

COVID-19 Virtual Briefing Series Session 11: Variants & Uptake of Vaccinations Among Latinos

Moderator



**Elena Rios, MD, MSPH,
FACP**
President and CEO
NHMA

**Wednesday, August 25 at
7 p.m. ET | Register at
bit.ly/NHMACOVIDBriefing**



Speakers:



Laura Castellanos, MHA
Board Member, NALHE
Associate Director
American Hospital
Association



Paulina A. Rebolledo, MD MSc
Assistant Professor of Medicine
and Global Health
Division of Infectious Disease
Emory University School of
Medicine and Rollins School of
Public Health



Paul D. Juarez, PhD
Professor and Vice-Chair of
the Department of Family
and Community Medicine
Health Disparities Research
Center of Excellence at
Meharry Medical College



**José T. Montero, MD,
MHCDS**
Director of the Center for
State, Tribal, Local, and
Territorial Support
Centers for Disease
Prevention and Control



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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 for the healthcare team.

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NATIONAL ASSOCIATION OF
LATINO HEALTHCARE EXECUTIVES

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Welcome



Elena Rios, MD, MSPH, FACP

President & CEO

National Hispanic Medical Association

Housekeeping

- Presentations to be followed by Q and A discussion
- Type questions in Q and A box
- Microphones will be muted
- Please fill out the post-webinar survey that will be emailed out with instructions to claim your CME next week to help us enhance our future COVID-19 Virtual Briefings.

Learner Notification

NHMA – ENDURING: August COVID 19 Webinar

Date of CE Release: August 25, 2021

Date of CE Expiration: August 25, 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



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Physicians

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

Objectives - After Attending This Program You Should Be Able To

1. Understand the potential impacts of COVID-19 variants on vulnerable communities of color with lower vaccination rates
2. Learn about different types of variant treatment and the importance of getting vaccinated
3. Learn about communication strategies to increase vaccination rates of vulnerable communities, focused on the Latino population

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)

Name	Commercial Interest:Relationship
Laura Castellanos	NA
Vincent Gearity	NA
Paul Juarez	NA
Dr. Jose Montero	NA
Paulina Rebolledo	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
National Hispanic Medical Association

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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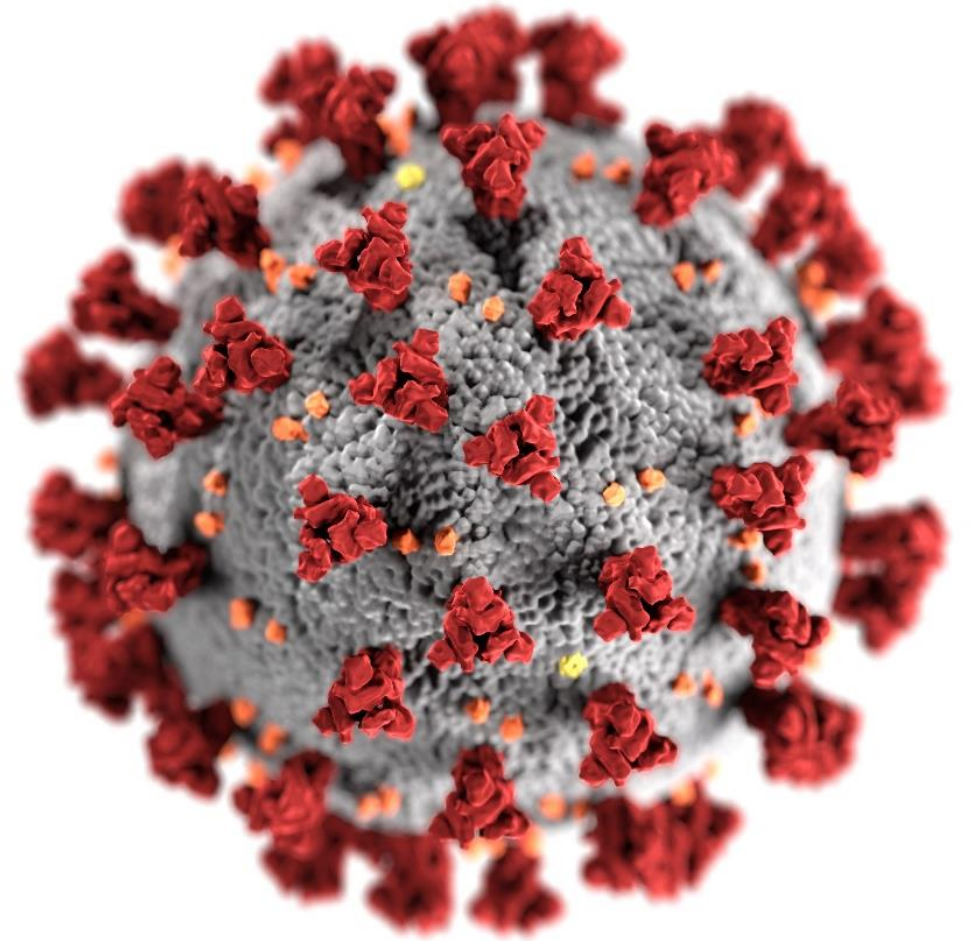
NATIONAL ASSOCIATION OF
LATINO HEALTHCARE EXECUTIVES

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COVID-19 Variants & Uptake of Vaccinations Among Latinos

José T. Montero, MD, MHCDS

Director, Center for State, Tribal, Local, and Territorial Support
Centers for Disease Control and Prevention



cdc.gov/coronavirus

Overview

- Types of Variants
- Variants of Concern in the U.S.
- Key Points about Delta Variant
- Progression of Delta Variant
- COVID-19 Cases by Race/Ethnicity
- COVID-19 Vaccinations in the United States
- COVID-19 Vaccination Rates by Race/Ethnicity
- CDC Opportunities for Race/Ethnicity Data Collection
- Prepare for COVID-19 Vaccine Conversations
- CDC Resources



Types of Variants

- Scientists monitor all variants but may classify certain ones as variants of interest, concern, or high consequence based on how easily they spread, how severe their symptoms are, and how they are treated.
- Some variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on healthcare resources, lead to more hospitalizations, and potentially more deaths.



Variants of Concern in the U.S.



Alpha - B.1.1.7

First identified: United Kingdom

Spread: Spreads much faster than other variants

Severe illness and death: May potentially cause more people to get sicker and to die

Vaccine: Currently authorized vaccines do work against this variant. Some breakthrough infections in fully vaccinated people are expected but remain rare. All vaccines are particularly effective against severe illness, hospitalization, and death.

Treatments: Treatments are effective against this variant



Beta - B.1.351

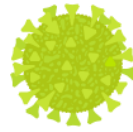
First identified: South Africa

Spread: May spread faster than other variants

Severe illness and death: Current data do not indicate more severe illness or death than other variants

Vaccine: Currently authorized vaccines do work against this variant. Some breakthrough infections are expected, but remain rare. All vaccines are particularly effective against severe illness, hospitalization and death.

Treatments: Certain monoclonal antibody treatments are less effective against this variant



Delta - B.1.617.2

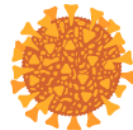
First identified: India

Spread: Spreads much faster than other variants

Severe illness and death: May cause more severe cases than the other variants

Vaccine: Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Some breakthrough infections are expected, but remain rare. However, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. All vaccines are particularly effective against severe illness, hospitalization and death.

Treatments: Certain monoclonal antibody treatments are less effective against this variant



Gamma - P.1

First identified: Japan/Brazil

Spread: Spreads faster than other variants

Severe illness and death: Current data do not indicate more severe illness or death than other variants

Vaccine: Currently authorized vaccines do work against this variant. Some breakthrough infections are expected, but remain rare. All vaccines are particularly effective against severe illness, hospitalization and death.

Treatments: Certain monoclonal antibody treatments are less effective against this variant

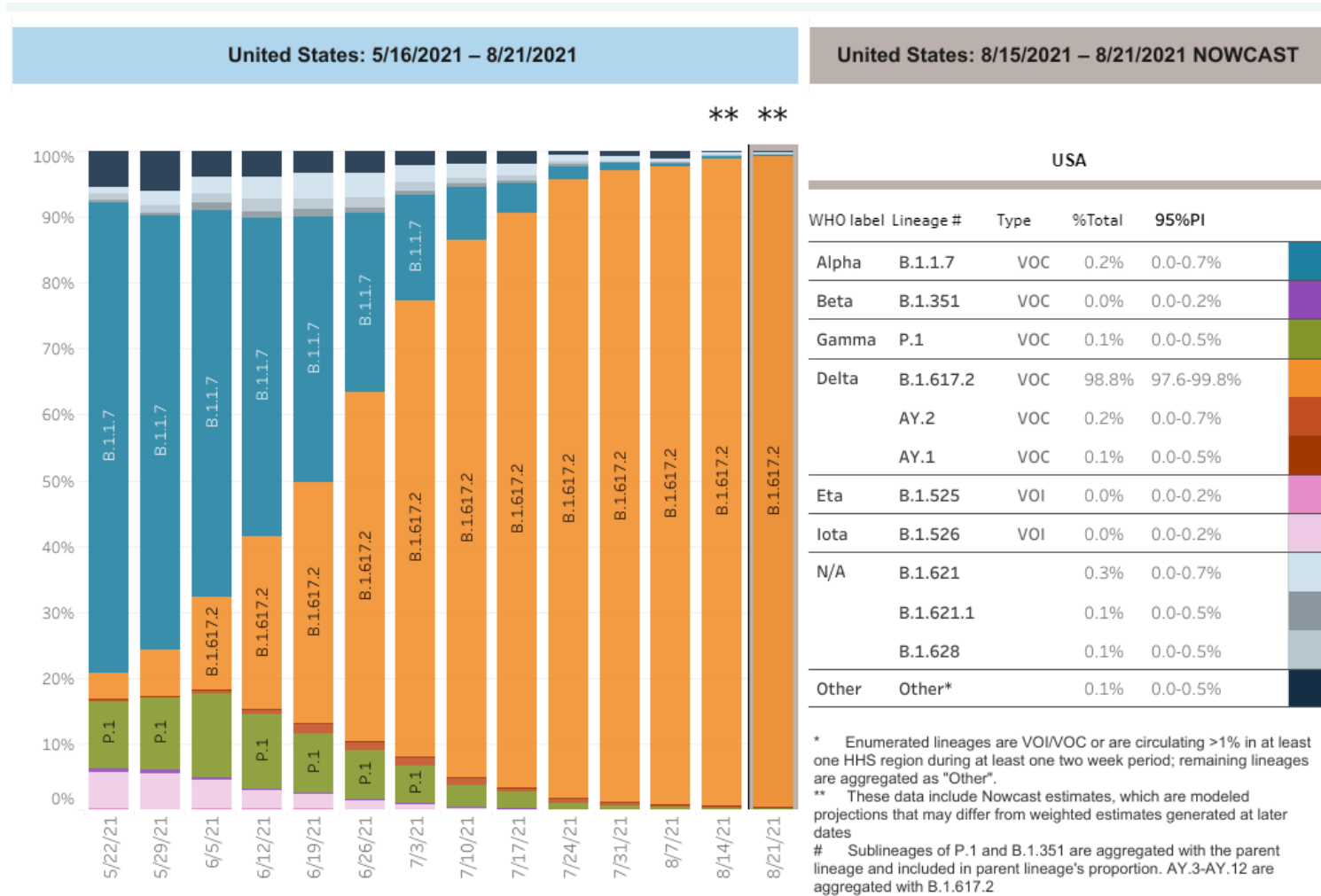


Key Points about Delta Variant

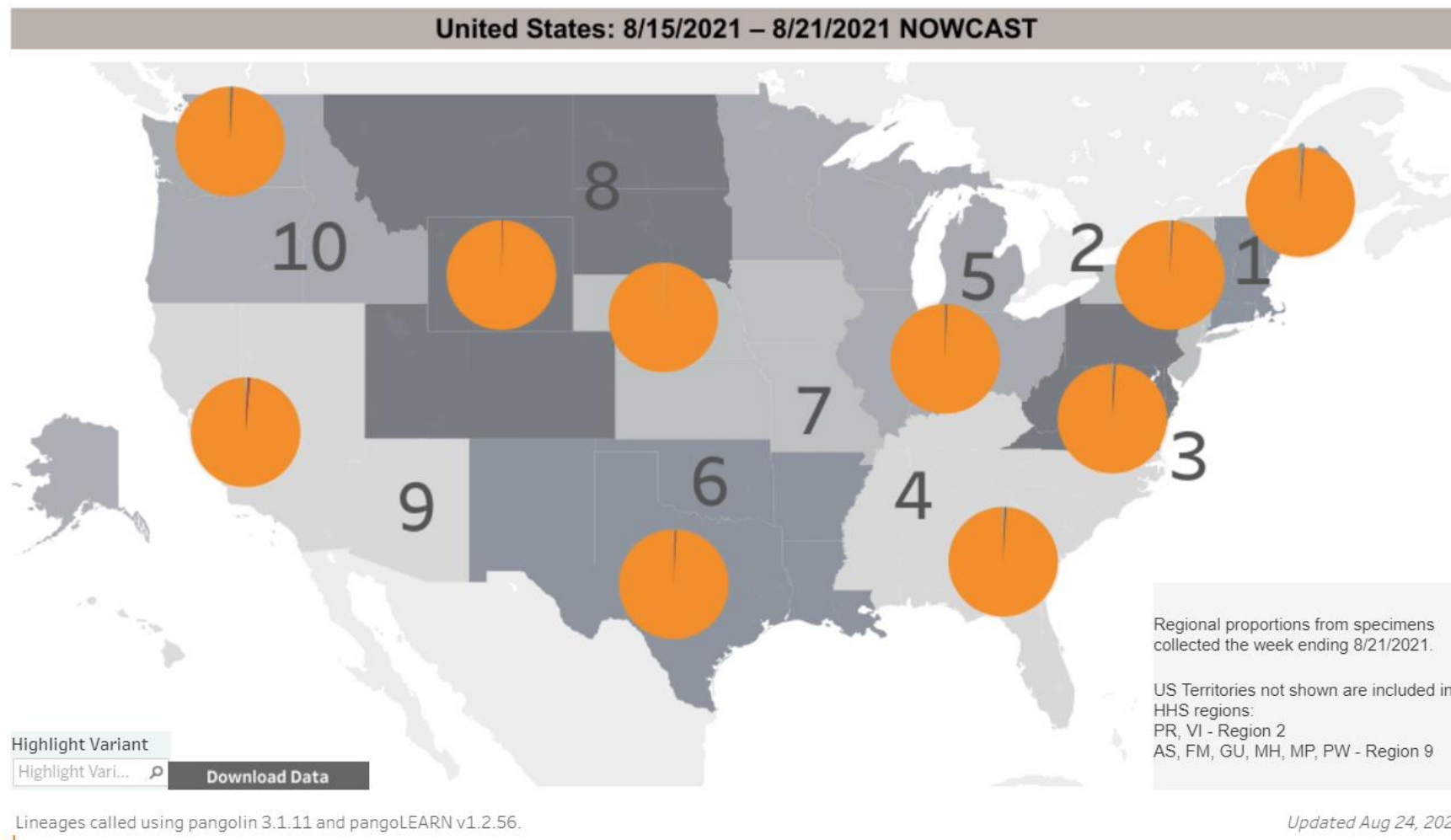
- The Delta variant is more contagious.
- Some data suggest the Delta variant might cause more severe illness than previous strains in unvaccinated persons.
- Unvaccinated people remain the greatest concern.
 - Greatest risk of transmission is among unvaccinated people who are much more likely to contract, and therefore transmit the virus.
- Fully vaccinated people with Delta variant breakthrough infections can spread the virus to others.
- However, vaccinated people appear to be infectious for a shorter period.



Progression of Delta Variant



Progression of Delta Variant Continued



COVID-19 Weekly Cases per 100,000 Population by Race/Ethnicity, United States



Jurisdiction

US

3/7/2020

8/28/2021



March 01, 2020 - August 28, 2021*

Cases

Deaths

Sex

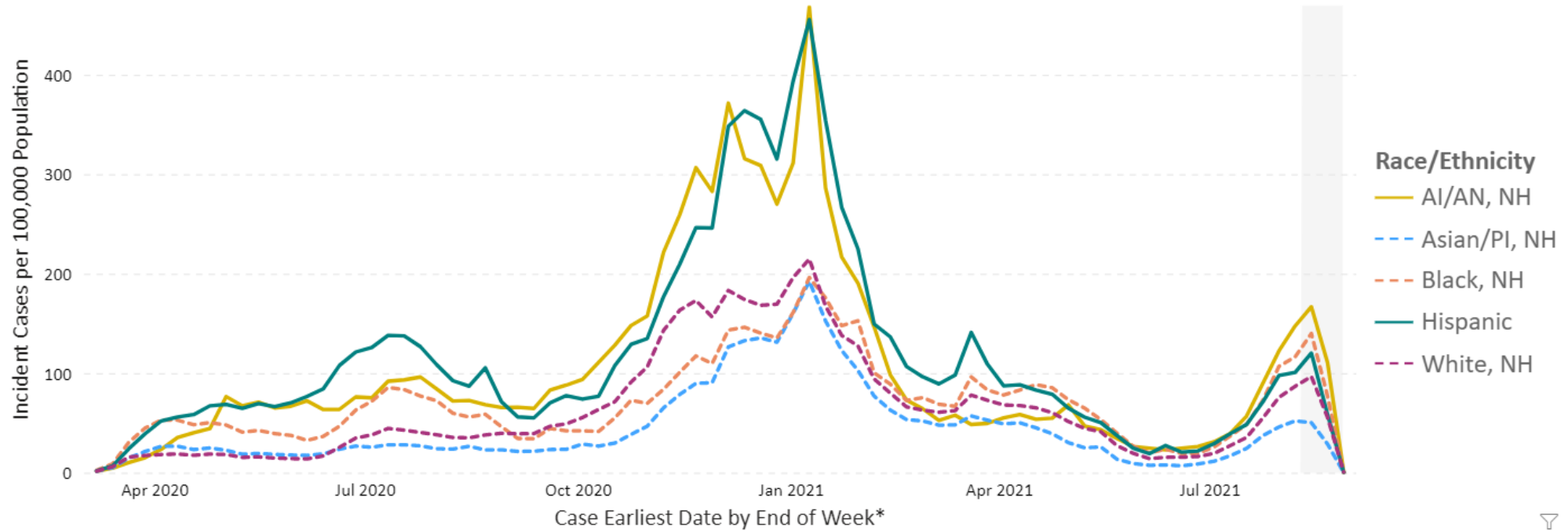
Age

Race/Ethnicity

Sex

Age

Race/Ethnicity



US: The most recent line level case record was reported during the week ending on Aug 28, 2021. Percentage of cases reporting race by date - 60.52%

US territories are included in case and death counts but not in population counts. Potential two-week delay in case reporting to CDC denoted by gray bars. AI = American Indian, AN = Alaska Native, NH = Non-Hispanic, PI = Pacific Islander. Excludes cases with unknown or multiple races. *Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC.

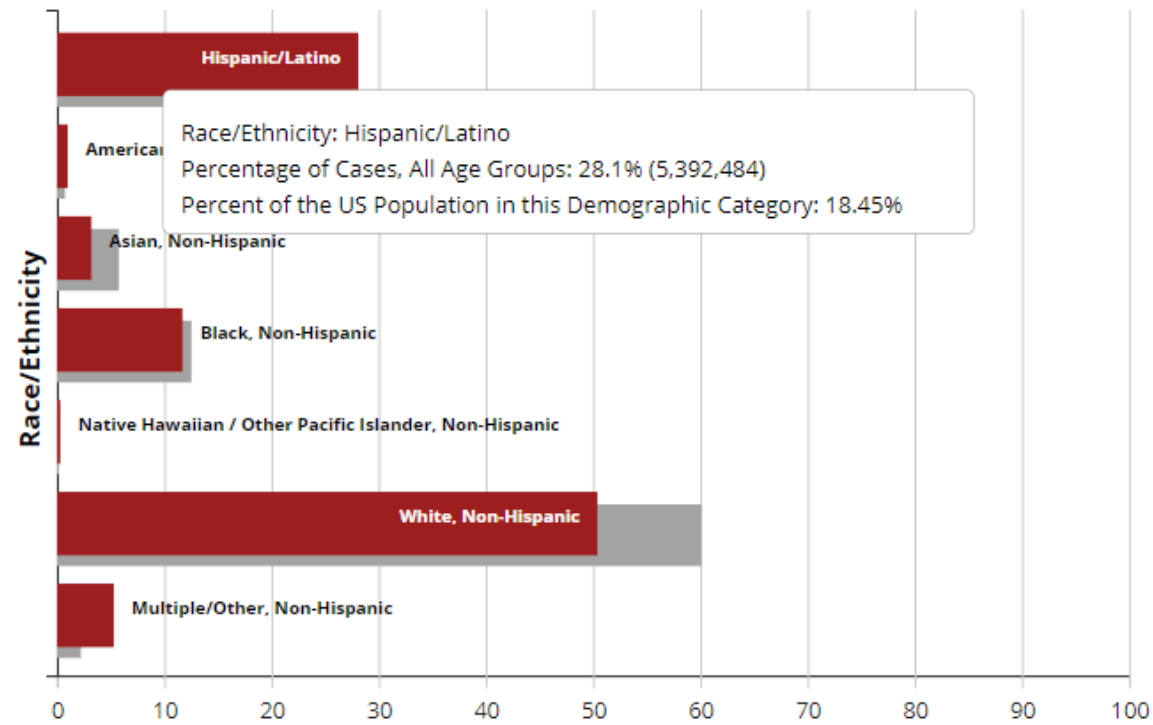
Last Updated: Aug 24, 2021

Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team



Data from 30,022,551 cases. Race/Ethnicity was available for 19,205,949 (63%) cases.

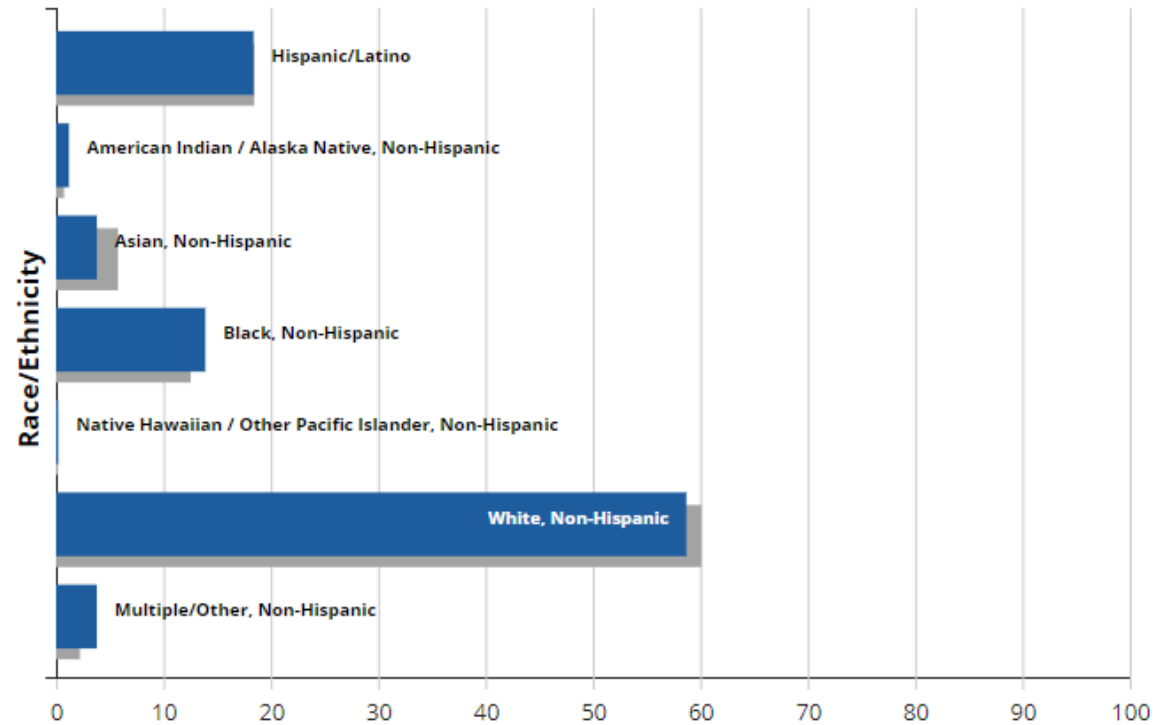
All Age Groups



- Percentage of Cases, All Age Groups
- Percentage of the US Population , All Age Groups

Data from 519,924 deaths. Race/Ethnicity was available for 433,824 (83%) deaths.

All Age Groups



- Percentage of Deaths, All Age Groups
- Percentage of the US Population , All Age Groups



COVID-19 Vaccinations in the United States

Total Vaccine Doses

Delivered 428,529,385


Administered 363,915,792

**Learn more about the
distribution of vaccines.**

171.4M
People fully vaccinated

People Vaccinated

	At Least One Dose	Fully Vaccinated
Total	202,041,893	171,367,657
% of Total Population	60.9%	51.6%
Population ≥ 12 Years of Age	201,814,781	171,236,408
% of Population ≥ 12 Years of Age	71.2%	60.4%
Population ≥ 18 Years of Age	189,079,986	161,646,180
% of Population ≥ 18 Years of Age	73.2%	62.6%
Population ≥ 65 Years of Age	50,032,561	44,437,665
% of Population ≥ 65 Years of Age	91.5%	81.2%

 About these data

CDC | Data as of: August 24, 2021 6:00am ET. Posted: Tuesday, August 24, 2021 3:10 PM ET



[CDC COVID Data Tracker, 8/24/2021](#)

Percent of People Receiving COVID-19 Vaccine by Race/Ethnicity and Date Reported to CDC, United States

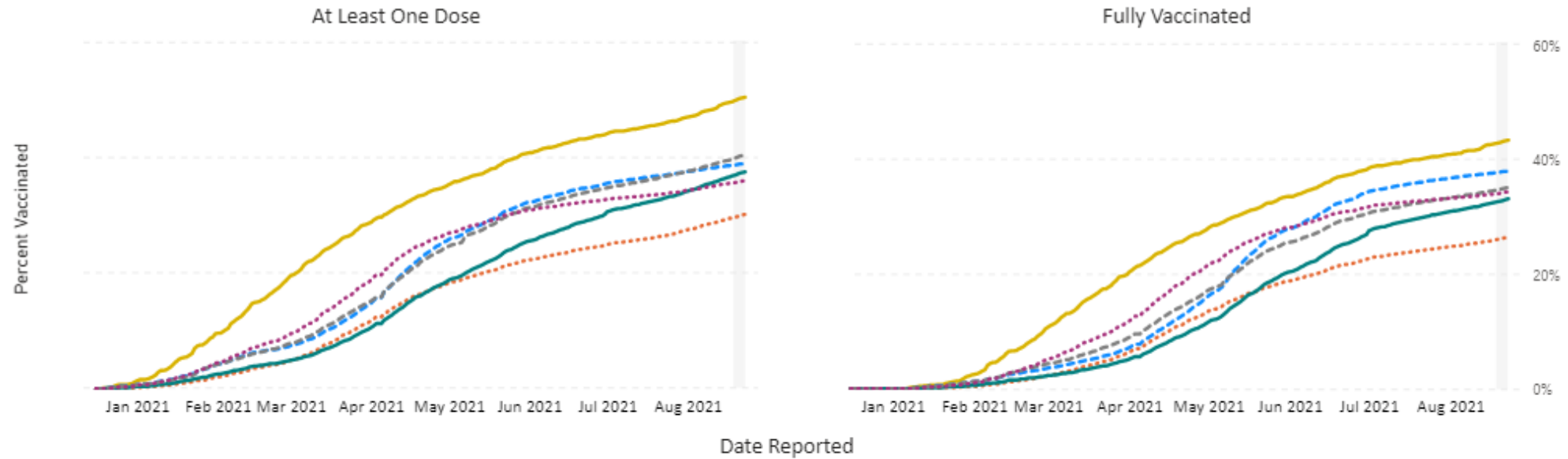


December 14, 2020 – August 23, 2021

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	NHOPI, NH	White, NH
At Least One Dose	51.5%	39.8%	30.8%	38.3%	41.2%	36.7%
Fully Vaccinated	43.6%	38.2%	26.6%	33.3%	35.3%	34.5%

Race/Ethnicity data were available for 63.5% receiving at least one dose and 68.7% of people fully vaccinated.

Race	Sex	Age
12/13/2020	8/23/2021	



AI/AN – American Indian/Alaska Native; NH – Non-Hispanic/Latino; NHOPI – Native Hawaiian or Other Pacific Islander; People receiving at least one dose; total count represents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a 2-dose COVID-19 vaccine series. Due to the time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box. Texas does not report race-specific dose number information to CDC, so data for Texas are not represented in these figures.

Last Updated: Aug 23, 2021

Data source: VTricks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10 year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Scientist Team



CDC Opportunities for Race/Ethnicity Data Collection

- Encourages the collection of data to understand impact and factors influencing the disproportionate burden of COVID-19 on affected populations
- Supports timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race/ethnicity categories, considering age and sex differences among groups



CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity

July 2020

Guiding Principles

Reduce health disparities. **Use** data-driven approaches. **Foster** meaningful engagement with community institutions and diverse leaders. **Lead** culturally responsive outreach. **Reduce** stigma, including stigma associated with race and ethnicity.

Vision

All people have the opportunity to attain the highest level of health possible.

Charge

- To reduce the disproportionate burden of COVID-19 among populations at increased risk for infection, severe illness, and death.
- To broadly address health disparities and inequities related to COVID-19 with a holistic, all-of-response approach.
- To develop a strategic plan to help us realize these goals.

Overview

Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities. The population health impact of COVID-19 has exposed long-standing inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations and other population groups that are bearing a disproportionate burden of COVID-19.

Persistent health disparities combined with historic housing patterns, work circumstances, and other factors have put members of some racial and ethnic minority populations at higher risk for COVID-19 infection, severe illness, and death. As we continue to learn more about the impact of COVID-19 on the health of different populations, immediate action is critical to reduce growing COVID-19 disparities among the populations known to be at disproportionate risk.

CDC's COVID-19 Response Health Equity Strategy broadly seeks to improve the health outcomes of populations disproportionately affected by focusing on four priorities:

1. Expanding the evidence base.
2. Expanding programs and practices for testing, contact tracing, isolation, healthcare, and recovery from the

impact of unintended negative consequences of mitigation strategies in order to reach populations that have been put at increased risk. **Examples** of potential unintended negative consequences include loss of health insurance; food, housing, and income insecurity; mental health concerns; substance use; and violence resulting from factors like social isolation, financial stress, and anxiety.

3. Expanding program and practice activities to support essential and frontline workers to prevent transmission of COVID-19. **Examples** of essential and frontline workers include healthcare, food industry, and correctional facility workers.
4. Expanding an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population.

Populations and Place-Based Focus

- Racial and ethnic minority populations
- People living in rural or frontier areas
- People experiencing homelessness
- Essential and frontline workers
- People with disabilities
- People with substance use disorders
- People who are justice-involved (incarcerated persons)
- Non-U.S.-born persons

Intended Outcomes

- Reduced COVID-19-related health disparities.
- Increased testing, contact tracing, isolation options, and preventive care and disease management in populations at increased risk for COVID-19.
- Ensured equity in nationwide distribution and administration of future COVID-19 vaccines.
- Implemented evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19.
- Reduced COVID-19-associated stigma and implicit bias.
- Expanded cultural responsiveness and application of health equity principles among an increasingly diverse COVID-19 responder workforce.

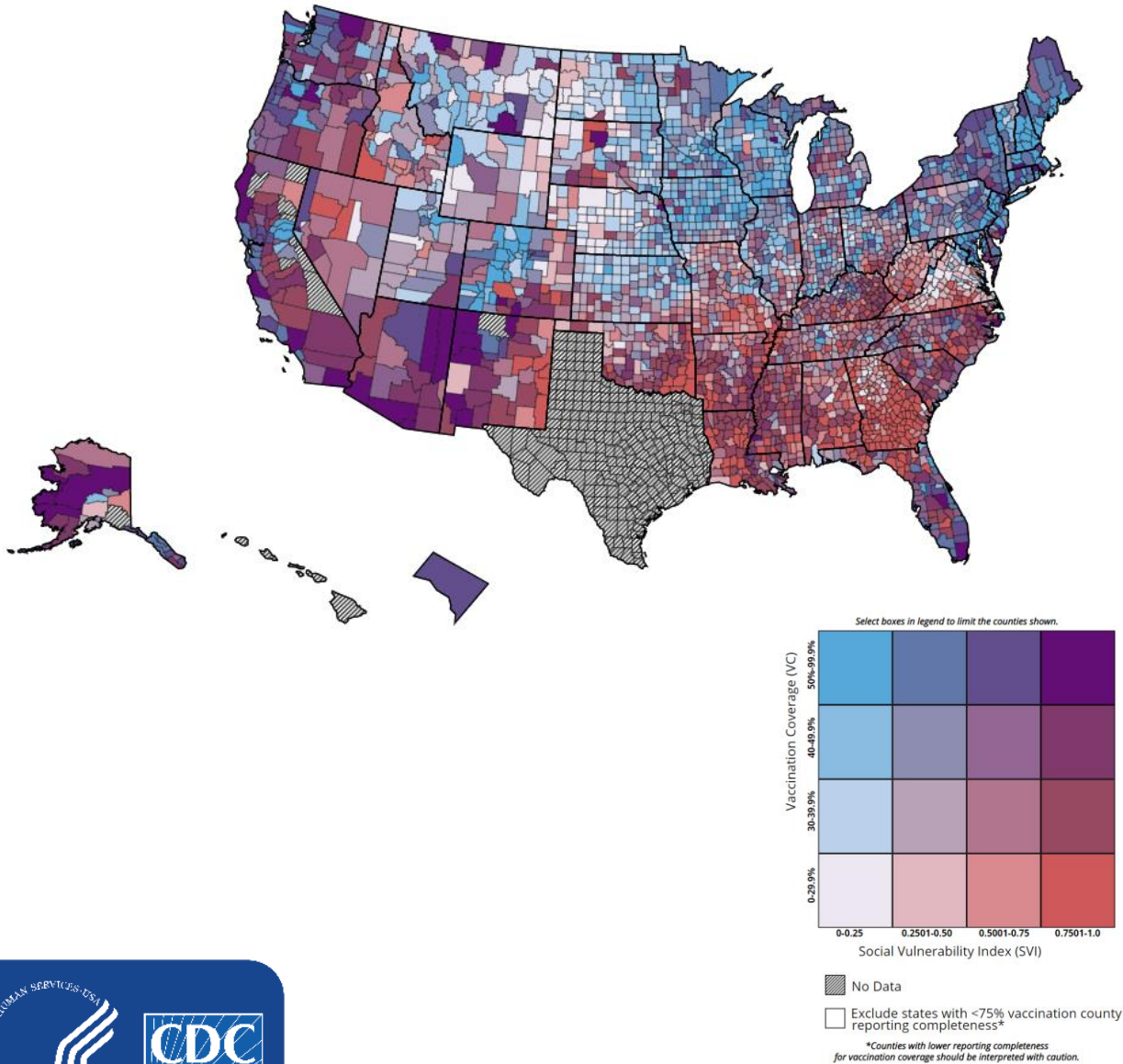
Time Period of Strategy

The Health Equity Strategy is focused on immediate actions that can be taken to respond to the COVID-19 pandemic and tracks intended outcomes.

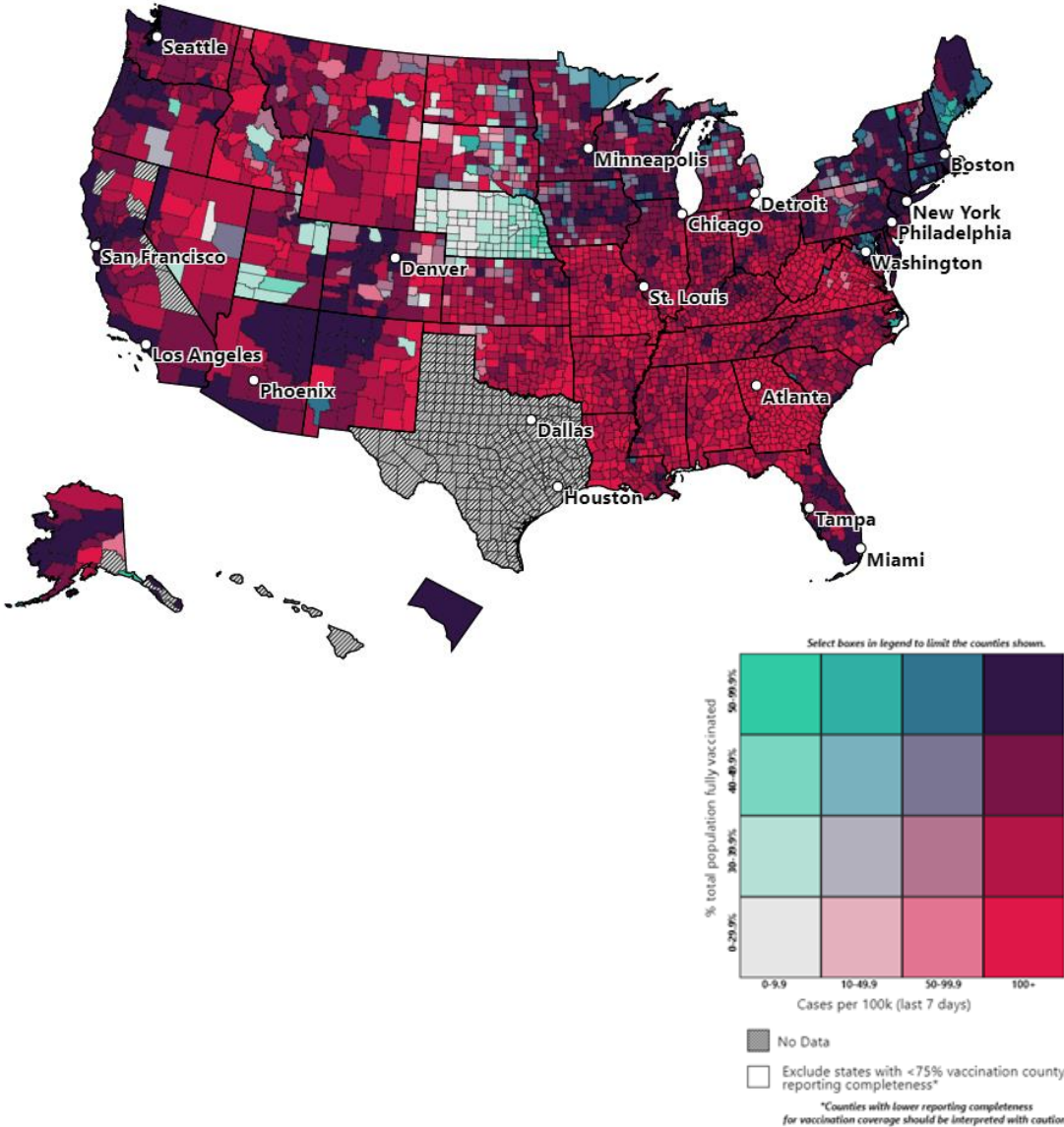
CS 107786-A 01/22/2020

cdc.gov/coronavirus

Percent of Population Fully Vaccinated by Social Vulnerability Index (SVI)



United States** COVID-19 Reported Cases per 100,000 Population (last 7 days)¹ and Percent of Total Population Fully Vaccinated²



Prepare for COVID-19 Vaccine Conversations



Choose to get vaccinated yourself

“...I believe in this vaccine and plan to get it as soon as it is available.”



Engage in effective conversations

- Start from a place of empathy and understanding
- Address misinformation by sharing key facts



Be prepared for questions

- Share CDC resources/toolkits



CDC Resources

CDC Resources

Learn more with **CDC's COVID-19 vaccine tools and resources.**

- COVID-19 Vaccination:
<https://www.cdc.gov/vaccines/covid-19/index.html>
- Clinical Care Information for COVID-19:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html>
- Clinician Outreach and Communication Activity (COCA) Calls:
<https://emergency.cdc.gov/coca/calls/index.asp>
- Health Equity Considerations and Racial and Ethnic Minority Groups:
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index
Search Vaccines site Advanced Search

Vaccines & Immunizations

CDC > Vaccines and Immunizations Home

Vaccines and Immunizations Home

- For Parents
- For Adults
- For Pregnant Women
- For Healthcare Professionals

COVID-19 Vaccination

- For Healthcare Professionals
- COVID-19 Vaccination Planning
- Vaccination Communication Toolkit
- COVID-19 Vaccination Reporting Data Systems



For Immunization Managers

COVID-19 Vaccination


Clinical Resources for Each COVID-19 Vaccine

Find information for COVID-19 vaccination administration, storage and handling, reporting, and patient education for each specific vaccine


Pfizer-BioNTech Vaccine Information




General Vaccine Administration



Storage and Handling Toolkit



ACIP Recommendations







COVID-19 Vaccine Clinical

Getting 'Back to Normal' Is Going to Take All of Our Tools

If we use all the tools we have, we stand the best chance of getting our families, communities, schools, and workplaces "back to normal" sooner:

- Get vaccinated.
- Wear a mask.
- Stay 6 feet from others, and avoid crowds.
- Wash hands often.



SUPPORT LINES

CDC-INFO
Answers to COVID-19 questions for healthcare workers
800-CDC-INFO (800-232-4636)
If you are a healthcare provider or health department with a question about the clinical management of COVID-19, please contact [CDC-INFO](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html).

MIS-C
Call CDC 24/7 to report MIS-C
770-488-7100
Reporting multisystem inflammatory syndrome in children (MIS-C)
[About MIS-C](#)

I GOT MY COVID-19 VACCINE!

www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html

Enfermedad del coronavirus 2019

espanol.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Findex-sp.html


Buscar COVID-19

COVID-19

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Descargo de responsabilidad: Este sitio web se actualiza con frecuencia. Parte de su contenido puede estar disponible en inglés hasta que se haya traducido todo el contenido.



Dosis de refuerzo de la vacuna contra el COVID-19

El HHS anunció un plan para comenzar a ofrecer dosis de refuerzo de la vacuna contra el COVID-19 en otoño.

[Conocer más](#)

Aspectos destacados

- FDA Approves First COVID-19 Vaccine
- Breakthrough Infections
- Las vacunas y las personas inmunodeprimidas
- Variante delta

GUÍAS
ACTUALIZACIONES CIENTÍFICAS
TRABAJADORES DE ATENCIÓN MÉDICA
RESPUESTA DEL GOBIERNO DE LOS EE. UU. (USA.gov)

Vacunas contra el COVID-19

- Dosis de refuerzo >
- Cuando tenga la vacuna completa >
- Diferentes vacunas disponibles >
- La vacunación es rápida y fácil >
- Posibles efectos secundarios >

VACUNAS ATENCIÓN MÉDICA Y SALUD PÚBLICA

Vacúnese

Encuentre una vacuna gratis contra el COVID-19 en su área.

[Encuentre una vacuna cerca de su hogar](#)

Llame al 1-800-232-0233

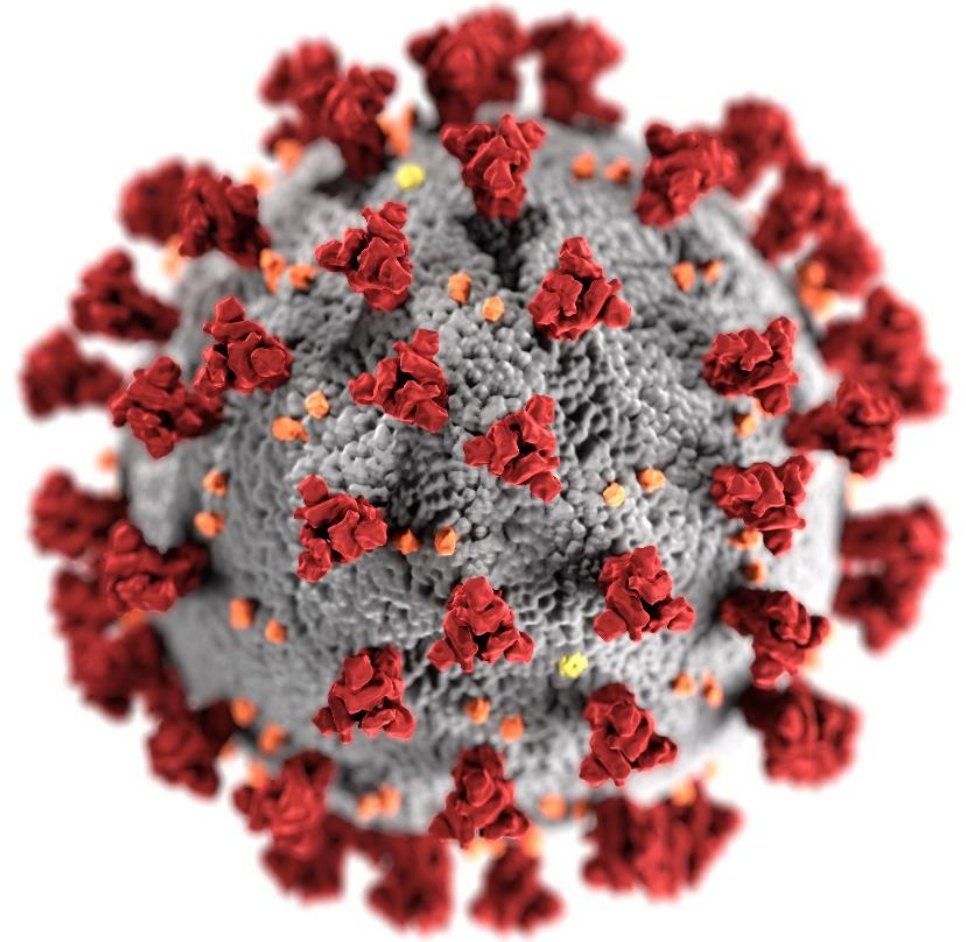
Envíe un mensaje con su código postal al 438829

Pueden cobrarse cargos por mensajería y datos.
[Política de privacidad de los CDC](#)

WE CAN DO THIS

Accessed 8/23/21 12.02 PM.

Thank you



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Panel Discussion

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

COVID-19 BRIEFING SESSION 12: IMPACT ON PREGNANT WOMEN, MOTHERS, AND CHILDREN

Moderator



Claudia Zamora
Founder and CEO
Zamora Consulting Group

Wednesday, September 29
at 7:00 p.m. ET

Registration:
bit.ly/NHMACOVIDBriefing

Speakers:

Luis Gomez MD, MScE

Maternal-Fetal Medicine Specialist
Perinatal Associates of Northern
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Ana Lia Graciano MD, FAAP, FCCM

Professor of Pediatrics
Division of Pediatric Critical Care Medicine
University of Maryland School of Medicine



Sergio Rimola MD, FACOG

Attending Physician Ob/Gyn
Department
Inova Fairfax Hospital

