

Building Public Confidence in COVID-19 Vaccines

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SPEAKERS

Dr. Nancy Messonnier, Tricia Johnson, Prudential, Dr. Nsikan Akpan

- P** Prudential 00:00
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- T** Tricia Johnson 00:38
This is Aspen Ideas to go from the Aspen Institute. I'm Tricia Johnson. As COVID-19 searches around the nation, the federal government has initiated Operation wolf speed aimed at delivering hundreds of millions of vaccines by early next year. But Americans have to be willing to get those shots. Dr. Nancy messonnier leads the National Center for immunization and respiratory diseases. And the Center for Disease Control is COVID-19 vaccine efforts. She says the new vaccines can help protect individuals but to stop the pandemic. Lots of people need to get vaccinated. And that means they need confidence in it.
- D** Dr. Nancy Messonnier 01:12

You can get educated about the process and the vaccines can help educate your family and your community. If you can take the time to understand the science. I hope that you'll then educate I have more people than five more besides that, and hopefully as the time that the vaccines become available gets closer hopefully I'll feel good about

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Tricia Johnson 01:33

Aspen Ideas to go brings you compelling conversations from the Aspen Institute. Today's discussion is from the science and society program. mess on yay says the accelerated development of the COVID-19 vaccine has not reduced the scientific integrity of the approval process or the safety of the vaccines. She speaks with National Geographic science editor see Khan Akpan about these issues, and the government's work to distribute them quickly and equitably. Here's Akpan.

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Dr. Nsikan Akpan 02:01

In late 2019, Dr. messenia directed the NCI rd to activity the center based response to an unknown risk respiratory disease in China that later transition to a full agency response to the covid 19 pandemic. In the COVID-19 response, Dr. messenia is leading the effort to support the COVID-19 vaccine program in the areas of distribution, administration, implementation, safety, and access for hard to reach populations with the goal of ensuring that a safe and effective COVID-19 vaccine is available for every American who wants one. And so I want to welcome Dr. Miss nae for this discussion. And I'm very excited to speak to you.

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Dr. Nancy Messonnier 02:39

I'm very happy to be here. Thank you. It's nice to see you.

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Dr. Nsikan Akpan 02:41

Before we get into the vaccine, I want to ask you a related question about the ongoing search. So you know, I think many expected this autumn and winter to be bad. But we're creeping toward averaging 200,000 cases per day. You know, last Tuesday, we broke the single day record for deaths. And then the next day we broke it again. Meanwhile, I've seen large crowds still going to moans and people are out in the streets protesting the closure of bars. There's clearly a COVID-19 fatigue going on. So how does the CDC and the rest of the American Health enterprise go about convincing the public to take the pandemic? Seriously? Yeah, that's

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Dr. Nancy Messonnier 03:21

a great question. And I don't think it's that people don't take the pandemic seriously. I think it said people are tired and tired of my kids homeschooling and I just this week canceled our Christmas vacation and I you know, expect the American public like I retired, I think the thing that folks need to understand is that now's the time to really buckle down and follow the rules. And if we can all do that, we're a month, couple months, we can really get ourselves past this thing. I think it's a commitment, we need to keep each other safe. And the way to do that is to follow the rules, stay home wear mask,

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Dr. Nsikan Akpan 04:01

the United Kingdom's approval, the Pfizer vaccine was momentous. its historic. And you know, there are many more vaccines that seem to be on the way, you know, it's an undebatable win for science, the progress of the vaccine this year. But right now, the public hasn't seen much of the underlying data behind these candidates. So how do you go about addressing concerns of the vaccines have been rushed out? And based on what you've seen so far? What makes you confident about the process?

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Dr. Nancy Messonnier 04:29

I think it's a really important distinction for viewers to understand. And sometimes I think that the term operation warp speed was perhaps not perfectly thought through because people seem to interpret that as being going fast and sacrificing science that is somehow that by going fast. We've cut short, the size and the scope of the studies that are being done and it's really not that at all. One of the reasons that these vaccines have moved so quickly remarked Quickly is, frankly, because they didn't come out of nowhere. They're actually built on a firm foundation of science. That is scientists had been working on this novel technology for years, looking for that first vaccine. So when it came time to think about a COVID, vaccine, scientists went back to the vaccine platforms that they had been working on and said, Okay, can I adapt this quickly, to COVID, to form a vaccine really quickly. That's true of mRNA vaccines as an example, which are the first vaccines that we expect to see. So that's the first thing this didn't come out of nowhere, you came on a firm a scientific foundation. The second thing is that what makes it faster is what everybody wants to know. And it's a couple things, you know, extreme studies in general of places where there is a lot of work. And then there's a pause for additional evaluation, or they stopped because they can't find the supply reagent. Or there's some sort of shortfall when operation warp speed has taken every single piece of that equation from the beginning until now, and done everything to lower any obstacles. So there's no time and space between things moving forward, if there was a shortfall of supply, Operation warp speed, helped to improve it. They've helped to make those clinical trials go as fast as possible.

But again, not not sacrificing size and scope. For me, part of the reason I have confidence in these vaccines is because I have confidence in the process. That's from somebody who really understands the process. So these clinical trials are the same size and scope of any trial that goes on in vaccines in the United States. The vaccine trial has been overseen by an independent group of experts that called Data safety monitoring board, they're the first ones that see the clinical trial data. And then when it's passed off to FDA, FDA scientists don't just review in detail all the data that they're given, actually reanalyze the data themselves to make sure that they agree with every bit of it. And then it goes to FDA Advisory Committee there verpackt, which is meeting this Thursday, they review the data and they do it in plain air, it's televised so that the public can actually see once they authorize the vaccine, when it comes to CDC, our scientists review the data. And then our advisory committee reviews the data in public again, so that everybody sees it. And this may seem excessive. But it's a series of checks and balances designed on purpose to make sure that nothing falls through the cracks. And also, it's part of our commitment to the American public, that we're going to be sure that these vaccines are safe and effective before we move them out.

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Dr. Nsikan Akpan 07:55

As you just mentioned, the Pfizer vaccine and the madrona vaccine are undergoing FDA review in the coming weeks, we received this question ahead of our event, please explain how the vaccine does not change our human DNA. I chuckled at this question. And I got a I would say a question in the same vein this weekend, you know, somebody asked me okay, but, you know, are there plant and animal extracts involved with this vaccine? Like, do I want to take that? So I was wondering if you could just briefly answer that question about changing or human DNA and explain some of the fundamentals behind mRNA vaccines and how they're doing I'm

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Dr. Nancy Messonnier 08:33

happy to I'm happy to do this at a high level. No, I think there's something about these vaccines being new, new technology that sort of people find disconcerting, but an mRNA vaccine is still a vaccine, you will roll up your arm and get the vaccine in your muscle, like you get your flu vaccine. But then when the vaccine, the mRNA vaccine gets into your muscle, what it does basically is it gives instructions to ourselves to produce something called a spike protein. And a spike protein is similar to what's on the outside of the COVID virus. So it produces a spike protein. And it's a way to basically teach your body to produce an immune response to protect against this by protein. So once that teaches your body to produce that immune response, if down the road weeks, months later, you actually get exposed to the COVID virus. virus has a high risk recognize that and I know

how to produce an immune response. I'm going to lose that response and stop that virus in its tracks. You can't get COVID from an MRI or an mRNA vaccine, any more than you can get flu from the influenza vaccine. It's just a way to sort of keep the body more quickly so that it's prepared if it gets exposed to the virus.

D Dr. Nsikan Akpan 09:57

Are there any possible adverse effects from taking a COVID-19 vaccine if you've already caught the disease, and had, you know, a mild case, but a strong immune response.

D Dr. Nancy Messonnier 10:07

So there's a theoretical response and a practical response, theoretical, the scientists that know this disease have worried about this and thought about this, I don't believe that there's a serious harm, practically, in the clinical trial, I understand that they excluded people who weren't infected at the moment that they were enrolled in the trial, but that there were some people in the clinical trials with had COVID in the past and had antibody levels. And that's certainly something that the scientists who are going to be reviewing this data are going to be looking for. Equally importantly, I think, is the question of, well, what does this mean down the road? How do I know how long the vaccine is going to last? And if it's going to protect me forever? The truth is, we don't know that. And this is not surprising. There are always things that we don't know, at the moment a vaccine is authorized or licensed as a clinical trial, as big as it is, is different than rolling out the vaccine in the entire public. That's why it's so important that we study the vaccine. So we're going to be carefully studying this vaccine to see how well it works. The public once implemented, but also to be looking at those important questions, going to get some data from a clinical trial about disease. We all want to know, is it protecting more against severe disease than mild disease? Does it protect you both from getting ill and from transmitting? And does it protect you long term? Or does the immunity wear off over time? Those are the kind of questions that are incredibly important. That's why we've set up a whole series of investigations that we'll be launching as soon as the vaccine touches.

D Dr. Nsikan Akpan 11:49

What about for those with other immune disease? Or reactive immune systems? You know, should they take this vaccine at this point? Or do they need to wait a little while for more data that rolling?

D Dr. Nancy Messonnier 12:00

what we have so far as uncle trial data, only maybe a group of people who got the vaccine it's a large size, but it doesn't allow us to evaluate every permutation of each individual's decision. So what I would tell anybody is, if you have questions or concerns, need to talk to your own healthcare provider, road healthcare provider will be best equipped to help you make decisions about what the best thing is.

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Dr. Nsikan Akpan 12:24

Do we know what type of protection we're seeing with these front runners? Do they only stop the spread? Or do they knock out symptoms?

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Dr. Nancy Messonnier 12:33

Yeah, you know, I wish I could tell you that the day after you get your second shot, you could rip off that mask and hug your family. But the truth is, it's probably still too soon to do that. We're going to know whether the vaccines protect against illness. But we're not fully going to know on day one, whether the vaccines protect against transmitting the virus, most people think that there will be some level of protection against transmission, that some level of herd immunity will come from the vaccine. Or frankly, after we've all been so careful for so many months, the day after you get the vaccine is not the time to risk it. So we're going to recommend for now that everybody keeps going with masking and social distancing. Until we have a little more time to study and then as soon as possible, we will lighten up those guidelines. Now's not the time to do it. It's just too soon.

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Dr. Nsikan Akpan 13:29

So if the vaccine can't stop transmission, but it can stop disease symptoms like so what's the value in taking it? I think a lot of people are asking that question.

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Dr. Nancy Messonnier 13:38

The value and taking it is that as you said there are an enormous number of COVID cases every day in the United States today, yesterday, tomorrow. If the vaccine can protect you from getting ill, you can dramatically decrease the number of cases hospitalizations, deaths, quickly. Most people believe I believe that there will be some level of protection against transmission. I just don't know whether it's complete protection or not. That everybody got vaccinated, frankly, and we were all protected ourselves by our own vaccine. And it wouldn't matter if it was still transmitted because if you got exposed, you wouldn't get it.



Dr. Nsikan Akpan 14:22

And we have another high level question along that line. What's the mechanism behind the possibility that the vaccine can prevent symptoms while allowing viral transmission?



Dr. Nancy Messonnier 14:32

Yeah, think about it this way. There's different ways that your body protects you against serious symptoms, right. So if the virus is getting into your nose and throat, it starts there, then it basically goes through the rest of your body. Your immune system could potentially be protecting you from the more harmful parts of COVID. But still, the virus could be in Nose and Throat, and it's still possible that you could then transmit it. So it's the difference between having the virus somewhere and sort of being fully infected by the virus. So that's one way to think about it. And know there are other vaccines with other diseases where the virus with a vaccine protects you from getting sick, but you can still transmit it to someone else. And so it's not just theoretical, actually are other diseases where that's true. Now, again, frankly, I think there's a lot of reason to be hopeful that this vaccine will also protect against transmission. We want to be sure before we tell people to take off the masks.



Dr. Nsikan Akpan 15:40

What are some examples of those diseases just so that way people know,



Dr. Nancy Messonnier 15:44

I would use as an example of the other side mouthless influenza B vaccine. I mean, what we frequently find with vaccines is that they're licensed based on safety and effectiveness. But it isn't until you implement it that you actually find out that vaccinating of one population protects others. So for example, vaccinating pneumococcal disease, vaccinating kids, actually protects older adults from getting exposed to the bacteria. So the problem is, we mostly find out those things, after we start implementing them. We don't know it for certain because of the way the clinical trials are set up.



Dr. Nsikan Akpan 16:25

And that's a great setup for a question that we got from the chat. We have three to four solid vaccine candidates within a year, most phase three safety trials last a year. And you know, the whole clinical process usually lasts six to 10 years by accelerating this process, are we losing out on long term safety data? And I think along also, along those lines, if we

do find something once we start to give the vaccine to more people? Is there any flexibility in you know, changing the dosing regimen, adding a booster? Can we do anything like that after the trials are complete? Or do we have to go back and start the trials over?

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Dr. Nancy Messonnier 17:03

I start with the first part of that question. Before I get to your addition, I think safety is one of the most important things that you need to do around these vaccines. So I talked a little bit about the checks and balances that are in place before a vaccine is authorized and recommended. What folks need to know is that, from the moment that the vaccine starts rolling out, we continue to monitor safety. And that's not just for COVID vaccine, but for every vaccine that's used routinely in the United States, we never stop evaluating the safety of those vaccines. In the United States, we have one of the most, if not the most robust safety system in the entire world, we take this responsibility really seriously. And because of COVID, and the development of these vaccines, and the concern about safety, we've taken those systems, which start out as being really robust and actually enhanced them. We've looked across all the safety systems that we generally use in the US. And we've really incorporated them into a single system that is much more seamless. And we look for weaknesses in our systems and said, Okay, if there are weaknesses, how can we strengthen those systems? The size of the clinical trial is similar. We're bigger than other clinical trials. But your question is correct. Frequently, there is a longer lifetime between the time the clinical trial ends. And the time that the vaccine is rolled out now, in that time period, really don't generally see the occurrence of new side effects. But we want to be sure, and that's why the safety plan is so robust. But there's a caveat. It's important for you all to know about in order to really monitor safety in the period of time, initially, after the vaccines are rolled out. You need the help of you, and all the people that are getting the vaccine. So if you are in that first group of people that get the vaccine, what we're asking you to do is report to us through a program called the safe. any side effects that you experience from the vaccine, you report them in? It's a text based system. And then if it's significant side effect, you'll get a call back from us, where we ask you more questions, we're really going to need everybody to understand the importance of this early phase, because I don't want to wait for systems to let us know six months from now if there's a problem. I want to know in the first couple weeks, and in order to do that we really are going to need the help of those people. Were getting the vaccine.

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Dr. Nsikan Akpan 19:44

There been 1000s of papers published this year on COVID-19 alone, what tips would you give to normal people who want to assess this data from themselves? You know, how do

they make sense of the wide world of antibody profiles and T cell responses where Should they go for information once the vaccine is approved?

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Dr. Nancy Messonnier 20:04

Yeah, um, you know, another sort of thing that happens, because we're doing everything quickly trying to get the vaccine out quickly. And I think that's really important. We have this important tool, need to get it to the people who need it quickly. But typically, after a vaccine is licensed and recommended, there are weeks or even months before it hits a provider shelf. And before patients are faced with the question of whether they should get the vaccine, and we use that time to educate people, we use it to educate healthcare providers, we use it to educate the public, it's really try to make sure that those messages get out before you show up at your doctor's office and have to make a decision. But in this case, we're moving much more rapidly. There's a good reason for that. But it does for shorten the period of time that we have to educate. That's why it's really important that we have information readily available, you can find it on our website, and that information is going to be updated frankly, every other day until we get to a place where there is enough information for people to understand the vaccines. So you asked me about mRNA vaccines. If you go to the CDC website, and you click on COVID, and you click on vaccines, you find a whole couple pages that really describe the mRNA vaccines, really good to need people to be proactive about educating themselves. We're getting packets of information ready for healthcare providers, even with all the questions these days about, about science. In fact, if you ask anyone who they trust, most helped them make healthier decisions, their own health care provider ends up at the top of that list. And so it's going to be really important for us at CDC, educate healthcare providers, so that then patients can ask their healthcare provider, any questions that they have. Another thing that I would say is that these vaccines can protect the individual that if we really want to stop this pandemic, we that we do it by getting lots of people vaccinated. That means that people have to feel confident getting the vaccine. So people who are listening to this people who tuned in, if you can get educated about the process, and the vaccines can help educate your family and your community. think in many ways, people will really trust people in their community that they know, help inform them, in addition to their health care provider. And so we can all be really important parts of that link. Not everybody is going to go to the CDC website and really try to understand all the available information. But if you are and you can take the time to understand the science. No, I hope that you will then educate five more people, men five more besides that, and hopefully, as the time that the vaccines become available, gets closer, folks will feel good about rolling up their sleeves.

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Dr. Nsikan Akpan 22:59

So you mentioned competence. What do we know about the side effects that we've seen from the front runner vaccines? And along those lines, how did the side effects break down versus you know that with just the first dose, versus what happens after the second dose, what should people expect?

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Dr. Nancy Messonnier 23:21

The point of a vaccine is to stimulate your body's immune response. That's the whole reason you get vaccinated. But it also can mean that there are some side effects from that vaccine. Now, the precise data on the phase three clinical trials in the United States to be made public later this week from the Pfizer vaccine at the at the FDA advisory committee meeting, which is scheduled for Thursday. And the maternal vaccines meeting is scheduled for 10 days later. But based on what we've seen so far, including the data from the earlier studies, and the data from the UK, here's what people should expect. These vaccines will have some side effects in some people, some people will be fine. Some people will have side effects, most of those side effects will be mild or moderate that used to last for a few days. The kind of side effects that we're seeing so far are a sore arm, muscle aches, the key, and some people are even reporting that they have fever that lasts for a few days after the most of the data so far suggests that number of people that have those side effects is more after the second dose than it is after the first dose.

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Dr. Nsikan Akpan 24:44

You take one dose, you have a certain level of protection, you take a second dose, you have even more protection. Do we have a good sense of what those two stages of protection are like and if we do have people who you know don't follow up, forget about it. Taking getting the second shot. What happens then, you know, like, what's the value of getting the two doses based on what we know,

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Dr. Nancy Messonnier 25:08

you need to take those shots, this vaccine, this vaccine is a precious commodity. Getting the vaccine mind right now is a gift. And if you're lucky enough to get on that first vaccine, you don't want to waste it by not getting a second shot, you need to get a second shot of the exact same vaccine that you got the first time. So if you get the Pfizer vaccine, you need the Pfizer vaccine. Again, if the maternal vaccine, you need the maternal vaccine, again, some of the vaccines that are coming down the road may only be one dose vaccine. But these first two vaccines are two dose vaccines and you need both. I think there will be some data presented at the FDA is meeting and the CDC is meeting later this week about how much protection there is between those first two doses, but it's

limited period of time. So if you get your first shot, day one, and your second shot at either day, 21 or 28, there may be some protection in those limited three or four weeks, we have no idea if you got the first shot, whether you'd have any protection three or four months later. So it's really important to get that second shot and get it on time as much as possible. There is some data, I think of people who are a few days late. But frankly, there's really limited data. And so we really want people to focus, getting themselves that second shot on time daughter to facilitate that the health departments and healthcare systems, a lot of them are actually scheduling you. So when you go in to get your first dose will schedule you for your follow up appointment to get your second dose, I think that's a really great way of being sure that you're getting it at the right interval. So bottom line, where I finished, if you get the first dose, please get the second dose.

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Dr. Nsikan Akpan 26:51

How are we tracking those two doses? You know, I saw a picture of, you know, a little note card where we're filling out the dates when you're supposed to follow up. And my immediate thought was, Oh, it's 2020. Like, I'm surprised we're not using smartphones or automatic alerts or, I mean, you know, what's sort of being discussed in terms of, you know, really making sure that that people follow up, like what type of tactics, what type of tools,

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Dr. Nancy Messonnier 27:19

all the things that you mentioned, it is funny and reusing hex messaging, smartphone apps, all the modern technologies that you could possibly imagine jurisdictions are using, and I hope every single one of those works. But the quarter backup system, if nothing else works, if you if you you know, if you lose your phone, or if you're not a technology person, and frankly, you don't carry a cell phone, I don't want there to be anybody who has any question of what vaccine they got when they're due again. So those cards are a tried and true old fashioned, perhaps, but tried and true approach. And so we're giving out cards to it's a safety mechanism. Yeah, find the fancy stuff. I hope it works. But as a last resort, at least you'll have to know what vaccine you got. And you know when you're in

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Prudential 28:15

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Dr. Nsikan Akpan 29:33

And so, you know, we've talked about how the vaccines work. We talked about why people should take them. We've talked about, you know, the importance of two doses. Multiple groups have called for a national communication plan for the COVID-19 vaccine. Is this something that CDC is working on? And has the Biden transition team contacted you to begin work on such a such a plan.



Dr. Nancy Messonnier 29:57

So HHS has the lead for the With the communication campaign, CDC focus and my focus is on education, educating providers, educating health departments, and educating our vast array of partners so that they can then turn around the educate their, their populations, we're turning out lots of materials, and sort of every way that you can possibly slice it, lots of stuff online, lots of social media, our focus is on really those educational materials that can be used sort of all the way down the chain. And, you know, as I said, things are moving really quickly, that material is going to have to get pushed out really quickly, really trying to make sure that healthcare providers health department had the information that they need, so that they can educate people before they get vaccinated.



Dr. Nsikan Akpan 30:55

So we're in a global competition, I think, for these these vaccine supplies, you know, what is CDC doing? What is HHS doing to ensure that we are the first country to get the batches as they start to roll out from these manufacturers.



Dr. Nancy Messonnier 31:16

So the, the negotiations with the pharmaceutical companies about doses was is actually

being done by operation warp speed. And that's the dia de HHS partnership. For our part of CDC, our part is really doing the science. And so we're collaborating across the globe with other scientists, in the same positions that we are, make sure that we can take advantage of their science, making take advantage of ours at scientific exchange that, you know, is sort of the bedrock of the kind of work that I do, you're really important as we roll out these vaccines, for example, for the countries that are rolling them out, really gathering data and sharing that data so that we can all learn from it.

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Dr. Nsikan Akpan 31:59

And say we have, you know, a vaccine candidate that is 95% effective. And then we have another that is 70%. Effective. Do you want to talk about I should say advocacy, you want to talk about how advocacy works. and in this situation where say, we have access to both how we'll go about deciding who gets which one,

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Dr. Nancy Messonnier 32:24

effectiveness in this setting is a little complicated. So when we license the vaccines, or when FDA authorizes the vaccines, your authorized user license the vaccines, they're going to have an estimated effectiveness in the vaccines based on the clinical trials, think of effectiveness as sort of the risk of getting COVID if you're vaccinated, compared to people who aren't. So clinical trial randomizes people, some get the vaccine and some don't. And you're comparing the risk of getting COVID. In those two groups, you get an estimate of the effectiveness. That's the 75% versus the 95%. But around that there's a confidence interval is there isn't anything in statistics. And especially in these early days, with the size of the clinical trials, some of those confidence intervals can be really wide. And it's not clear at those point estimates are significantly different or not, in addition to a single estimate. It's not an estimate in every sector and piece of the population with all of the pave. That's how that seems maybe differently in different groups. So that's why it's going to be so important to study the vaccines not just at the point of authorization, or licensure, but forever on. But back to your actual question, which is if there is differential effectiveness, how do you make the recommendations. That's why I'm grateful that we have an advisory committee. So CDCs Advisory Committee on Immunization Practices, has been in place for 15 years. This is a group of independent scientific experts. And they're vetted to make sure that they don't have a conflict of interest, are experts in immunology, pediatrics, dolt medicines, vaccine side effects, we actually also have one member of the group, it's a member of the public men, they're surrounded by stakeholders. The group around them is the group that actually is responsible for implementing the vaccine recommendations. Their input is incredibly valuable. So if we have an issue like that, we will be going to our advisory committee and saying, here's the

profile of these two different vaccines. Please tell us how you recommend we use them.

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Dr. Nsikan Akpan 34:34

Once the advisory committee makes a recommendation for a vaccine? How does it affect it's a veil ability under Medicare, Medicaid, you know, private insurance or the different insurance plans that we have, you know, how does it affect its availability to people and how will they pay for it?

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Dr. Nancy Messonnier 34:51

Okay, so the ECP recommendations, and the cost or payment for the vaccines in some ways are different issues. What I would say is that The US government has purchased these vaccines, at least this first year of vaccine. So there's no cost to the vaccine for anybody. In addition, the vaccines are going to be free of charge for the administration. So when you when you get a vaccine, there's two different costs. One is the cost of the actual vaccine, and the other is an administration fee. And in this setting, there will be no cost to people to get the vaccine, no co pays free of charge completely no matter what your insurance won't matter if you don't have any interest.

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Dr. Nsikan Akpan 35:32

I mean, at Harvard has been a a, an important voice and the loud advocate for daily at home tests. You know, he says that we can get the pandemic under control, if we could just get these tests out to people. What are your thoughts on those tests? Is the CDC working on exploring these rapid tests for daily use for at home use? What should people expect going forward for these tests that are under development,

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Dr. Nancy Messonnier 36:03

I know that there are a variety of experts who are advocating for more available paths. And then some of these tests may be less sensitive and less specific. But if they're widely available, they can be an important tool. I know that folks at CDC are assessing them. For me, my focus on the last six months, is really been on getting these vaccines, getting the country ready for the availability of the vaccines, I think, for me, with everything else that's going on and with the disease rates going up. These vaccines are a ray of light at the end of a long tunnel. And they really will be a game changer if we can roll them out successfully and use them successfully. And if people are confident and willing to get vaccinated, I think that's the game changer. And so for me, my focus is very much on on the vaccines.

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Dr. Nsikan Akpan 36:51

During the Ebola outbreaks, I think, you know, the United States response was what I would have expected. Right, you know, I think we really, you know, we're able to, to head to Africa, and really apply the decade's long history of public health that we've sort of developed here in this nation. So what has this year sort of been like for you, given that? You've given where we are right now?

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Dr. Nancy Messonnier 37:19

Yeah, I mean, it's been a hard year for me. It's been hard to move through this. I struggled with the daily practices that make life complicated and difficult. The social distancing, the masking, CDC campuses deserted, we've had to learn to work differently. I have school aged kids, they've had to learn to go to school differently. And we've had to be thoughtful and careful about everything in our day to day life, things that I used to think were easy or harder, then I think about millions of people who have had COVID normal people, including my friends who have had family members, and friends die from COVID. This year, Oregon seriously ill and frankly, my daily inconveniences seemed like nothing compared that for me. And one of the reasons that I have really been so focused on these vaccines for the past six months, is that I really felt like vaccines are the way that we can get out of this. And it's really been great. I have this incredible team, CDC of committed technical experts in scientists who have been working every day, weekends and nights to get ready for the moment that we're at now. We're on the verge of a vaccine that can get us all back to normal. And it really has been those people, that team, as well as my friends and my family and my community that have kept me working hard every day. Because, you know, I really feel like we can all be part of the solution if we just keep moving forward. And if we just keep working together, frankly, it's the hope of the vaccine and the hope of getting us through this. It's kept me moving forward all year.

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Dr. Nsikan Akpan 39:04

I follow you on Twitter. On March 30. He tweeted, thank you to all the health care workers that are working around the clock to care for and protect our loved ones every day. We appreciate all that you do national doctors day. I think health care workers in this country are about to go through a fairly dark period. How do we support them? Yeah, I

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Dr. Nancy Messonnier 39:27

think you're right. The health care workers are the heroes of this pandemic, themselves. In the front, every day, it's been a year and they're still going into work putting themselves at

risk. It's one of the reasons I'm so excited that our advisory committee recommended that health care workers be first in line for the vaccine. I think the availability of that vaccine can really help them to be able to continue to do their jobs, but dramatically lower the risk. What can we do for them you know, if you have a friend who's a healthcare worker or neighbor, what you can do for them to stay safe. yourself what will make all of their lives easier? If there are less COVID patients in the country? Less hospitalizations, less people to take care of the way that we do that? No. I know, it's fatiguing. And I know it's not exciting. But frankly, we know what works. We've proven what works, staying home, wearing a mask, if we keep doing those things, that's going to help our friends and our colleagues, healthcare workers until we can get all of us towards a vaccine. So I really hope everyone will take that to heart, we celebrate our health care workers. And the way that we celebrate them is by staying out of healthcare mess, we

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Dr. Nsikan Akpan 40:38

need it. What should the public expect from this CDC going forward into next year? What are your hopes for next year? What's your timeline on the return to normal? And herd immunity? Um, I think people really want to, to know that there's some light at the end of the tunnel. So you know, what are the three things three things that you're looking forward to, to next

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Dr. Nancy Messonnier 41:06

year? You know, when I walk into the office at CDC, which I am doing maybe once a week, there's a pledge on the wall in big letters. It's the CDC pledge to the American public. And one of the things it says is that we base all public health decisions on the highest quality scientific data that is derived openly and objectively replace the benefit to society above the benefit to our own institution. What I hope for next year is that CDC, and our staff will be able to communicate regularly and consistently across all levels of the government. And that by doing that, by being transparent about the vaccine process, we will be able to regain the trust of the American public. I hope transparency through the vaccine process will encourage people to get vaccinated. I think that there is a light at the end of the tunnel, but people do need to understand that the tunnel is longer. And they might expect roll out of the initial vaccines, I hope we will all celebrate it. And that seems won't be available to everyone until late spring, even early summer. So we're going to need to be patient. I know that's hard for all of us, because all of us are anxiously awaiting into this. And maybe my final thing is that, um, I've worked at CDC for 25 years, I've worked on a lot of vaccines, we are going to do everything we can to make this rollout of vaccines as smooth as possible. There are going to be bumps in the road and I think people need to expect it. You know, one of the groups that is queued up to get vaccines early are the

residents of long term care facilities. You're getting vaccines early because they're among the most fragile. 40% of deaths have been in those populations. They are medically fragile. If we vaccinate in a nursing home on Monday, and somebody dies on Wednesday, it will be a terrible tragedy. It may it's likely not related to the vaccine. So I hope that people will try to not jump to conclusions. Try not to buy into myths and misinformation, to really look for trusted sources of data to get us through the next six months. Stick together. When I really think we can get through this. We just need to keep sticking together.



Tricia Johnson 43:38

Dr. Nancy messonnier is the director of the National Center for immunization and respiratory diseases. She leaves the CDC is COVID-19 vaccine efforts including the response to the covid 19 pandemic. As part of her many leadership roles during her 25 years as CDC, she's worked to strengthen public trust in vaccines and prevent vaccine preventable disease outbreaks. award winning journalist see Khan Akpan as a science editor at National Geographic and has a doctorate in pathobiology. Previously, he created the PBS news hour YouTube series science scope. Their conversation was recorded earlier this week. Make sure to subscribe to Aspen Ideas to go wherever you listen to podcasts. Follow us on social media at Aspen Ideas. Today's show was produced by Shauna Lewis it was co hosted by the Aspen Institute science and society program and leaves mag. Our music is by wonderly I'm Trisha Johnson. Thanks for listening.



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