COVID-19 ROLLOUT PLAN

OVERVIEW

- **Planned Release date:** Friday, October 29, 2021
- **Document title:**
  - MMWR: Laboratory-confirmed COVID-19 among adults hospitalized with COVID-19–like illness with infection-induced or mRNA vaccine-induced SARS-CoV-2 immunity — Nine States, January–September 2021
- **Audience**
  - Primary: General public, media
  - Secondary: Public health professionals

BOTTOM LINE UP FRONT (BLUF)

Today, a new CDC study finds that the protection of vaccination against hospitalization is much stronger than recent infection with COVID-19.

TOPLINES

A new CDC study finds that the protection of vaccination against hospitalization is much stronger than recent infection with COVID-19.

- Among people who were hospitalized with COVID-like illness, CDC found that those who were unvaccinated and had a recent infection were 5 times more likely to have COVID-19 than those who were recently fully vaccinated and did not have a prior infection.
- The study looked at more than 7,000 people who were hospitalized in 187 hospitals across 9 states between January and September 2021.

The data demonstrate that vaccination can provide a higher, more robust, and more consistent level of immunity to protect people from hospitalization for COVID-19 than infection alone for at least 6 months.

Call to Action: CDC recommends all eligible people should be vaccinated against COVID-19 as soon as possible, including unvaccinated people previously infected with COVID-19. People who are eligible for a COVID-19 booster should get one.

TICK TOCK

Date /Time (e.g. Day before rollout, day of rollout, etc.)	Activity /Product
10/29 at 11 am ET	*MMWR* Preview Email
10/29 at 11 am ET	*MMWR* Media Email w/media statement under embargo
10/29 after 1 pm ET	Embargo lifts; *MMWR* online; Social Media released

KEY MESSAGES AND TALKING POINTS

A new CDC study finds that the protection of vaccination against hospitalization is much stronger than recent infection with COVID-19.

- Among people who were hospitalized with COVID-like illness, CDC found that those who were unvaccinated and had a recent infection were 5 times more likely to have COVID-19 than those who were recently fully vaccinated and did not have a prior infection.
- The study looked at more than 7,000 people who were hospitalized in 187 hospitals across 9 states between January and September 2021.

The data demonstrate that vaccination can provide a higher, more robust, and more consistent level of immunity to protect people from hospitalization for COVID-19 than infection alone for at least 6 months.

Study details

- Among people hospitalized with COVID-19 like symptoms, the study looked at whether two groups of people had lab confirmed COVID-19 infection related to their hospitalization. The following groups of people were compared:
    - People fully vaccinated (received 2 doses of an mRNA vaccine) 3–6 months before hospitalization and no previous infection.
    - People not vaccinated and with a lab confirmed COVID-19 infection 3–6 months prior to hospitalization.
- In order to be included in the study, participants were required to have been tested at least twice: once when they were in the hospital with symptoms similar to COVID-19 during the study period, and at least once since February 1, 2020 (14 or more days before being hospitalized).
- Researchers determined vaccination status by examining electronic health records (EHRs) and immunization registries.
    - There were 7,348 total participants in this study: 1,020 unvaccinated people with a prior documented infection, and 6,328 fully vaccinated patients with no prior documented infection.
- In this study, researchers also observed the benefit of vaccination when focused on hospitalizations that took place during the rapid spread of the Delta variant.

TOUGH Q&A (IF THERE ARE RISKS)

If you have antibodies from a previous infection, why should you get vaccinated?
Vaccination can provide a higher, more robust, and more consistent level of immunity to protect people from COVID-19 than infection alone. Based on what we know right now, COVID-19 infection confers some protection against reinfection and COVID-19 vaccination after infection provides a significant increase in protection against reinfection.

Getting vaccinated after infection provides a significant increase in your antibody response and significantly increases your protection against reinfection and severe disease. In laboratory studies, it also appears to improve how well you are able to respond to variants. While people may get some level of protection from a prior infection, there is not currently a standard antibody test or antibody level that can show whether an individual will continue to be at low risk of infection as their immunity wanes.

How long does protection last from infection?
Based on what we know right now, COVID-19 vaccination after infection provides a significant increase in protection against reinfection. Even if you have had COVID-19 before, getting vaccinated will help prevent severe illness, hospitalization, and death if you get reinfected. Vaccination is the best way to protect yourself from COVID-19 illness, severe disease, and death.

How much is infection and vaccination ultimately helping to achieve herd immunity?

There is no known percentage of people with COVID-19 antibodies which, when reached, will stop community spread of the virus. Getting vaccinated against COVID-19 helps fulfill the urgent public health goals of reducing the risk of infection, severe illness, and death.

Are antibodies from infection better than antibodies from vaccination?
No. Vaccination can provide a higher, more robust, and more consistent level of immunity for at least 6 months to protect people from hospitalization for COVID-19 than infection alone. People who are eligible for a COVID-19 booster should get one.

People who have recovered from a COVID-19 infection can increase their antibody response and protection from reinfection by getting vaccinated. Vaccination is the safest way to protect yourself from COVID-19 illness, severe disease, and death.

Are people who have had COVID-19 prior to circulation of the Delta variant at high risk for infection with Delta?
The Delta variant causes more infections and spreads faster than early forms of the virus that causes COVID-19. The COVID-19 vaccines approved or authorized in the United States are highly effective at preventing severe disease and death, including against the Delta variant.

Should people get infected with the virus that causes COVID-19 on purpose to get infection-induced immunity?
No one should try to expose themself or others to COVID-19 on purpose. COVID-19 can be serious and can lead to severe complications and death. Also, even people who did not have COVID-19 symptoms in the days or weeks after they were infected can have post-COVID conditions. Vaccination is the safest way to protect yourself from COVID-19 illness, severe disease, and death. No one should take the risk of getting infected and facing possible severe outcomes or death when we have highly effective and safe vaccines available.

If a person has had COVID-19, are they protected from future infection? What should people who have already had COVID-19 do based on this information?
While people may get some level of protection from a prior infection, we don't know how strong, how uniform, or how durable that protection could be. People's antibody response after infection can vary widely. Vaccination provides a higher, more robust, and more consistent level of immunity to protect people from COVID-19 than infection. People who have already had COVID-19 and have fully recovered should get vaccinated.

How does this report impact your recommendations for vaccination of people with a prior infection?
CDC continues to recommend that all eligible people get a COVID-19 vaccine as soon as possible, including unvaccinated people who have already had COVID-19. People with COVID-19 should get vaccinated once they have recovered from their illness and after they meet criteria for discontinuing isolation.

REACTIVE/ PROACTIVE MEDIA STATEMENT OR PRESS RELEASE

New CDC Study: Vaccination Offers Higher Protection than Previous COVID-19 Infection

Study participants were over 5 times more likely to have COVID-19 if they were unvaccinated and had a prior infection

Today, CDC published new science reinforcing that vaccination is the best protection against COVID-19. In a new *MMWR* examining more than 7,000 people across 9 states who were hospitalized with COVID-like

From: Hill, Andrew (CDC/DDID/NCHHSTP/DTE)
Sent: Tue, 2 Nov 2021 16:03:01 +0000
To: Reynolds, Sue B. (CDC/DDID/NCIRD/ID)
Subject: FW: Ask a statistician
Attachments: VaccinationvsNaturalImmunity9States_MMWR_29Oct2021.pdf

Hi, Sue

I see you were a co-author. I haven't read the article but any quick responses to the questions below?

Hope all is well. Any word on the DHQP position?

Andrew

From: Gurbaxani, Brian M. (CDC/DDPHSS/OS/OTI) <buw8@cdc.gov>
Sent: Tuesday, 2 November, 2021 11:47
To: Hill, Andrew (CDC/DDID/NCHHSTP/DTE) <fyu7@cdc.gov>
Cc: Glasser, John (CDC/DDID/NCIRD/DVD) <jwg3@cdc.gov>
Subject: Fw: Ask a statistician

See my stats question below, and Betsy's tentative response. Has become even more pressing due to that this is one of the most news covered MMWR's (attached) in a while...

Would appreciate some feedback. (b)(5) we need to (b)(5) Maybe I'm being naïve, (b)(5) -- Brian

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From: Gunnels, Betsy (CDC/DDID/NCHHSTP/DHP) <bic6@cdc.gov>
Sent: Friday, October 29, 2021 2:27 PM
To: Gurbaxani, Brian M. (CDC/DDPHSS/OS/OTI) <buw8@cdc.gov>
Subject: RE: Ask a statistician

Ah, thanks!

I just scanned the paper quickly after reading your note below- looks to me like (b)(5) The (b)(5) most of all these results are what I would call (b)(5) ' When I get some space, I will try to read and see what else is going on.

From: Gurbaxani, Brian M. (CDC/DDPHSS/OS/OTI) <buw8@cdc.gov>
Sent: Friday, October 29, 2021 2:04 PM
To: Gunnels, Betsy (CDC/DDID/NCHHSTP/DHP) <bic6@cdc.gov>
Subject: Ask a statistician

HI Betsy!

It was great to talk to you the other day! Please keep me in mind as a resource for modeling, engineering, or anything else I can be helpful with.

Anyway, I would like to ask you a hopefully quick q about stats. Attached and fascinating MMWR just came out today, and honestly (my immunologist hat is on) I am surprised at the magnitude of the results, so I looked into them. The aOR for reinfection is pretty big ~5.5, even though the crude OR ~1.8. I'm not used to adjustments making that big of a difference. So I looked at it and, well, the age profiles are quite different between groups, which could have a big impact -- many more elderly in the vaccinated group. The aOR for the 65+ group is ~19.6! But the crude OR for that group is also ~1.7, so the adjustments must be making an impact somewhere else. I have no problem with the vaccine being better than natural immunity but the odds ratios look really big. I suppose I should compare them to other diseases where similar comparisons are possible.

Sorry, maybe these are amateur questions but perhaps you could help me to understand. Thanks in advance! -- Brian

Internal Agenda

CDC COVID-19 All State, Tribal, Local, and Territorial (STLT) Update Call
Monday, November 1st, 2021 · 2:00 PM – 2:45 PM ET

- Advance **COVID-19 surveillance** and reporting, and begin utilizing data from (b)(5) (b)(5)
- Formalize and implement the structure of the **new Expansion of Screening and Diagnostics Task Force** as Testing and Diagnostics Working Group activities are transitioned to CDC and ASPR
- Finalize and implement strategies to support **equitable distribution of available tests** to facilities and institutions serving priority populations
- Utilize available platforms and modeling to provide data to ACIP regarding **booster doses and vaccination of children (ages 5 through 11 years)** in preparation for November 2 meeting
- Prepare for potential **future pediatric (ages 5 through 11 years) vaccine administration** through partner engagement, distribution planning, and development of rollout communications, clinical considerations and related job aids
- Perform outreach and meet data capture needs related to **President's Proclamation on "Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic"** and associated orders, released October 25
- Continue critical studies on (b)(5) **vaccine effectiveness** both in the United States and internationally, and (b)(5)
- Disseminate key findings through MMWR, CDC.gov, and partner calls, and promote updates to CDC guidance and recommendations

EPI Update:

As of Monday, November 1st

COVID-19 Summary

	Cumulative Total	Daily	7-Day Daily Average	Change from Prior 7-Day Period	Cumulative 7-Day Rate per 100K
Cases[1]	45,846,153	86,786	69,197	-3.3%	145.9
Hospital Admissions[2]	3,239,473	4,677	5,137	-10.4%	10.8
Deaths[1]	743,410	1,773	1,104	-9.8%	2.3
Test Volume[3]	622,802,391	N/A	1,398,516	-2.1%	2,092.8
Test Positivity[3]	7.6%	N/A	5.1%	+5.6%	NA

Source: HHS Protect. Additional information available on COVID Data Tracker and in the CDC COVID-19 Response Update (NEW!)

Internal Agenda

CDC COVID-19 All State, Tribal, Local, and Territorial (STLT) Update Call
Monday, November 1st, 2021 · 2:00 PM – 2:45 PM ET

Illinois	10/25/2021	Evaluate the impact of modified quarantine strategies on secondary transmission of SARS-Cov-2 among students, teachers, and staff in the K-12 school setting in one Illinois county: St. Clair County (east of St. Louis, MO). Specifically, one field deployment team to travel to East St. Louis, IL from October 25 through November 22, 2021.
Kentucky	10/25/2021	The mission of this deployment is to evaluate the impact of modified quarantine strategies on secondary transmission of SARS-Cov-2 among students, teachers, and staff in the K-12 school setting in Lexington (Fayette County), Kentucky.
New Jersey	10/24/2021	The mission of this cruise ship inspections are to conduct on-site inspections of passenger operating cruise ships to assess compliance with CDC COVID-19 Operations Manual. Inspections will ensure ships are properly mitigating risks of COVID-19 transmission amongst on board passengers and crew. On board inspectional coverage will take place while the vessel is at the port and/or while the vessel is underway. 2-5 inspectors will participate in each inspection; port inspection will take ~8 hours; underway inspections will last the duration of the sailing voyage, typically between 2 and 3 days.
New Mexico	10/25/2021	Evaluate the impact of modified quarantine (test-to-stay) strategies on secondary transmission of SARS-Cov-2 among students, teachers, and staff in the K-12 school setting in Alamogordo, NM.

MMWR and other Publication Forecast for the week: (title, content and timing might change)
There are THREE (3) slated to be released this week.

11/02/2021

1. Effectiveness of 2-Dose mRNA COVID-19 Vaccine Series in Immunocompromised Adults

11/04/2021

2. Measuring the COVID-19 Pandemic's Effect on the National Critical Function Provide Medical Care — United States, July 1, 2020–July 31, 2021

11/05/2021

3. The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years — United States, May 2021

ADDITIONAL INFORMATION ON SCIENCE BRIEF:

On Friday, October 29th, CDC released a new Science Brief - Science Brief: SARS-COV-2 Infection-Induced and Vaccine-Induced Immunity which is a review of more than 90 published reports and pre-print studies on infection-induced immunity.

This review confirmed that vaccination remains an effective, evidence-based strategy for preventing COVID-19 for all eligible persons, including those that have a history of prior infection.

Dr. Mahon - Bullets provided for your reference, Bolded bullets suggested for your comment. However, we defer to you on final share out.

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CDC COVID-19 All State, Tribal, Local, and Territorial (STLT) Update Call
Monday, November 1st, 2021 · 2:00 PM – 2:45 PM ET

- **As with most respiratory viral infections, people with natural infection have some level of immunity – but we do not yet know *how long* that immunity lasts or *how much it is impacted by viral variants*.**
- **The data reviewed demonstrate that vaccination, especially with mRNA vaccines, more consistently provides a strong initial antibody response than infection with the virus that causes COVID-19. The antibody response following infection is much more variable, with higher antibody levels following severe disease than after mild or asymptomatic infection.**
- **The available evidence continues to show that both previously infected and fully vaccinated people have a low risk of infection with the virus that causes COVID-19 for at least 6 months following infection or vaccination. The data have shown that persons who are elderly or immunocompromised may not have a strong immune response following either infection or vaccination.**
- The data on infection-induced immunity are less robust than the data on vaccine-induced immunity, given the observational and primarily retrospective nature of the studies, as compared to the randomized controlled trials used to assess vaccine efficacy and the prospective studies used to monitor vaccine effectiveness.
- Vaccination after infection significantly improves protection from reinfection; this has been demonstrated in numerous laboratory studies and is further supported by real-world studies that compared persons who have been infected and vaccinated to those who only had a history of infection.
- **The Science Brief provides an understanding of what we currently know about vaccine-induced and infection-induced immunity and, importantly, what we do not know.**
    - We do not know how much of an antibody response is necessary to be fully protected.
    - We do not know the durability of protection from infection or vaccination.
    - And, we do not have a way to accurately measure protection following infection.

Call to Action: CDC recommends all eligible people be vaccinated against COVID-19 as soon as possible, including unvaccinated people who were previously infected with the virus that causes COVID-19.

HAND BACK TO KATE NOELTE

III. Other updates

- **MMWR: Severity of Disease Among Adults Hospitalized with Laboratory-Confirmed COVID-19 Before and During the Period of SARS-CoV-2 B.1.617.2 (Delta) Predominance — COVID-NET, 14 States, January–August 2021:** Chris Taylor, CDC
- **MMWR: Laboratory-Confirmed COVID-19 Among Adults Hospitalized with COVID-19–Like Illness with Infection-Induced or mRNA Vaccine-Induced SARS-CoV-2 Immunity — Nine States, January–September 2021:** Catherine Bozio, CDC
- **Updates to CDC Guidance for Institutions for Higher Education (IHE):** John Neatherlin, CDC
- **Community of Practice:** Kate Noelte, CDC

IV. Questions and answers

From: Davis, William (CDC/DDID/NCIRD/ID)
Sent: Thu, 4 Nov 2021 11:08:27 +0000
To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)
Subject: Re: MMWR Early Release - Vol. 70, October 29, 2021

Ok, that sounds good. I'll let you know when I resubmit!
Get Outlook for iOS
From: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Sent: Thursday, November 4, 2021 8:27:18 AM
To: Davis, William (CDC/DDID/NCIRD/ID) <lyo0@cdc.gov>
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

Very nice Bill, my only suggestion would be to change, "Utility of these **definitions** for surveillance" (i.e., change "tools" for something like "definitions"). Good work. Please resubmit when the figure is done (i.e., I do not need to rereview).

From: Davis, William (CDC/DDID/NCIRD/ID) <lyo0@cdc.gov>
Sent: Monday, November 1, 2021 9:09 PM
To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

Sounds good, the graphic people are on it.

In the meantime, can you take a quick look at the changes and the letter to the editor/ reviewers?

From: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Sent: Tuesday, November 2, 2021 5:51 AM
To: Davis, William (CDC/DDID/NCIRD/ID) <lyo0@cdc.gov>
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

Love slide 1

From: Davis, William (CDC/DDID/NCIRD/ID) <lyo0@cdc.gov>
Sent: Monday, November 1, 2021 5:33 AM
To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

Hi Ed, Here are three prototypes, let me know what you think. I could also cut some words out of the first one. My plan is to give these to the GRASP folks to tidy up and pick colors that are more pleasing.

Bill

From: Davis, William (CDC/DDID/NCIRD/ID)
Sent: Monday, November 1, 2021 10:00 AM
To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

Hi Ed,

How about something along the lines of what is attached (though showing proportions of what we found), showing sens and spec of the two top performing case definitions?

From: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Sent: Saturday, October 30, 2021 12:43 AM
To: Davis, William (CDC/DDID/NCIRD/ID) <lyo0@cdc.gov>
Subject: FW: MMWR Early Release - Vol. 70, October 29, 2021

See Catherine's nice infographic below to carry the IRR of >5. I suspect you could do something similar. No pressure though, just for fun…

From: Morbidity and Mortality Weekly Report (MMWR) (CDC) <no-reply@emailupdates.cdc.gov>
Sent: Friday, October 29, 2021 1:03 PM
To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Subject: MMWR Early Release - Vol. 70, October 29, 2021

Reports on COVID-19 Vaccine Recommendations and SARS-CoV-2 Immunity

October 29, 2021

EARLY RELEASE

From: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)
Sent: Wed, 3 Nov 2021 00:55:29 +0000
To: Davis, William (CDC/DDID/NCIRD/ID)
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

Perfect!

From: Davis, William (CDC/DDID/NCIRD/ID) <lyo0@cdc.gov>
Sent: Tuesday, November 2, 2021 8:14 PM
To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

Hi Ed,

Sounds good. I asked the HQ graphics people—it's not GRASP, but Create-IT (GRASP referred me to them).

Bill

From: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Sent: Wednesday, November 3, 2021 5:14 AM
To: Davis, William (CDC/DDID/NCIRD/ID) <lyo0@cdc.gov>
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

Great, thank you Bill. I totally ran out of time to look at these today, but will try again tomorrow early in the AM (your afternoon). Quick question, your graphic people are on this or do you want me to get HQ graphics people on this? E

From: Davis, William (CDC/DDID/NCIRD/ID) <lyo0@cdc.gov>
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Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

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Sent: Monday, November 1, 2021 10:00 AM
To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Subject: RE: MMWR Early Release - Vol. 70, October 29, 2021

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Sent: Friday, October 29, 2021 1:03 PM
To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>
Subject: MMWR Early Release - Vol. 70, October 29, 2021

Reports on COVID-19 Vaccine Recommendations and SARS-CoV-2 Immunity

MMWR
Morbidity and Mortality Weekly Report

October 29, 2021

EARLY RELEASE

Laboratory-Confirmed COVID-19 Among Adults Hospitalized with COVID-19–Like Illness with Infection-Induced or mRNA Vaccine-Induced SARS-CoV-2 Immunity — Nine States, January-September 2021

The Advisory Committee on Immunization Practices' Interim Recommendations for Additional Primary and Booster Doses of COVID-19 Vaccines — United States, 2021

PDF of these reports (link and link)

From: CDC IMS 2019 NCOV Response EPI TF Policy Deputy
Sent: Wed, 3 Nov 2021 19:47:18 +0000
To: Bozio, Catherine H. (CDC/DDID/NCIRD/ID); CDC IMS 2019 NCOV Response EPI TF Policy Deputy
Cc: Fuld, Jennifer (CDC/OD/OADPS)
Subject: RE: Response Requested_ EPI questions from STLT Update call_Due 11/4 9am

Hi Catherine,

Thank you for your responses.

Regards,
Rianne

From: Bozio, Catherine H. (CDC/DDID/NCIRD/ID) <ise7@cdc.gov>
Sent: Wednesday, November 3, 2021 3:08 PM
To: CDC IMS 2019 NCOV Response EPI TF Policy Deputy <eocevent422@cdc.gov>
Cc: Fuld, Jennifer (CDC/OD/OADPS) <ngt0@cdc.gov>
Subject: RE: Response Requested_ EPI questions from STLT Update call_Due 11/4 9am

Thank you for reaching out! I added my responses below.

Best,
Catherine

From: CDC IMS 2019 NCOV Response EPI TF Policy Deputy <eocevent422@cdc.gov>
Sent: Wednesday, November 3, 2021 1:27 PM
To: Bozio, Catherine H. (CDC/DDID/NCIRD/ID) <ise7@cdc.gov>
Cc: Fuld, Jennifer (CDC/OD/OADPS) <ngt0@cdc.gov>; CDC IMS 2019 NCOV Response EPI TF Policy Deputy <eocevent422@cdc.gov>
Subject: Response Requested_ EPI questions from STLT Update call_Due 11/4 9am
Importance: High

Good day Catherine,

Please assist in providing responses to the questions below from 11/1/2021 All STLT Update call.

EPI TF/ MMWR: Laboratory-Confirmed COVID-19 Among Adults Hospitalized with COVID-19–Like Illness with Infection-Induced or mRNA Vaccine-Induced SARS-CoV-2 Immunity — Nine States, January–September 2021:

- What study differences account for the discrepancy between CDC's finding that vaccine-elicited immunity > infection-elicited immunity, and the opposite finding by Israel's Maccabi Health System?

This variation between the two studies is possibly related to differences in the outcome of interest and restrictions on the timing of vaccination. The Israeli cohort study assessed any positive SARS-CoV-2 test result, whereas the CDC study examined laboratory-confirmed COVID-19 among hospitalized patients. The Israeli cohort study also only examined vaccinations that had occurred 6 months earlier, so the benefit of more recent vaccination was not examined. (b)(5)

(b)(5)

- It seems that (b)(5)

(b)(5) ? I am concerned (b)(5)

(b)(5)

Thank you for your time and assistance.

Rianne Reid
COVID-19 EPI Task Force, Policy
Centers for Disease Control and Prevention
678.429.7241(mobile)