggregate County Data. Among all counties/parishes in US, a county must demonstrate: (i) >100 new cases in recent week, >0% change in the 7-day incidence, >-60% change in the 3-day incidence, and a 7-day incidence / 30-day incidence ratio >0.31, AND (ii) meet one or both of the following triggering criteria: (a) >60% change in 3-day incidence, (b) >60% change in 7-day incidence. The counties meeting these criteria each day are referred to as the "Rapid Riser list".

New Rapid Riser: County must either have never been flagged as a Rapid Riser, OR have not been flagged for the previous 21 days.

Continuing Rapid Riser: County that appears on the Rapid Riser list, but is not new.

Recent Rapid Riser: County that appeared on the Rapid Riser list in the past 14 days, but not on the current list.

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

Metric	Green	Red
New <u>cases</u> per 100k per week		>100
Percent change in new <u>cases</u> by week	<-10%	>10%
Diagnostic <u>test result positivity rate</u>		>10%
Absolute change in <u>test positivity</u>	<-0.5%	>0.5%
Total diagnostic <u>tests</u> resulted per 100k per week		<500
Percent change in <u>tests</u> by week	>10%	<-10%
<u>CLI and ILI ED visits</u> (no coloring)		
Absolute change in <u>CLI and ILI visits</u> as % of ED visits by week	<-0.5%	>0.5%
COVID-19 <u>deaths</u> per 100k per week (no coloring)		
Percent change in COVID-19 <u>deaths</u> by week	<-10%	>10%
<u>Hospital resource utilization</u> – all patients		>80%
<u>Hospital resource utilization</u> – COVID-19 patients		>15%
Population		>500k
Population Density		>1000/sq.mi.
Percent of Population Uninsured		>20%
Poverty Rate		>20%
CDC SVI		>80%
CCVI		>80%
Absolute % difference in Case Distribution and Case Demographics		> 10% over population

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JURISDICTION REPORT (RADAR PLOTS) DATA NOTES

DISEASE SPREAD

Cases per 100k population

CDC state-reported data. Excludes historical case dumps that exceed 1% of national cases reported for the day. In the most recent 7-day period, this includes adjustments to MO, TX, MN, and CA.

Cases per 100k population - % change

CDC state-reported data

RT-PCR test positivity

Unified Testing Dataset

Estimated prevalence of B.1.1.7 variant

CDC national genomic surveillance program, <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>. Proportions in the table above are only shown for states for which CDC has at least 300 sequences from specimens collected during this timeframe.

(BETA) Estimated prevalence of all variants of concern

CDC national genomic surveillance program, <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>. Proportions in the table above are only shown for states for which CDC has at least 300 sequences from specimens collected during this timeframe.

Cases (weighted by testing volume) per 100k population

7-day case count weighted by testing volume, from CDC state-reported data and Unified Testing Dataset. Computed by dividing the number of cases in a week by (number of tests per 100k / 2000). So if an area has 2000 tests per 100k in a week, cases are multiplied by a factor of 1.0; if an area has 1000 tests per 100k, cases are multiplied by a factor of 2.0; if an area has 4000 tests per 100k, cases are multiplied by a factor of 0.5.

(BETA) Ratio of 7-day to 28-day cases

CDC state-reported data

(BETA) Number of days in decline of cases

CDC state-reported data. This field is calculated using a CDC algorithm that first fits a smooth spline curve to daily case counts, and then counts the number of days that curve has been decreasing or at a low level. More specifically, the computation is based on a cubic spline fit of the 7-day rolling average of cases. The number of days decreasing (in downward trajectory) is calculated by summing the number of consecutive days of decline or near-zero incidence. A day is considered part of a downward trajectory if it (i) was previously at elevated incidence (had a two-week incidence greater than 10 cases per 100k population), and (ii) meets one of the following three conditions: (a) had a negative slope, OR (b) was in a low-incidence plateau (two-week incidence ≤ 10 cases per 100k population and a slope ≥ 0 to < 0.1 new cases per 100k population based on a 7-day moving average), OR (c) had less than 5 cases in the past 2 weeks.

TESTING

Tests per 100k population

Unified Testing Dataset

% of tests resulted in 3 or fewer days

Unified Testing Dataset

(BETA) Median test latency

Unified Testing Dataset

HOSPITAL UTILIZATION

Confirmed COVID-19 admissions per 100 beds

Unified Hospital Dataset

% of inpatient beds occupied

Unified Hospital Dataset

% of inpatient beds occupied by COVID-19 patient

Unified Hospital Dataset

% of staffed adult ICU beds occupied

Unified Hospital Dataset

% of staffed adult ICU beds occupied by COVID-19 patient

Unified Hospital Dataset

HOSPITAL SUPPLY & STAFFING

% of hospitals reporting staffing shortage

Unified Hospital Dataset

% of hospitals reporting supply shortage

Unified Hospital Dataset



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JURISDICTION REPORT (RADAR PLOTS) DATA NOTES, CONT.

VACCINATION PROGRAM (LAST WEEK)

Vaccine doses administered per 100k population (new)

Unified COVID-19 Vaccine Dataset (Tiberius). Doses administered are the total number reported by states, territories, and organizations that received doses. Values reflect total by report date, not administered date. Persons who received one or more doses are currently attributed to the jurisdiction in which they received the vaccine.

(BETA) % of population receiving at least one vaccine dose (new)

Unified COVID-19 Vaccine Dataset (Tiberius)

% of population aged 18+ receiving at least one dose (new)

Unified COVID-19 Vaccine Dataset (Tiberius)

% of population aged 65+ receiving at least one dose (new)

Unified COVID-19 Vaccine Dataset (Tiberius)

COVID Response Ratio (CRR) - ratio of new vaccine doses given to new cases reported

Unified COVID-19 Vaccine Dataset (Tiberius) and CDC state-reported data. Includes only vaccine doses and cases reported in the last 7 days.

(BETA) Weighted COVID Response Ratio (CRR) - ratio of new vaccine doses given to new cases weighted by testing volume

Unified COVID-19 Vaccine Dataset (Tiberius), CDC state-reported data, and Unified Testing Dataset. Same as the CRR, but calculated with test-weighted cases rather than raw cases.

VACCINATION PROGRAM (TO DATE)

Cumulative % of available vaccine doses ordered

COVID-19 Vaccine Data (Tiberius)

Cumulative % of delivered vaccine doses administered

Measures the percentage of delivered doses that have been administered (state), using 7-day averages with a 3-day lag to account for reporting of administered doses. Data from HHS Tiberius.

Cumulative % of delivered vaccine doses administered (federal)

Measures the percentage of delivered doses that have been administered (federal), using 7-day averages with a 3-day lag to account for reporting of administered doses. Data from HHS Tiberius.

Cumulative vaccine doses administered per 100k population

Unified COVID-19 Vaccine Dataset (Tiberius)

Cumulative % of population fully vaccinated

Unified COVID-19 Vaccine Dataset (Tiberius)

Cumulative % of population aged 18+ fully vaccinated

Unified COVID-19 Vaccine Dataset (Tiberius)

Cumulative % of population aged 65+ fully vaccinated

Unified COVID-19 Vaccine Dataset (Tiberius)

Cumulative COVID Response Ratio (CRR) - ratio of total vaccine doses given to total cases reported

Unified COVID-19 Vaccine Dataset (Tiberius) and CDC state-reported data. Includes all vaccine doses and cases reported to date.

VACCINATION PROGRAM (EQUITY)

Cumulative % of persons with 1+ doses with known race/ethnicity

Among persons reported as receiving 1 or more COVID-19 vaccine doses, the percentage where race/ethnicity is known. Data from Unified COVID-19 Vaccine Dataset (Tiberius).

Difference in expected vs. observed non-white* vaccine recipients

Measures the cumulative difference between percentages of non-white persons in the overall population and among vaccine recipients. Positive values indicate a higher percentage of non-white vaccine recipients relative to the population. In some cases, these percentages may be unreliable due to low reporting of race and ethnicity among vaccine recipients. *White refers to non-Hispanic white persons. Data from Unified COVID-19 Vaccine Dataset (Tiberius) and US Census.

PUBLIC BELIEFS AND ACTIONS

Mask adherence - others (survey)

"Estimated proportion of respondents who say that most or all other people wear masks when they are in public and social distancing is not possible." Data from Delphi COVIDcast, covidcast.cmu.edu.

Vaccine confidence (survey)

Percentage of adults reporting they have not yet received a COVID-19 vaccine, but "definitely" or "probably" will. Data from U.S. Census Household Pulse Survey.

Oxford Stringency Index

Data from <https://github.com/OxCGRT/USA-covid-policy>. The stringency index provides "a systematic and objective account of the strength of COVID-19 response policies that have been instigated by the USA's [national, state, and territory governments]." It is based on a composite score based on policies such as school closures, workplace closures, events/gathering restrictions, face covering policies, and more. See also <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker>.

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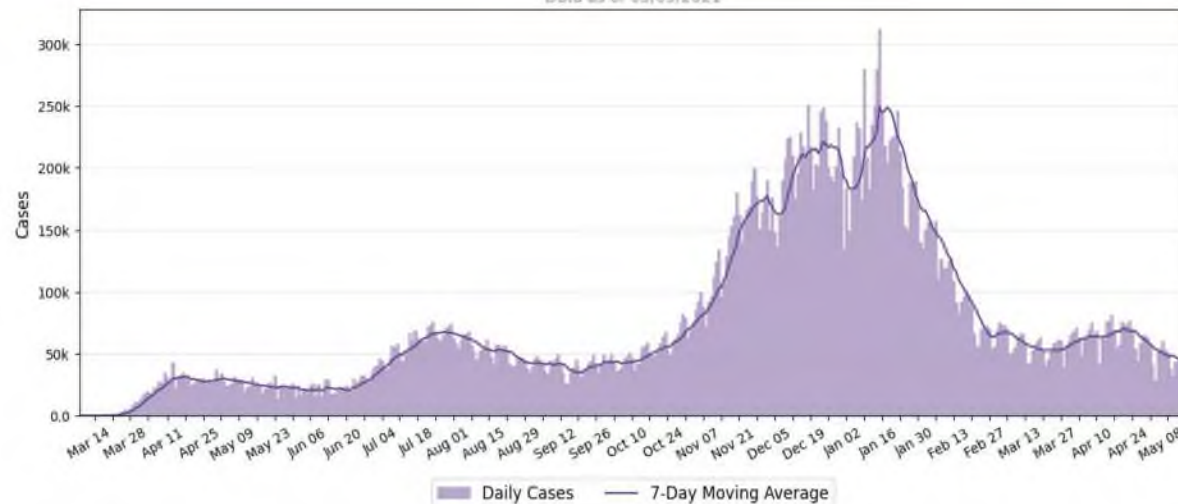
Appendix & HHS Protect Links

- *National Overviews of Cases and Tests*
 - *National Time Series*
 - *Time Series by Census Region*
 - *Case Incidence by Census Region & State*
 - *Trends in Case Incidence by State*
 - *Total Diagnostic Tests & Test Positivity by Census Region & State*
 - *Trends in Viral Test Positivity by Census Region & State*
 - *Trends in Viral Test Positivity by Age Group & FEMA Region*
 - *National Areas of Concern (AOC) Continuum*
 - *AOC Rapid Riser and Persistent Rapid Riser Counties*
 - *Community Transmission*
- *Hospital Data*
 - *Trends in COVID Admissions by Age Group and FEMA Region*
 - *Trends in COVID-19 Hospital Admissions by State*
 - *Trends in Inpatient COVID Utilization by State*
 - *Trends in ICU Capacity by State*
- *Vaccine Information*
 - *Vaccine Distribution and Trends by State*
 - *Vaccine Distribution by County*
 - *Impact of Variants on Vaccines*
- *HHS Protect Links*

NATIONAL TIME SERIES

New Cases

Data as of 05/09/2021



Viral (RT-PCR) Lab Test Positivity

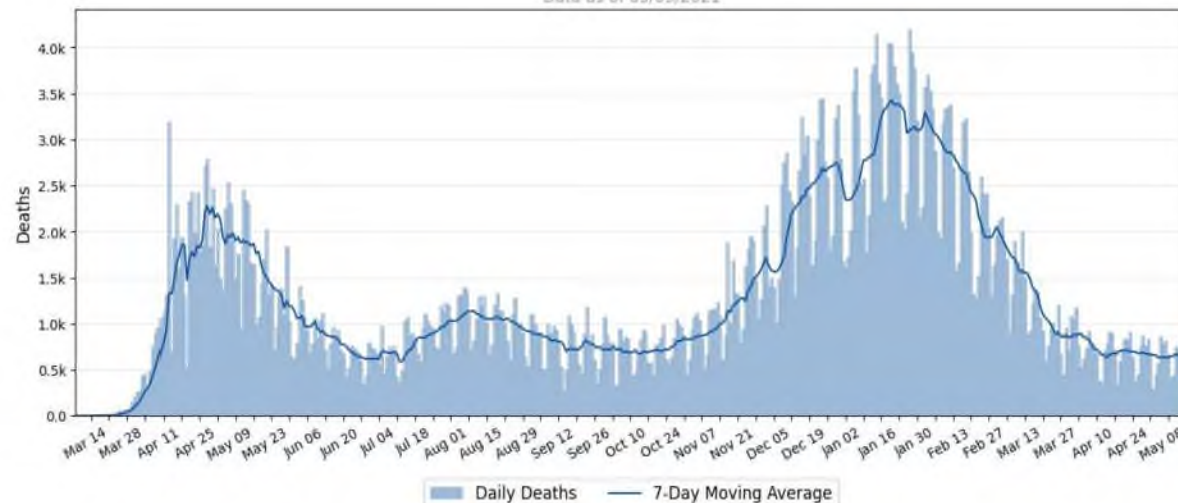
Data as of 05/09/2021

Incomplete Reporting



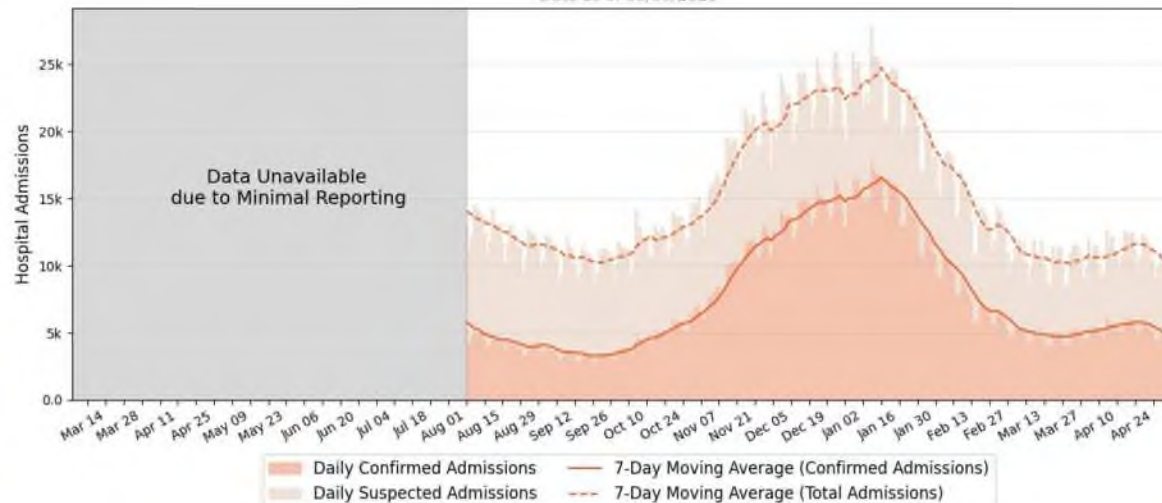
New Deaths

Data as of 05/09/2021



New Hospital Admissions

Data as of 05/09/2021



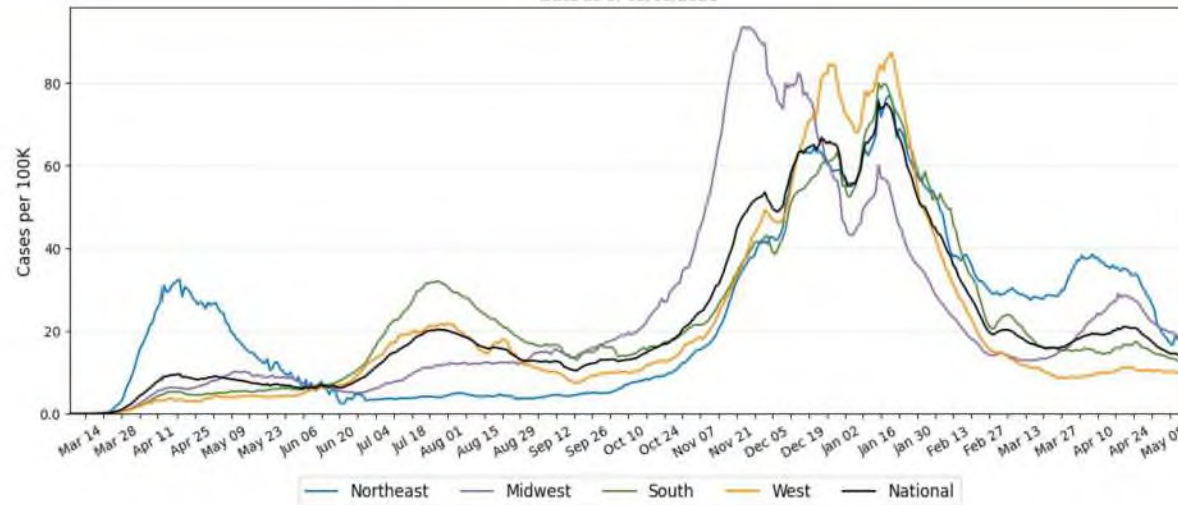
Source: CDC state-reported data (cases and deaths), Unified Testing Dataset, Unified Hospital Dataset.

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TIME SERIES BY CENSUS REGION

New Cases per 100K (7-day average)

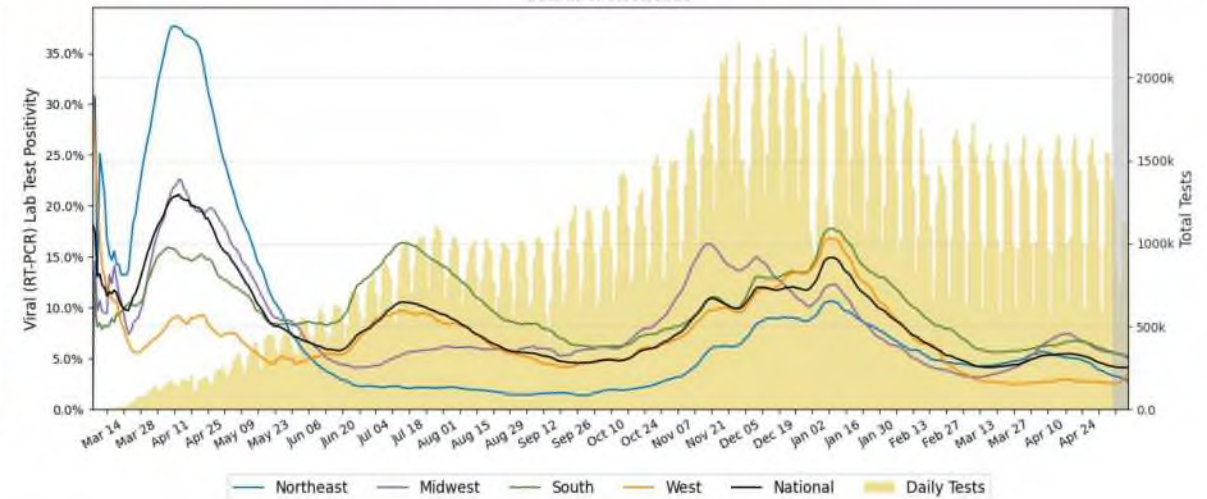
Data as of 05/09/2021



Viral (RT-PCR) Lab Test Positivity (7-day average)

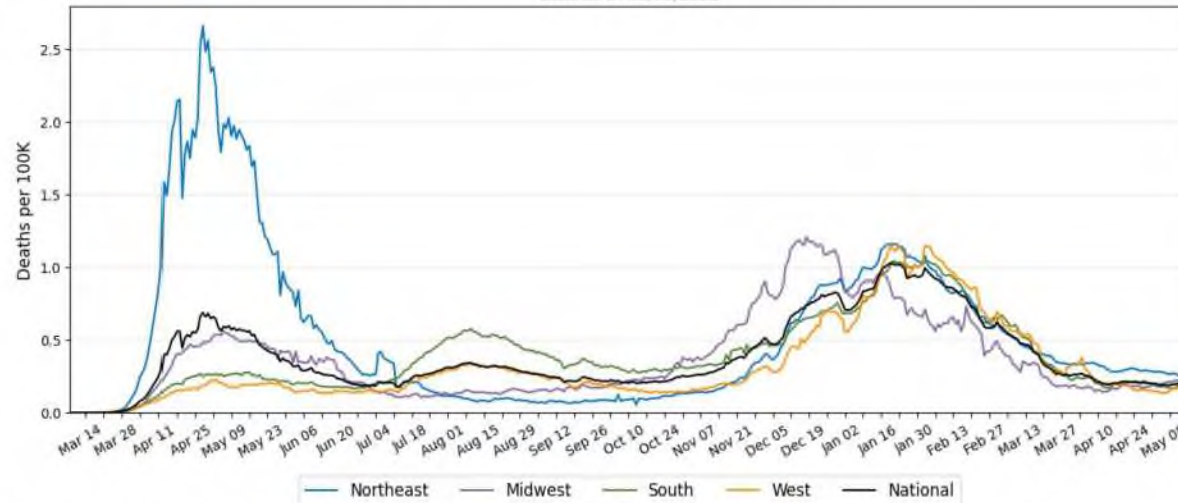
Data as of 05/09/2021

Incomplete Reporting



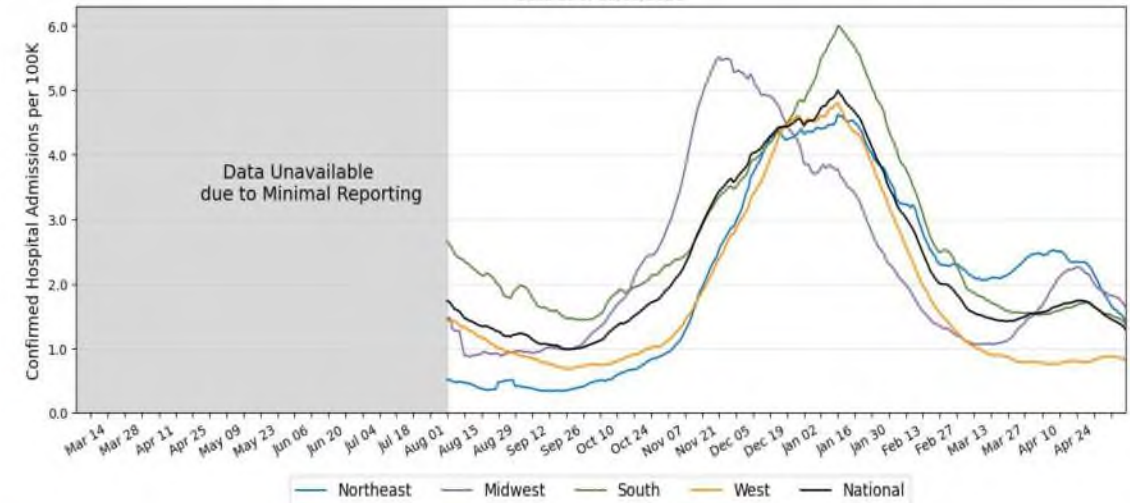
New Deaths per 100K (7-day average)

Data as of 05/09/2021



New Confirmed Hospital Admissions per 100K (7-day average)

Data as of 05/09/2021

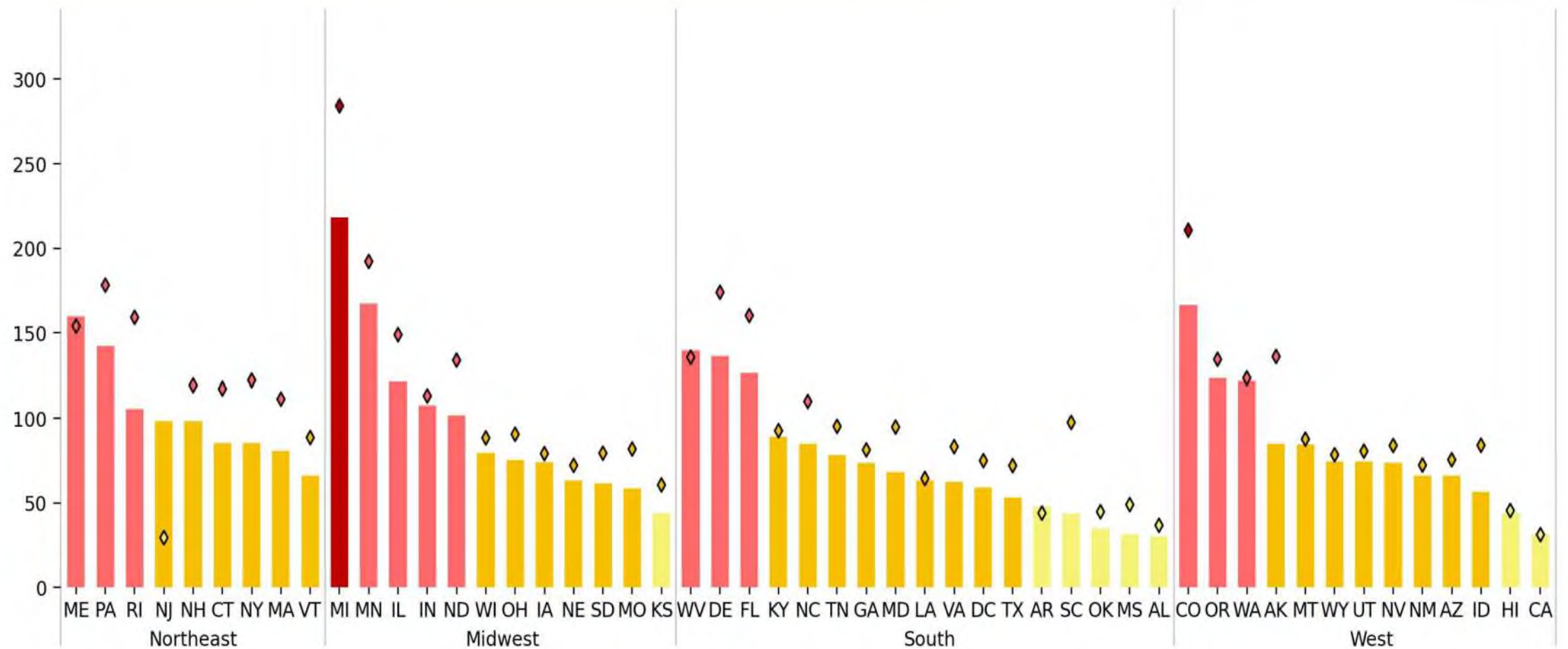


Source: CDC state-reported data (cases and deaths), Unified Testing Dataset, Unified Hospital Dataset.

See <https://www.census.gov/geographies/reference-maps/2010/geo/2010-census-regions-and-divisions-of-the-united-states.html> for census regions.

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CASE INCIDENCE BY CENSUS REGION/STATE



Data as of 5/9/2021, Last 7 days is May 2-8.

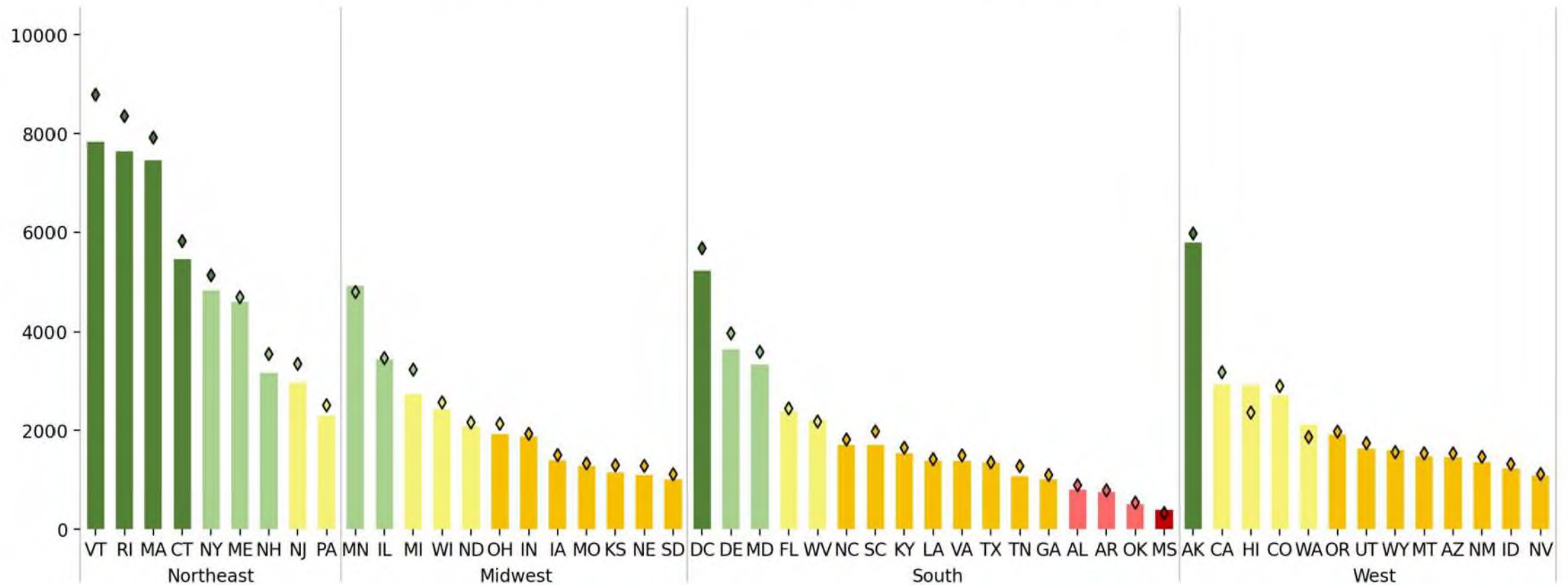
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TRENDS IN CASE INCIDENCE DURING THE LAST 8 WEEKS



TOTAL RT-PCR DIAGNOSTIC TESTS PER 100K BY CENSUS REGION/STATE

Total RT-PCR Diagnostic Tests per 100k by Census Region/State

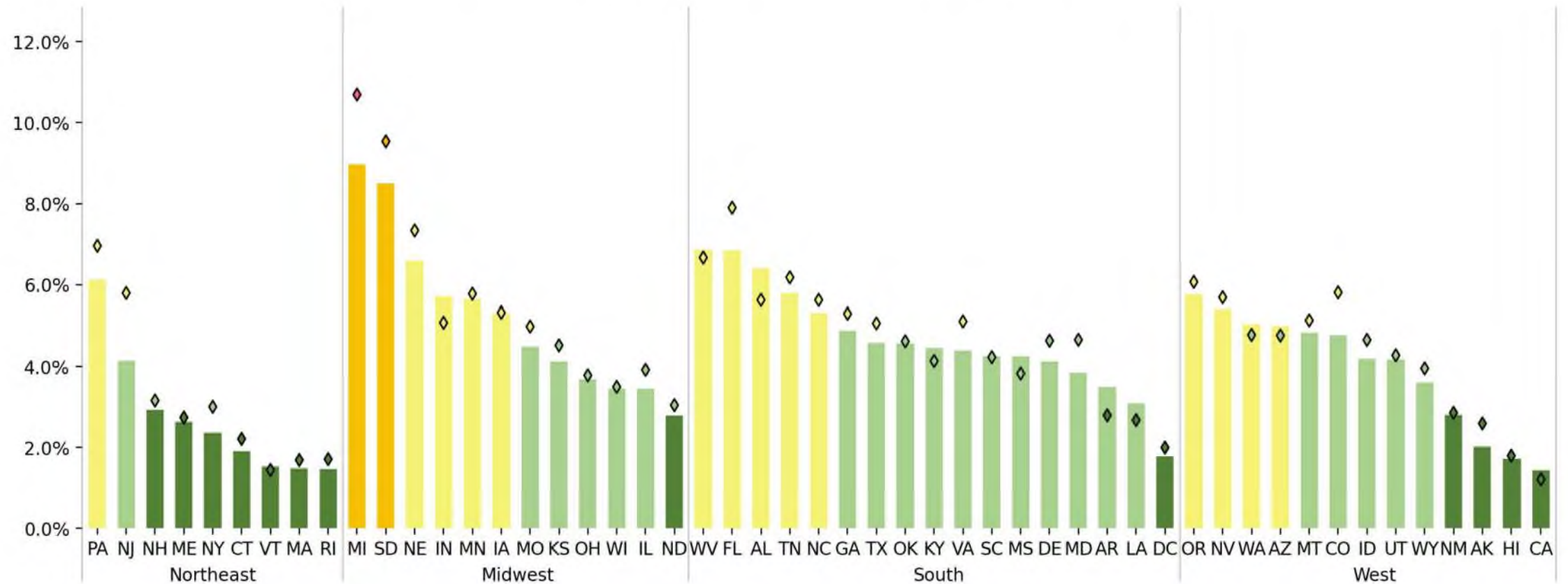


Total RT – PCR diagnostic tests per 100k (bars indicate value 4/26-5/2, diamonds indicate value 4/19-4/25)

● 499 or less
 ● 500 - 999
 ● 1000 - 1999
 ● 2000 - 2999
 ● 3000 - 4999
 ● 5000 or more

VIRAL (RT-PCR) LAB TEST POSITIVITY BY CENSUS REGION/STATE

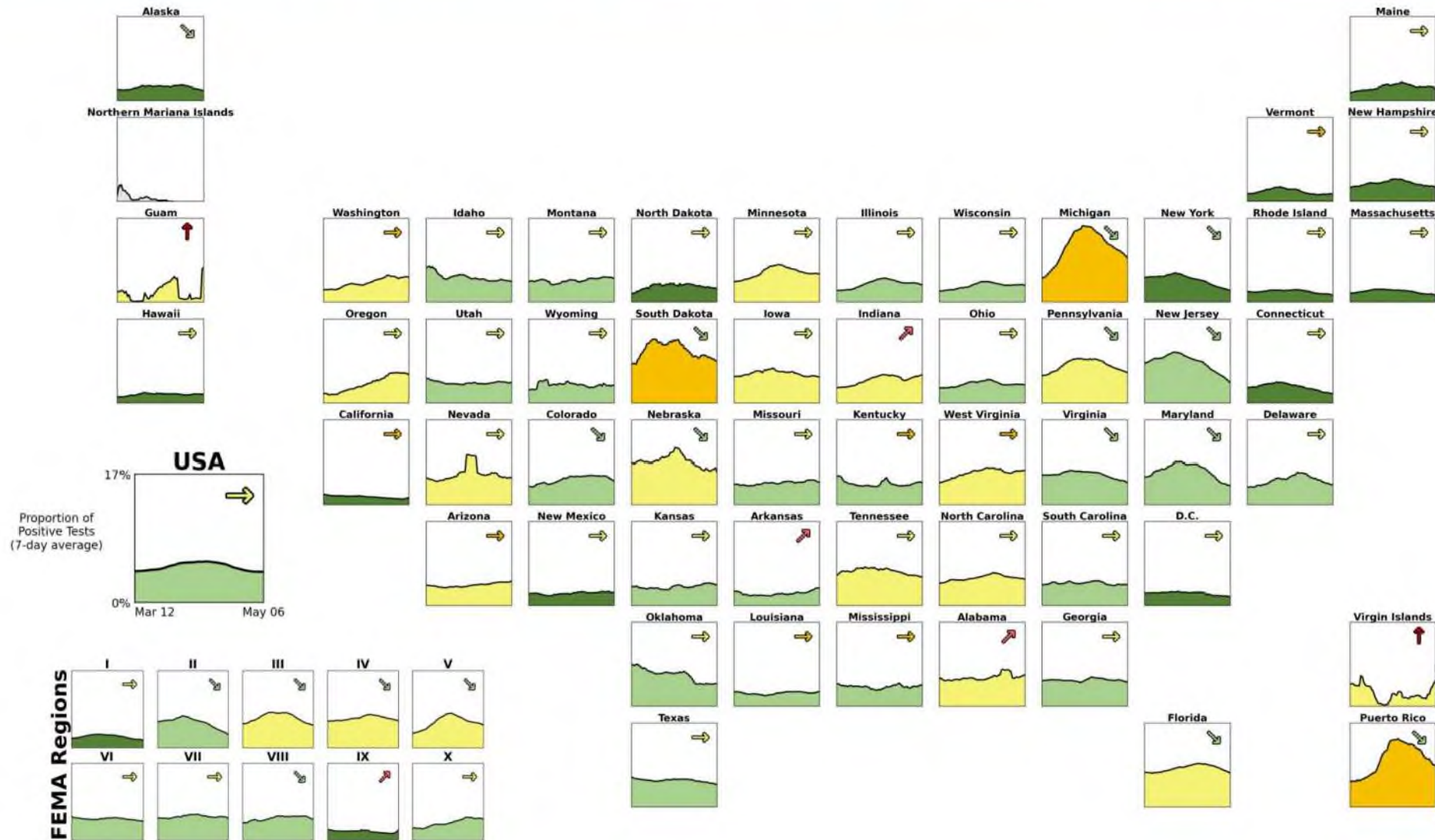
Viral (RT-PCR) Lab Test Positivity by Census Region/State



Viral (RT – PCR) lab test positivity (bars indicate value 4/30-5/6, diamonds indicate value 4/23-4/29)

● 2.9% or less
 ● 3.0% - 4.9%
 ● 5.0% - 7.9%
 ● 8.0% - 9.9%
 ● 10.0% - 14.9%
 ● 15.0% or more

TRENDS IN VIRAL (RT-PCR) LAB TEST POSITIVITY DURING THE LAST 8 WEEKS



Most recent dates may be less reliable due to delayed reporting. States in gray have limited or no reporting in most recent week.

Source: Unified Testing Dataset. See Data Sources/Methods slides for additional details.

TRENDS IN VIRAL (RT-PCR) LAB TEST POSITIVITY BY AGE GROUP AND REGION

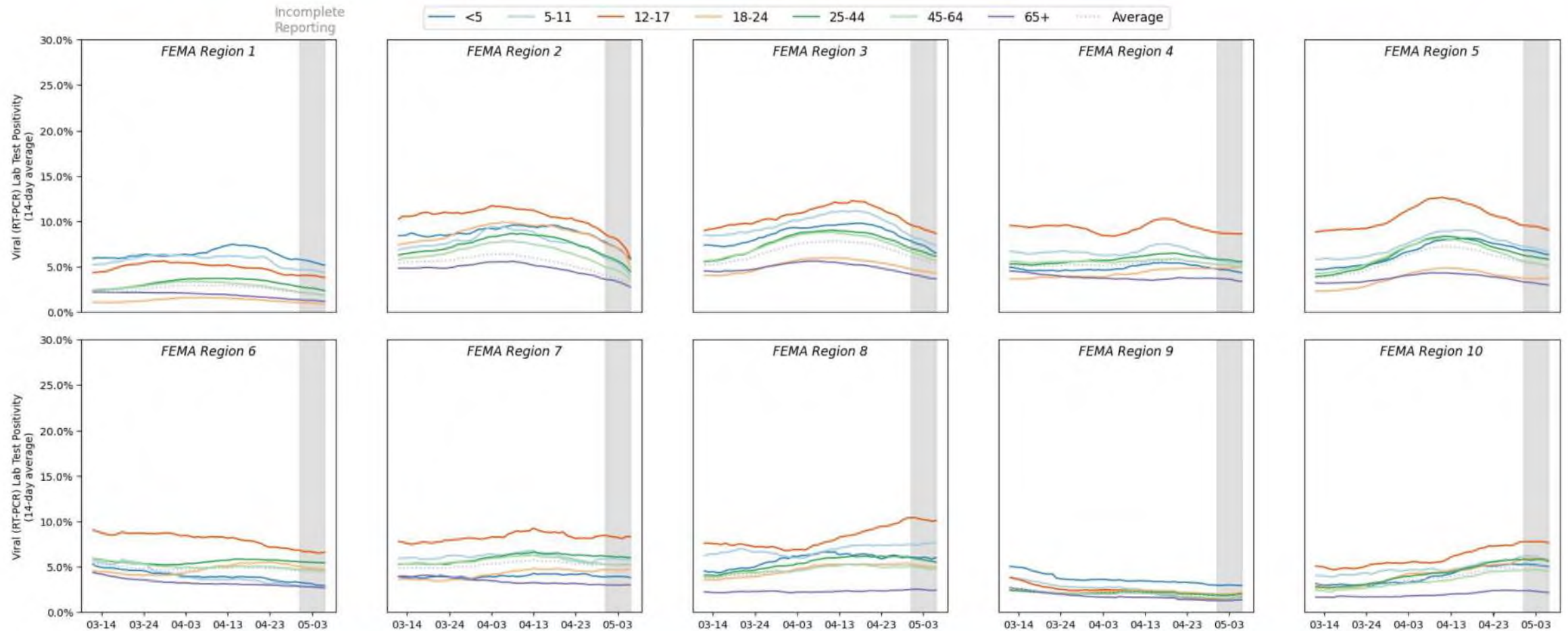


Figure depicts the 14-day average percent test positivity for each region and age group over the 8-week period of 3/11-5/6. Average includes records with known age only.

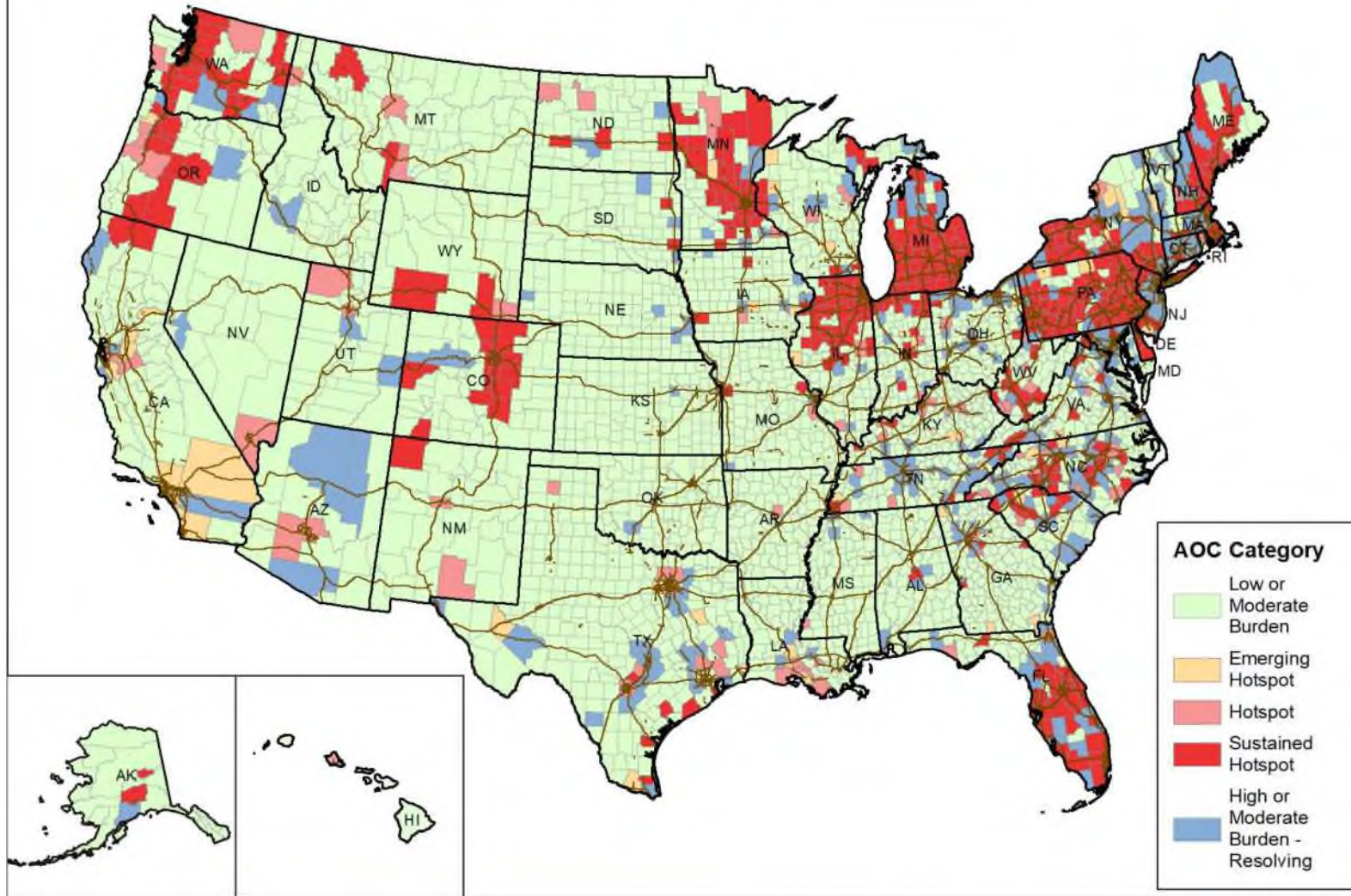
Source: COVID-19 Electronic Lab Reporting (CELR) and Federal Direct Report Testing Data, limited to records with known age over the period 3/11-5/6.

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AREA OF CONCERN CONTINUUM

Date: 5/9/2021

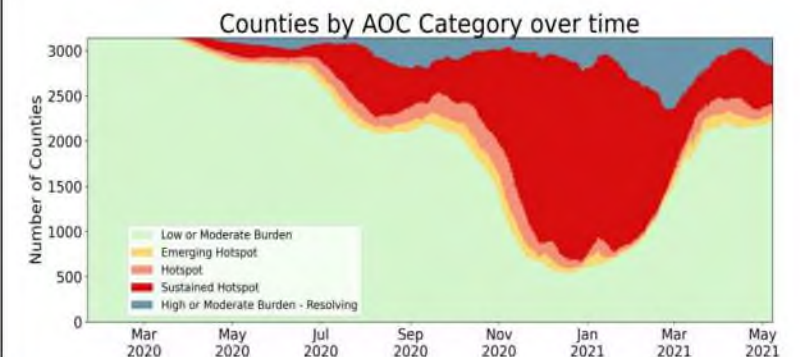
Area of Concern Continuum by County 08MAY2021



The Areas of Concern Continuum (AOCC) is used to describe communities as they progress through stages of the epidemic. There are 7 possible AOC classifications based on current and recent history of case and testing data for the location:

- (1) **Low Burden** – communities with minimal activity
- (2) **Moderate Burden** – communities with moderate disease activity
- (3) **Emerging Hotspot** – communities with a high likelihood to become hotspots in the next 1-7 days
- (4) **Hotspot** – communities that have reached a threshold of disease activity considered as being of high burden
- (5) **Sustained Hotspot** – communities that have had a high sustained case burden and may be higher risk for experiencing healthcare resource limitations
- (6) **High Burden – Resolving** – communities that were recently identified as hotspots and are now improving
- (7) **Moderate Burden – Resolving** – communities that have a moderate level of burden, but are demonstrating improvement

See Data Sources/Methods slides for more information.

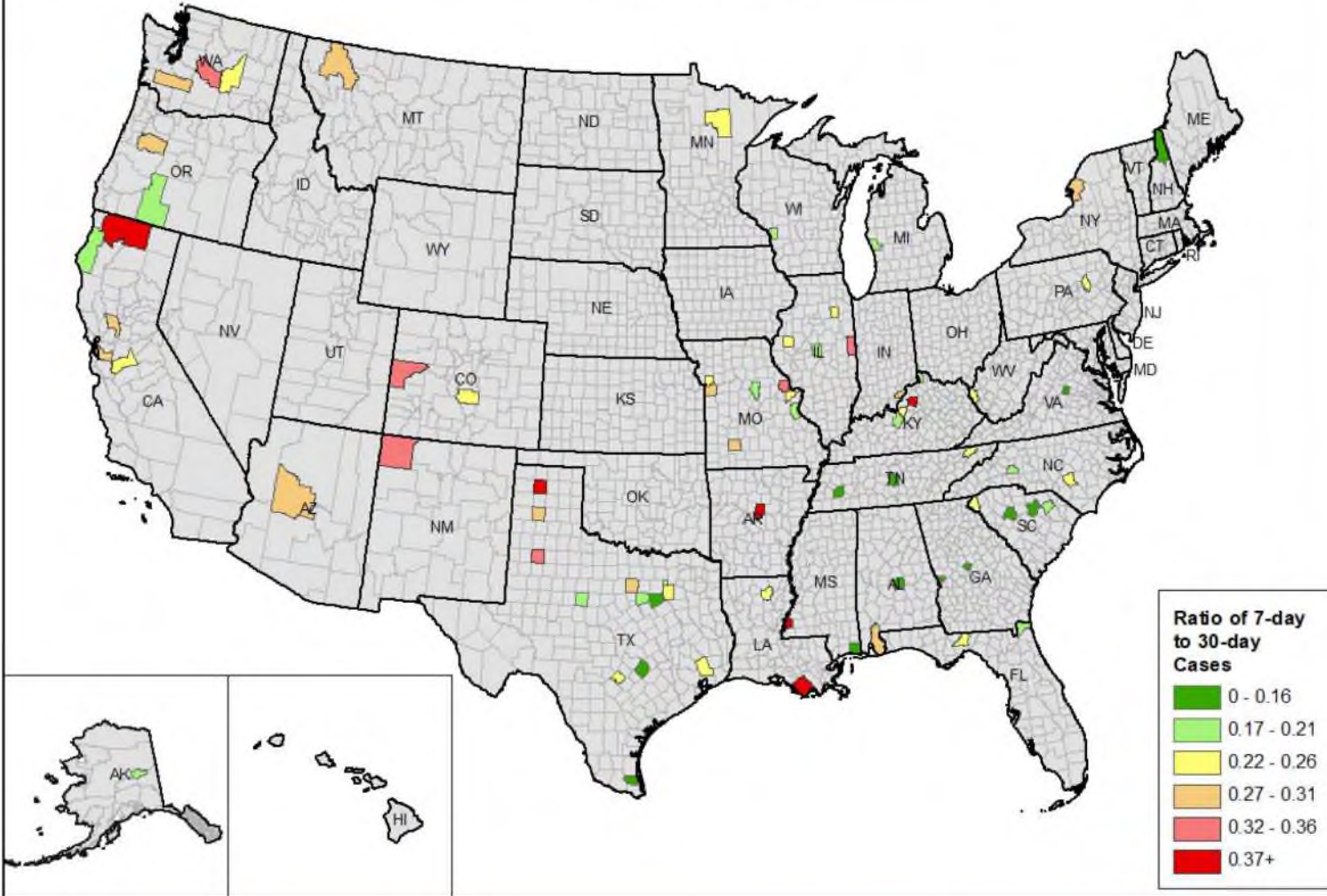


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AREA OF CONCERN CONTINUUM - RAPID RISER COUNTIES

Date: 5/9/2021
Source: CDC Aggregate County Data

Counties with Rapid Rise in Cases in the Last 14 Days



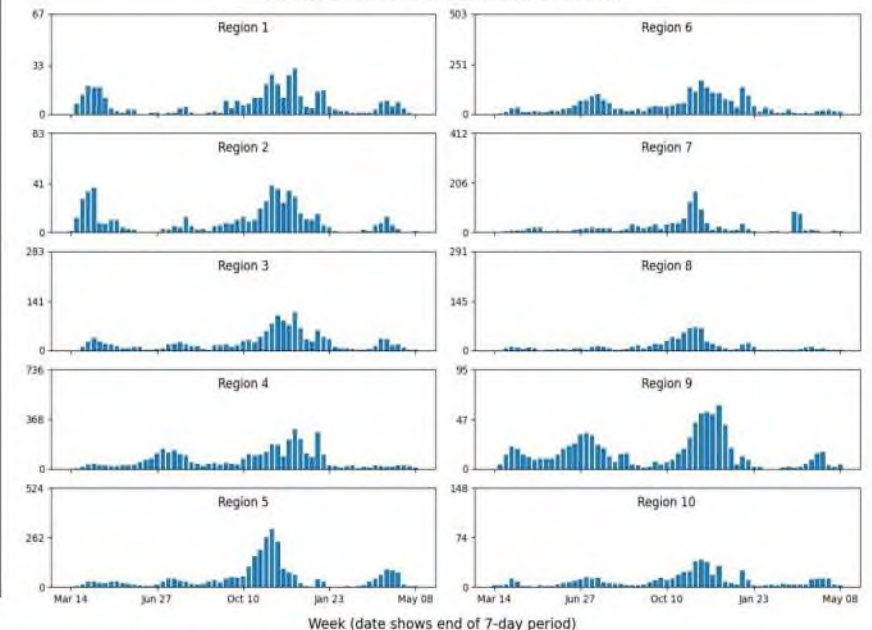
This map shows counties that have seen a rapid rise in cases within the last 14 days by meeting the following **Rapid Riser County** criteria:

- >100 new cases in last 7 days
- >0% change in 7-day incidence
- >-60% change in 3-day incidence
- 7-day incidence / 30-day incidence ratio >0.31
- one or both of the following triggering criteria:
 - (a) >60% change in 3-day incidence,
 - (b) >60% change in 7-day incidence

The color indicates *current* acceleration in cases (ratio of 7-day to 30-day cases). Counties in **light red** and **red** are continuing to see accelerating cases in the most recent week, while those in **dark green** and **green** may have seen declines in the most recent week.

The bar charts below show the history of rapid riser counties by FEMA region and week, indicating when different geographic areas have seen the greatest acceleration in cases.

of Distinct Rapid Riser Counties by Week and FEMA Region
(vertical axis scaled to number of counties in region)

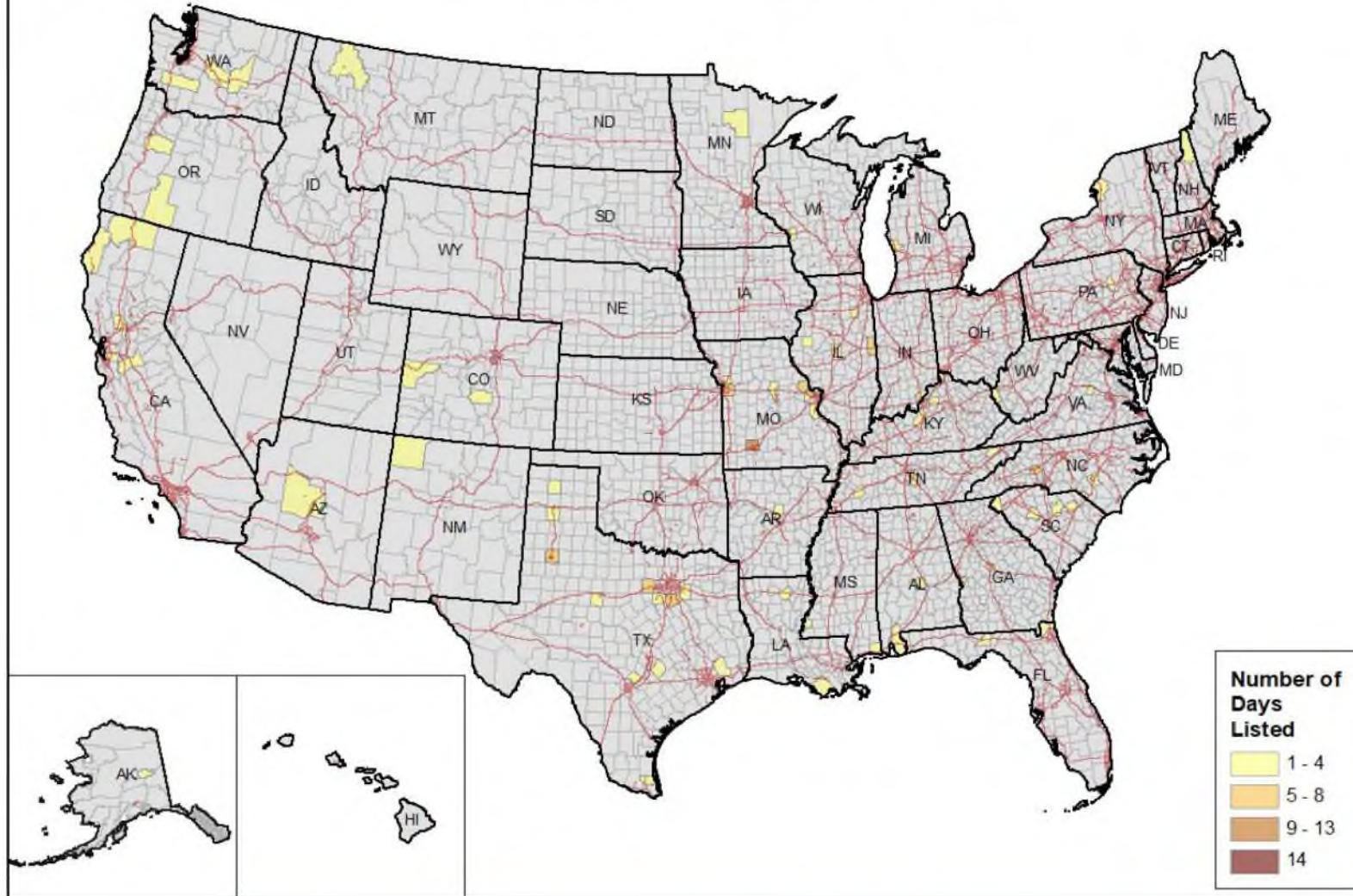


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NATIONAL HOTSPOT SUMMARY — Persistent Rapid Riser Counties

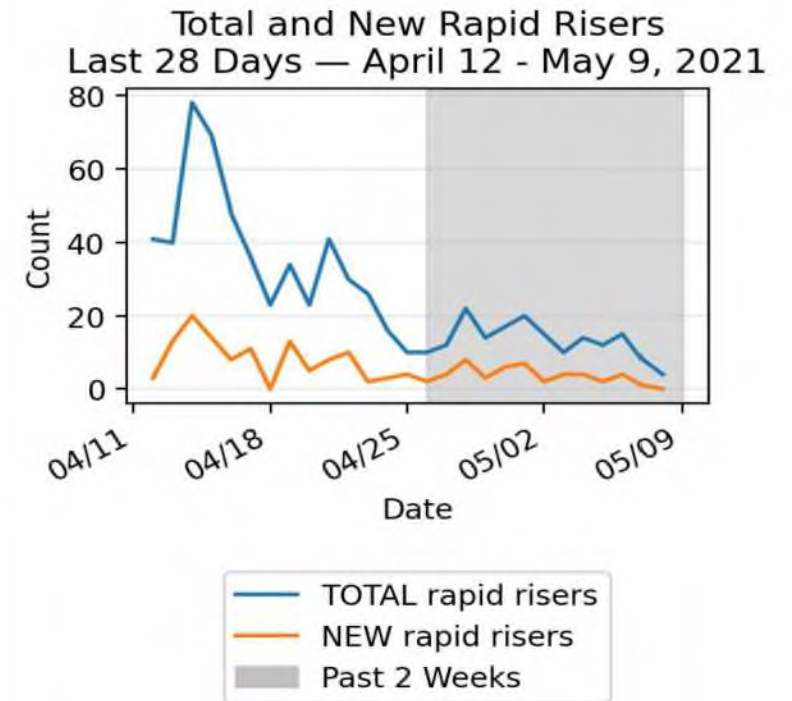
Date: 5/9/2021
Source: CDC Aggregate
County Data

Rapid Riser Counties May 02-May 08 Frequency of Appearance in Last 14 Days



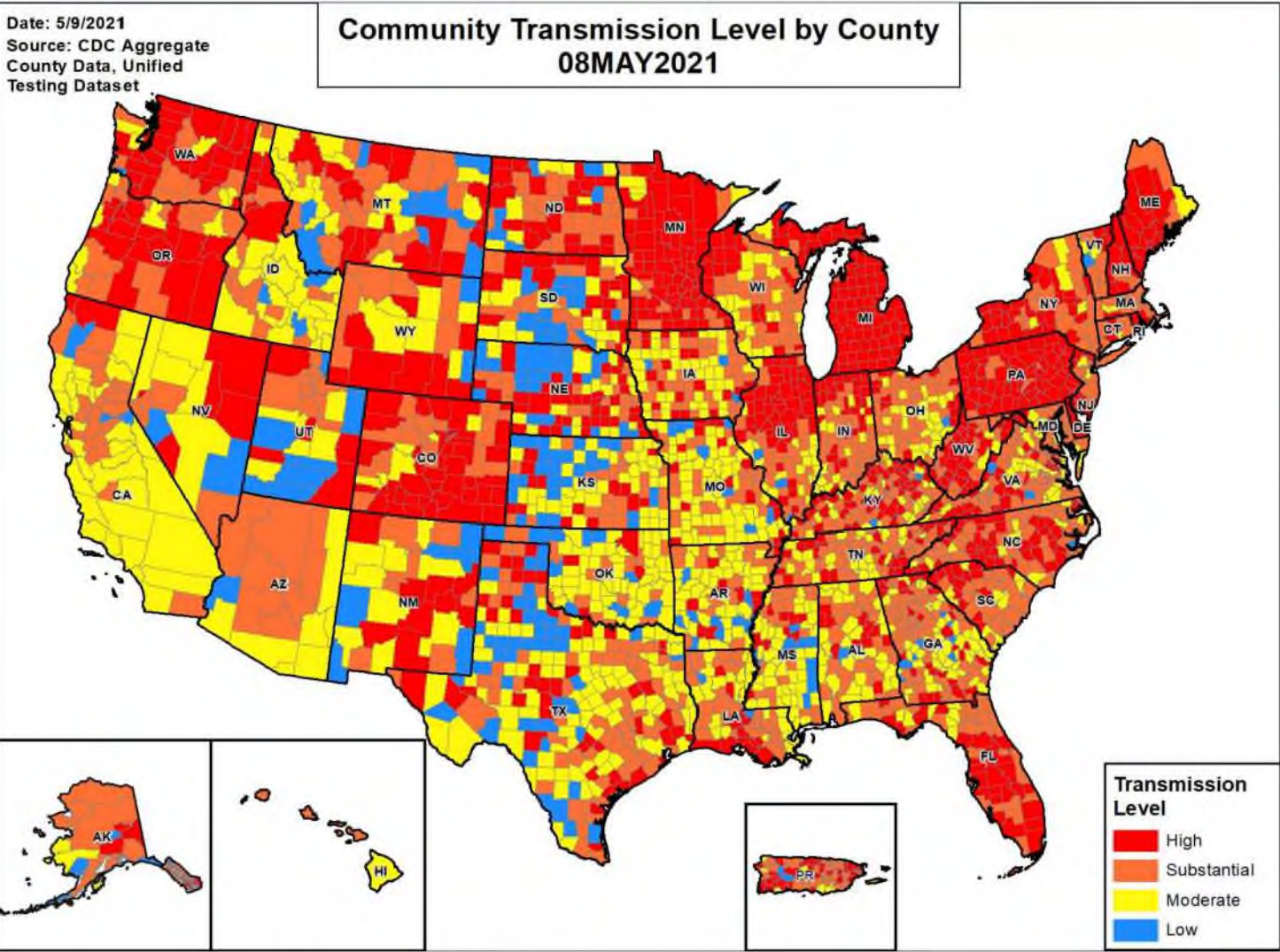
Shaded counties have been on the rapid riser list at least once in the last 7 days. Color shows frequency of appearance over the last 14 days.

For additional data and trend information associated with rapid riser counties, including details on daily occurrences, see the [HHS Protect Dashboard](#).



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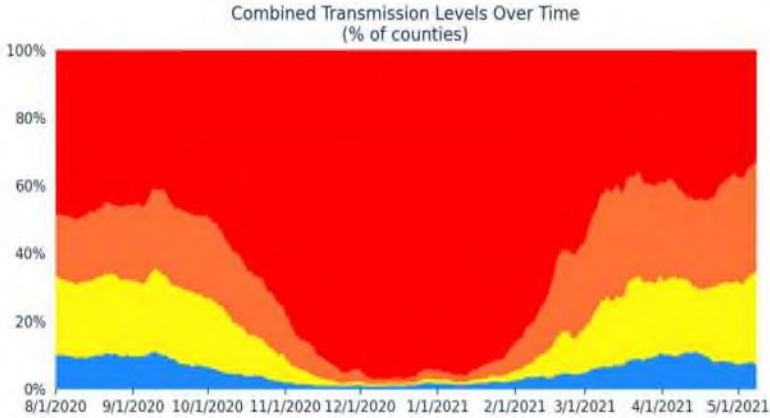
COMMUNITY TRANSMISSION LEVEL



Source: CDC Aggregate County Dataset (cases), Unified Testing Dataset (tests)
Notes: Combined Transmission Level is the higher threshold among cases and testing thresholds.

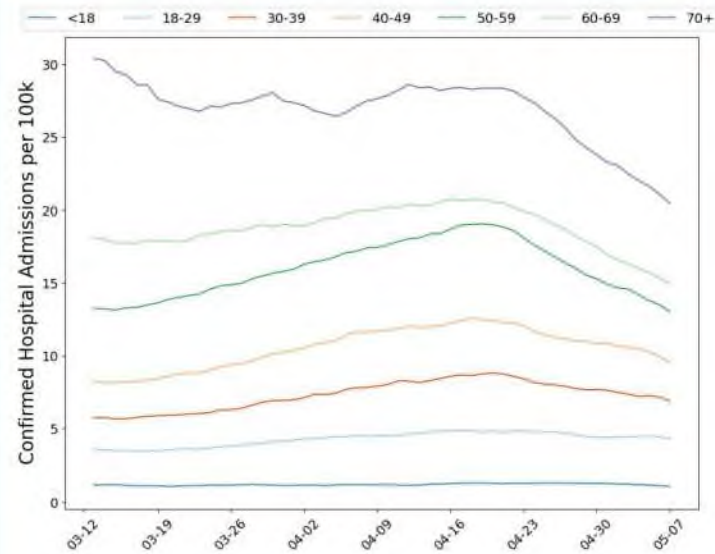
Counties by Community Transmission Indicator				
Cases per 100k	0 to 9	10 to 49	50 to 99	100 +
# of counties (change)	255 (0)	973 (↑121)	1094 (↑53)	898 (↓174)
% of counties (change)	7.9% (0.0%)	30.2% (↑3.8%)	34.0% (↑1.6%)	27.9% (↓5.4%)
Test Positivity	0.0% to 4.9%	5.0% to 7.9%	8.0% to 9.9%	10.0% +
# of counties (change)	1861 (↑52)	753 (↓33)	245 (↑5)	361 (↓24)
% of counties (change)	57.8% (↑1.6%)	23.4% (↓1.0%)	7.6% (↑0.2%)	11.2% (↓0.7%)

Counties by Combined Transmission Level				
Category	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
# of counties (change)	224 (↑5)	881 (↑94)	1049 (↑60)	1066 (↓159)
% of counties (change)	7.0% (↑0.2%)	27.4% (↑2.9%)	32.6% (↑1.9%)	33.1% (↓4.9%)



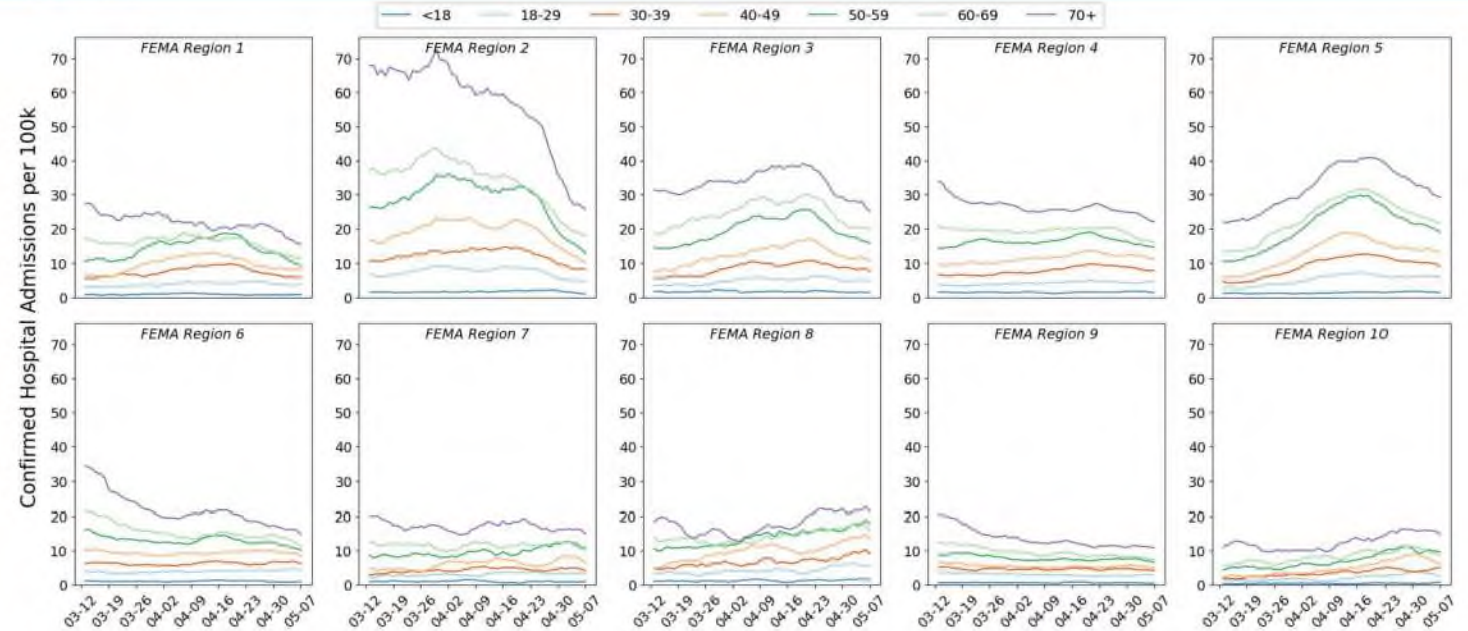
TRENDS IN CONFIRMED COVID-19 ADMISSIONS BY AGE GROUP AND REGION

National



Age group	Conf. admits per 100k (last 7 days)	% change from previous week
<18	1.0	-16% ↘
18-29	4.3	-2% →
30-39	6.9	-10% →
40-49	9.5	-12% ↘
50-59	13.0	-15% ↘
60-69	14.9	-15% ↘
70+	20.5	-14% ↘

Regional



Age group	Region 1 % change	Region 2 % change	Region 3 % change	Region 4 % change	Region 5 % change	Region 6 % change	Region 7 % change	Region 8 % change	Region 9 % change	Region 10 % change
<18	+10% →	-50% ↓	-2% →	-16% ↘	-24% ↘	-6% →	+8% →	+5% →	-17% ↘	+92% ↑
18-29	-2% →	-16% ↘	-0% →	+4% →	-2% →	+3% →	+5% →	-10% →	+6% →	-39% ↓
30-39	-12% ↘	-14% ↘	-13% ↘	-13% ↘	-12% ↘	-9% →	-7% →	+11% ↗	-13% ↘	+30% ↑
40-49	0% →	-32% ↓	-10% →	-10% →	-5% →	-14% ↘	-14% ↘	+3% →	-10% →	-33% ↓
50-59	-29% ↓	-33% ↓	-14% ↘	-11% ↘	-11% ↘	-19% ↘	-12% ↘	+14% ↗	-14% ↘	-10% →
60-69	-16% ↘	-21% ↘	-10% →	-14% ↘	-12% ↘	-24% ↘	-9% →	-5% →	-12% ↘	-23% ↘
70+	-23% ↘	-28% ↓	-14% ↘	-11% ↘	-13% ↘	-15% ↘	-7% →	-4% →	-1% →	-8% →

Source: Unified Hospital Dataset. Figures show 7-day totals over the last 8 weeks. See Data Sources/Methods slides for additional details. Percent change is shown as light red if +11% to +25%, and dark red if +26% or greater.

TRENDS IN HOSPITAL ADMISSIONS PER 100 BEDS DURING THE LAST 8 WEEKS



Confirmed admission rate categories

(based on confirmed COVID-19 admissions per 100 beds over the last 7 days)



Weekly % change categories

(arrow based on % change in weekly confirmed COVID-19 admissions)



Figure depicts total confirmed (darker color) and suspected (lighter color) hospital admissions per 100 inpatient beds.

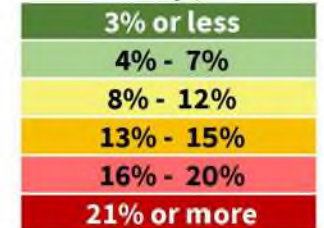
Source: Unified Hospital Dataset. See Data Sources/Methods slides for additional details.

TRENDS IN HOSPITAL INPATIENT COVID UTILIZATION DURING THE LAST 8 WEEKS



Inpatient bed utilization categories

(based on average percentage of beds occupied by confirmed COVID-19 patients over the last 7 days)



Weekly absolute change categories

(arrow based on absolute change in weekly % of beds occupied by confirmed COVID-19 patients)



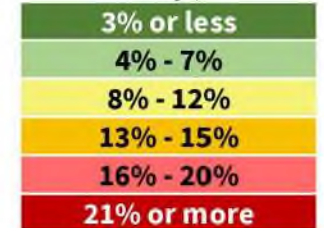
Source: Unified Hospital Dataset. See Data Sources/Methods slides for additional details.

TRENDS IN STAFFED ADULT ICU BED CAPACITY DURING THE LAST 8 WEEKS



Staffed Adult ICU COVID Utilization categories

(based on average percentage of beds occupied by confirmed COVID-19 patients over the last 7 days)



Weekly absolute change categories

(arrow based on absolute change in weekly % of ICU beds occupied by confirmed COVID-19 patients)

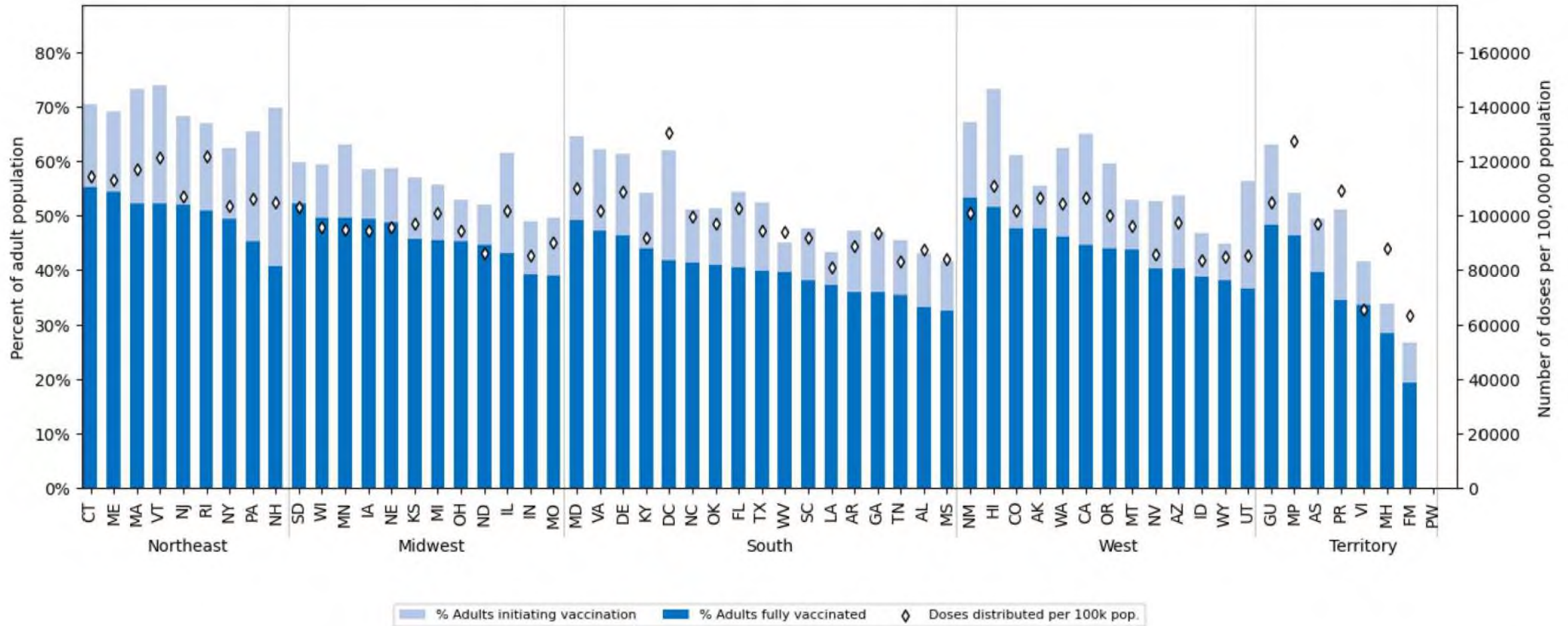


Color based on ICU confirmed COVID-19 utilization only. Light gray based on overall ICU utilization. Most recent dates may be less reliable due to delayed reporting.

Source: Unified Hospital Dataset. See Data Sources/Methods slides for additional details.

VACCINATION DISTRIBUTION BY STATE

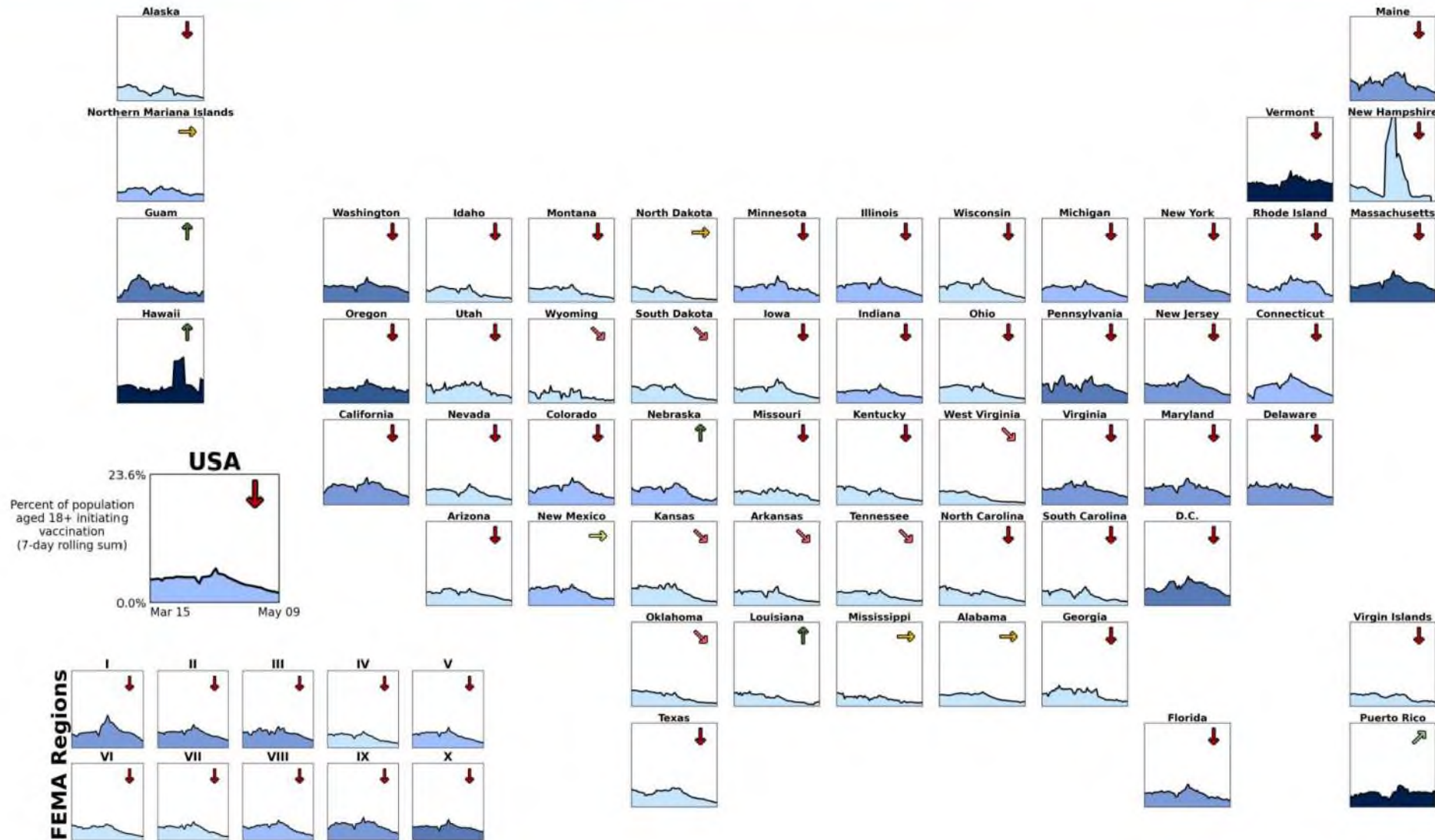
Vaccination Distribution and Administration by State



Source: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

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TRENDS IN PERCENT OF POPULATION AGED 18+ INITIATING VACCINATION DURING THE LAST 8 WEEKS



Percent of population 18+ initiating vaccination

(based on percent of population in last 7 days)

+1.5% or less

+1.6% - +2.0%

+2.1% - +2.5%

+2.6% - +3.0%

+3.1% - +3.5%

+3.6% - +4.0%

+4.1% or more

Weekly absolute change categories

(arrow based on absolute change in percent of population)

-0.26% or less ↓

-0.25% - -0.11% ↘

-0.10% - +0.01% →

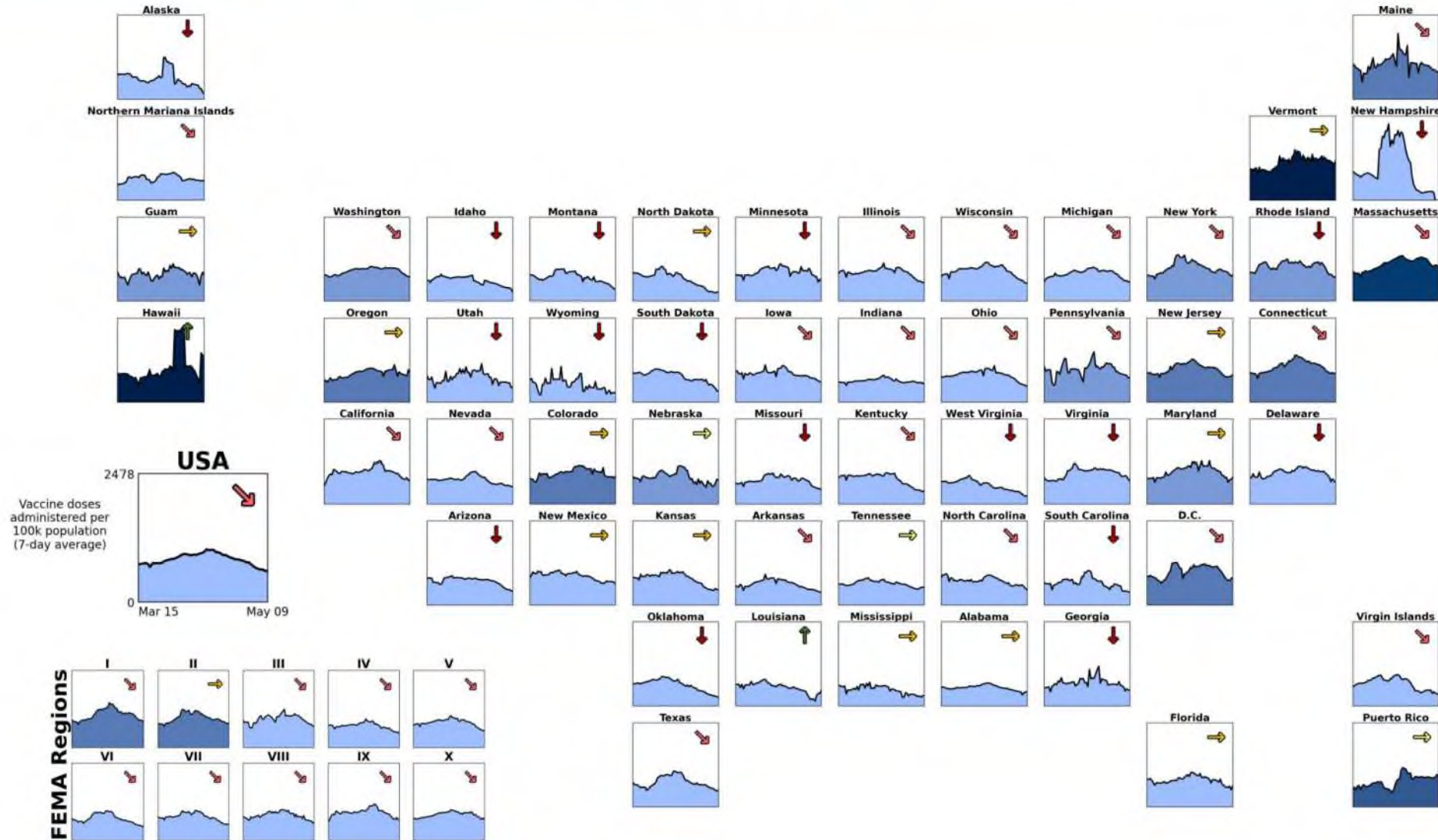
+0.02% - +0.10% ↗

+0.11% - +0.25% ↗

+0.26% or more ↑

Source: Unified COVID-19 Vaccine Dataset. See Data Sources/Methods slides for additional details.

TRENDS IN VACCINE DOSES ADMINISTERED PER 100K POPULATION DURING THE LAST 8 WEEKS



COVID-19 vaccine doses administered

(based on average daily COVID-19 vaccine doses administered per 100k in last 7 days)

0 - 700
701 - 800
801 - 900
901 - 1000
1001 - 1100
1101 or more

Weekly % change categories

(arrow based on % change in weekly COVID-19 vaccine doses administered)

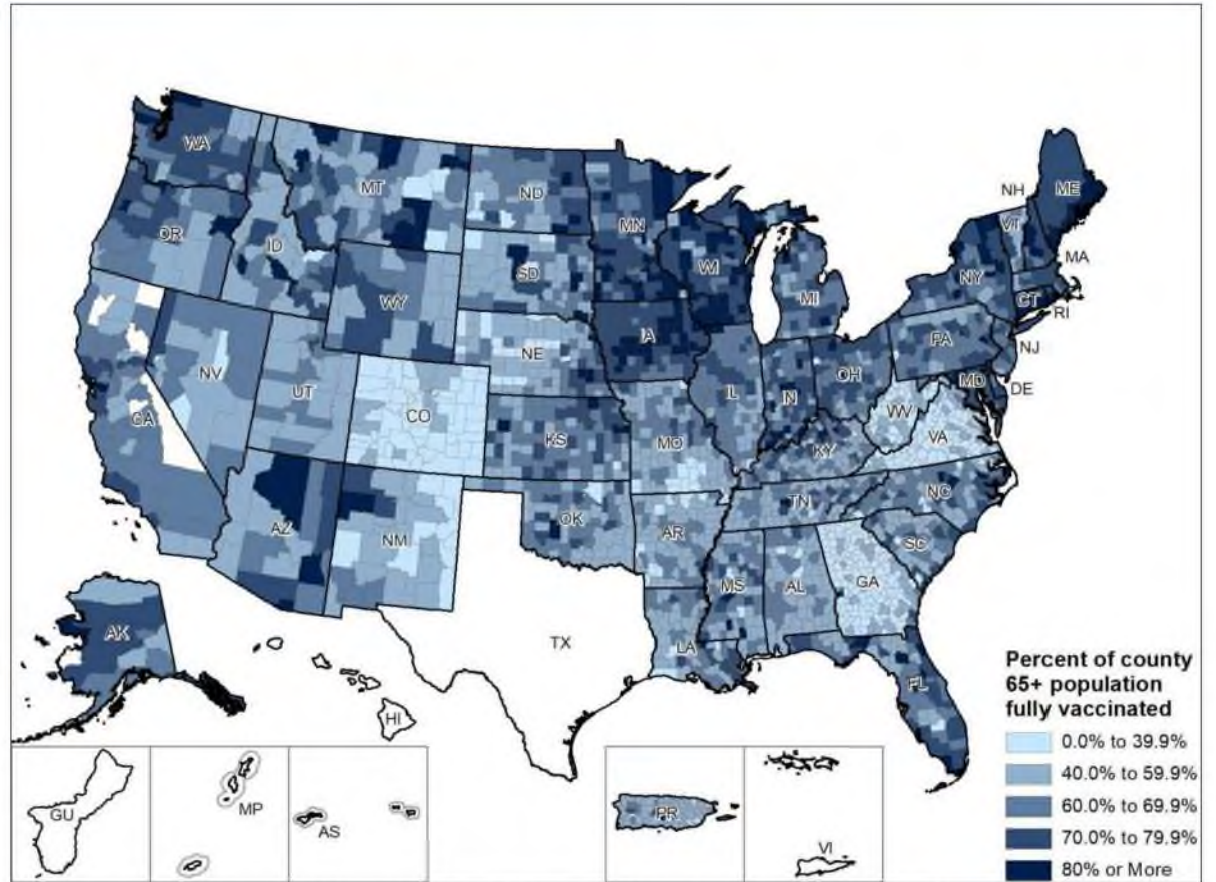
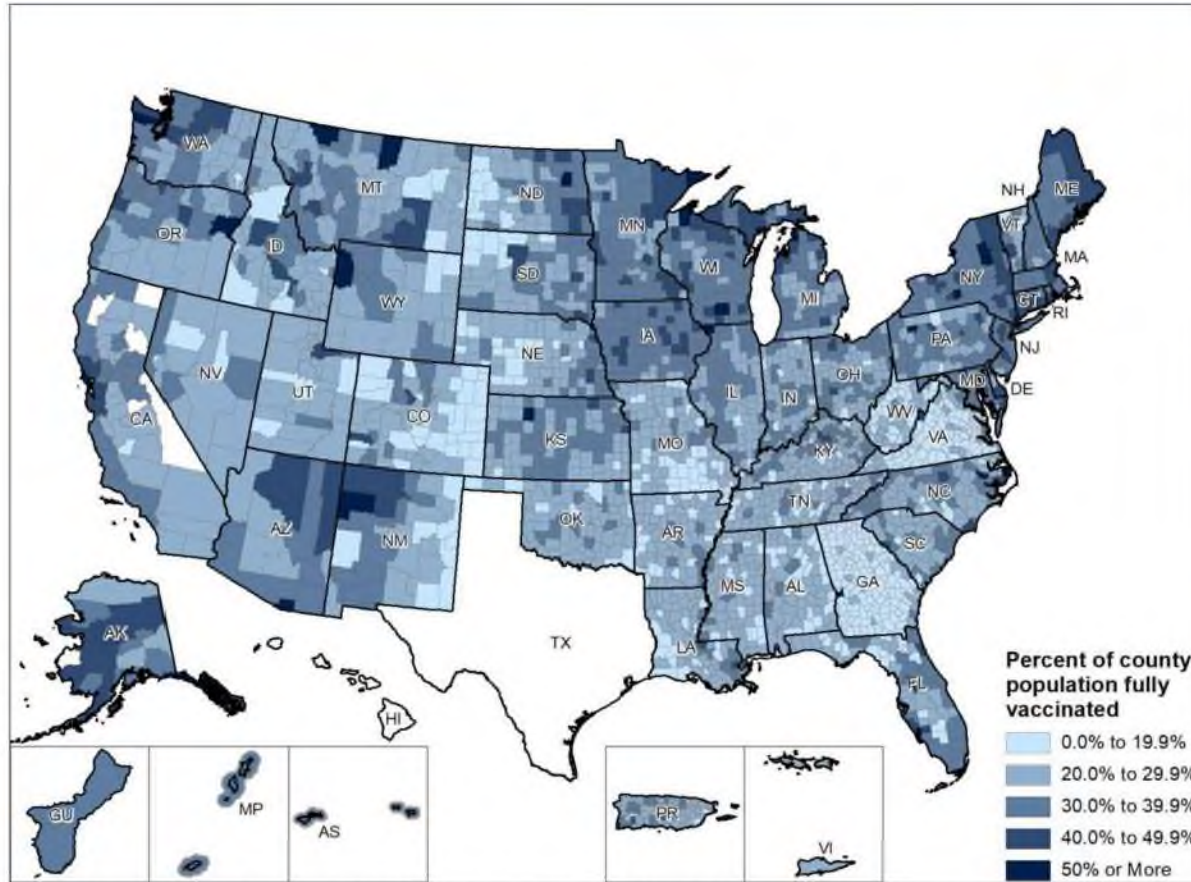
-26% or less	↓
-25% - -11%	↘
-10% - +0%	→
+1% - +10%	↗
+11% - +25%	↗
+26% or more	↑

Source: Unified COVID-19 Vaccine Dataset. See Data Sources/Methods slides for additional details.

VACCINATION RATES BY COUNTY

Percent of Population Fully Vaccinated: 34.4%
Percent of Population with at Least 1 Dose: 45.8%

Percent of 65+ Population Fully Vaccinated: 71.1%
Percent of 65+ Population with at Least 1 Dose: 83.4%



Source: Unified COVID-19 Vaccine Dataset. Fully vaccinated indicates those who received the second dose of Pfizer-BioNTech or Moderna vaccines and those who received one dose of J&J/Janssen COVID-19 vaccine. Values reflect total by report date, not administered date. The following states have ≤80% completeness reporting vaccinations by county, which may result in underestimates of vaccination data for counties and CBSAs: NM (78%), VT (74%), CO (69%), WV (54%), VA (50%), GA (48%), HI (0%), TX (0%), AS (0%), FM (0%), MH (0%), MP (0%)

IMPACT OF VARIANTS ON VACCINES

Variant	Pfizer/BioNTech (mRNA)	Moderna (mRNA)	Johnson and Johnson (viral vector)	Novavax (protein subunit)
B.1.1.7	<ul style="list-style-type: none"> Case-control study of PCR-positive, vaccinated and unvaccinated individuals in Israel Higher number of B.1.1.7 cases in partially vaccinated (221/247) than unvaccinated (206/247) individuals. No difference in fully vaccinated. [source] Real-world, 265,410 Qatari nationals >14 days post-second dose. 89.5% efficacy against infection, 100.0% efficacy against severe disease [source] 	<ul style="list-style-type: none"> In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 8) 1.2-fold reduction in neutralization Assessment of B.1.1.7 variant including the E484K mutation 3.1-fold reduction in neutralization [source] 	-	<ul style="list-style-type: none"> Trial, 15,000 UK adults (18-84) with symptomatic disease as primary endpoint. Reduction in efficacy from 96% to 86% with no cases of severe disease in the vaccinated arm (1 in placebo). [source]
B.1.351	<ul style="list-style-type: none"> Trial, 800 participants in South Africa with symptomatic disease as primary endpoint. Nine cases, all in placebo group. 100% vaccine efficacy (95% CI, [53.5, 100]). Six of nine cases in placebo group were B.1.351. [source] Real-world, 265,410 Qatari nationals >14 days post-second dose. 75.0% efficacy against infection, 100.0% efficacy against severe disease [source]. 	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in live virus neutralization assay (n = 12). 12.4-fold reduction in titre. [source] In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 26) 9.7-fold reduction in titre. [source] 	<ul style="list-style-type: none"> Trial, 44,000 global participants with symptomatic disease as primary endpoint. Overall efficacy of 66% in preventing moderate disease but only 57% in South Africa. Maintains 85% efficacy in preventing severe disease in all locations and variants. [source 1], [source 2] 	<ul style="list-style-type: none"> Trial, 6,324 adults in South Africa with symptomatic disease as primary endpoint. Post-hoc estimate of 51.0% vaccine efficacy against B.1.351 among HIV-1 negative trial participants. [source] In vitro assessment in pseudovirus neutralization assay (n = 23) 14.5-fold reduction in titre. [source]
B.1.427 B.1.429	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 14). 4-fold reduction in titre. [source] 	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 11). 2.8-fold reduction in titre. [source] Neutralization titers were 2.0 times lower testing plasma from 26 participant samples. [source] 	-	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 23) Neutralization titres were 2.5 times lower testing plasma from 23 participant samples [source]
P.1	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 20). No reduction in neutralization. [source] In vitro assessment of two dose regimen in live virus neutralization assay (n = 25). 2.6-fold reduction in titre. [source] 	<ul style="list-style-type: none"> In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 8) 3.5-fold reduction in neutralization, maintained above level of detection [source] 	-	-
B.1.526	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 5) 3.6-fold reduction in titre with E484K mutation, no reduction without. [source] 	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in pseudovirus neutralization assay (n = 5) 3.6-fold reduction in titre with E484K mutation, no reduction without. [source] 	-	-

Information gathered from recent scientific journals and media reporting.

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IMPACT OF VARIANTS ON VACCINES

Variant	Oxford/AZ (viral vector)	Sinovac/CoronaVac (inactivated virus)	Gamaleya - Sputnik V (viral vector)	Sinopharm (inactivated virus)
B.1.1.7	<ul style="list-style-type: none"> Trial, nested within original Phase III of adults in a two-dose regimen. Mild decrease in efficacy for mild disease from 85% to 75%. Large decrease in efficacy against asymptomatic infection (75.4% to 26.5% with large confidence intervals). [source] 	<ul style="list-style-type: none"> Reports that sera can neutralize variant. Data not available. [source 1, source 2] In vitro assessment two-dose regimen in pseudovirus assay (n = 25) 2-fold decrease in neutralizing titre. [source] 	<ul style="list-style-type: none"> In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 12) No reduction in neutralizing titre [source] 	<ul style="list-style-type: none"> In vitro assessment two-dose regimen in pseudovirus assay (n = 25) 1.4-fold increase in neutralizing titre. [source]
B.1.351	<ul style="list-style-type: none"> Trial, 1467 adults aged 18-<65 in a two-dose regimen. No efficacy against mild or moderate disease. No cases of severe disease in either arm. [source] In vitro assessment of two dose regimen in live virus neutralization assay (n = 25). 9-fold reduction in titre. [source] 	<ul style="list-style-type: none"> Reports that sera can neutralize variant. Data not available. [source 1, source 2] In vitro assessment two-dose regimen in pseudovirus assay (n = 25) 3.3-fold decrease in neutralizing titre. [source] 	<ul style="list-style-type: none"> In vitro assessment of two-dose regimen in pseudovirus neutralization assay (n = 12) 6.1-fold reduction in neutralizing titre [source] 	<ul style="list-style-type: none"> In vitro assessment of one-dose regimen. 1.6-fold reduction in neutralizing titre. [source] In vitro assessment two-dose regimen in pseudovirus assay (n = 25) 2.5-fold decrease in neutralizing titre. [source]
B.1.427 B.1.429	-	-	-	-
P.1	<ul style="list-style-type: none"> In vitro assessment of two dose regimen in live virus neutralization assay (n = 25). 2.9-fold reduction in titre. [source] Real world, national mortality rates measuring proportionate mortality of elderly populations prioritized for vaccination. Populations with high vaccine coverage (aged 80+) had proportionate mortality decrease by a factor of 2. [source] 	<ul style="list-style-type: none"> Trial, 53,176 healthcare workers in Brazil with symptomatic infection primary endpoint. 46,884 received at least 1 dose 49.6% effectiveness against symptomatic infection, 35.1% effective against asymptomatic [source] Real world, national mortality rates measuring proportionate mortality of elderly populations prioritized for vaccination. Populations with high vaccine coverage (aged 80+) had proportionate mortality decrease by a factor of 2. [source] 	-	-
B.1.526	-	-	-	-

Information gathered from recent scientific journals and media reporting.

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HHS PROTECT COUNTY DASHBOARD LINKS

FIPS	County	FEMA Region	CBSA	HHS Protect
36045	Jefferson County, NY	2	Watertown-Fort Drum, NY	Link
28001	Adams County, MS	4	Natchez, MS-LA	Link
45071	Newberry County, SC	4	Newberry, SC	Link
17109	McDonough County, IL	5	Macomb, IL	Link
48091	Comal County, TX	6	San Antonio-New Braunfels, TX	Link
6093	Siskiyou County, CA	9		Link

RE: Press today

From: "Sanchez-Velasco, Marissa EOP/WHO" <Ex 6 - (5 U.S.C. Sec 552(b)(6)) >
To: "Choucair, Bechara N. EOP/WHO" <Ex 6 - (5 U.S.C. Sec >
Cc: "Fitzpatrick, Kelsey V. EOP/WHO" <Ex 6 - (5 U.S.C. Sec 552(b)(6)) >, "Siegel, Jared P. EOP/OMB" <Ex 6 - (5 U.S.C. Sec >
Date: Fri, 16 Jul 2021 11:12:28 -0400
Attachments: JZ Tough QA 07.15.21 10PM.docx (47.67 kB); Clean_07.16 WH Presser bw.docx (32.14 kB); 07.16.21 JZ Remarks for Friday Press Briefing vFINAL FINAL.docx (28.7 kB); July 16 2021 RW WH Briefing v4.docx (35.21 kB)

You'll be doing Telemundo Los Angeles, a Missouri AfAm radio station, and one more TBD. Attached is the latest tough TQ and also Jeff, Walensky, and Vivek's remarks from the briefing so you see our messaging for today.

Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process

From: Sanchez-Velasco, Marissa EOP/WHO
Sent: Friday, July 16, 2021 10:02 AM
To: Choucair, Bechara N. EOP/WHO <Ex 6 - (5 U.S.C. Sec 552(b)(6)) >
Cc: Fitzpatrick, Kelsey V. EOP/WHO <Ex 6 - (5 U.S.C. Sec 552(b)(6)) >; Siegel, Jared P. EOP/OMB <Ex 6 - (5 U.S.C. Sec >
Subject: Re: Press today

Yep I'll have more for you once we get through the 11am briefing

On Jul 16, 2021, at 9:54 AM, Choucair, Bechara N. EOP/WHO <Ex 6 - (5 U.S.C. Sec 552(b)(6)) > wrote:

Marissa- Noe is off today. I see that I have press hold on my calendar. Is this still happening? If so, **Ex 5 DP- (5 U.S.C. Sec 552(b)(5)) Deliberative Process** Also, do we have the latest set of TPs? I have't done media this week so I am not sure I am tracking the latest set.

Jared- can you also get the final draft of Jeff's remarks for the presser so I can have handy and so I can amplify as well?

Bechara

Bechara Choucair, MD
Vaccinations Coordinator
White House COVID Response Team

**Ex 6 - (5 U.S.C.
Sec 552(b)(6))**