COVID-19 Update: Dr. Anthony Fauci Talks with Georgia's Cities

In an interview with GMA's Larry Hanson (Executive Director), Rusi Patel (General Counsel) and Kelli Bennett (Director of Communications) Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and the chief medical advisor to the President, shared an inside look into the COVID-19 vaccines, his professional opinion on a return to normal and what local leaders can do to engage with and protect their communities. Read excerpts from the interview below and watch the full interview online at www.gacities.com.

RP: How concerned are you about recent and potential mutations of the COVID-19 virus, and how likely are some of these mutations to be resistant to the current vaccines?
AF: We take all the mutations seriously. Even though not every mutation has a functional significance, some of them do, including the ones that are circulating in the UK, South Africa and Brazil. These are apparently associated with an increased ability to transmit. These do not appear to have a significant impact on virulence, namely not making you on a one-to-one basis sicker. However, the more people that get infected, the more people go to the hospital. The more people that go to the hospital, the more people die. So, even though it doesn't inherently make it more virulent, it's not a good thing that it increases the transmissibility.

But importantly is the question of, "What impact do these mutations have on the monoclonal antibodies and on the vaccine-induced response?" We have found that the mutations, particularly the one circulating in South Africa, diminish the effectiveness of the vaccine but don't obliterate it. In other words, it still looks like the vaccines that we are using are effective against the mutants, but we cannot be complacent. We have to follow this really carefully, and if they evolve more and become more resistant to the point where it interferes with the efficacy of the vaccine, then we have to upgrade our vaccines and maybe give a boost with a vaccine that covers those mutants. But for the time being, the best way to prevent the continuation of mutation is to get as many people vaccinated as quickly as you possibly can.

KB: How can local leaders bridge the gap between the first-hand accounts and advice of public health and medical workers and the public?
AF: Local leaders are some of the most important components of getting the message to the community. This is one of the reasons why I was enthusiastic about speaking to you all [GMA], because you really want to make sure that the people who are on the ground and close to the community are very aware of the information in real-time. Everything from public health measures to prevent infection to the smoothness with which we roll out vaccines is absolutely critical to get local organizations involved. Congratulations on what you do because it really is important.

KB: You've shared that the new administration's goal of 100 million vaccines in 100 days is doable. What is your cause for optimism and what must be done differently to reach this goal?
AF: This is the highest priority for President Biden and Vice President Harris. The President has a five-part plan to do a few things that are going to make this [goal] quite feasible, including expanding the groups that get the vaccine by using everything in his power and urging pharmacies to involve community vaccine centers with mobile units to distribute the vaccine to people—particularly minorities—who are living in areas that are not accessible easily to pharmacies or community centers.

RP: What can city officials do to encourage their constituents, particularly those populations who lack trust, to take the vaccine? What are some of the common fears that need to be allayed?
AF: I think we have to have a separate message for the Brown and Black people—particularly African Americans. We need to respect the fact that history tells us that they have not been treated well by federally funded public health issues—going back to the days of the Tuskegee incident. We have to let them know that we understand their hesitancy, but safeguards have been put in place since then that would make that type of thing essentially impossible to happen again.

Then, we have to go step by step and outreach in a collaborative way—not pejorative, not pointing fingers, not making people feel guilty—and address people's concerns of the vaccine moving too quickly and its safety. [We have to] explain the speed from knowing what the virus was to having doses to put in people's arms literally in 11 months, which is unprecedented and truly historic. But it's historic in the good sense, because it really is the result of spectacular advances in the science of vaccine platform technologies.

So, safety was not compromised nor was scientific integrity compromised.
Some people are worried [and think] the federal government is trying to put something over on them or companies are trying to make money. That's when we have to start looking at and basing things on facts, and the facts are that the determination of a vaccine's safety and efficacy is made at the end of a clinical trial involving tens of thousands of people by an independent data and safety monitoring board of professionals that are representative of scientists, vaccinologists, virologists and statisticians. These professionals are accountable to no one—not to the federal government nor to the company.

They look at it completely independently and when they determine that it's safe and effective, then the company presents the data to the FDA (Food and Drug Administration) to be administered. The FDA then works with their own independent advisory committee to decide if it's safe to administer [and] then it gets administered. So, the whole process is both independent and transparent and ultimately gets published in the scientific literature, where everybody can look at it.

KB: The CEO of Moderna shared that he believes COVID-19 would likely become an endemic. Do you agree, and if so, could it potentially require annual vaccinations?
AF: We hope that it doesn't become an endemic in the sense of having outbreaks every year. If endemic means, there's a very low level of infection (since most of the people are vaccinated), then we don't have a serious threat from it. But what we don't want is to have a situation where we have significant outbreaks every year, but it is conceivable. We're going to find out pretty quickly if we are going to require a boost of the vaccine.

KB: Please share the top three lessons local leaders should take away from this pandemic to better prepare for potential future pandemics?
AF: Not necessarily in the order of priority, but one thing is that we need to make investments locally, but also from the federal government with help to the local areas.

Next, we need the ability to communicate in surveillance, because diseases emerge in the community, and we need to detect them early and communicate among yourselves and centrally, for example, with the CDC.

Finally, we have to have a golden mean and a good balance between federal direction [to states], coordination, collaboration and support so that you don't ask the federal government to do it all, and you don't ask the local government to do it all, but you have a partnership.

RP: When do you think our return to normal would be, and why?
AF: That is going to be dependent on a lot of things, including the percentage of people that we get vaccinated. If we really do get 85% of the population vaccinated, and we get through and past this vaccine hesitancy, we could get an umbrella of herd immunity over society. If we do it correctly and expeditiously and vaccinate those people before we get to the middle and end of the summer, by the time we get to the fall we could be approaching “normal.” It won't be exactly normal. But I think we can get some degree of normality that, by the time we come to the end of the year, looking forward, that we can feel much different than we do now.

KB: The Pfizer and Moderna vaccines are proving far more successful than many scientists could have imagined at the outset of the pandemic. What benefits might the technology used to create these vaccines yield in combating other infectious diseases in the future?
AF: We're very excited about the surprisingly positive results. We never would have imagined that we were going to get 94 to 95% efficacy. Right now, even as we speak, there are a lot of scientists and vaccine companies already doing early studies in HIV, malaria, and tuberculosis and even in influenza. This breakthrough in vaccine platform technology was not only very good for COVID-19 but is going to have positive impacts on other diseases where we had difficulty in developing a good vaccine.