SESSION 5
Building Vaccine Confidence

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

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
Overview

Vaccine Confidence
Background
COVID-19 Data Jan. 26, 2021

<table>
<thead>
<tr>
<th>Area</th>
<th>Cases (per 100K)</th>
<th>Daily Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City (20M)</td>
<td>66 (-8%)</td>
<td>.92 (+55%)</td>
</tr>
<tr>
<td>Los Angeles Metro (13M)</td>
<td>76 (-45%)</td>
<td>1.84 (-2%)</td>
</tr>
<tr>
<td>United States (156K;1800)</td>
<td>52 (-31%)</td>
<td>.95 (-3%)</td>
</tr>
</tbody>
</table>

NYTimes COVID-19 Dashboard; Change over 14 days

- Average State Vaccination Rate = 5.5% of population since December (Pfizer/Moderna vaccines)
- Biden Administration plan: 1.5M 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…?

- **Black**
  - Definitely get it: 27%
  - Probably get it: 36%
  - Probably not get it: 20%
  - Definitely not get it: 15%

- **Hispanic**
  - Definitely get it: 36%
  - Probably get it: 35%
  - Probably not get it: 8%
  - Definitely not get it: 18%

- **White**
  - Definitely get it: 46%
  - Probably get it: 26%
  - Probably not get it: 11%
  - Definitely not get it: 15%

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…?

- Wait and see how it is working for other people: 43%
- Get the vaccine as soon as you can: 26%
- Definitely not get the vaccine: 18%
- Only get the vaccine if required to do so: 11%
- DK/Ref.: 2%

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...

<table>
<thead>
<tr>
<th></th>
<th>Get the vaccine as soon as possible</th>
<th>Wait and see</th>
<th>Only get the vaccine if required</th>
<th>Definitely not get the vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Hispanic adults</strong></td>
<td>26%</td>
<td>43%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Hispanic adults 18-49</strong></td>
<td>20%</td>
<td>45%</td>
<td>11%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Hispanic adults 50+</strong></td>
<td>38%</td>
<td>39%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Hispanic essential workers</strong></td>
<td>23%</td>
<td>39%</td>
<td>18%</td>
<td>18%</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Group</th>
<th>Very</th>
<th>Somewhat</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hispanic adults</td>
<td>16%</td>
<td>44%</td>
<td>60%</td>
</tr>
<tr>
<td>Hispanic adults 18-49</td>
<td>11%</td>
<td>45%</td>
<td>56%</td>
</tr>
<tr>
<td>Hispanic adults 50+</td>
<td>26%</td>
<td>42%</td>
<td>68%</td>
</tr>
<tr>
<td>Hispanic essential workers</td>
<td>11%</td>
<td>50%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Figure 6
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:

<table>
<thead>
<tr>
<th>Source</th>
<th>Hispanic adults 18-49</th>
<th>Hispanic adults 50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their own doctor</td>
<td>73%</td>
<td>80%</td>
</tr>
<tr>
<td>CDC</td>
<td>69%</td>
<td>74%</td>
</tr>
<tr>
<td>Their local public health department</td>
<td>64%</td>
<td>67%</td>
</tr>
<tr>
<td>FDA</td>
<td>62%</td>
<td>73%</td>
</tr>
<tr>
<td>Dr. Anthony Fauci</td>
<td>58%</td>
<td>71%</td>
</tr>
<tr>
<td>President-elect Joe Biden</td>
<td>53%</td>
<td>70%</td>
</tr>
<tr>
<td>Their state government officials</td>
<td>48%</td>
<td>63%</td>
</tr>
</tbody>
</table>

Vaccine Confidence Policy

- 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Doses Distributed</td>
<td>44,394,075</td>
</tr>
<tr>
<td>Total Doses Administered</td>
<td>23,540,994</td>
</tr>
<tr>
<td>Number of People Receiving 1 or More Doses</td>
<td>19,902,237</td>
</tr>
<tr>
<td>Number of People Receiving 2 Doses</td>
<td>3,481,921</td>
</tr>
</tbody>
</table>

Distribution and Administration

**In early-phase distribution:** COVID-19 vaccines will be administered in **focused areas for priority groups**

- Healthcare Personnel
- Long-Term Care Facility Residents
- Public Health Clinics

**Later in distribution:** vaccines will be administered to **broader populations** through many different administration sites, with **focus on ensuring equity and expanding access**

- Pharmacies
- Doctor's Offices
- LTC Providers
- Home Bound
- Mobile Units
- Public Health Clinics / FQHCs
- Indian Health Service
- Other federal entity sites (DOD)
- Hospitals
- Mass Vx – large outpatient clinics

1/27/21
COVID-19 Vaccination Phases

16-64 years with high-risk medical conditions (>110M)

Essential Workers

16-64 years Without high-risk medical conditions (<86M)

65-74 years (32M)

Frontline

HCP

75+ years (21M)

LTCF

Phase 1a

Phase 1b

Phase 1c

Phase 2

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.

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+

For more information, visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov)
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.

Source: Understanding and Explaining mRNA COVID-19 Vaccines | CDC
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.

Source: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html
Safety of COVID-19 Vaccines is a Top Priority

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

<table>
<thead>
<tr>
<th>Before Authorization</th>
<th>After Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FDA</strong></td>
<td><strong>ACIP</strong></td>
</tr>
</tbody>
</table>

- **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 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
  - [https://www.cdc.gov/vaccines/covid-19/index.html](https://www.cdc.gov/vaccines/covid-19/index.html)
COVID-19 Vaccine Communication Resources

- Engaging in Effective COVID-19 Vaccine Conversations
  - [https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html](https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html)

- Toolkit for Medical Centers, Clinics, and Clinicians
  - [https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html](https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html)
Thank you
Covid 19 Contact Tracing and Vaccine Engagement in Latinos
Judith Flores MD FAAP CHCQM

National Hispanic Medical Association
NYC Cases by Race/ Ethnicity

Data on people identified as other categories, including Native American/Alaska Native or multi-racial, 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

NYC Deaths by Race/ Ethnicity

Data on people identified as other categories, including Native American/Alaska Native or multi-racial, 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.

**Personal responsibilities**
- Physical distance, stay home if sick
- Hand hygiene, cough etiquette
- Avoid touching your face
- Fast and sensitive testing and tracing

**Shared responsibilities**
- If crowded, limit your time
- Ventilation, outdoors, air filtration
- Government messaging and financial support
- Quarantine and isolation
- Vaccines

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

**Take Care**: 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
What do Contact Tracers do?

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Engagement Specialist</td>
<td>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.</td>
</tr>
<tr>
<td>Monitor</td>
<td>contact and recommends isolation. Monitor cases and contacts for daily check-ins.</td>
</tr>
<tr>
<td>Resource Navigator</td>
<td>connect cases and contacts with basic necessities such as food and medical care, in order to support them during isolation and quarantine</td>
</tr>
</tbody>
</table>
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 impact 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 during isolation**

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 contactador 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.

**PASO 1**

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 se realizó la prueba.

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

Reste 2 días:

**Fecha de inicio =** __/__/____

**PASO 2**

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.

<table>
<thead>
<tr>
<th>NÚMERO DE LA PERSONA</th>
<th>ÚLTIMA FECHA EN LA CUAL ESTUVIERON EN CASA</th>
<th>NÚMERO DE Teléfono</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASO 3**

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.

<table>
<thead>
<tr>
<th>FECHA DE INICIO</th>
<th>ACTIVIDAD</th>
<th>UBICACIÓN</th>
<th>PERSONAS CON LAS QUE SE REÚNIÓ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nombre     Dirección     Número de teléfono</td>
</tr>
<tr>
<td>DÍA 2</td>
<td></td>
<td></td>
<td>Nombre     Dirección     Número de teléfono</td>
</tr>
<tr>
<td>DÍA 3</td>
<td></td>
<td></td>
<td>Nombre     Dirección     Número de teléfono</td>
</tr>
<tr>
<td>DÍA 4</td>
<td></td>
<td></td>
<td>Nombre     Dirección     Número de teléfono</td>
</tr>
</tbody>
</table>


**Spanish**

**WHAT NOW?**

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

**Provider Resources**
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 your 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

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
Tools

- Write
- TV
- Radio
- Social Media
- Logistics/ On the ground
Parties
We Need You?
Have Any Questions?

Dr. Ilan Shapiro, MD FAAP FACHE

ishapirostrygler@altamed.org

@Dr_Shaps

Ilan Shapiro, MD

DrShaps.com
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 - www.nhmamd.org
• NHHF - www.nhmafoundation.org
• 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 erios@nhmamd.org
• For questions, contact nhma@nhmamd.org.
• Join NHMA as a member or give a tax-deductible donation to NHHF or Amazon Smile Today.

@NHMAmd @NHMAmd.org
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