

EXHIBIT 3

BRIEFING ROOM

Press Briefing by Press Secretary Karine Jean-Pierre and COVID-19 Response Coordinator Dr. Ashish Jha

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2:24 P.M. EDT

MS. JEAN-PIERRE: Good afternoon, everybody. As you all know, I received a letter from the President's personal physician this morning. We released it to you shortly thereafter in the interest of transparency. I have the letter here, and I just want to read it through so we can get started — before we get started.

“This morning as part of our routine screening program for the President, the SARS-CoV-2 virus was detected by antigen testing. This result was subsequently confirmed [by a] PCR test.

On questioning, President Biden is currently experiencing mild symptoms, mostly...a runny nose and fatigue with an occasional dry cough, which started yesterday evening. Given that he meets USA Food and Drug Administration (FDA) Emergency Use Authority criteria for PAXLOVID, I have recommended initiating such treatment.

The President is fully vaccinated and twice-boosted, so I anticipate that he will respond favorably, as most maximally protected patients do. Early use of PAXLOVID in this case provides additional protection against severe disease. He will isolate in accordance with CDC recommendations. I will keep your office updated with any changes in his condition or treatment plan.”

I also wanted to provide you with a brief readout of the President's activities today. The President has been working from the Residence, like so many of

us have during this pandemic, doing calls with senior staff, including the Chief of Staff, myself, and Dr. Jha, who's here with us. As — as we read out, the President also called Senator Casey, Representative Cartwright, mayors of Scranton, Mayor of Wilkes-Barre, and Representative Clyburn. The President also called a few of his cousins from Scranton, who were set to attend today's events in Pennsylvania. And he spoke with Ambassador Gitenstein and Cornyn.

You all have seen the photo he posted on — and the video that was just released to all of you out of transparency moments ago. The President will continue to work from the Residence.

Today, as you all know, as I just mentioned, and as we sent out earlier, Dr. Ashish Jha, our COVID-19 Response Coordinator, is joining us today in the briefing room. And as I tweeted out earlier, Dr. Jha and I spoke to the President this morning. And he said he's feeling fine, he has a little dry — dry cough, as I just mentioned from the doctor's letter, a little runny nose. He's feeling tired, but he's working very hard on behalf of the American people.

And with that, Dr. Jha.

DR. JHA: Great. Good afternoon, everybody. I'm pleased to be with you. So as Karine mentioned, I spoke to the President earlier. I also spoke at length with Dr. O'Connor, who is the President's personal physician. And I'm happy to share the readout of these conversations with you, and then I'm happy to take questions.

In terms of my conversation with the President, he sounded great. I asked him, you know, "Mr. President, how are you feeling?" He said, "I'm feeling fine." He said he was — he was feeling fine, he'd been working all morning. He hadn't even been able to finish his breakfast because he had just been busy. I encouraged him to finish his breakfast.

In terms of my conversation with Dr. O'Connor, we talked at length about what happened this morning. As Karine mentioned, the President got his regular testing that he does on — on his regular cadence. After he tested positive, he reported these symptoms that have been described. Dr. O'Connor examined him thoroughly. He found his exam to be normal, to be

at his baseline. And — and then, obviously, he recommended that the President take Paxlovid. The President accepted that recommendation and has started Paxlovid and taken his first course already.

I want to also just take a minute to sort of mark this moment. You know, because the President is fully vaccinated, double boosted, his risk of serious illness is dramatically lower. He's also getting treated with a very powerful antiviral, and that further reduces his risk of serious illness.

And it's a reminder of the reason that we all work so hard

to make sure that every American has the same level of protection that the President has, that every American has the same level of immunity, and why we have worked so hard to make sure that people have access to lifesaving treatments like Paxlovid.

These are incredibly important things for the President to have. They're incredibly important things for every American to have. And we have worked very hard over the last 18 months to make sure we have plenty of vaccines; that we have plenty of therapies; that people can get tested on a regular basis, as the President does, because testing allows you to identify an infection early and get started with treatment early. And we all know, for medicine, that early treatment is always better.

Let me also take a moment to talk about BA.5. If you've listened to me at all in the last couple of weeks, you've heard me talk a lot about this subvariant of Omicron that is now 70, 80 percent of all infections in the United States.

It's a reminder to everyone: If you are over 50, the way I am, the way many of you might be — if you are over the age of 50 and if you've not gotten a vaccine shot in the year 2022, you need to go get one. You need to go get one now, because it will dramatically improve your protec- — level of protection, reduce your risk of having serious illness. It's the best thing that people can be doing.

Let me just finish by saying: Obviously, we work hard to protect the President, make sure he's — that he's been vaccinated and boosted, has access to treatments. We also have been working very, very hard to make sure every American has access to the same things, because every American deserves

access to the best vaccines, the best treatments, and they are widely available. And I want to use this moment to remind everybody of that and to remind everybody to avail themselves of that. Get vaccinated. If you have a breakthrough infection, get treated; it's the best thing you can do to protect yourself.

Let me stop and take questions, and I know you will as well.

MS. JEAN-PIERRE: Yeah. Yeah. We'll both take questions. But go ahead, Nancy.

Q Thank you so much, Dr. Jha. Has the President been tested to determine which variant he has? Is it BA.5? And if so, what does that say about his prognosis?

DR. JHA: It's a great question. The virus has been sent off for sequencing. It takes usually about a week for that sequencing to come back. That's under normal circumstances. He's the President; the sequencing will get prioritized. So we should have answers sooner than that, but you can't just tell from a regular test what kind of variant. So the sequencing results will be back at some point less than a week from now.

Q And has the President had to halt any of his regular medications now that he's taking Paxlovid? And what are you doing to mitigate the risk from halting those medications?

DR. JHA: Yeah, so this is a — I had a conversation with — about this with Dr. O'Connor. There are two medicines. He's on Eliquis and Crestor, a cholesterol-lowering medicine and a blood thinner for his atrial fibrillation, both of which need to be stopped when you take Paxlovid. It's a very standard, common thing that we do when we give people Paxlovid. And you don't need to do anything in those circumstances. They both get stopped for the five days that he's on Paxlovid, and then they get restarted. And it's totally fine and pretty normal practice.

MS. JEAN-PIERRE: Go ahead.

Q Where exactly was the President infected?

DR. JHA: Where was he infected? I don't think we know. I certainly don't know. If you have — if you have any thoughts on that.

MS. JEAN-PIERRE: I — look, I don't think that matters. Right? I think what matters is we prepared for this moment. I think what matters is what Dr. Jha just laid out. If we look at where we were a year and a half ago, this is a President — when he walked in, one of his first priorities was to make sure we had a comprehensive plan to get people vaccinated.

And so now, today — look — if you look to today — more and more people are getting closer to having a more normal life, vaccines are available. And as Dr. Jha said, if you have not gotten vaccinated, please do. If you have not — if you're — if you have not gotten boosted, please do. These are — these are treatments that are going to keep you safe.

And I think that's what matters here — is making sure that we continue to do the work. And the good thing is that the President, again, has been vaccinated and double boosted.

Go ahead.

Q We know that rebound COVID cases have been a concern in some individuals who take Paxlovid. Are there any precautions you can take to try and prevent that? And how concerned are you that that could potentially hinder his return to the office?

DR. JHA: It's a great question. So let me tell you what we know about rebound.

So we've looked at the clinical data on this, because if you look at Twitter, things — it feels like everybody has rebound, but it turns out there's actually clinical data. If you look at major health systems that have given out Paxlovid to tens of thousands of people, rebound rates are around 5 percent. There are some studies that say it's maybe 7, 8 percent, some that say it's 2 percent, but it's in the single digits. So it happens; it's not that frequent.

But here's the key point about rebound, which is: When people have rebound, they don't end up in the hospital, they don't end up particularly sick. And the goal of Paxlovid is to keep people from getting seriously ill.

And so it continues to work. You know, his physician is in charge of taking care of him. Obviously, the President will continue to be monitored, as he is. But the Paxlovid is working really well at preventing serious illness, rebound or no rebound. And that's why he was offered it, and that's why the President took it.

MS. JEAN-PIERRE: We're just going to move —

Q And you mentioned the symptoms that the President has had so far — runny nose, fatigue, dry cough. What other symptoms are you looking out for at this point? Obviously, this is the beginning of this. And what would warrant hospitalization?

DR. JHA: So, right now, he feels really well. Our expectation is that he's going to continue to have mild illness. And he's going to be monitored for symptoms. I mean, if you ask him, you know, kind of every day — I asked him, like: How is he feeling? Is he having any other symptoms? He's not. And I think we're going to continue monitoring that.

And — and — I don't — like, I think that is the plan right now, is that he's going to get care the way he would — I mean, I was going to say “the way he would any other person.” He's the President, so obviously, he gets extra attention. But I don't think we have any expectations of any other symptoms at this point.

Q Have you —

MS. JEAN-PIERRE: I'm going to — hold on, I'm going to go to the back.

Go ahead. Go ahead, April.

And then I'll come back. I want to make it to folks —

Q I want to follow up on that, on a couple of questions. So if the President's — if the President's oxygen level went down, would he be a candidate to go to the hospital?

DR. JHA: I don't — so, at this point, we don't — I generally want to avoid hypotheticals. He is breathing well. His oxygen level is normal. And he's —

you know, I was going to say resting comfortably. He's actually not resting comfortably, he's working comfortably in his Residence.

Q But that's not a hypothetical on COVID, sir.

And the next question: In this moment, we understand that the incubation of COVID is 2 to 14 days. Has the White House reached out to those the President has been in contact with, personal — in-person contact with, in that period of time?

DR. JHA: So CDC has very clear protocols on this in terms of when people are contagious pre-symptoms. The White House Medical Unit is conducting right now a contact tracing, and they are contacting every single person who meets the CDC definition of a potentially close contact.

Q And speaking of the CDC — this is the last question: The CDC says if you are in a high-risk area — and a large swath of the nation is in a high-risk area — they recommend wearing masks indoors. In this White House, we're still seeing people back and forth. D.C. is a high — is in the "high" category. Is there now a push to tell people to start wearing the masks indoors, especially as the President now, we see, has COVID?

DR. JHA: I actually, off the top my head, can't remember

where D.C. is on the — on the — on the orange, yellow, green map. So I'm not going to kind of do this off —

But the bottom line is we follow CDC guidelines, and the policy at the White House is to follow CDC guidelines in terms of mask wearing based on — based on CDC's COVID Community Levels.

MS. JEAN-PIERRE: Go ahead, Ashley.

Q Thank you. Will the President resume public events in 5 days if he tests negative, or will the White House be more cautious and have him isolate for 10 days?

DR. JHA: So the plan right now is to follow — it's actually — we do CDC

guidelines, but we actually go beyond CDC guidelines. So he's certainly going to isolate for at least five days, and he will return to normal activities after he's had a negative test.

Q And I'm also curious what precautions — we saw that video the President put out. What precautions did you take for the person who filmed the video?

MS. JEAN-PIERRE: Yeah, I just want to touch on a couple of things. So, look, right now, we saw — we heard from the doctor, Dr. O'Connor, his personal doctor, and he has mild symptoms, and he's continuing to — continue to do the work of the presidency from his residence, and I think that's important.

And, you know — and to your question, April, every — every person reacts to COVID differently. So it is — it is a hypothetical, right? We have — we're going to keep an eye — the doctor is going to keep an eye on him.

I think what's important though — and I really want to take this opportunity to say this; and Dr. Jha said this as well — is that he is vaccinated and he is double boosted, which gives him protection — right? — which makes — which makes it — puts him in a good position, just like every other American that he fought so very hard for to make sure that we had a comprehensive COVID plan to get people vaccinated, boosted, and also Paxlovid, right?

And so, what's — what we need to know is he has mild symptoms and he is going to continue to do his work, as we've seen from the video.

Ashley, I'm going to take your question right now.

Look, in the — in the video that you saw, there was a vid- — his videographer was there with him, wore an N95 mask, had the appropriate distance — the six-foot — the six-foot distance. And the same — same situation as well with the pho- — with the photo.

And as you saw in the video, he was outside. So we did that outside.

And with the photo, he took off his mask so that we can — so that the American people could see him and see directly — you know, see the work that he's doing and that he's sitting at his desk — desk continuing to do his

work.

But just wanted to give that.

Go ahead, Dr. Jha. I don't know if there's —

Q If I could ask a question.

MS. JEAN-PIERRE: Go ahead. Go ahead.

Q Can I ask whether there was any consideration given to other treatments other than Paxlovid, such as a monoclonal? It isn't — it's been unclear how the two work together. Is it more serious cases that get a monoclonal? Can you walk through that?

DR. JHA: I think they're two good choices for therapies.

Q One or the other?

DR. JHA: I think they're two good choices. There are people who get both. I think this was a decision made by Dr. O'Connor, in consultation with certainly the President, the patient.

And I also know that Dr. O'Connor spoke with infectious disease experts at Walter Reed and at George Washington University. That was all part of the plan, by the way. We'd always sort of planned that if the President got infected, we would consult with experts. He did. And based on that, that was a recommendation that Dr. O'Connor made. And the President accepted that recommendation.

Q Would that be an option if the case were to worsen? If someone who gets Paxlovid, things go — get worse, do they — can they get a second iteration (inaudible) —

DR. JHA: In terms of his clinical care, first of all, Dr. O'Connor is going to drive that process with consultation from experts, not just at those institutions but, really, around the country. And I think he's going to make decisions based on what is happening with the President and his condition.

Right now, the President is feeling well. He described it as — himself as

“feeling fine,” with mild symptoms.

Q And we’ve seen, with rebound cases, second courses of Paxlovid. Would the President, if he had a rebound case — in other words, tested positive after testing negative — get a second course of Paxlovid?

DR. JHA: A lot of hypotheticals there of lots of things that might happen down the road.

Q But that’s what happened with Dr. Fauci. It’s not that out of the question.

DR. JHA: I understand. No, it is a hypo- — but it is a hypothetical. The President feels fine right now. I don’t think — you know, I think we will cross that bridge if that happens, but at this point, really focused on just making sure the President continues to do well.

Q And, I’m sorry, just very — very quickly. Just to clear the timeline: He popped on a routine screening test, and then spoke to doctors about his symptoms, as opposed to saying, “Hey, I have symptoms. Let’s do a test.” That’s the order of things?

DR. JHA: He was scheduled to get his test this morning. He came back — it came back positive.

And on questioning — as I understand it from Dr. O’Connor: On questioning, reported that, yes, he was having these mild symptoms.

Q All right. Thank you.

MS. JEAN-PIERRE: And just to add, you guys saw him

yesterday. He was in in Massachusetts, Somerset. He spoke for 20 minutes in 93-degree weather. It was incredibly hot. He was — he was feeling fine. You know? Where most of us were looking for water and trying not to pass out — (laughter) — the President was delivering remarks on a very important issue, on climate change, as you all saw.

I do want to add just that — that, as we’ve stated — Dr. O’Connor — you all will hear — get daily updates from Dr. O’Connor on how he’s doing. So I just wanted to add that. And we’ll just continue to (inaudible).

Go ahead.

Q A couple simple questions, if I can. First of all, was the President ever identified as a close contact to anybody else in the course of the last 72 to 100 hours, say?

DR. JHA: Not that I know of. Do you?

MS. JEAN-PIERRE: Well, I'll say — I'll say this: The process is — we are starting our process that we — our protocol process on close contact.

Q Was he ever identified as a close contact to somebody else, though?

MS. JEAN-PIERRE: Oh, to someone else? That part I — we would have to find out. I can't speak to.

Q Okay.

MS. JEAN-PIERRE: What I can say is our process — because as we — as we all stated, he is now positives. We are doing our process too for our close contact component.

Q So then how many people have been identified as close contacts to him, without detailing the specifics?

MS. JEAN-PIERRE: Well, just — we are just starting our process. So, I don't —

Q How many — to this point, how many have been (inaudible)?

MS. JEAN-PIERRE: I'm just saying we're just starting our process. I don't have a number to read out to you. I told you that he called the members — the congressional members that traveled with him yesterday. But we're just starting out our process right now.

Q Has anyone else at the White House tested positive this week?

MS. JEAN-PIERRE: Well, as we have — as we normally do, if they are — if they are a close contact to the President, we normally provide that information. I — when I tested positive and I was a close contact to — well,

out of abundance of caution, actually; I was not. But because I had traveled with him, we shared that information.

But we have a protocol here that we will continue to — to follow when it comes to who's a close contact to the President and making sure that we make that clear.

And in December of last year, when he — when there was a — when he was traveling and there was someone who was a close contact to him, we shared that as well. So we've been transparent on that.

Q But in simple terms, is anybody else in the West Wing or at the White House positive now?

MS. JEAN-PIERRE: Right now, all I can tell you — if they are — our protocol is: If they are a close contact with any of the principals, we share that information.

Q So you can't say beyond that.

Let me ask Dr. Jha one final question if I can. We saw the President's video, and I understand the desire of the White House to show the President six feet away. The individual shooting it was wearing a mask. But for regular Americans who are watching this right now, what would your recommendation be? Should Americans who are positive for COVID, if they are in public or in any place at any time, always wear a mask?

DR. JHA: So the CDC guidance on this is clear. People should isolate, and they should be — they should — if they're going to be in close contact with anybody else, they should definitely be wearing a mask.

The President was more than six feet away from the camera person who was wearing an N95. Again, in that video, you saw that it was outside. So I think it was, from a safety point of view, a very safe thing to do.

Q Thank you, Dr. Jha.

Q If I could ask a fast question of Dr. Jha —

Q Karine —

MS. JEAN-PIERRE: Sorry, I'm going to — I'm going to — I'm going to call on everybody. I'm going to call on everybody. I promise I'm going to call on everybody.

Go ahead.

Q Thanks, Karine. Can you explain the testing cadence and the rationale behind it? You know, given the rise of BA.5 and the fact that the President has been traveling and having big events, why doesn't he get a daily test?

DR. JHA: So the testing cadence is determined by Dr. O'Connor, his personal physician. He gets tested very regularly. I don't really think there's a huge advantage of testing, like, every day. I think —

Q So had he tested yesterday morning, for example, he might have tested positive in time to not go to that trip and expose any number of people. Right?

DR. JHA: The President — look, he — the protocol behind the President's testing has been both developed by Dr. O'Connor, but I think also has gone through a lot of vetting. It's — it's what we use to protect the President and those around him. And it's been — I don't have anything else to say beyond the —

MS. JEAN-PIERRE: No, I — look —

DR. JHA: — kind of the protocol we have.

MS. JEAN-PIERRE: Look, like Dr. Jha said, it is between — it is between him and his personal doctor on that protocol. He has a regular cadence, as we have spoken about before.

We shared with all of you on Tuesday that he tested negative. And the reason why he — you saw him yesterday. I just said he was speaking in front of many of your colleagues outside for 20 minutes in a — on a very, very hot day. And it wasn't until later — later in the day, in the evening, that he was feeling a little tired. And he was tested today.

Look, this goes back to where we have come, from where we started. We

have — the President has done the work to make sure that more than 200 million people in this country have been vaccinated, more than 100 million people in this country have been boosted. That’s because we have a comprehensive plan to make sure people get vaccinated so that they can be protected. And so that is what’s most important here. He has mild symptoms. He continues to work. And like many Americans, this is a — you know, we have to make sure that we send out message to make sure to get vaccinated and boosted if you haven’t yet.

Q And one more. Does the President, does the White House — are there any regrets about the amount of time in sort of recent days and past weeks that we’ve seen him unmasked, shaking hands with people, hugging people, fist bumping, in close contact with crowds? In retrospect, was he too casual?

DR. JHA: No. I mean, look —

MS. JEAN-PIERRE: Not at all.

DR. JHA: The way I look at this is — I’ve said this before from this podium — we have an incredibly contagious variant. And we’ve had a protocol that I think has done a very good job protecting the President.

The most important part of that protocol, by the way, is making sure that he was up to date on his vaccines, that we had access to treatments.

The President wants to get out there and be with — and meet American people and engage. And we always said that this was a possibility. I think I even said it from this stage that this was a possibility.

And I think that the protocols have kept him from getting infected. And — but we knew that this was a possibility with this incredibly contagious variant.

The good news is — and this was always the point — the good news is: He is — his immune system is very well protected, given the four vaccine shots he’s gotten. He’s getting treatment. He has mild symptoms. He’s feeling “fine” — his words.

MS. JEAN-PIERRE: Go ahead, Jeff.

Q Dr. Jha, if I could please ask you about the President's age. He's 79 years old. What level of concerns does that add when someone like him tests positive?

DR. JHA: Very simply, I would begin with: What's his immune status? And what — and the — and what are his access to treatments?

And the bottom line is: Given how much immunity he has from vaccines, given that he was started on treatments right away — like, literally had symptoms this morning, and he got started on Paxlovid this morning — I think his — all of those things very dramatically reduce his risk of serious illness. And that's really the goal here, is to — is to prevent serious illness, to keep that risk as low as possible. I think he's gotten that full set of protections.

Q And in terms of monitoring his oxygen, is that something that will be done hourly, something that will be done a couple times a day? Just walk us through, if you could, the oxygen levels and the concern that could raise.

DR. JHA: Yeah. I don't actually know how often. What I will say is that he's monitored very regularly. He's feeling well. His oxygen level was checked this morning; it was normal.

And the exact, sort of, frequency of that is decision between him and his physician, and really Dr. O'Connor making that call.

Q Karine, if I could ask you, you said it doesn't matter where he got it. But how can it not matter where he got it if that is something that, of course, is involved in contact tracing? This administration is taking it very seriously. How can it not matter —

MS. JEAN-PIERRE: I think what I —

Q — where he got it?

MS. JEAN-PIERRE: — what I was trying say is: What's important now is that he has mild symptoms, is that he is working from — from the Residence on behalf of the American people. That's our focus.

Look, we knew this was going to happen. As Dr. Jha said, you know, when he was — when he joined me at the briefing — in the briefing room not too long ago, he said this is — this is — you know, everyone was — at some point, everyone is going to get COVID.

What is important is to make sure that you have — you get the treatment that is — that we have provided for folks, whether it's get — make sure you get vaccinated, make sure you get boosted. And — and then we have Paxlovid that is made available because of this President.

So what I am trying to say is: The moment that we're in right now is what matters as we're talking about the President and his treatment and how he's feeling and how he's continuing to work on behalf of the American public.

I'm going to move around because I know there's a lot. Zolan, go ahead.

Q Thank you. I —

Q Karine —

MS. JEAN-PIERRE: I'll come back to you.

Q Karine, you said that he was feeling fine yesterday during his speech but that he started to feel tired later on in the evening. I just want to clarify: Can you say exactly when he started feeling mild symptoms?

MS. JEAN-PIERRE: I cannot say exactly when that occurred. I could say that — that, you know, he told us this morning he had a nose — a — a runny nose. He had a dry cough. He was a little bit fatigued. He did say he had restless sleep.

And when that occurred, he got the antigen test, tested — tested positive and then was given a PCR test.

I cannot pinpoint the exact moment.

And, you know, we were transparent. I got the letter from — we put out a statement as soon as we — we did the test and were able to put out the information. So we were transparent in giving out the statement. We were transparent in sending out the letter. And we will have daily updates from

his doctor on — on his status.

Q In terms of the search for close contacts, I understand that's underway now, but there should still be able to be some confirmation of at least some individuals who were a close contact. He was with multiple members yesterday on Air Force One. He was with the First Lady of Ukraine as well on Tuesday. You know, was — can you tell us if the Vice President is a close contact; if those members that were on the plane are considered close contacts?

MS. JEAN-PIERRE: Yeah, so when it comes to the Vice President — she spoke to this earlier today. She just gave comments and she spoke with the Pres- — the President. I will let her speak to that.

You heard from the First Lady. Of course, she's the First Lady, and so she spoke — she spoke — she said she tested negative, and clearly, she is a close contact.

Look, you know, I'll say this: Our commitment since last July is to disclose when the President or one of the four principals is a close contact of staff who tested positive, as defined by the CDC — this is a definition by the CDC — or when he tests positive, which is what we're doing to all of — for you all of you today.

So, for example, we were transparent with the Vice President. We were trans- — when she tested positive, when the Second Gentleman tested positive. And we're being — we're doing that currently right now with him. So we are transparent when the — President Biden was a close contact of a staff member, as I mentioned, in December. And — but for privacy reasons, we will not get into more details as it relates to that.

So we're starting the process. I don't have a number, a list of folks to share with you. I think that if — I know some of your colleagues traveled with us. If there are any concerns or questions, feel free to reach out to us. We're happy to — if you have personal questions about yourself, feel free to reach out.

Go ahead.

Q I have one more. Just — Ashley asked as well, I think, about moving forward — the five-day quarantine, whether or not he would immediately resume. I believe you said that he would quarantine for five days and then he would resume when he tests negative. But I just want the connective tissue here: If he tests negative on that fifth day, would he resume his schedule as normal?

DR. JHA: Yeah, so the CDC's guidance on this is very clear: You have to isolate for five days. CDC says that you can resume after five days without a negative test, as long as you wear a well-fitting mask. We go above and beyond that at the White House, and we — the President will get tested. And as long as he's isolated for five days, meeting the kind of CDC requirement, we will wait until he gets a negative test — negative antigen test — before he returns to activity.

MS. JEAN-PIERRE: Go ahead, Steve.

Q Karine, how does the White House adjust to having a President with COVID? Who has access to him? Is he staying in one room, a series of rooms? What's the physical situation?

MS. JEAN-PIERRE: So as I just stated, he is isolated in the — in the White House Residence.

Look, the President could be a President anywhere, right? It doesn't — it doesn't matter where he's located. He has the technology, he has the tools — what he needs — the communications — what he needs to continue to doing his job.

Q And has staffing here been adjusted at all? Fewer people around?

MS. JEAN-PIERRE: There has been no change to our protocol as of date — as to date.

Q (Inaudible.)

MS. JEAN-PIERRE: I think — I think you just had —

Q I know.

MS. JEAN-PIERRE: No, I got — I got to go. I got to go around. Yeah, I got to go —

Q (Inaudible.)

MS. JEAN-PIERRE: Your colleagues are going to kill me. I got to go around.

Go ahead, Tam.

Q Thank you.

MS. JEAN-PIERRE: We're going to — and we'll go to the back.

Q I just want to parse the timeline a little bit. I think there may be a comma in the doctor's statement, and I just want to clarify. Did he start experiencing the cough last night or all of the symptoms last night?

I guess my question is: When did he start experiencing fatigue? When was the first sign of fatigue?

MS. JEAN-PIERRE: (Inaudible) you spoke to the doctor.

DR. JHA: Yeah, I mean, I — I spoke to the doctor. I spoke to the President.

You know, my understanding is — and, again, his doctors spent a lot more time with him than I — I mean, and I haven't spent time with the President; I just spoke to him on the phone.

The President felt well all day yesterday. I think late in the evening, he felt some amount of fatigue after a long day of travel. I don't know, I — there are a lot late evenings where I feel some amount of fatigue. I don't know about all of you.

He went to bed. I asked him how he slept. He said he just had a bit of a restless night. And this morning, got his routine tests that he does. And then when Dr. O'Connor probed him further on symptoms because he tested positive, that's when he mentioned, "Yeah, maybe I was a little tired last night."

So, I really think his symptoms you could say either began late last night or

early this morning.

Q Did he have any fatigue or runny nose or anything like that on Sunday, Monday, or Tuesday?

DR. JHA: He felt totally normal and said that he felt — at least to me, he said he felt totally normal all day yesterday.

Q Has he experienced any fever or brain fog or other symptoms of COVID?

DR. JHA: He's had no — no fever.

Q Okay. And could we get the President's physician here so that we can not play the game of telephone?

MS. JEAN-PIERRE: I don't think this is a game of telephone. You have Dr. Jha, who is a medical doctor himself, who runs our COVID-19 response.

You're going to hear regularly through a statement from Dr. O'Connor.

And so we are going to be as transparent as — we are going to be transparent, as we have been. We put out a statement this morning. We put out a letter from Dr. O'Connor. You have both of us here taking your questions and answering them.

You saw a picture of the President. You saw a video of the President. And so we are doing this very differently, and we're going to continue to provide information for — for all of you and also the American public.

I'm going to continue to go around. Go ahead.

Q Thank you so much. While doing contact tracing, will you reach out to some of the officials the President met last year [sic] while traveling abroad, or is that too — you know, too far away?

DR. JHA: Yeah, so contact tracing for people in the last 48 hours who were — after he tested positive.

So, if somebody met with the President a week ago, they would not be considered a close contact.

Q So, you do — you won't, you know, search for maybe people, like, positive with COVID that he met with last week or —

DR. JHA: Oh, are we going to do —

Q — that (inaudible) —

DR. JHA: Are we going to go looking a week ago to see who —

Q Yes.

DR. JHA: — might've given? That's not — I mean, no.

The purpose of contact tracing is to make sure that anybody who might've been exposed is so identified to prevent onward transmission.

MS. JEAN-PIERRE: Go ahead, Karen.

Q Thanks, Karine. To follow up on Steve's question, I think you had said that there was no change to protocols here. Do you mean the West Wing, for change of staffing protocols?

MS. JEAN-PIERRE: I think that's — that was Steve's question. I just don't have an update on that.

Q Okay. How about the Residence though? Is there a reduction in staff while the President is in isolation? And how are operations (inaudible)?

MS. JEAN-PIERRE: We're going to — we're going to follow CDC guidance — right? — which is — which is for the President to isolate and to make sure there is a, you know, very, very, very minimal footprint. Because our goal is to make sure that we keep others safe.

Q So there's just — there are limited people that will be around the President in the next —

MS. JEAN-PIERRE: I mean, if — yes, if anyone, to be quite honest, because we are going to follow CDC guidance.

Q And to follow on what you had said earlier about we'll be getting updates

from Dr. O'Connor — will that be statements every day coming from you?

MS. JEAN-PIERRE: It'll be statements. It'll be daily statements from —

Q Okay.

MS. JEAN-PIERRE: But I — it could be from — directly from him. I believe it'll be directly from him, but you will get a daily statement.

Q But he won't necessarily come here and do a briefing with you guys?

MS. JEAN-PIERRE: We're going to give daily statements, just like we provided the letter with transparency. The letter he provided to me, we made sure that you all saw. And we'll continue to make sure that you guys get an update on the President on a daily basis.

Okay. Go ahead. (Inaudible.)

Q Just following up on Tam's question, actually, about Dr. O'Connor. There's obviously a few questions you can't answer about the timeline, about monoclonal antibody treatments, about the medications he's on. Why isn't he at the podium right now to answer those questions?

MS. JEAN-PIERRE: No, I believe Dr. Jha spoke to the medication he's on — the monoclonal, right? That is something that is — right now he's on Paxlovid. Right? We're going to — if anything changes, we will be sure to share that.

And so that's — that's what we're going to do. We're going to continue to have daily — daily updates to all of you. I think this — I think the letter that the President — that the President's doctor put out was pretty — was pretty clear and specific and said that he is on Paxlovid.

Q And just to follow up: On isolation, that's obviously different from quarantine. What does isolation mean in this White House? And what will happen to the First Lady when she returns?

DR. JHA: So, isolation — well, yeah — so just for everybody to know: Isolation is when you're positive and you're isolating. Quarantine is if you've been exposed. So that's the kind of difference in terminology.

The isolation protocol is he is going to stay in his Residence. We're going to absolutely minimize the footprint.

I don't — I don't actually know what the plans are with the First Lady in terms of — I'm assuming she's going to stay isolated from the President as well. But — but that's a — that's a — I don't know if you have anything more on the First Lady, but obviously, I think she will continue to — she will stay away from the President as well.

That's her decision though. We don't try to tell the First Lady what to do. (Laughter.) I feel some trepidation talking about what the First Lady will do vis-à-vis the President.

MS. JEAN-PIERRE: So — (laughs) — so, first of all, the

First Lady spoke to this directly. She's feeling fine. So I just want to make sure that's clear. And she's going to continue to follow the CDC guidance, and she's going to continue to wear a mask. And so that's what she is going to — that's what she's going to do moving forward.

Go ahead.

Q Dr. Jha, you said — you talked about the testing cadence that he had, but for while he has COVID, what's the testing cadence going to be? Will he be tested daily? And will those be rapid tests or PCR tests?

DR. JHA: So, I don't know that there's much value of a PCR test at this point, because it'll be positive for a while, right? So, I don't actually know what his testing cadence is going to be.

Again, CDC does not recommend any testing for the first five days. He will obviously be positive for some period of time. He will get — he will stay in isolation for five days. He will definitely get tested after that and will stay in isolation until he turns — until he turns negative.

But any testing he has moving forward will largely be an antigen test.

Q You said that his oxygen level was normal. Can you be more specific about what his oxygen levels are?

DR. JHA: Yeah. He's feeling fine. He's breathing fine. His oxygen level was normal. There were — he got a full physical exam. There were no issues or no concerns in Dr. O'Connor's assessment of him, in terms of his physical exam.

Q And last question, Karine. Sorry. CDC guidance is: People who are close contact, who are up to date on the vaccine — correct me if I'm wrong Dr. Jha — are to wear a mask — a well-fitting mask for 10 days after being exposed to — possibly exposed to someone. You were on the plane with the President yesterday, other members of staff were, and you're not wearing a mask right now.

MS. JEAN-PIERRE: Yeah. That's why when somebody was asking me do we have a list of close contact, I am not considered a close contact. According to the CDC guidance, I am not considered a close contact.

Q Dr. Jha, can you expand on that? Why she's (inaudible).

DR. JHA: I —

MS. JEAN-PIERRE: I mean, I — I could expand on it myself.

Q Yeah, sure. That's great. Yeah, that's fine.

MS. JEAN-PIERRE: But according to the CDC guidance, yes, I was with the President, but it was under 15 minutes. I was with him in short amount of time. I was wearing my mask the whole time.

So, to your question, Peter, when you were asking me about that, it's not that simple; it's not that easy. There's a process that it has to go through.

And just because I was with the President yesterday — you all saw me with the President — I am not considered a close contact.

Go ahead, Jacqui.

Q Thanks, Karine. Paxlovid has emergency use authorization for patients who are at high risk for progression to severe disease. So, clinically speaking, either because of his diagnosis or his age, or any underlying conditions, or otherwise, is the President at high risk for progression to severe disease?

DR. JHA: So, if you look at the EUA of the FDA, then it links to a CDC website that gives you what are the risk factors. And — and age is certainly one of them. And I have made the point that I think anyone over the age of 50 is somebody who is eligible for Paxlovid — and obviously people under 50, if they have serious chronic disease as well. But I believe anybody over the age of 50 is eligible for Paxlovid. The President is above the age of 50.

Q And then, can you just confirm for us that there were no positive cases around the President in the last couple of days or that he was not a close contact of anyone who was positive?

DR. JHA: I think you've answered this, but feel free.

MS. JEAN-PIERRE: Yeah, I've already answered.

Q I don't think we got an answer.

MS. JEAN-PIERRE: Either — no, I did. I answered it. I told you what our protocols are.

And we have said —

Q But it wasn't a "yes" or "no."

MS. JEAN-PIERRE: I — I told you what our protocols were. And as we have been committed since the last July, we disclose when the President or one of the — or one of the four principal is a close contact of a staff who tested positive as defined by the CDC. This is defined, again, by the CDC.

Or when he tests positive, as we are doing today and being very transparent about that.

Q Are we supposed to assume then, because we didn't hear from you, that that's a "no"?

MS. JEAN-PIERRE: That's not what I'm saying. I am saying that we — when there is a close — when there is a close contact to the President, we actually give that information out and we actually share that individual, who's a staff member, if they have tested positive. That has been — that has actually been our — our protocol since past — this past July, so a year.

Q So we didn't receive anything like that, so am I to assume that there is — there was nothing that happened, there was no positive case where the President was a close contact?

MS. JEAN-PIERRE: Yes, you're — you're safe to assume that because that's what we have been committed to doing since the last July, which is about a year ago.

Q Thank you.

MS. JEAN-PIERRE: Okay, we're going to go — continue. Go ahead.

Q The message that some people are going to take from this is that's it's inevitable that everyone is going to get COVID at some point. I'm wondering if you think that's a reasonable assumption for people to make about this. And also, what does it say about the state of the pandemic and how much longer this is going to be a part of our lives in this way?

DR. JHA: Yeah, so based on the CDC data, about 70-plus percent of Americans have been infected. And — and I have said, I think from this podium, that I don't believe that every American will be infected, but I think infections are obviously — given how incredibly contagious the current subvariant is, that Omicron has been in general, that we've seen a lot of Americans get infected.

At this point in the state of the pandemic, I think the other — our strategy on this has also been very, very clear: We have a two-pronged strategy.

Number one is prevent serious illness, which I think is essential. And that strategy, as you've heard me articulate, is a combination of making sure people are up to date on their vaccines and getting treatments if they're eligible.

And then the second part of the strategy is doing what — everything we can to keep infections down. And that's recommending masking in crowded indoor spaces and high-transmission areas; making sure testing is widely available; working on improvements in indoor — in air quality and ventilation.

Those are the things we're working on. And — and given that 70 percent of Americans have been infected, it's obviously a highly transmissible virus. And we are going to continue working on keeping both infections down and really working hard to make sure serious illness is limited.

And I think, by the way, that is working. I mean, if you look at how many infections there have been, about where we are right now on hospitalizations and deaths — a tiny fraction of where we've been in the past.

So I think our strategy is largely working. But it is a two-pronged strategy that focuses both on serious illness and infections.

MS. JEAN-PIERRE: Go ahead, in the back.

Q Thank you. I have two follow-ups: one for Dr. Jha and then one also for you, Karine.

The through line of this briefing has been that things are different now and that you're better prepared, obviously, because of the vaccine and then some of these drug therapies. So this might be comparing apples to oranges, but the previous President was moved from the White House to Walter Reed. And one of the explanations that was given at the time was that they had better facilities there.

Are you confident in, you know, all exigent circumstances, that you have everything that you need here at the White House, in terms of facilities, to prepare for — for anything that may come and protect the President's health?

DR. JHA: What I can say is the President is right now working comfortably in the White House, doing well. And, you know, there are obviously a lot of resources available here at the White House to take care of them.

Walter Reed is always on standby for Presidents, right? That's always an option. That's true, whether the pa- — the President had COVID or not.

But right now, we feel very confident. The President is doing well. He's got

very mild symptoms. He is really getting the state-of-the-art treatment, which, by the way, is available to every American.

And — and he's doing very well in the residence under close monitoring from his physician.

Q And then, Karine, you addressed this moments ago when you were asked about your earlier statement that it didn't matter where he picked this up. Obviously, the most important thing is how the President is doing in the here and now —

MS. JEAN-PIERRE: Yeah.

Q — but will you let us know if you do figure out where the President did pick up this virus? I mean, it certainly does matter, at least for history.

MS. JEAN-PIERRE: Well, as you know, the — the President travels, right? He travels a lot. He engages with a lot of people.

Again, what I was trying to say and what I was wanting to be sure that we understood is, again, the here and now. Like right now, we are — we are explaining to you how he's feeling, how he's doing. You've heard from him directly.

We're going to continue to do that. We are going to do, you know, contact tracing, as far as who he was around these past 48 hours, as Dr. Jha just laid out.

But it is — I mean, you know, it is not the easiest thing — right? — to find out exactly where — where someone got COVID. I do not know — when I got COVID, I have no idea who I got it from.

But we want to make sure that the people that he was around gets — if it is indeed a close contact, that they are made aware. And so that is our focus at this time.

Q Dr. Jha, can you clarify your recommendation to —

MS. JEAN-PIERRE: Hold on one second. Simon, I promise I'll get to you. Just give me one second. I'm jumping around. Okay?

Go ahead.

Q Yeah, thanks very much. So I just want to be clear on some of the timeline here. The President started developing symptoms last night. So did he at that stage, then, isolate in line with the CDC guidelines?

DR. JHA: So the President felt tired last night.

Q (Inaudible.)

DR. JHA: Felt tired last night.

Q Can we be clear, then, from the physician's letter that these other symptoms — I think Tam brought up the issue of the commas, but it could suggest that he had a runny nose and occasional dry cough last night. So are you saying he didn't have those symptoms? It was just purely fatigue?

DR. JHA: When I spoke to the President today and I asked him, he said he felt tired last night, went to bed, didn't have a great night of sleep — we've all had those — woke up this morning, got tested, and then when was asked about symptoms, reported that indeed he had, this morning, some runny nose and a — and a dry cough.

Q Was he tested because of that?

DR. JHA: No.

Q Just to follow up —

DR. JHA: No. No, he was — this was part of his regular cadence of testing.

Q So he had those symptoms — the runny nose and the cough —

DR. JHA: This morning.

Q — but didn't isolate at that stage?

DR. JHA: This morning.

Q It wasn't until he tested positive?

DR. JHA: Yeah, I — my understanding is that the symptoms — those — those symptoms were this morning.

Q But the CDC guidance says if you have symptoms, you should isolate at that point. It sounds like he only started isolating when he had the positive test.

DR. JHA: My understanding is that he had the — the sore throat — not sore throat; he did not have sore throat — runny nose and dry cough this morning. That's when those symptoms were identified.

I think whether you can say whether he had fatigue last night or he just felt tired last night and he went to bed — I think that's pretty normal.

Q But the point is he then had these other symptoms before testing positive, because he was then questioned about it. Right? Or did they — did they develop at the same time as the positive test?

DR. JHA: Yeah, my understanding is that those symptoms developed this morning. And he had a test as part of his regular testing cadence.

Are you asking, like, within minutes of, like, when —

Q Well, yeah, because the CDC guidance —

DR. JHA: Yeah.

Q — says you should isolate if you have symptoms. So —

DR. JHA: Yeah, as soon as you became aware of your symptoms.

Q So I'm asking: Did he start isolating only after the positive test and he had the symptoms before the positive test?

It sounds like he had the positive test, was then questioned about any symptoms he had, and he said, "Ah, yes, I do have these other features" — which would suggest he didn't comply with the CDC guidance.

DR. JHA: I think he became aware of his symptoms of runny nose and sore throat this morning, thus when he developed the symptoms.

Q He had — yeah, but before or after the test, is what I'm asking.

DR. JHA: I don't know the — I don't know the exact, like, hour that he developed — that he became aware of his symptoms.

Are you asking, like, within minutes — like, when exactly did his symptoms be- —

Q Well, that — that would be nice, and that would be perhaps one of the reasons for having his physician up here answering these questions.

But I'm — can you see the point I'm getting at? The point is: You don't isolate when you've had a positive test. You isolate when you —

MS. JEAN-PIERRE: No, I actually don't —

Q — have the symptoms.

MS. JEAN-PIERRE: No, I actually —

Q But that's what the CDC guidance —

MS. JEAN-PIERRE: No, I —

Q — clearly says.

MS. JEAN-PIERRE: Look, I — I see what you're trying to do, but it's not the case for everyone.

The President went on a trip. He came home last night. He was — he felt a

little tired. He felt a little restless sleep. I think most of us who traveled yesterday were probably a little tired by the end of the day. He went to sleep. And he had a regular cadence. Took a test.

And when — after he took a test, the doctor questioned him and said, “Hey, you know...” — he probably asked whatever questions he asked of the President. And he said, “Oh, yeah, by the way, I have a runny nose and a dry throat.” A runny nose and a dry throat. I mean, you know, that is — (laughs) — I mean, that is not — it’s not a fever. It’s not a massive headache. It is a runny nose and a dry throat, which many people —

Q (Inaudible.)

MS. JEAN-PIERRE: — which many people who do not have — test positive for COVID have.

I mean, so I think — I think what you’re — what you’re trying to get at — right? — is just — you know, it is just — it’s a bit far-reaching. And the moment that he tested positive on an antigen — he took a PCR test, tested positive, and then he began to isolate.

We’re going to move on. We’re going to move on.

Q I’m not getting — getting — trying to get at anything.

MS. JEAN-PIERRE: No, we’re going to move on.

Q I’m asking if he followed the CDC guidance. That’s all.

DR. JHA: He did.

MS. JEAN-PIERRE: Yeah, he did. He followed CDC guidance, but you’re — the — what you’re trying — the connection you’re trying to make is a bit far-reaching.

Go ahead, sir.

Q Yeah, you said that the Walter Reed suite is always ready. What conditions would you need to see from the President to take a trip over there?

DR. JHA: Yeah, what I'd say is — again, in general, I don't want to get into hypotheticals. The President is — right now has very mild symptoms. He's got a mild illness. He's feeling reasonably well. His words, he's feeling "fine." He's working. He's getting the care he needs here.

And my — you know, and so — so that's all I really have to say at this point. And I think hypotheticals about what might happen in the future are sort of hard to — and there'll be a decision, by the way, made by Dr. O'Connor, his physician.

MS. JEAN-PIERRE: All right, we're just going to take a few more from the back.

Go ahead.

Q Okay. Thank you. Dr. Jha, can you clarify your recommendation to the First Lady? Obviously, the White House is a big place — 132 room, 35 bathroom. (Laughter.) So the President has a big place to isolate. Is he going to — will you recommend that he isolate from the First Lady? It — would that be your recommendation? (Laughter.) (Inaudible.)

DR. JHA: Like, you're just going to try to get me into trouble, aren't you? In terms of —

No, I think he should isolate and that he should follow CDC guidelines. He should isolate. He is isolating. Not "should"; he is isolating.

And I think the First Lady is — because she — you know, I think she is wearing — she has tested negative. She has been wearing a mask. I have to say, I have not engaged on the question of what happens when the First Lady returns back.

I — I don't know if you have anything else on it for them.

MS. JEAN-PIERRE: Go ahead. Go ahead.

Q Yeah.

Q And I have a follow-up. And then, on masks: The President wears a mask, he's well protected, but he still got COVID. Is this the time to really realize

that masks may not really be as effective as, you know, we tried to make them to be?

DR. JHA: So, I think the science on masks is actually quite clear. And there is broad agreement among public health and science experts that masks work. Higher-quality masks work better than lower-quality masks. He wears — every time the President wears masks, he wears high-quality masks. Masks are not a panacea. And, obviously, the President, you know, engages with people both indoors and outdoors.

And — and there was never, I think, an understanding on our part that we could keep the President from having zero chance of getting infected. Like, he's got very close, very strong protocols around him, but we always knew that this was a possibility.

MS. JEAN-PIERRE: Go ahead, sir.

Q Two questions that I think haven't been asked yet. First of all, given that the President now has tested positive for COVID, will there be a reevaluation of the protocols that were put in place at the White House to protect him from getting COVID in light of his condition being in a different place?

And the second question is: For folks out there who may now hear from their employer, "Well, the President of the United States got COVID and he kept working..." when someone thinks they need to take a sick day because they got COVID, how do you — how would you answer that or how would you address that question?

DR. JHA: Well, I believe people, if they feel ill, should absolutely get sick time to recover. The President feels well and feels capable of continuing to work. Obviously, his schedule is modified. Right? He's not going to be able to make the same trips, but he's able to work from home.

And — but I feel very, very strongly that if people feel ill, people feel sick, they absolutely should get time to recover. That's something — so that was your second question. What was your first one?

Q The first question was the COVID protocols --

DR. JHA: Oh, the COVID protocols.

Q — the testing for being in the same room as the President and the like that were designed to — now that his risk situation has changed when he recovers —

DR. JHA: Yeah.

Q — will there be a reevaluation of the protocols at the White House?

DR. JHA: Yeah. Right now, I'd say we're focused on — on making sure the President continues to do well. He can — he's thankfully doing well because of the fact that he is vaccinated, boosted, getting treated. I don't think there's been any discussion of whether the protocols need any kind of change.

MS. JEAN-PIERRE: All right. Two more, and then we're going to go.

Q Thank you, Karine. Let me follow on Dr. O'Connor. Neither of you has seen the President today. Neither of you is treating the President. The question is: When will Dr. O'Connor come out? Because to just put out a statement and shield him from questions would be the least transparency of any White House in 50 years on a presidential illness.

MS. JEAN-PIERRE: Wow, I wholeheartedly disagree on your last statement. Wholeheartedly disagree on your last statement.

So, we are doing this very differently — very differently than, I would argue, than the last administration. And I am happy to have that conversation with you.

Number one, we did not see the President because we are following CDC guidance. And the CDC guidance is to make sure that we have minimal contact with the President and allow him to isolate and allow him to, you know, get his treatment to — to get better, right?

He's having, again, mild symptoms and is able to work from — from home.

I think — I believe, we believe — getting direct information, pretty — pretty much detailed information from this letter that we, in a transparent way, shared with all of you on how he was doing, and we have committed to do

that every day.

I'm going to take the last question. Go ahead, Brett.

Q Thanks, Karine. Two questions. One, I'm curious, Dr. Jha, what does the President's age and sort of his status — does that affect his risk for long COVID? Or what can you tell us about the potential for long COVID and how you'll monitor that — that risk?

DR. JHA: Yeah, I'm not aware of data — and maybe it's out there — but I'm not aware of data that age is a — among adults — I think there's a different thing for kids. But I think among adults, I'm not aware that they're — that age is a significant risk factor for long COVID.

Obviously, the President gets excellent care from his physician as he will during the current mild illness that he is — that he is suffering through. And if he has any persistent symptoms, that they'll — they'll get assessed and addressed by his physician.

Q And then, just secondly, I guess more broadly maybe: I was hoping you could kind of explain what the risk of reinfection is with this current variant. I know there's some uncertainty about, you know, if you — if you get the virus, you know, how long you're protected for and immune for. I was hoping you could just speak to that and whether that's changed with the current variant that's spreading.

DR. JHA: That's a really good question. What we know is that if you were infected with previous versions of Omicron — BA.1, let's say, from the January wave — you don't have a whole lot of protection against BA.5. And that's the dominant variant that it is — that we have in the — in the U.S. right now.

If you get infected with BA.5, what is your level of protection against future variants? We just have no evidence and no data on that.

So, what I have been very clear on is: People who have been previously infected in the past may not have a lot of protection against infection from BA.5. We don't know if the President has had BA.5. Again, he's going to get sequencing. But obviously we will be data driven in — as we learn more

about this.

MS. JEAN-PIERRE: Okay. Thank you, everybody.

Q Karine, on the Vice President, real fast: Is there a plan in place to transfer power to Vice President Harris if the President's situation gets worse?

MS. JEAN-PIERRE: The President is — has mild symptoms. He's able to do the business of the American people from the Residence, and that's what matters right now.

So there's no plan in place then?

3:22 P.M. EDT

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