Session 10 – COVID-19 Virtual Briefing Series:

How to talk to the Latino Gen Z community about the COVID-19 Vaccines

Wednesday, July 28th at 7:00 pm ET

Register Now: bit.ly/NHMACOVIDBriefing

NHMA
National Hispanic Medical Association

Moderator

Elena Rios, MD, MSPH, FACP
President & CEO
NHMA

Speakers

Yvonne A. Maldonado, MD, FAAP, FPIDS, FIDSA
Taube Professor of Global Health and Infectious Diseases
Senior Associate Dean for Faculty Development and Diversity
Professor, Departments of Pediatrics and Epidemiology and Population Health
Chief, Division of Infectious Diseases
Director, Global Child Health
Department of Pediatrics, Stanford University School of Medicine
Attending Physician and Medical Director of Infection Prevention and Control
Lucile Packard Children's Hospital at Stanford

Pierluigi Mancini PhD, MAC
President
Multicultural Development Institute, Inc.
Director National Hispanic and Latino
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Jose Pietro Aparicio, MD, MPH
President, Latino Caucus for Public Health
Governing Council & Collaborative Caucus
Representative to APHA

Emma B Olivera, MD, FAAP
General Pediatrics
Assistant Clinical Professor of Pediatrics
UICOM - Rockford

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In support of improving patient care, this activity has been planned and implemented by Amedco LLC and National Hispanic Medical Association. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education forthe healthcare team.

Physicians

Amedco LLC designates this live activity for a maximum of 1.25 AMA PRA Category 1 Credits™ for physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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CAMPAIGN for TOBACCO-FREE Kids

National Latino Behavioral Health Association NLBHA

Welcome

Elena Rios, MD, MSPH, FACP
President & CEO
National Hispanic Medical Association

Housekeeping

- Please type questions in the chat box.
- Cameras are encouraged. Please mute your microphone if you are not speaking.
- Brief presentation will be followed by roundtable discussion.
- Recording, slides, and CME will be sent out and posted next week at www.NHMAmd.org.
- Please fill out the post-webinar survey that will be emailed out next week to help us enhance our future COVID-19 Virtual Briefings.

Learner Notification

NHMA – ENDURING: July COVID 19 Webinar: How to talk to the Latino Generation Z community about the Vaccine
Date of CE Release: July 28, 2021
Date of CE Expiration: July 28, 2022
Location: Online

Acknowledgement of Financial Commercial Support

No financial commercial support was received for this educational activity.

Acknowledgement of In-Kind Commercial Support

No in-kind commercial support was received for this educational activity.

Satisfactory Completion

Learners must complete an evaluation form to receive a certificate of completion. You must attend the entire webinar as partial credit is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Accreditation Statement

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

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Objectives - After Attending This Program You Should Be Able To

1. To learn how other medical experts communicate the vaccine to the Gen Z population
2. Describe two challenges faced by health professionals when explaining the importance of the COVID-19 vaccination
3. Understand the importance of increasing vaccination in the Gen Z population, particularly in Latino youth.

Disclosure of Conflict of Interest

The following table of disclosure information is provided to learners and contains the relevant financial relationships that each individual in a position to control the content disclosed to Amedco. All of these relationships were treated as a conflict of interest, and have been resolved. (C7 SCS 6.1--6.2, 6.5)
All individuals in a position to control the content of CE are listed below.

Name	Commercial Interest:Relationship
Vincent Gearity	NA
Yvonne Maldonado	Pfizer:Research Grant Site Principal Investigator
Pierluigi Mancini PhD, MAC	NA
Emma Olivera	NA
Jose Pietro Aparicio	NA
Elena Rios, MD, MSPH, FACP	NA
Sophie Sibel	NA

Claim your CE by going to:
https://www.nhmamd.org/covid-19-virtual-briefing-series

VACCINATE 4 ALL

Vacunas para todos

NHMA

National Hispanic Medical Association

WHAT IS VACCINATE4ALL?

In March 2021, The National Hispanic Medical Association launched its Vaccinate4All campaign with support from the Centers for Disease Control and Prevention (CDC), Johnson & Johnson, and Biotechnology Innovation Organization (BIO) to help **reduce vaccine hesitancy, build vaccine confidence, and address structural and cultural barriers to vaccine access in Latino communities**.

Vaccinate4All works to achieve this by arming individual physicians, health professional associations, and other leaders with educational resources about the COVID-19 vaccines in order to increase vaccination accessibility and uptake among the Latino community.

VACCINATE4ALL
Vacunas para todos
NHMA

ABOUT VACCINATE4ALL CHAMPIONS

- Individual Champions will serve as ambassadors supporting the work of the campaign by sharing NHMA's messages on social media, filming and submitting short educational PSA videos, serving as trusted thought leaders in their community, speaking at NHMA events, and participating in local vaccination efforts.

- Organizational Champions will work in collaboration with NHMA to share resources, amplify Vaccinate4All materials and events, as well as notify and seek ways to partner on co-branded vaccination efforts (virtual and in-person).

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HOW CHAMPIONS SHOULD COORDINATE WITH NHMA

- REMINDER: Officially sign up as a Vaccinate4All Champion at **bit.ly/V4AChampionRegister**
- Contact NHMA at **communications@nhmamd.org** to:
  1. **Submit high resolution logo** for inclusion on #V4A webpage
  2. **Share your upcoming events** (webinars, conferences, vaccination sites/volunteer opportunities)
     - ~ 1 month in advance
  3. **Submit COVID-19 Fact Sheets & Tool Kits** for inclusion on HispanicHealth.Info resource hub
- **Like and share** NHMA's Vaccinate4All content
- **Post & disseminate content from NHMA educational toolkits** (more to come)

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HOW NHMA SUPPORTS VACCINATE4ALL CHAMPIONS

- **NHMA Monthly Newsletter**
  - Highlight the work of Vaccinate4All champions
  - Promote vaccination events/activation
- **Spotlight Organizational and Individual Champions on NHMA Social Media**
  - Boosting upcoming activations designed to build vaccine education/confidence/uptake
- **NHMA to plug Champions into exclusive partnership events / opportunities**
  - E.g. COVID-19 Virtual Briefings, Town Halls, In-Person Events, etc.
- **Relay media opportunities to amplify the important work of Champions** (e.g. interviews, articles, event coverage)

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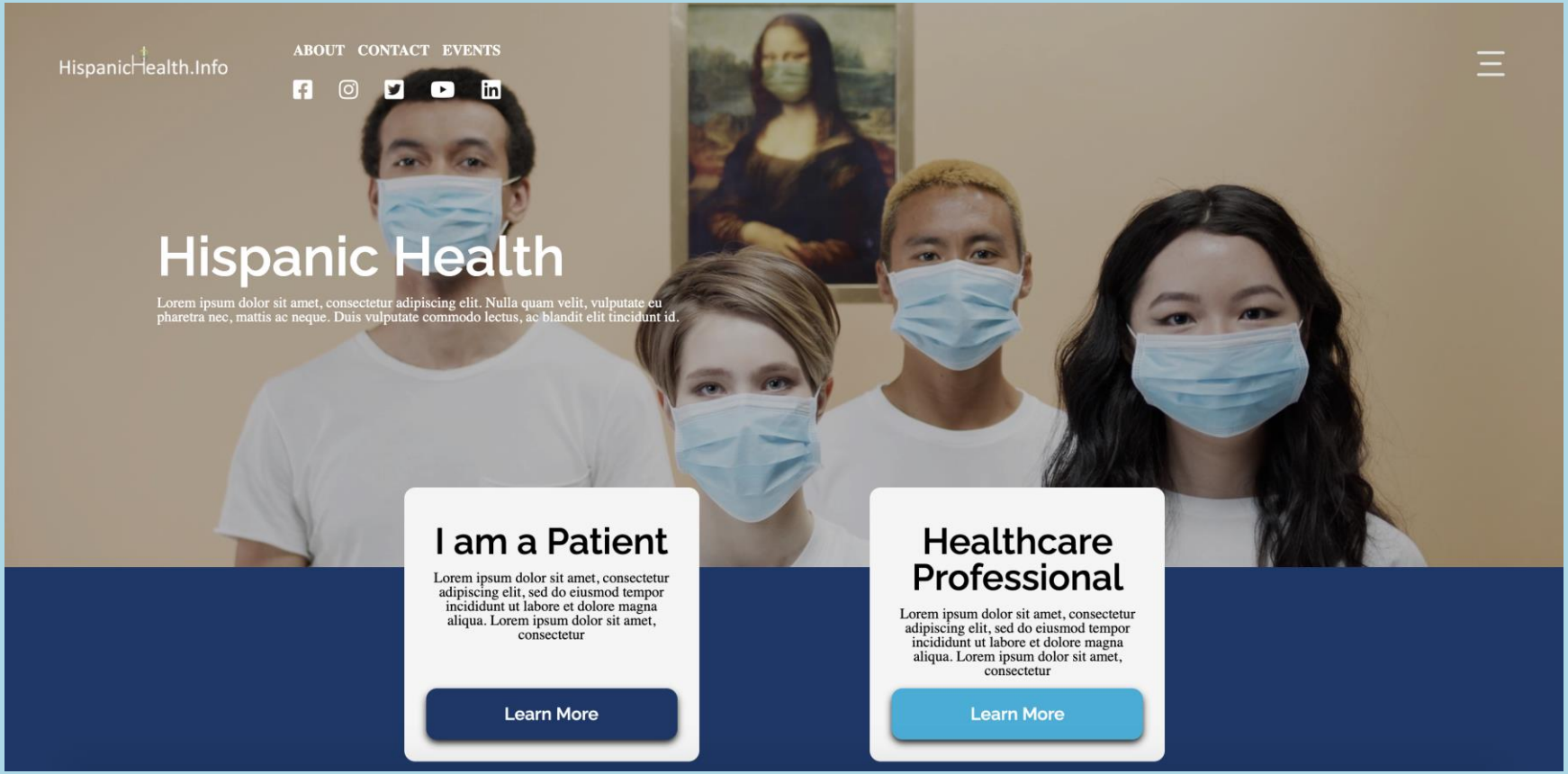
NHMA ORGANIZATIONAL TRAINING

- NHMA Leadership Fellowship
  - 20 Hispanic physicians
  - Experts provide lectures on public health priorities to impact Hispanic communities, leadership skill-building, health in all policy topics, Federal policy and budgets, stakeholders (media, foundations, industry, CBOs)
  - Washington, DC Institute in February to meet Federal policymakers, advocates
- Monthly Leadership Discussions
  - Hispanic Health Professionals Leadership Network
  - NHMA Council of Medical Societies
  - Latino Health Advocacy Organizations

NHMA Chapter Grant Awards: COVID-19 Vaccination Activities

- Northern California
- Southern California
- Phoenix
- New Mexico
- El Paso
- San Antonio
- Rio Grande Valley
- Gulf Coast
- Chicago
- Indianapolis
- Omaha
- Greater Boston
- New York City
- Philadelphia
- Washington, DC Metro
- Atlanta
- Miami

HispanicHealth.Info



HispanicHealth.info is a portal designed by NHMA to share resources related to Hispanics with providers, patients, and community members. These resources include information about COVID-19, CVDz, Obesity, Diabetes, HIV and more.

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IMPACT TO DATE

Monthly COVID-19 Virtual Briefing Series – 9 Sessions, **2,725 Registrations** *(CME often offered)*

130 Total Vaccinate4All Champions

- **95** Individuals
- **35** Organizations

10 NHMA Chapters Activated for localized outreach *(CA, AZ, TX, LA, VA, NE, D.C. etc.)*

NHMA's V4A Champions Supported **9 community vaccination events!**

Media training 15 physicians as trusted messengers and continue to secure placements in **mainstream and local news (EN/SPAN)**

Organic Social Media Traffic from NHMA's Vaccinate4All content:

- **125,011** Impressions
- **1,380** Engagements

VACCINATE4ALL
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JOIN OUR COALITION
nhmaMD.org/Vaccinate4All

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COVID-19 and Vaccination in Generation Z

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Senior Associate Dean for Faculty Development and Diversity
Co-Director, Global Child Health
Chief, Division of Infectious Diseases, Department of Pediatrics

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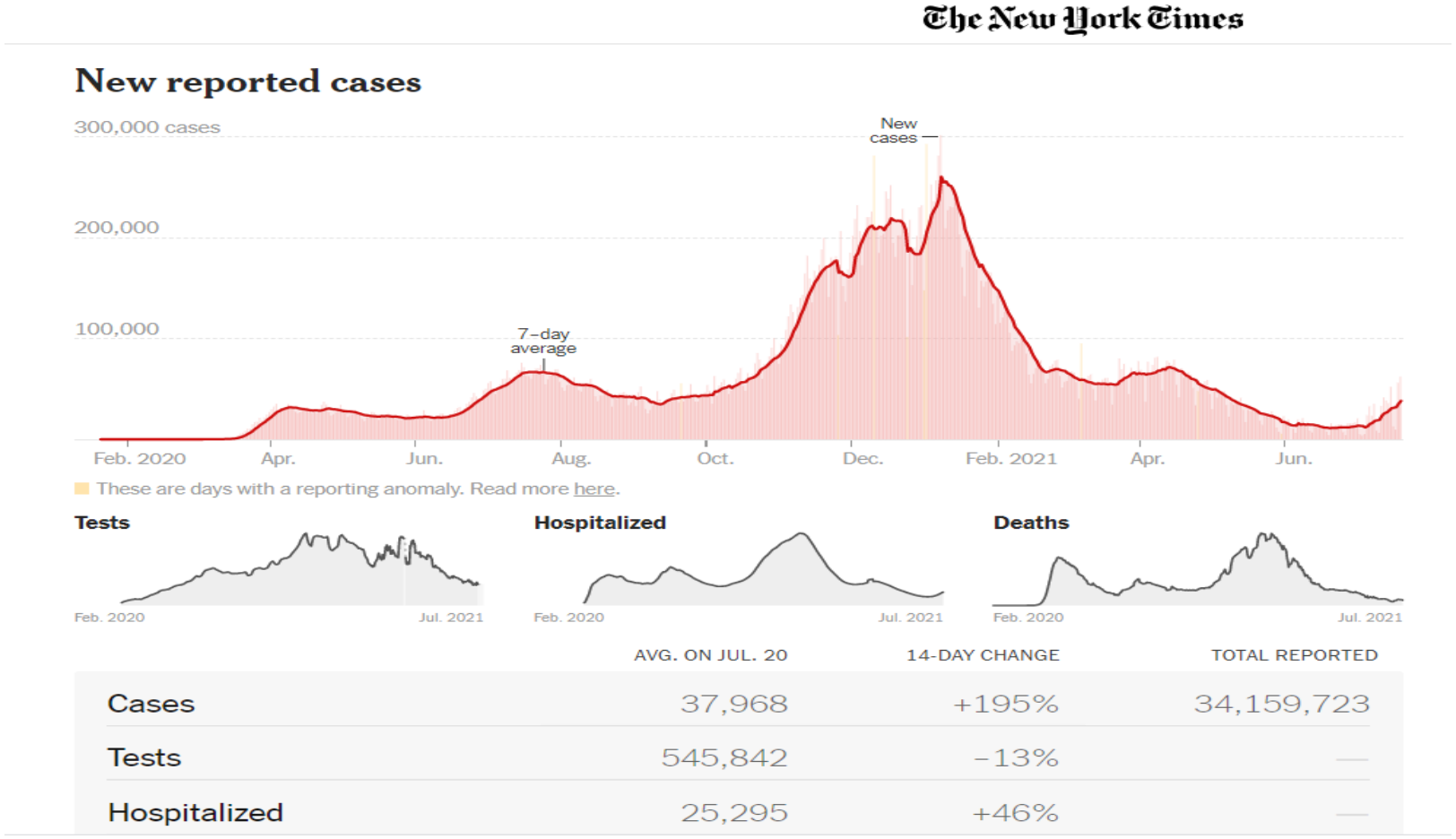
Trends in Number of COVID-19 Cases in the United States



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Early Misperceptions about COVID-19 in Pediatrics

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- Children:
  - Do not become infected by SARS-CoV-2
  - Do not develop symptoms of COVID-19
  - Do not transmit SARS-CoV-2

- These statements have been proven to be FALSE!

The Truth about COVID-19 in Pediatrics

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- Pediatric burden of disease in the US is significant
- Disproportionate burden among children in minority communities
- Indirect effects to the child and society (school, development, etc)
- Continued burden if we wait for natural “herd” effects
- Vaccination likely reduces or prevents asymptomatic carriage, thus reversing pandemic more rapidly
- Safety data are best collected in clinical trials

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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Children and COVID-19: State-Level Data Report

Critical Updates on COVID-19 / Children and COVID-19: State-Level Data Report

- **Summary of Findings as of 7/15/21 :**
- **Child COVID-19 Cases**
- 4,087,916 total child COVID-19 cases reported, and children represented 14.2% (4,087,916/28,793,845) of all cases
- Overall rate: 5,431 cases per 100,000 children in the population
- **Change in Child COVID-19 Cases**
- 23,551 child COVID-19 cases were reported the past week from 7/8/21-7/15/21 representing 15.9% of the weekly reported cases
- **Testing**
- Children made up between 11.0%-19.9% of total state tests, and between 4.9%-17.4% of children tested were tested positive
- **Hospitalizations – Over 16,000 reported from 23 states so far**
- Children were 1.3%-3.6% of total reported hospitalizations, and between 0.1%-1.9% of all child COVID-19 cases resulted in hospitalization
- **Mortality (43 states, NYC, PR and GU reported) – Over 380 children have died from COVID-19 to date**
- Children were 0.00%-0.26% of all COVID-19 deaths, and 8 states reported zero child deaths
- In states reporting, 0.00%-0.03% of all child COVID-19 cases resulted in death

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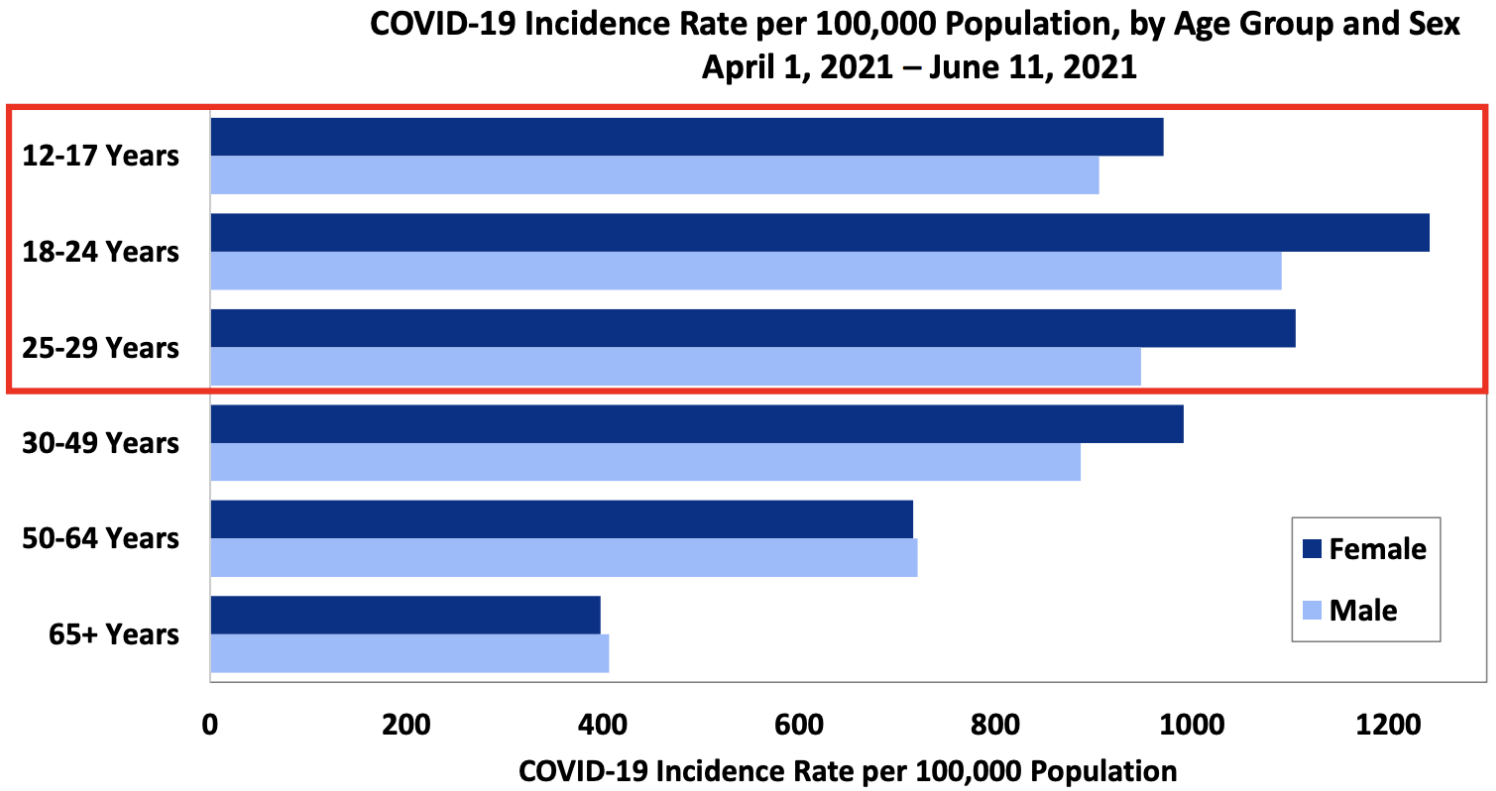
Adolescents and young adults have the highest COVID-19 incidence rates

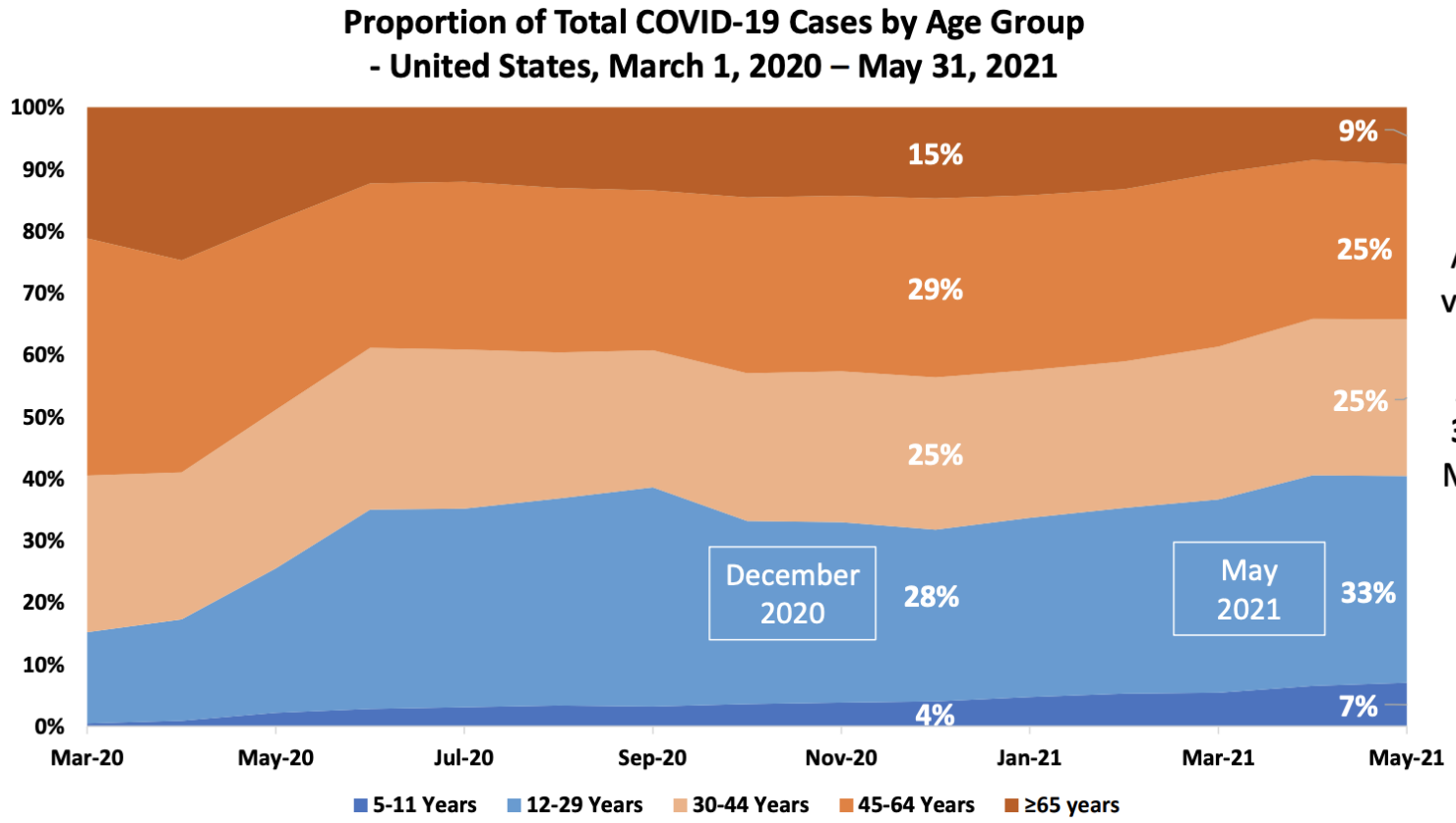


Since beginning of pandemic **at least 7.7 million** COVID-19 cases have been reported among persons aged 12–29 years

https://covid.cdc.gov/covid-data-tracker/#demographics

Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

Adolescents and young adults are an increasing proportion of COVID-19 cases reported

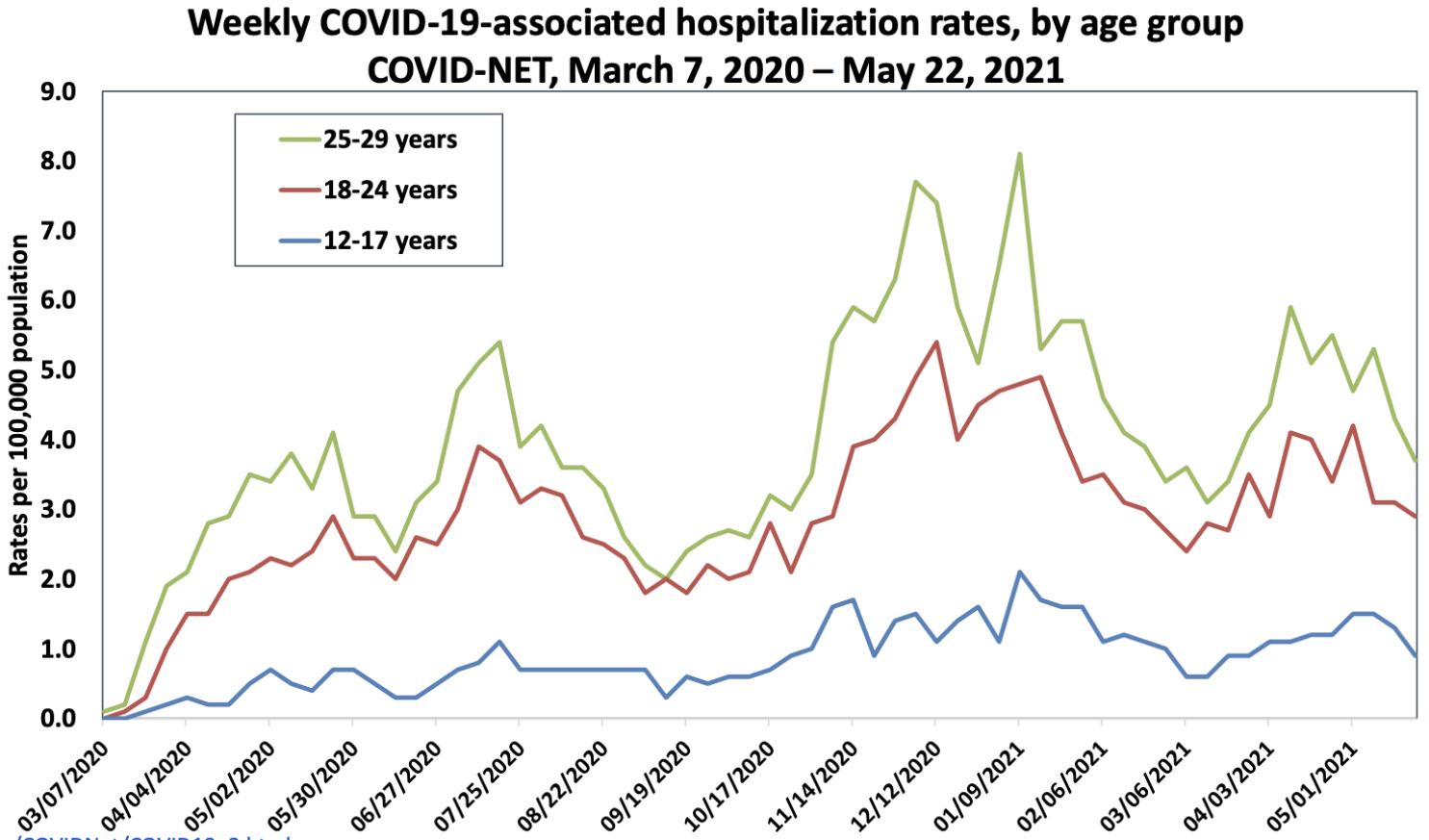


As more older adults are vaccinated, adolescents & young adults make up greater % of total cases: **33%** of cases reported in May 2021 among persons aged 12–29 years

https://covid.cdc.gov/covid-data-tracker/#demographicsovertime

Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

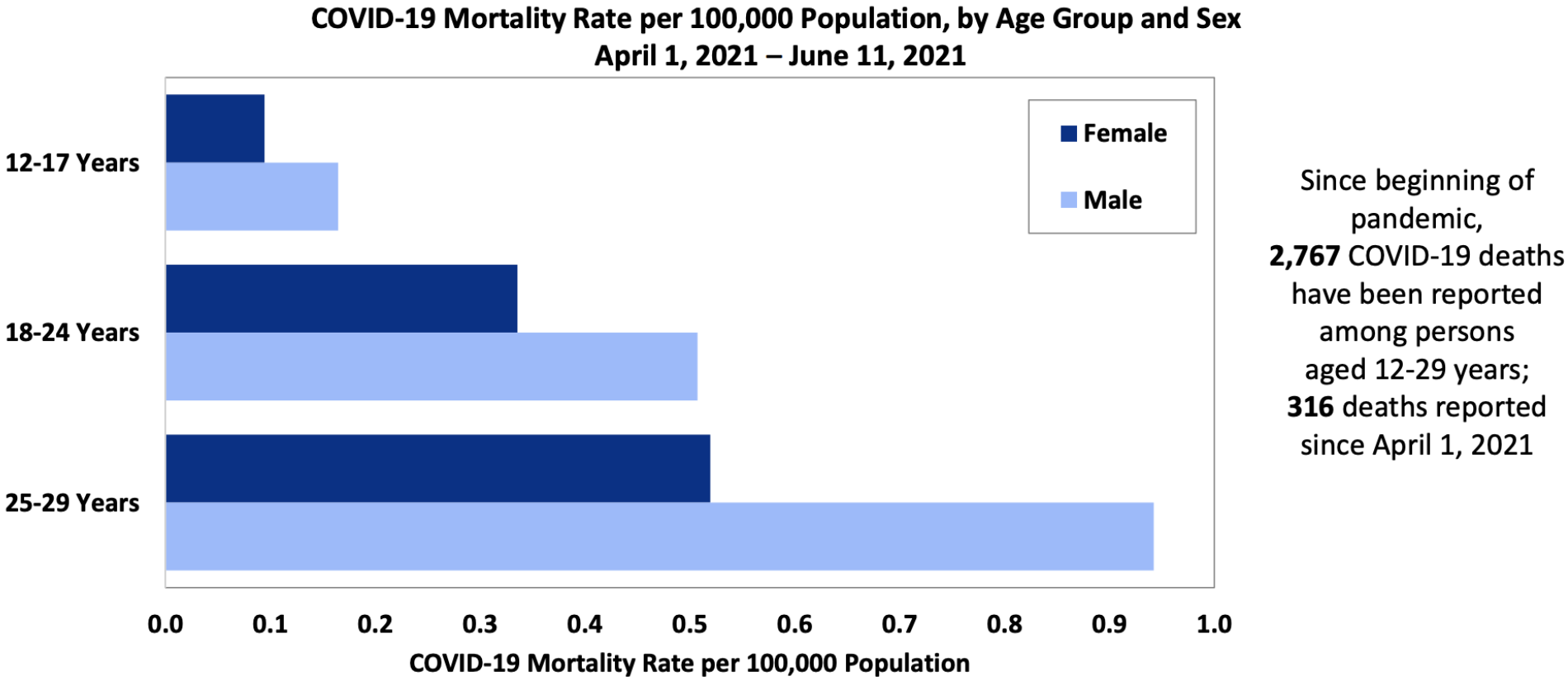
COVID-19-associated hospitalization rates have remained stable in adolescents and young adults



https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html

Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

COVID-19-associated deaths continue to occur in adolescents and young adults



Since beginning of pandemic, **2,767** COVID-19 deaths have been reported among persons aged 12-29 years; **316** deaths reported since April 1, 2021

https://covid.cdc.gov/covid-data-tracker/#demographics

Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

Multisystem Inflammatory Syndrome in Children (MIS-C)

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- Severe hyperinflammatory syndrome occurring 2–6 weeks after acute SARS-CoV-2 infection among persons <21 years old, resulting in a wide range of manifestations and complications
  - 60%–70% of patients are admitted to intensive care, 1%–2% die[1,2]
- **4,018 MIS-C** cases have been reported to national surveillance as of June 2, 2021[3]
  - Estimated incidence of 1 MIS-C case in 3,200 SARS-CoV-2 infections[4]
  - 36% of cases in persons aged 12–20 years
  - 62% of reported cases have occurred in children who are Hispanic/Latino or Black, Non-Hispanic

1. Feldstein LR, Tenforde MW, Friedman KG, et al. Characteristics and Outcomes of US Children and Adolescents With Multisystem Inflammatory Syndrome in Children (MIS-C) Compared With Severe Acute COVID-19. JAMA. 2021;325(11):1074-1087. doi:10.1001/jama.2021.2091

2. Belay ED, Abrams J, Oster ME, et al. Trends in Geographic and Temporal Distribution of US Children With Multisystem Inflammatory Syndrome During the COVID-19 Pandemic [published online ahead of print, 2021 Apr 6]. JAMA Pediatr. 2021;e210630. doi:10.1001/jamapediatrics.2021.0630

3. Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children (MIS-C) in the United States. https://www.cdc.gov/mis-c/cases/index.html

4. Payne et al, *JAMA Netw Open.* 2021;4(6):e2116420. doi:10.1001/jamanetworkopen.2021.16420

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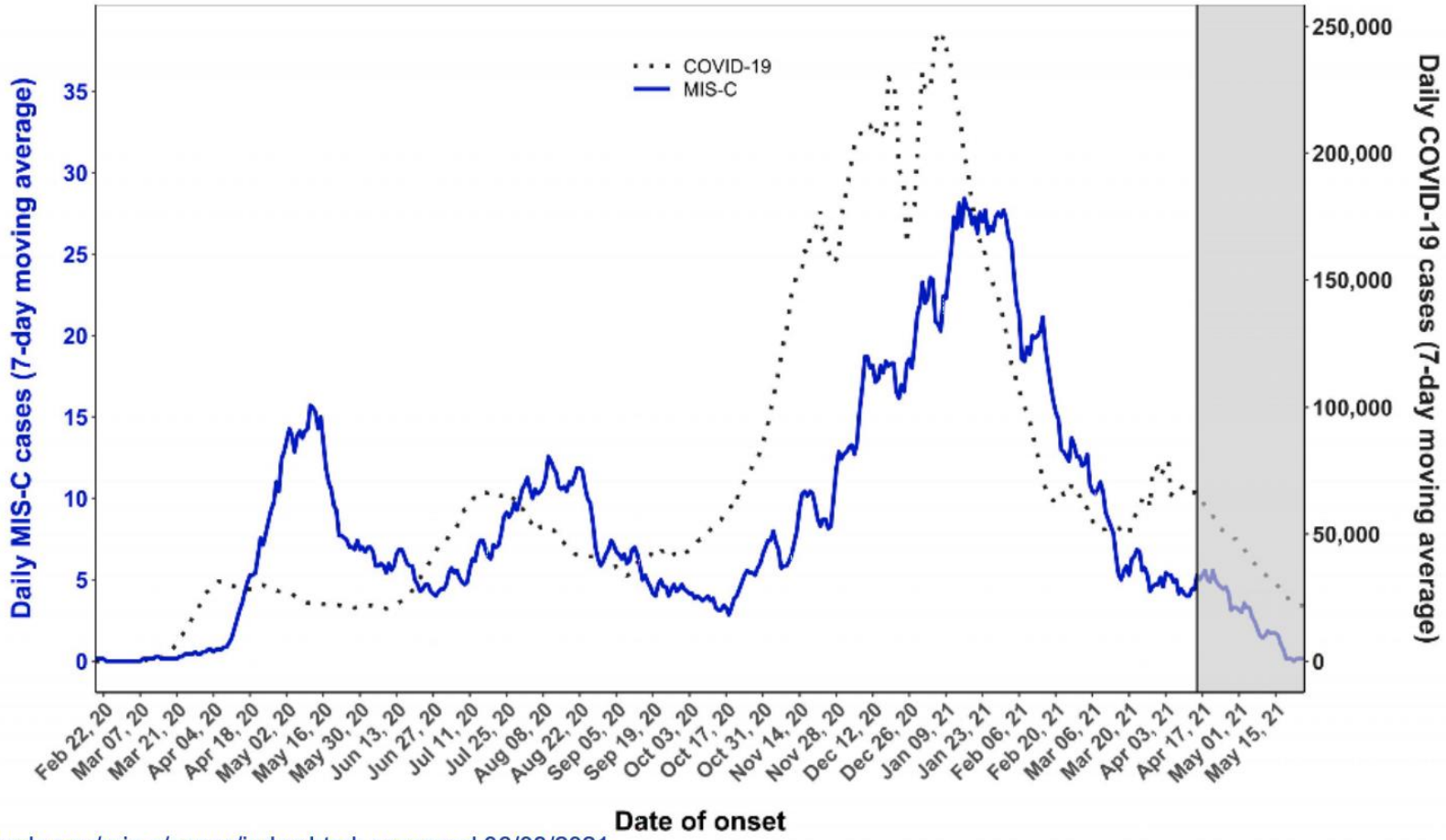
Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

Daily MIS-C cases and COVID-19 cases reported to CDC (7-day moving average)



https://www.cdc.gov/mis-c/cases/index.html; accessed 06/08/2021

Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

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COVID-19 Vaccines and Therapy for Adolescents

What is planned?

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US Effort in Trials for Special Populations

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- Goal: “SARS CoV2 vaccine for **whole** of US population”
- Resources for vaccine trials in pregnant women and children as well
- Protocols must be approved by the FDA and other US government regulators

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Current COVID-19 mRNA vaccine policy

COVID-19 vaccines are recommended for persons 12 years of age and older in the United States under FDA's Emergency Use Authorization

Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

COVID-19 Vaccines: US Children

	BIONTECH Pfizer	moderna	janssen	UNIVERSITY OF OXFORD AstraZeneca	NOVAVAX Creating Tomorrow's Vaccines Today
Platform/ Design	mRNA: encodes stabilized spike; lipid NP	mRNA: encodes stabilized spike; lipid NP	Replication incompetent Ad26; stabilized spike	Replication incompetent ChAdOx1 chimp Ad; wild type spike	Baculovirus expressed trimeric stabilized spike + Matrix M
Dose/ Schedule Adults	IM 2 doses at 30 µg, 21 days	IM 2 doses at 100 µg, 28 days	IM 1 dose at 5 x 10^{10} (also testing 2 doses (56 days)	IM 2 doses at 5 × 10^{10} vp, 28 days	IM 2 doses at 5 µg, 21 days
Current Status	EUA ages 12 and up	EUA ages 18 and up	EUA ages 18 and up	Phase 3 adults results released, EUA submission expected spring 2021	Phase 3 adults fully enrolled, expected interim data locked in April; double blind cross over in April
Adolescents	Ages 12-15 yr: 2,260 participants, 1:1, 30µg, 2 doses, fully enrolled, 100% point efficacy reported(18 vs 0) 3.31.21, higher nAbs than young adults, similar safety, submitted for EUA April 2021- VRBPAC mtg not known yet	Adolescent trial 12 -17 yr (TeenCove) fully enrolled. 2,250 participants, 2:1, 100µg 2 dose, results not yet released, possible submission for EUA in May 2021 (based on anticipated timing compared to Pfizer teen study)	Expanded 2a study to include teens: enrolling in Spain and UK; US, Netherlands ,Canada, Brazil, Argentina soon. Ages 12-15 (330 ppts, 1 or 2 dose, 5:1) Original plan to include adolescent data with EUA submission Q1 2021 2 dose levels and 3 dose intervals tested- unsure now	Teens trial started in UK	Nested in Phase 3, ages 12-17 y, not yet started (3000 ppts, 2:1 2 dose); expected start for "sentinels" Apr 26, whole cohort May 3
Younger Children	Dose-ranging 5-11 yo– 1st participant vaccinated March, 2021 Study in <5: expected in Fall 2021	Ages 6m -11y (KidCove); started March, 2021 in US and Canada. Part 1, 750 in open label dose finding; Part 2: 6000 in RCT 3:1, 2 dose; 25, 50, 100 mcg testing	Ages 2m-11y not started yet (2700 ppts, 8:1, 2 dose) FSFD: was planned for April 2021, not sure of update	Ages 6 and over trial started in UK	Nested in Phase 3 (may change), ages 6-11y, not started yet (3000 ppts, 2:1, 2 dose) expected start unknown, possibly summer 2021

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COVID-19 Vaccinations in the US

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Vaccinations

	AT LEAST ONE DOSE	FULLY VACCINATED
All ages	56%	49%
18 and up	68%	60%
65 and up	89%	80%

STATUS OF CHILD COVID-19 VACCINATIONS AS OF JULY 14, 2021

- The CDC recorded a total of 8.8 million US children under age 18 having received at least one dose of COVID-19 vaccine:
  - Representing 46% of 16-17 year-olds and 34% of 12-15 year-olds
- 6.8 million of these children are fully vaccinated:
  - Representing 38% of 16-17 year-olds and 25% of 12-15 year-olds
- Since May the number of new weekly child vaccinations has slowed substantially:
  - The number of new vaccinations in a week dropped from a peak of 1.6 million the end of May, to 315K the week ending July 14th.

Source: AAP analysis of data series published by the CDC titled "Demographic Trends of People Receiving COVID-19 Vaccinations in the United States."

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COVID-19 mRNA vaccines in adolescents and young adults

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Benefit and Risk Summary

Benefits

Estimated COVID-19 cases and hospitalizations prevented by mRNA COVID-19 vaccines, by age and gender

Potential harms

Estimated cases of myocarditis after mRNA COVID-19 vaccines, by age and gender

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Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

Benefits and risks after dose 2, by age group

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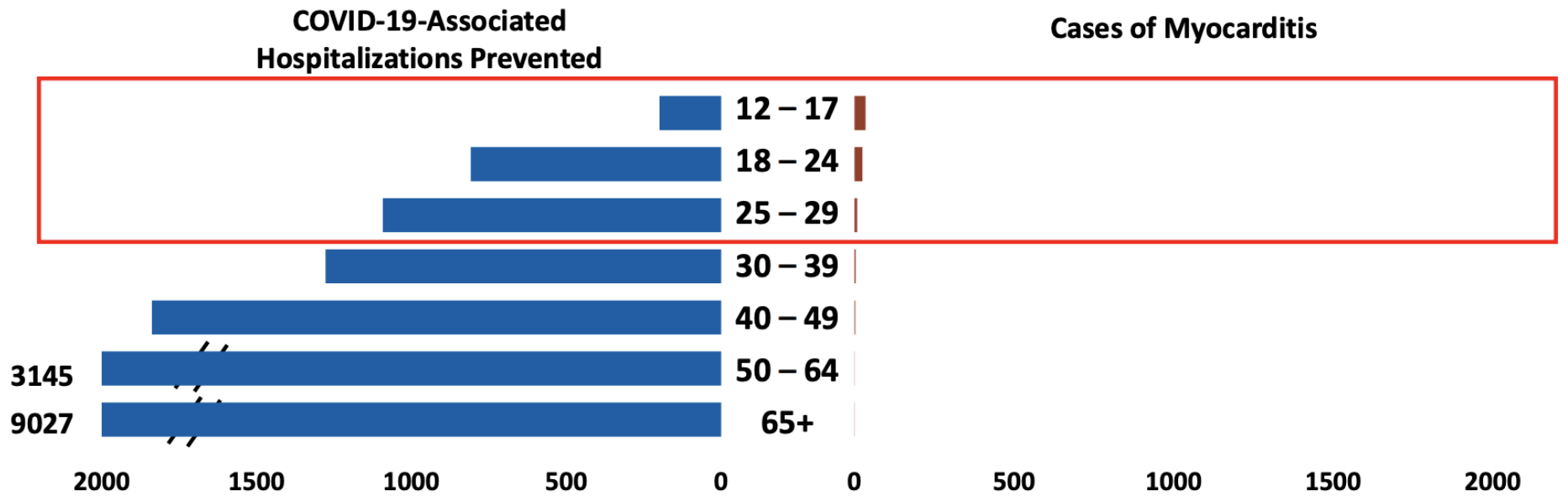
For every million doses of mRNA vaccine given with current US exposure risk[1]



[1] Based on hospitalization rates from COVID-NET as of May 22nd. Benefit/Risk calculated over 120 days.

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Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

Predicted cases prevented vs. myocarditis cases for every million second dose vaccinations over 120 days

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	12-17 Years		18-24 Years		24-29 Years	
	Female	Male	Female	Male	Female	Male
COVID-19 Cases Prevented	8,500	5,700	14,000	12,000	15,000	15,000
Hospitalizations Prevented	183	215	1,127	530	1,459	936
ICU Admissions Prevented	38	71	93	127	87	215
Deaths Prevented	1	2	13	3	4	13
Myocarditis cases	*8-10*	*56-59*	*4-5*	*45-56*	*2*	*15-18*

Hospitalizations, ICU admissions and deaths based on data for week of May 22, 2021.

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Adapted from: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

Additional considerations for direct benefit and risk

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Males 12–17 Years

5,700 COVID-19 cases prevented

215 hospitalizations prevented

71 ICU admissions prevented

2 deaths prevented

56–69 myocarditis cases 

Additional benefits to prevent post-COVID conditions

Prevention of MIS-C

Prevention of prolonged symptoms

Protection against variants

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

Benefit-risk analyses

Population Level Considerations

- No alternatives to mRNA vaccines for the foreseeable future in adolescents
- Vaccination of students offers an added layer of protection against COVID-19 and can be an important tool to return to 'normal'
- Higher levels of vaccination coverage can lead to less community transmission, which can protect against development and circulation of emerging variants
- Racial and ethnic minority groups have higher rates of COVID-19 and severe disease[1]
  - Potential changes in vaccine policy, or anything that would impact vaccination coverage for adolescents/young adults may disproportionately impact those groups with highest rates of poor COVID-19 outcomes

1. https://covid.cdc.gov/covid-data-tracker/#demographics

Slide source: Dr. Megan Wallace & Dr. Sara Oliver. (2021, June 23). *COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion*. ACIP Meeting, CDC. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf

What Does the Future Hold?

- Treatment: Combination therapy
  - Antiviral, immunomodulatory, anti-inflammatory, monoclonal
  - Clinical trials approaches must be flexible and adaptive
  - Ideally development of biomarkers or clinical indices to measure outcomes

- Prevention: Vaccines
  - Herd immunity is the ultimate goal but may not happen rapidly
  - Degree and durability of immunity to be determined
  - Vaccine associated immune effects unknown

- Non-pharmacologic interventions (masks, social distancing) to continue for an undefined period

Summary

- COVID-19 incidence, hospitalization, and mortality rates are decreasing overall
  - Variants continue to spread and scenarios exist in which cases increase in fall
  - Adolescents are growing proportion of cases given vaccine coverage among adults
- Post COVID-19 conditions also impact adolescents and young adults
  - 4,018 MIS-C cases have been reported to national surveillance
- Myocarditis is a disease marked by inflammation of the heart muscle
  - Risk factors include younger age and male sex
  - Can occur with SARS-CoV-2 infection
- Myocarditis after mRNA vaccines noted with highest frequency in males aged 12–29 years following 2nd dose
  - Early outcomes have been encouraging, but no long-term data available yet

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Panel Discussion

- Moderated Q & A
- Please type your questions and input into the chat box

COVID-19 VIRTUAL BRIEFING SERIES SESSION 11:

VARIANTS & UPTAKE OF VACCINATIONS AMONG LATINOS

Wednesday, August 25th at 7:00 p.m. ET

Register at:
bit.ly/NHMACOVIDBriefing

NHMA
National Hispanic Medical Association