

SESSION 5

Building Vaccine Confidence

January 27, 2021 7:00 PM – 8:15 PM EDT www.NHMAmd.org









Elena Rios, MD, MSPH, FACP

President & CEO National Hispanic Medical Association National Hispanic Health Foundation

Housekeeping

- Presentations to be followed by Q and A discussion
- Type questions in chat box
- Microphones will be muted
- Recording available next week at www.NHMAmd.org





Vaccine Confidence Background

COVID-19 Data Jan. 26, 2021

- New York City (20M)
- Los Angeles Metro (13M)
- United States (156K;1800)
- NYTimes COVID-19 Dashboard; Change over 14 days

Cases (per 100K) Daily Deaths 66 (-8%) .92 (+55%) 76 (-45%) 1.84 (-2%) 52 (-31%) .95 (-3%)

- Average State Vaccination Rate = 5.5% of population since December (Pfizer/Moderna vaccines)
- Biden Administration plan: I.5M doses per day (50% increase)
- NY 19% Latino who are 13% deaths (24% Atlantic/BU)
- CA 40% Latino who are 54% of the cases; 47% deaths

Seven In Ten Hispanic Adults Say They Will Get A COVID-19 Vaccine

If a COVID-19 vaccine was determined to be safe by scientists and was available for free to everyone who wanted it, would you...?



One In Four Hispanic Adults Say Will Get The Vaccine ASAP, Four In Ten Want To "Wait And See"

When a vaccine for COVID-19 is approved and widely available to anyone who wants it, do you think you will...?



KFF COVID-19 Vaccine Monitor

Among Hispanics Larger Shares Of Younger Adults And Essential Workers Express Vaccine Hesitancy

When a vaccine for COVID-19 is approved and widely available to anyone who wants it, do you think you will...?



SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.

Nearly Seven In Ten Older Hispanic Adults Are Confident The Development Of A COVID-19 Vaccine Considers People Like Them

Percent who say they are **very** or **somewhat** confident that the development of a COVID-19 vaccine is taking the needs of Hispanic or Latino people into account?



Younger Hispanic Adults Are Less Trusting Of Political Sources Of Information For The COVID-19 Vaccine

Percent who say they trust each of the following sources a great deal or a fair amount to provide reliable information about the COVID-19 vaccine:

 Hispanic adults 18-49 Hispanic adults 50+ Their own doctor 73% 🔵 80% CDC 69% • 74% Their local public health department 64% • • 67% FDA 62% 🔵 **73%** Dr. Anthony Fauci 58% 🔵 **71%** President-elect Joe Biden 53% 70% Their state government officials 48% 63% KFF COVID-19

Vaccine Monitor

SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.





- NHMA is working with the White House COVID-19 Health Equity Task Force
- TRUST & TRANSPARENCY discrimination in research, deportation fear, disrespect
- INFORMATION health literacy in healthcare and public health
- PHYSICIAN TRAINING from Latino health professionals on patient communication, medical record reminders, staff health education to patients – CLAS Standards
- SOCIAL NEEDS websites or call lines for appointments, online navigation, transportation/child care
- MEDIA CAMPAIGN NHMA partner with Ad Council and media; social media; newsletter; website
- HispanicHealth.info COVID-19 hub of information being built



COVID-19 Vaccine Development and Distribution

Janell Routh, MD, MHS CAPT, USPHS January 27, 2021





COVID-19 Vaccine Distribution and Initiation As of January 26, 2021

Overall US COVID-19 Vaccine Distribution and Administration





 GU
 AS
 RP
 FM
 MP
 PR
 MMH
 V1
 BoP
 DoD
 IHIS
 VH4

Total Doses Administered per 100,000 ○ No Data ○ 0 ○ 1 - 3,000 ○ 3,001 - 6,000 ● 6,001 - 9,000 ● 9,001 - 11,000 ● 11,001+

U.S. COVID-19 Vaccine Administration by Vaccine Type



Total Doses Administered

Available: <u>https://covid.cdc.gov/covid-data-tracker</u> 1/27/21

Distribution and Administration



COVID-19 Vaccination Phases



1/27/21

Essential Workers

Frontline Essential Workers (~30M)

- First Responders (Firefighters, Police)
- Education (teachers, support staff, daycare)
- Food & Agriculture
- Manufacturing
- Corrections workers
- U.S. Postal service workers
- Public transit workers
- Grocery store workers

Other Essential Workers (~57M)

- Transportation and logistics
- Food Service
- Shelter & Housing (construction)
- Finance
- IT & Communication
- Energy
- Media
- Legal
- Public Safety (Engineers)
- Water & Wastewater

Frontline Essential Workers: workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS-CoV-2

COVID-19 vaccines under FDA Emergency Use Authorizations (EUAs)

- Two vaccines have received Emergency Use Authorizations (EUAs) from the FDA:
 - **Pfizer/BioNTech:** 2 doses given at least 21 days apart
 - Moderna: 2 doses given at least 28 days apart
- Both vaccines were tested in tens of thousands of adults from diverse backgrounds, including older adults and communities of color.
- Clinical trial data show that both vaccines are safe and effective at preventing COVID-19.
- It is unknown how long protection from vaccines might last.

Sources: <u>https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy</u>

COVID-19 vaccine trials by the numbers

As of November 30, 2020

Pfizer/BioNTech

- 43,931 enrolled
- **150** clinical sites
 - **39** U.S. states
- Racial/ethnic distribution
 - 13% Hispanic
 - 10% African American
 - **6% -** Asian
 - 1% Native American
- **45%** ages 56-85

Moderna

- **30,000** enrolled
- 89 clinical sites
 - 32 U.S. states
- Racial/ethnic distribution
 - 20% Hispanic
 - **10% -** African American/Black
 - **4% -** Asian
 - 3% All others
- 64% ages 45 and older
 - 39% ages 45-64
 - 25% ages 65+

These COVID-19 vaccines are mRNA vaccines

- mRNA vaccines teach our cells how to make a harmless piece of the "spike protein" for SARS-CoV-2.
 - After the protein piece is made, the cell breaks down the instructions (the mRNA) and gets rid of them.
- Cells display this piece of spike protein on their surface, and an immune response is triggered inside our bodies. This produces antibodies to protect us from getting infected if the SARS-CoV-2 virus enters our bodies.
- mRNA vaccines do not use the live virus that causes COVID-19. They CANNOT give someone COVID-19.
- mRNA vaccines **DO NOT** affect or interact with our DNA in any way.

About these COVID-19 mRNA vaccines

- These mRNA vaccines are expected to produce side effects after vaccination, especially after the 2nd dose.
- Side effects may include:
 - fever
 - headache
 - muscle aches



- No significant safety concerns were identified in the clinical trials.
- At least 8 weeks of safety data were gathered in the trials. It is unusual for side effects to appear more than 8 weeks after vaccination.

Safety of COVID-19 Vaccines is a Top Priority

COVID-19 vaccines are being held to the same safety standards as all vaccines.



- FDA carefully reviews all safety data from clinical trials.
- ACIP reviews all safety data before recommending use.



 FDA and CDC closely monitor vaccine safety and side effects. There are systems in place that allow CDC and FDA to watch for safety issues.





V-safe: https://www.cdc.gov/coronavirus/2019ncov/vaccines/safety/vsafe.html



- V-safe is a new CDC smart-phone based monitoring program for COVID-19 vaccine safety
 - Uses text messaging and web surveys to check-in with vaccine recipients after vaccination
 - Participants can report any side effects or health problems after COVID-19 vaccination
 - Includes active telephone follow-up by CDC for reports of significant health impact



COVID-19 Vaccine Implementation



- This is an **exciting and historic time**, but the work is far from over.
- There will be unanticipated challenges, but CDC will continue to work closely with our partners to find solutions and overcome obstacles.
- Vaccines are an important tool to control the pandemic, but we need to continue to message the importance of masks, social distancing, and hand washing.
- **Community engagement** is critical to vaccination implementation success
 - Engage in conversations in your community, choose to get vaccinated when it's your turn, share CDC resources and toolkits
 - <u>https://www.cdc.gov/vaccines/covid-19/index.html</u>

ORONAVIRUS DISEASE 201

COVID-19 Vaccine Communication Resources

- Engaging in Effective COVID-19 Vaccine Conversations
 - <u>https://www.cdc.gov/vaccines/covid-</u> <u>19/hcp/engaging-patients.html</u>
- Toolkit for Medical Centers, Clinics, and Clinicians
 - <u>https://www.cdc.gov/vaccines/covid-</u> <u>19/health-systems-communication-</u> <u>toolkit.html</u>



Thank you



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.

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

Covid 19 Contact Tracing and Vaccine Engagement in Latinos Judith Flores MD FAAP CHCQM

0



National Hispanic Medical Association



Rate per 100,000 people (age-adjusted)

Cases Hospitalizations Deaths



Data on people identified as other categories, including Native American/Alaska Native or multiracial, are not provided here. The Hispanic/Latino category includes people of any race. Race and ethnicity information is most complete for people who are hospitalized or have died. There are much less demographic data currently available for non-hospitalized cases.

NYC Hospitalizations by Race /Ethnicity

Rate per 100,000 people (age-adjusted)



Data on people identified as other categories, including Native American/Alaska Native or multiracial, are not provided here. The Hispanic/Latino category includes people of any race. Race and ethnicity information is most complete for people who are hospitalized or have died. There are much less demographic data currently available for non-hospitalized cases.

Source: NYC DOHMH COVID-19 Data Webpage: https://www1.nyc.gov/site/doh/covid/covid-19-data-totals.page (1/25/21)



NYC Deaths by Race/ Ethnicity

Rate per 100,000 people (age-adjusted)

Hospitalizations

Cases

Deaths

200 100 Asian/Pacific-Islander White Black/African-American Hispanic/Latino About the data for this chart. Get the data

Data on people identified as other categories, including Native American/Alaska Native or multiracial, are not provided here. The Hispanic/Latino category includes people of any race. Race and ethnicity information is most complete for people who are hospitalized or have died. There are much less demographic data currently available for non-hospitalized cases.



Multiple Layers Improve Success

The Swiss Cheese Respiratory Pandemic Defense recognizes that no single intervention is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.



Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong



New York City's **Test and Trace Corps (TTC) is a multi-pronged approach** to stopping COVID-19:

Testing: Rapidly expanding COVID-19 testing to detect infections

Tracing: Identifying cases, tracing their contacts, and recommending isolation or quarantine

<u>Take Care</u>: Connecting New Yorkers to resources to safely isolate or quarantine at home or in hotels



Who Should Get Tested?

Anyone, anytime except within 90 days of infection Access ,major limiting factor

- All New Yorkers should receive COVID-19 diagnostic testing whether or not they have symptoms or are at an increased risk
 - Immigration status will not be asked and COVID-19 testing and care services are not a public benefit under the public charge rule
- Repeat diagnostic testing should be considered if an individual's previous test was negative and they:
 - Are now exhibiting signs or symptoms of COVID-19
 - Are concerned by a possible exposure
 - Work in a residential congregate setting (e.g. shelter or nursing home)
- Travel

Contact Tracing



The goal is to slow the spread of COVID-19 by interrupting chains of transmission.

Carrying out contact tracing at a historical scale.



Make an impact at a time when the world is depending on public health.



Epidemiological Terms and Definitions

How is Quarantine different from Isolation?

Isolation separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Who is a Case ?

A person who has tested positive for Covid 19

Who is a Close Contact ?

A person exposed to COVID-19, but who may or may not be infected.

- Household members
- Intimate partners (kissing/sex) in the last 2 days
- Those providing care in household in last 2 days.

• Those who spent more than 15 minutes with a case, regardless of if they were wearing a face mask



Community Engagement Specialist	outreach in the community to locate cases and contacts who are not able to be reached through phone or who stopped replying to monitoring calls and/or texts. Community Engagement Specialists then connect them with a case investigator or monitor.
Monitor	contact and recommends isolation. Monitor cases and contacts for daily check-ins.
Resource Navigator	connect cases and contacts with basic necessities such as food and medical care, in order to support them during isolation and quarantine

Work of the Contact Tracer



- TRUST- personal questions are a challenge
- Too many questions without access to resources
- Concerns about loss of employment
- Uncomfortable sharing contact information
- The biggest challenge she faces is convincing Latino residents to self-isolate at home.
- Willingness to isolate but unable

Social Distancing is a privilege not a right

Information Protection and Contact Tracing

- Confidentiality and protection of Case/Contact information is critical
- Protected information (name, date of birth, COVID-19 status, address) is maintained and transferred using processes that respect and protect the data.
 Minimize frequency that information is transferred
 - between systems
Barriers that inpact Covid 19 Prevention and Vaccination among Latinos

- Latinos Lack of knowledge –disease course, symptoms, isolation or Quarantine
- Lack of access to testing,
- Lack of health insurance and no trusted medial home
- Lack of resources to isolate, food insecurity and family support when isolating
- Lack of language and culturally concordant services
- Fear Anxiety isolation and stigma
- Lack of social support and loneliness duing isolation

LoS One. 2020; 15(10): e0239400. Published online 2020 Oct 9. doi: 10.1371/journal.pone.0239400 PMCID: PMC7546468 PMID: 33035216 Evaluation of a novel community-based COVID-19 'Test-to-Care' model for low-income populations

Interventions Proven Effective In Contact Tracing

Engage in a manner that preserves confidentiality and promotes trust

Bilingual information and materials provided in Spanish in a culturally relevant manner.

- Provide support for health-related decisions.
- Act as a credible source for information.
- Information and support to enroll in insurance and establish primary healthcare services.
- Home-based deliveries of essential goods (food medications, PPE)
- Provide ongoing social support throughout the isolation period FOOD, family care

Getting back to work and protecting close family a motivator for vaccination

Extreme Vulnerability of Home Care Workers During the COVID-19 Pandemic: A Call to Action

- Coronavirus disease 2019 (COVID-19) has been identified in more than 316,000 residents and staff members involved in home care services
- Important role in care of suspected and confirmed COVID-19 patients
- Coronavirus disease 2019 (COVID-19) has been identified in more than 316,000 residents and staff members involved in home care services
- Essential low wage workers, middle age women from disproportionality impacted racial ethnic groups
- Theresa A. Allison, MD, PhD; Anna Oh, PhD, MPH, RN; Krista L. Harrison, PhD JAMA-4/20

Resultado positivo: ¿Cómo proteger a su familia y a sus amigos?

Si su prueba de la COVID-19 sale positiva, un rastreador de contacto se comunicará con usted para desarrollar un plan de cuidado. De manera GRATUITA le brindarán recursos y orientación sobre cómo puede proteger a las personas de su vida. Complete este formulario para prepararse para la llamada.

CALCULE SU FECHA DE INICIO.

Si ha tenido síntomas, coloque la fecha en que se empezó a sentir enfermo O si no los ha tenido, la fecha en que le realizaron la prueba.

Fecha de la prueba o fecha del día que empezó a sentirse enfermo ____/____/

Reste 2 días _____/____ = fecha de inicio



PASO

1

HAGA UNA LISTA DE LAS PERSONAS DE SU CASA. Incluya las personas que viven en su casa y aquellos que han ido a visitarlo, como amigos, la niñera o cualquier persona que haya ido a prestar algún servicio en casa.

	NOMBRE DE LA PERSONA	LA ÚLTIMA FECHA EN LA CUAL ESTUVO EN CASA	SU NÚMERO DE TELÉFONO
12			
3			
4			



Test & Trace

HAGA UNA LISTA LO MÁS DETALLADA POSIBLE DE LO QUE HIZO CADA DÍA.

Incluya cosas como pasar un rato con sus vecinos, ir al trabajo, hacer diligencias, citas, actividades sociales y recreativas fuera de casa y si usó el transporte público para llegar allí. Use otra hoja si es necesario.



www.TestandTrace.NYC o llame al 311.

Provider Resources



HERE'S WHAT HAPPENS AFTER YOUR COVID-19 TEST.





Spenish

Health Care Providers play a Critical role

- Encourage patients to get tested and isolate until they receive their results.
- Educate your patients on what to expect if they test positive.
- Become informed about available resources in you community
- Become a reliable resource and advocate
- Advocacy and Equity in Prevention, Treatment and Vaccination (Monoclonal Treatment)
- Let them know you were vaccinated



Building Vaccine Confidence

0

Ilan Shapiro, MD, FAAP, FACHE Medical Director of Medical Education Wellness/Medical Correspondent AltaMed Health Services



National Hispanic Medical Association

Conflicts of interest

The Power of Finding Your Voice













Logistics/ On the ground

Parties









We Need You?



Have Any Questions?



Dr. Ilan Shapiro, MD FAAP FACHE



ishapirostrygler@altamed.org



Linked in Ilan Shapiro, MD







Please type your answer in the chat box



 What is a keyword or phrase that you use to persuade your patients to encourage them to get the COVID-19 Vaccine?



How to contact NHMA & NHHF

- NHMA <u>www.nhmamd.org</u>
- NHHF <u>www.nhmafoundation.org</u>
- NHMA 24th Annual Hispanic Health Conference –WDC, March 17 – March 20, 2021 #NHMA2021
- For sponsors, contact Elena Rios, MD, MSPH, President and CEO, NHMA and NHHF at <u>erios@nhmamd.org</u>
- For questions, contact nhma@nhmamd.org.
- Join NHMA as a member or give a tax-deductible donation to NHHF or Amazon Smile Today.





$\mathbb{N} = \mathbb{N} \cap \mathbb{A}$ VIRTUAL BRIEFING SERIES 7:00 PM - 8:15 PM ET

SESSION 1: Managing Chronic Care Patients with COVID-19 SESSION 2: COVID-19 and Latino Mental Health **SESSION 3:** COVID-19 Impacts on Health Care Delivery SESSION 4: Dealing with the New Normal **SESSION 5: Building Vaccine Confidence**

SESSION 6: WEDNESDAY, FEBRUARY 24, 2021 *CME to be offered

SESSION 7: WEDNESDAY, APRIL 28, 2021

For more information & to register: https://bit.ly/NHMACOVIDBriefing