

**CDC/IDSA COVID-19 Clinician Call:**  
**More on the Delta Variant, CDC Masking Recommendations**  
**and Updates from ACIP**  
**July 31, 2021**  
**Q&A**

This is the Q&A transcript from the Zoom webinar, formatted and edited for spelling and grammar only. The views and opinions expressed here are those of the presenters and do not necessarily reflect the official policy or position of the CDC or IDSA. Involvement of CDC and IDSA should not be viewed as endorsement of any entity or individual involved.

**1. Can asymptomatic fully vaccinated infected people also transmit the virus or only symptomatic?**

Although we don't have firm epidemiologic evidence of this happening (where we get definitive data in ironclad sequence of transmission), we know it can happen in unvaccinated people and since with Delta breakthroughs can shed virus as asymptomatic persons can who are unvaccinated, we believe it is likely that asymptomatic breakthroughs can transmit. But by how much is unknown. And recall, if everyone is vaccinated even these asymptomatic transmissions will almost certainly no threat to life. (Dr. Brooks)

**2. Any known downside to a third dose of Moderna?**

Some studies have been done looking at the adverse events of a third dose. Unfortunately, none of these studies have been large enough to look for rare adverse events. (Dr. Talbot)

**3. Would rapid antigen tests in fully vaccinated people be a better way to gauge infectiousness rather than PCR/CT values as they just imply RNA load not necessarily infectious virus?**

This is a great question. Unfortunately, we do not yet have any data on this. Groups are trying to quantify the relationship between PCR and live viruses. Hopefully this data will come soon. (Dr. Talbot)

**4. Does the delta variant have less asymptomatic clinical presentation?**

It does not appear at present that there are differences. We will know more after some more time passes and we get sufficient data to make good solid statistical comparisons of differences in clinical presentation or asymptomatic infection. (Dr. Brooks)

**5. Given how close we may be to development of a variant that is highly contagious and even more vaccine-resistant than delta, it seems likely we will need a delta booster to enhance immunity. What are the prospects for developing (and authorizing, manufacturing, and distributing) a vaccine in time to be available when this strain emerges?**

Studies are underway for previous variants. This will be critical information. However, what we can do now, is increases the vaccination rate consistently across the county. As Dr. Brooks slides point out, the virus has a greater chance of high transmission (whatever the variant) when vaccination rates are low. (Dr. Talbot)

**6. RE: the THIRD Booster: is there an anticipated downside? cytokine storm? autoimmune issues?**

In small studies we have not seen any severe adverse events but no studies have been powered to look at rarer events. (Dr. Talbot)

**7. How is the severity of the delta variant in children? More severe than other variants? More or less severe than in adults? More or less hospitalizations?**

We don't know for certain yet, but multiple cohort studies are gathering these data and we hope to see them and share them soon. (Dr. Brooks)

**8. What variables/measures are being looked at to see if vaccine booster would be needed for Delta variant?**

Multiple variables are being examined. These include duration of protection and circulating variants. ACIP is reviewing this data regularly -- included vaccine effectiveness studies in the United States and other countries. The US has ongoing inpatient, outpatient and household studies. (Dr. Talbot)

**9. Any insight as to when full FDA approval for the Pfizer vaccine will happen? Many organizations are waiting for this prior to embarking on a planned vaccine mandate for staff. Similar question for EUA for school-aged children?**

I think we are all waiting. ACIP regularly asks for an update. We have not yet been given a date. (Dr. Talbot)

**10. Is there any suspected correlation with weather patterns in the impacted states? Recognizing that it's hard to tease out all causative factors.**

Great question. At this time, the biggest correlate is the number of citizens fully vaccinated. (Dr. Talbot)

**11. I have a patient who developed thrombocytopenia (ptlc ct 20K) after the first dose of Moderna. Did not develop venous sinus thrombosis. What are your recommendations for further vaccinating this patient?**

This patient needs to be seen by a hematologist and checked for antibodies to see if there is a relationship with the vaccine. (Dr. Talbot)

**12. How can control this variant?**

Vaccinate those that are unvaccinated, continue to mask and avoid crowded areas. (Dr. Talbot)

**13. Is it still safe to be outdoors without a mask, with a much higher R0? Several anecdotes of outdoor transmission**

If this is a concern, then maintain that 6-foot difference until we know more. I hope it remains a very low risk. (Dr. Brooks)

**14. Why vaccinated person infected this infection?**

No vaccines are 100% effective. The current COVID vaccine is no different especially as SARS-CoV-2 mutates. The COVID vaccine is based on the S protein which is the protein that is undergoing mutation. (Dr. Talbot)

**15. If you perform a rapid antibody test like the Premier Biotech, and it is negative (IgG), should you consider a third dose of the mRNA vaccine? In other words, any correlation with these tests?**

There are no recommendations at this time to test antibody levels post-vaccination. We do not yet know the correlate of immunity. (Dr. Talbot)

**16. Are breakthrough infections more common with the single-dose Janssen vaccine?**

Not that we are aware of yet. Reassuringly, in the Barnstable County outbreak, the Ct values did not differ by vaccine type, including J&J. Stay tuned! (Dr. Brooks)

**17. Do you anticipate that we will change the duration of isolation for unvaccinated individuals?**

Unknown at this time. The evidence I presented is worrisome, but we'd like to see a little more data (ideally with correlates of live infectious virus) for such an important decision. (Dr. Brooks)

**18. What are the plans for full FDA authorization for Pfizer/BioNTech?**

The FDA is currently reviewing the data. Hopefully soon. (Dr. Talbot)

**19. For immunosuppressed persons who got two doses of RNA vaccine who don't have antibodies, what should the third dose be: RNA or J&J**

This is a great question. This is actually two questions in one. The first, should we give a third dose -- that we do not yet know. The second question is should we mix and match vaccines. England is currently doing mix and match studies to help answer this. (Dr. Talbot)

**20. Are we only looking at 3rd doses on immunocompromised? How about older adults? Healthcare providers?**

The data is being reviewed regularly at ACIP for both older adults and healthcare providers. We think there are many important populations to watch. (Dr. Talbot)

**21. Why is not CDC recommending to the FDA to expand vaccine EUA to include a third dose of vaccine for immunocompromised?**

CDC is in discussion with the FDA. ACIP is regularly reviewing the data. (Dr. Talbot)

**22. Do you support use of serology against spike protein to determine whom among the ICP should get dose 3? We acknowledge that serology is not a direct correlate of immunity as mentioned earlier. Or should all ICP get dose 3? Are you more inclined to boost those who received Janssen?**

There are no recommendations at this time to test serology post vaccination as we do not know how to interpret the results. (Dr. Talbot)

**23. Are any of the companies giving any indication whether they might provide vaccines based on new variants, similar to the approach to flu virus? (This seems conceptually straightforward, although might be very difficult to implement.)**

Yes, companies are testing vaccines with new variants. Unfortunately, the virus is mutating faster than the clinical trials can be done. (Dr. Talbot)