

VIEWPOINT

CDC Interim Recommendations for Fully Vaccinated People An Important First Step

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On December 11, 2020, the US reached an extraordinary milestone in the efforts to end the COVID-19 pandemic: the Food and Drug Administration authorized emergency use of the first COVID-19 vaccine, manufactured by Pfizer-BioNTech. Since then, 2 additional COVID-19 vaccines, Moderna and Janssen (Johnson & Johnson), have received Emergency Use Authorization in the US and, as of March 8, 2021, more than 31 million people, or 9.4% of the total population, have completed a vaccination series.¹

With the number of people vaccinated each week continuing to increase, the Centers for Disease Control and Prevention (CDC) has released its initial public health recommendations for fully vaccinated people (individuals who are at least 2 weeks out from having received their second Pfizer-BioNTech or Moderna vaccine dose, or from their Janssen single-dose vaccine).² These recommendations represent the first step for individuals in resuming their prepandemic lives.

When creating this guidance, the risks to both vaccinated and unvaccinated people were considered. Current data demonstrate that the authorized COVID-19 vaccines are efficacious among adults of different ages,

COVID-19 vaccines perform, some questions remain. Researchers are still investigating how long protection from natural infection or vaccination lasts and how well the vaccines protect against emerging SARS-CoV-2 variants. A recent analysis that assessed the 4 major types of immune memory found substantial durability 6 months after natural infection.⁴ Although they remain rare, cases of reinfection have been reported.⁵ Because of these data, vaccination is recommended for individuals who have recovered from COVID-19.⁶ Data from the phase 3 vaccine trials and vaccine effectiveness studies will help to understand how well COVID-19 vaccines provide long-term protection. If and when the level of neutralizing antibody that correlates with protection against SARS-CoV-2 is identified, more will be learned about how natural and vaccine-derived immunity may compare.

Additionally, the authorized COVID-19 vaccines may provide protection against many well-described SARS-CoV-2 variants.³ However, reduced vaccine efficacy and antibody neutralization have been observed for the B.1.351 variant,³ originally identified in South Africa, and currently reported from 20 US jurisdictions.⁷ CDC and state, local, and academic partners are rapidly scaling up genomic surveillance to understand how widely these variants have dispersed across the US and to identify new variants as they emerge. The CDC and others are also monitoring the effects of specific mutations on the authorized COVID-19 vaccines, therapeutics, and diagnostic tests.

Despite these unknowns, fully vaccinated people can resume several activities now, at low risk to themselves, while being mindful of the potential risk of becoming infected and transmitting the virus to other people. With the new CDC recommendations (Box), fully vaccinated people can share a meal or movie night in their private residence, without masks or physical distancing. Fully vaccinated people can also do these things with unvaccinated family and friends; however, prevention measures (such as wearing masks and physical distancing) should be maintained if any unvaccinated people are at risk of severe COVID-19 or if multiple households of unvaccinated people are mixing together.

In addition, most fully vaccinated people will no longer have to be tested for SARS-CoV-2 infection or quarantine if they are exposed to someone with COVID-19, allowing them to go to work, take care of their families, and continue their daily lives (exceptions to this recommendation include patients and residents of congregate settings).

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and ethnicities, and among those with underlying medical conditions.³ Even if fully vaccinated people do become infected, they are much less likely to develop severe disease, be hospitalized, or die.³

In addition, preliminary but rapidly increasing evidence suggests that fully vaccinated people likely pose little risk of transmission to unvaccinated people. Studies from the US, UK, and Israel found that 2 doses of Pfizer-BioNTech or Moderna vaccines were 86% to 92% effective against asymptomatic and symptomatic SARS-CoV-2 infection.³ More specifically, studies from Israel demonstrated that the Pfizer-BioNTech COVID-19 vaccine was 90% effective against asymptomatic infection, and vaccinated people who developed COVID-19 had a substantially lower viral load than unvaccinated people.³ Viral load has been identified as a key driver of transmission and this observation may indicate reduced transmissibility. Collectively, these findings demonstrate that vaccination has the potential to substantially reduce the COVID-19 disease burden in the US.

Although scientists have already learned a great deal about SARS-CoV-2 and how well the authorized

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Box. Background Rationale and Data for Public Health Recommendations for Fully Vaccinated People

- COVID-19 vaccines currently authorized in the US are effective against COVID-19, including severe disease.
- Preliminary evidence suggests that the currently authorized COVID-19 vaccines may provide some protection against a variety of strains, including B.1.1.7 (originally identified in the UK). However, reduced antibody neutralization and efficacy have been observed for the B.1.351 strain (originally identified in South Africa).
- A growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection and potentially less likely to transmit SARS-CoV-2 to others. However, further investigation is ongoing.
- Modeling studies suggest that preventive measures such as mask use and social distancing will continue to be important during vaccine implementation. However, there are ways to take a balanced approach by allowing vaccinated people to resume some lower-risk activities.
- Taking steps toward relaxing certain measures for vaccinated persons may help improve COVID-19 vaccine acceptance and uptake.
- The risks of SARS-CoV-2 infection in fully vaccinated people cannot be completely eliminated as long as there is continued community transmission of the virus. Vaccinated people could potentially still get COVID-19 and spread it to others. However, the benefits of relaxing some measures, such as quarantine requirements, and reducing social isolation may outweigh the residual risk of fully vaccinated people becoming ill with COVID-19 or transmitting the virus to others.
- Guidance for fully vaccinated people is [available](#) and will continue to be updated as more information becomes available.

From the CDC recommendations.³

CDC guidance will evolve as vaccination coverage increases, disease dynamics in the country change, and new data emerge. Until then, the CDC will rely on other proven prevention strategies during this critical juncture. With high levels of community transmission and the threat of SARS-CoV-2 variants of concern, CDC still recommends a number of prevention measures for all people, regardless of vaccination status. These include continuing to wear a well-fitted mask when in public or with people at risk of severe COVID-19, avoiding large gatherings, and postponing travel. In addition, community-level prevention strategies must be maintained. To reduce transmission, layered prevention strategies such as universal face mask mandates, and restrictions on occupancy of indoor spaces and the size of social gatherings, are essential. Once vaccinated people make up a greater proportion of the general US population, these community-level restrictions will be readdressed, but not yet.

The promising early data of the COVID-19 vaccines offer a path toward ending this pandemic that has affected everyone's daily lives in so many ways. Yet some reports suggest that approximately a third of US adults still do not want to get vaccinated.³ As highlighted at the recent National Forum on COVID-19 Vaccine, barriers to vaccine access must be removed and evidence-based approaches to improving vaccine confidence and acceptance are essential.

Day by day, arm by arm, millions of vaccines are being administered across the US in the largest vaccination effort in this country's history. As vaccine supply increases, and distribution and administration systems expand and improve, more and more people will become fully vaccinated and eager to resume their prepandemic lives. Giving vaccinated people the ability to safely visit their family and friends is an important step toward improved well-being and a significant benefit of vaccination.

ARTICLE INFORMATION

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REFERENCES

- Centers for Disease Control and Prevention. CDC COVID data tracker: COVID-19 vaccinations in the United States. Accessed March 7, 2021. <https://covid.cdc.gov/covid-data-tracker/#vaccinations>
- Centers for Disease Control and Prevention. Public health recommendations for fully vaccinated people. March 8, 2021. <https://www.cdc.gov/>

[coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html)

3. Centers for Disease Control and Prevention. Science Brief: background rationale and data for public health recommendations for fully vaccinated people. March 8, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/more/fully-vaccinated-people.html>

4. Dan JM, Mateus J, Kato Y, et al. Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection. *Science*. 2021;371(6529): eabf4063. doi:10.1126/science.abf4063

5. Centers for Disease Control and Prevention. Interim guidance on retesting and quarantine of adults recovered from laboratory-diagnosed

SARS-CoV-2 infection with subsequent re-exposure. Accessed March 7, 2021. https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html#anchor_1613167560916

6. Centers for Disease Control and Prevention. Interim clinical considerations for use of COVID-19 vaccines currently authorized in the United States. Accessed March 7, 2021. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

7. Centers for Disease Control and Prevention. US COVID-19 cases caused by variants. Accessed March 7, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html>