

ACCMA TOWNHALL



COVID-19 VACCINE ROLLOUT

ACCMA
Alameda-Contra Costa Medical Association

Monday, February 22nd, 2021
6:30 PM to 8:00 PM

FREE | CME Available

REGISTRATION LINK:
<http://bit.ly/3tQMaTP>
or go to ***learning.accma.org***

MEMBERSHIP TOWNHALL

Welcome! Please introduce yourself in the chat.

The planners and faculty/speakers for this activity have no relevant financial relationships with commercial interests to disclose.

There was no commercial support provided for this activity.

COVID-19 Vaccination

Randy Bergen MD
2/22/21

Agenda

- The Vaccines
- The Prioritization and Distribution

New Strains- Coronavirus genetic drift-

- New strains in UK , South Africa, Brazil
- No evidence new strains cause more morbidity or mortality
- New viral strains spread more easily- “stickier on spike protein”
- So because they are more easily spread more will get sick- that leads to greater morbidity and mortality
- Evidence emerging that present vaccine formulations are less effective against South Africa and Brazil strains, But still effective
- All manufacturers can replace strains rapidly

Present State- February 2021

Pzifer – BioNtech

- Phase 3 data submitted 11/20
- FDA VRBPAC met 12/10
 - Approved EUA
- ACIP met 12/11 and 12/12
 - Approved and provided recommendations on use

Western State Safety Guidelines
group approved 12/13

- Now being distributed and administered

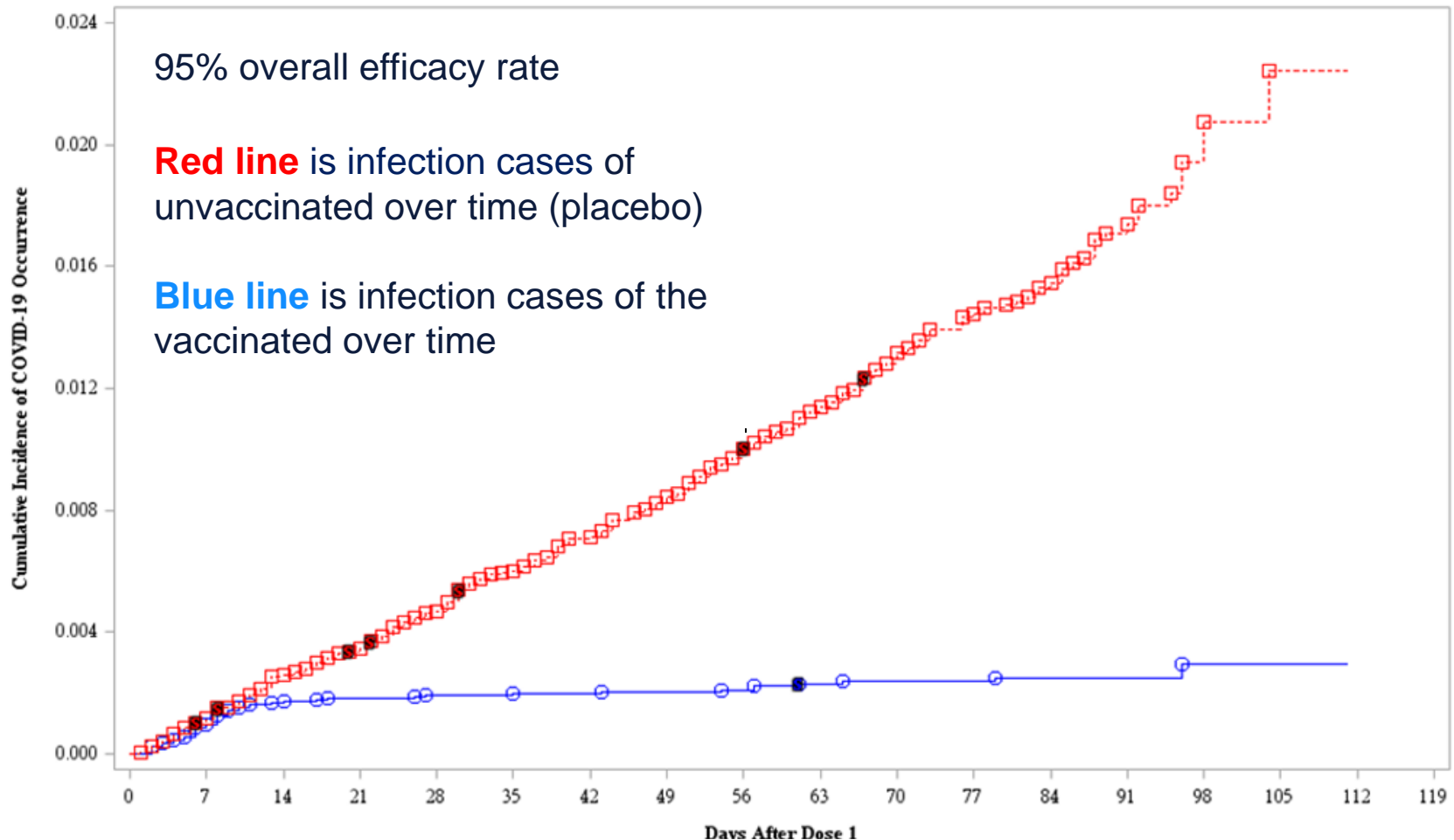
Moderna

- Phase 3 data submitted 11/30
- FDA VRBPAC meeting 12/17
 - Approved EUA
- ACIP meetings 12/19
 - Approved and provided recommendations on use

Western States Safety Guidelines
Group approved 12/20

- Now being distributed and administered

The Vaccine Works! ...Data from Pfizer Vaccine

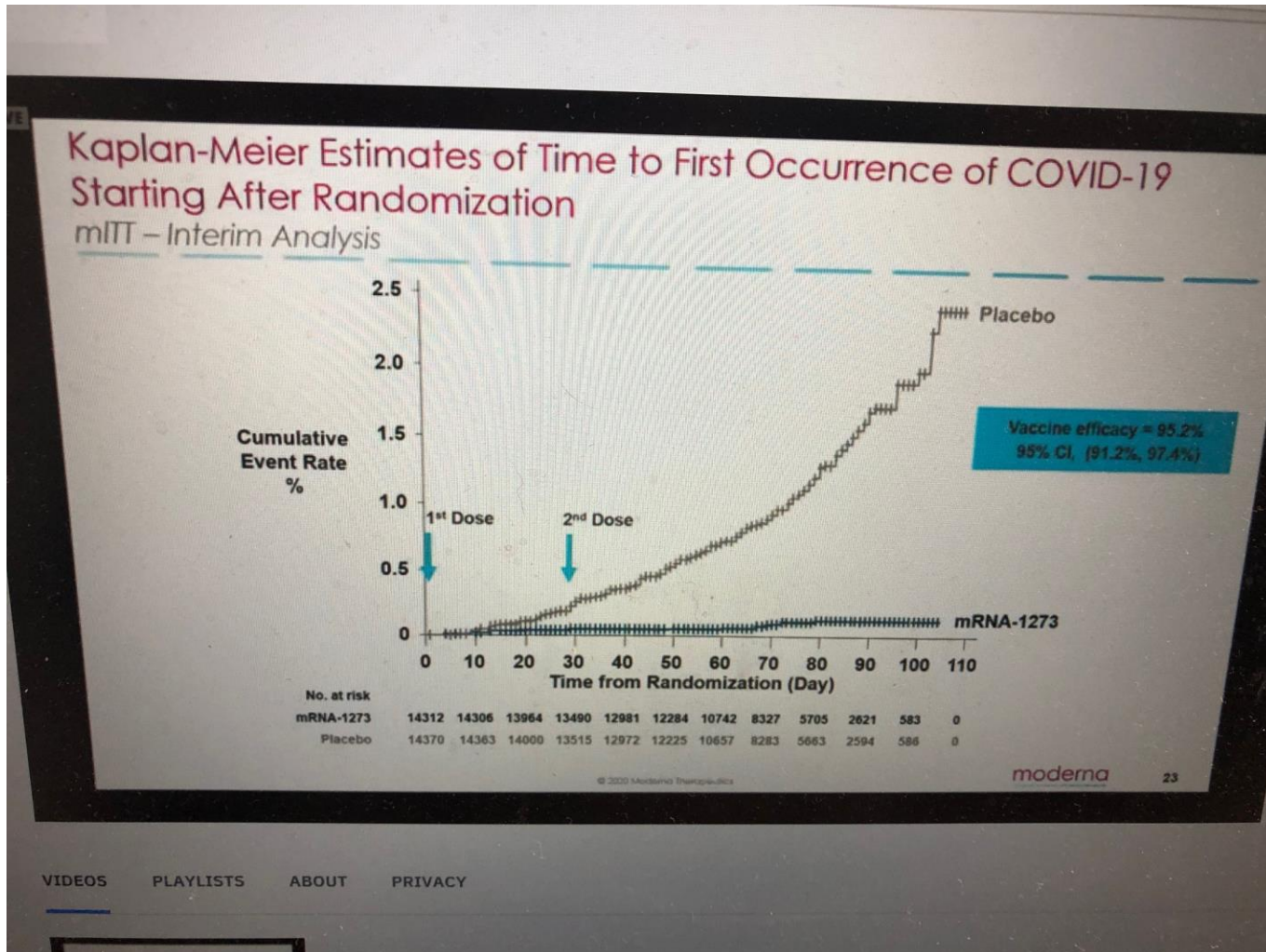


Note: "S" indicates subjects with severe COVID-19 or COVID-19 leading to hospitalization.

PFIZER CONFIDENTIAL SDTM Creation: 17NOV2020 (10:49) Source Data: adc19ef Table Generation: 17NOV2020 (21:40)

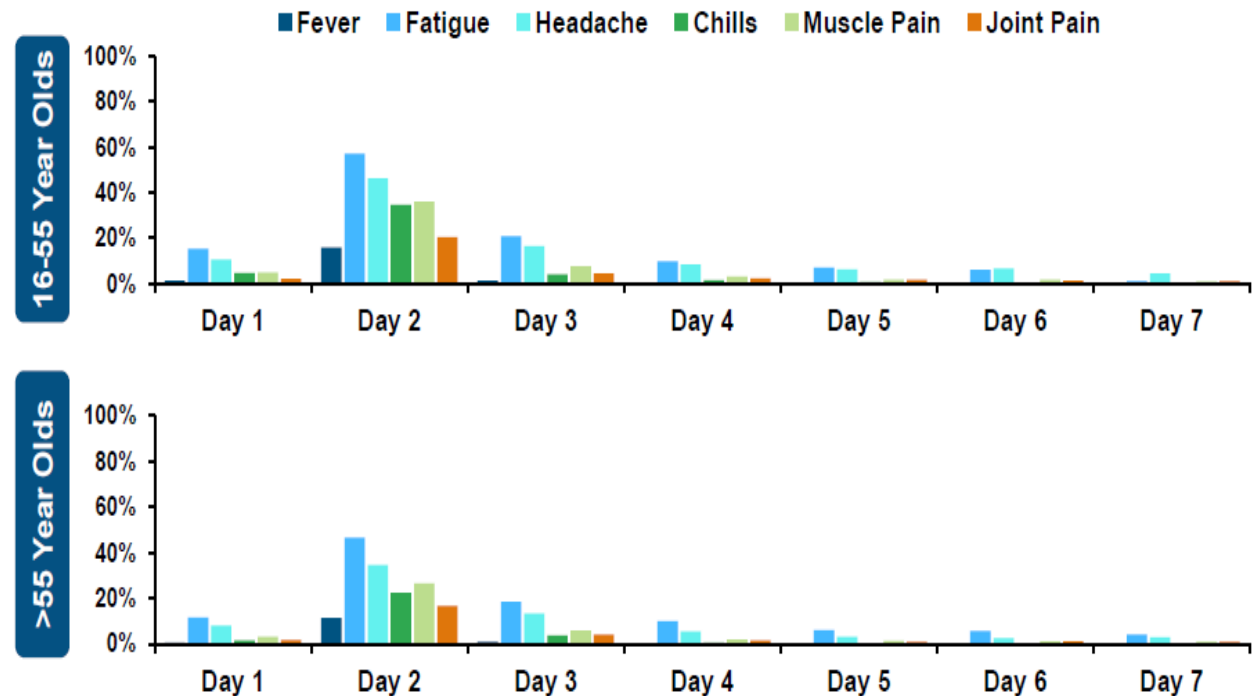
(Cutoff Date: 14NOV2020, Snapshot Date: 16NOV2020) Output File: /nda2_unblinded/C4591001_Efficacy_FA_164/adc19ef_f001_km_d1_aai

Moderna COVID Vaccine- efficacy



Expected Side Effects: Pain at Injection Site, Fatigue, Headache

- Most side effects occur within the first 24-36 hours and last 12-24 hours; because vaccine is stimulating your immune system to protect you;
- Mild to moderate side effects expected: temporary, inconvenient, & uncomfortable.
- FDA advises the Pfizer Vaccine not be given to individuals with known history of a severe allergic reaction



Source: Pfizer

There are fewer side effects in older age groups

Side effects of Pfizer COVID vaccine- reported to FDA

Within 7 days of vaccination

Side Effect	COVID Dose 1	Placebo Dose 1	COVID Dose 2	Placebo Dose 2
Any fever>38	4%	1%	16%	1%
Any Fatigue	47%	33%	59%	23%
Any Headache	42%	34%	52%	24%
Any Chills	14%	6%	35%	4%
Any Diarrhea	11%	12%	10%	8%
Any Muscle Pain	21%	11%	37%	8%

Major issues – anaphylaxis

Pfizer- 11.1 million cases/ 1 million doses

71% occurred within 15 minutes of vaccination

Ingredients* included in mRNA COVID-19 vaccines		
Description	Pfizer-BioNTech	Moderna
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide	Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediylbis(hexane-6,1-diyl)bis(2-hexyldecanoate)	SM-102
Salts, sugars, buffers	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	sucrose

* as reported in the prescribing information

Janssen COVID-19 Vaccine News

Johnson & Johnson Announces Single-Shot Janssen COVID-19 Vaccine Candidate Met Primary Endpoints in Interim Analysis of its Phase 3 ENSEMBLE Trial

- 👍 Vaccine Candidate 72% Effective in the US and 66% Effective Overall at Preventing Moderate to Severe COVID-19, 28 Days after Vaccination
- 👍 85% Effective Overall in Preventing Severe Disease and Demonstrated Complete Protection Against COVID-19 related Hospitalization and Death as of Day 28
- 👍 Protection Against Severe Disease Across Geographies, Ages, and Multiple Virus Variants, including the SARS-CoV-2 Variant from the B.1.351 Lineage ^[1] Observed in South Africa
- 👍 Single-shot compatible with standard vaccine distribution channels provides important tool in pandemic setting



Future State

- AstraZeneca
 - vaccine approved UK, EU
 - Phase 3 trials – 70% efficacy overall
 - Cohort mistakenly given half dose on first dose and their efficacy 90%!
 - This cohort all under 55 years of age/ selection bias?
 - When will AZ ask for FDA approval?
- Novavax
 - Adjuvanted recombinant subunit protein vaccine
 - In phase 3 trials in UK and US
 - Promising efficacy results with new variants
- Sanofi
 - 2 candidate vaccines
 - Recombinant vaccine – Phase 3 planned to start May 2021
 - mRNA vaccine – phase I/II trial now

Pregnancy and Lactation

▲ Pregnancy

- Vaccine has not been directly tested in this population; may be offered as a shared decision between provider and patient
- Studies are presently ongoing
- Offer vaccine using these risk/benefit considerations (national guidance):
 - Pregnancy poses increased susceptibility or severity of COVID-19
 - Vaccine has no anticipated maternal nor fetal harms (based on other vaccines used during pregnancy, and mechanisms of action of COVID vaccines)
 - Best way to protect the fetus/newborn is through maternal immunization

▲ Breastfeeding

- Vaccine not directly tested in this population; may be a shared decision with provider and patient
- No anticipated harms

No one in these categories should be refused vaccination if they desire- this is as close to a recommendation as an evidenced based group can make without data

Pediatrics

- ▲ **Emergency Use Authorization of Pfizer-BioNTech COVID-19 Vaccine in adolescents 16 and 17 years approved. Emergency Use Authorization of Pfizer BioNTech COVID-19 Vaccine does not include use in individuals younger than 16 years of age.**
- ▲ **Moderna COVID Vaccine only to age 18 years**
- ▲ **Pfizer presently studying 12-15 years**
- ▲ **Moderna beginning enrollment of 12-17 years**
- ▲ **Pfizer planning on studies 5-11 years (maybe spring or summer)**
- ▲ **Moderna planning on studies 6 months – 11 years (no timeline)**
- ▲ **Pfizer no comments on when or if under 5 years**

Answering Common Questions

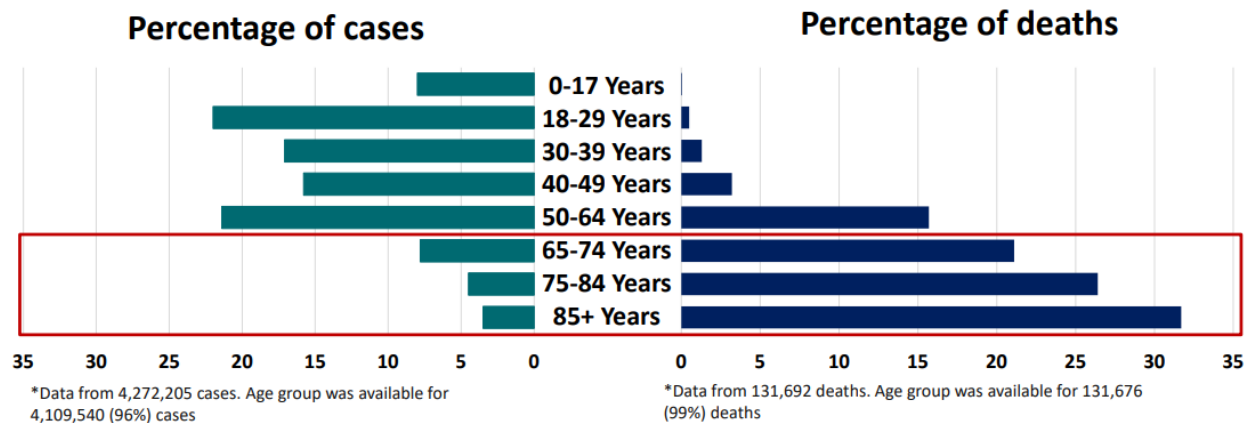
Question	Answer
Does the vaccine stop <i>transmission</i> of virus from those who are vaccinated?	Not proven yet, still should use proper PPE
How long does the vaccine last?	We will probably need to be re-vaccinated as with other vaccines like influenza- especially as vaccine strains change
If I had COVID before should I still be vaccinated?	Yes but may wish to wait for next wave of vaccines if your infection was less than 90 days- but with new strains maybe don't wait?
If I contract COVID in between the 1 st and 2 nd dose, should I still get the 2 nd dose?	Yes

Prioritization and distribution- beyond phase 1a-
CDC/ State (Personal reflections)

- Guiding principles- balance of 3 issues- as surge exploded first principle took priority
 - **Reducing deaths and hospitalization/ reducing burden on health care system- as surge started in December became #1 priority**
 - Reducing number of cases
 - Equity- that includes making sure those with less access to care get equal or even preferential access to the vaccine

Age

In the United States, adults aged 65 years or older represent 16% of COVID-19 cases, but nearly 80% of COVID-19 deaths



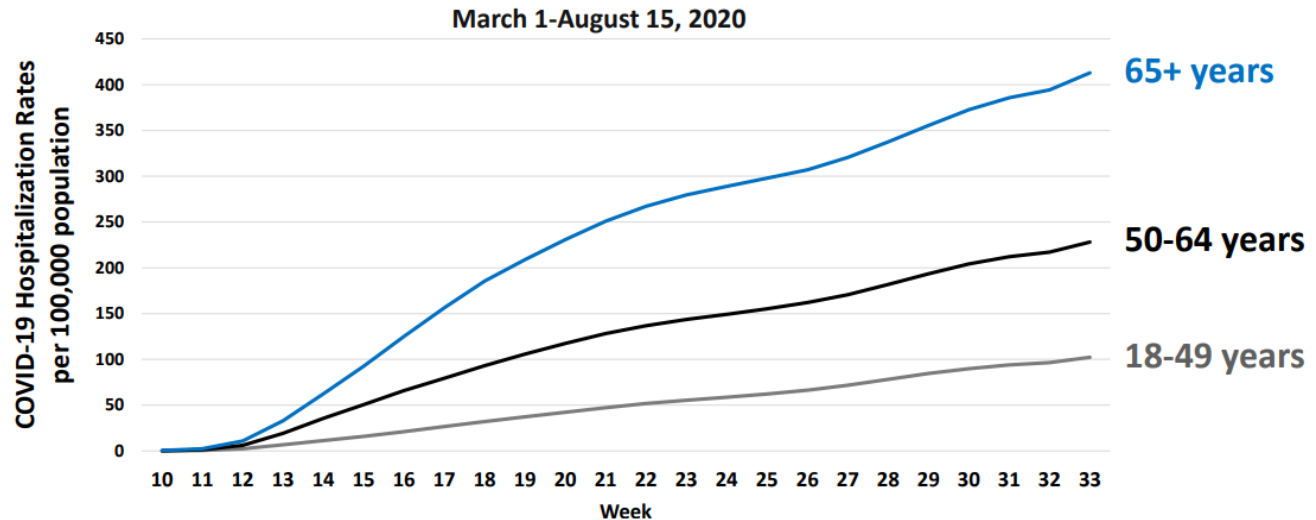
Updated as of 8/24/20. Data are based on COVID-19 case-level data reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC). The numbers are confirmed and probable COVID-19 cases as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day.

<https://www.cdc.gov/covid-data-tracker/index.html#demographics>

N. McClung <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-08/COVID-05-McClung.pdf>

Age

COVID-NET: Older adults aged 65 years or older have the highest cumulative rate of COVID-19 associated hospitalizations*



*COVID-19 associated hospitalizations reported to Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) surveillance system from March 1-August 15, 2020. COVID-NET is a population-based surveillance system that collects data on laboratory-confirmed COVID-19-associated hospitalizations among children and adults through a network of over 250 acute-care hospitals in 14 states. https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html

N. McClung <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-08/COVID-05-McLung.pdf>

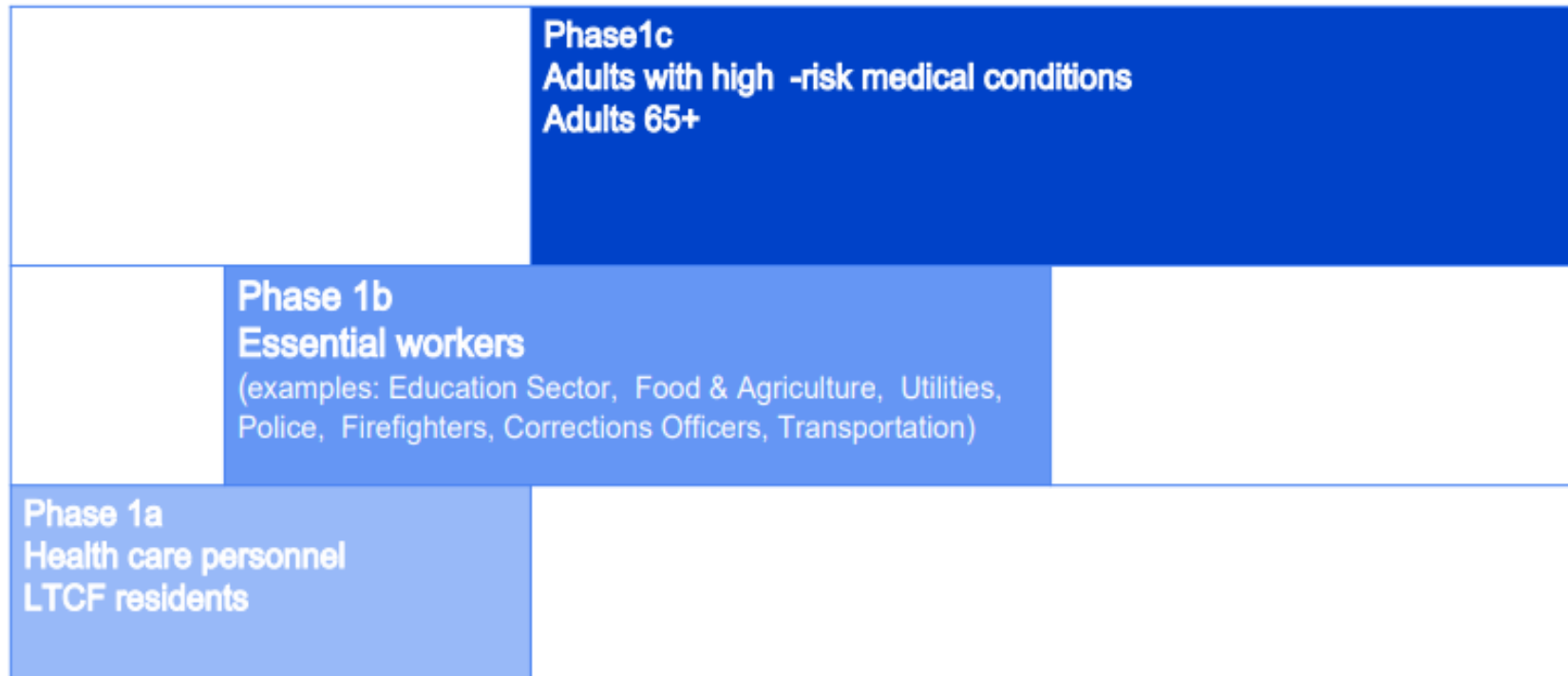
COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.8x	0.6x	1.4x	1.7x
Hospitalization ²	4.0x	1.2x	3.7x	4.1x
Death ³	2.6x	1.1x	2.8x	2.8x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

Who Goes First? Old prioritization

Work Group Proposed Interim Phase 1 Sequence



Source: CDC

Time

Next Prioritization Phase 1b

Proposed Phase 1b, Est. Populations, Millions

(Total sector size – but not all workers at occupational risk)

<u>Tier 1</u>		<u>Tier 2</u>	
Workers		Workers	
• Education & Child Care	1.4	• Critical Manufacturing	0.5
• Emergency Services	1.1	• Facilities and Services	2.1
• Food and Agriculture	3.4	• Transportation & Logistics	1.1
Severe Illness		Severe Illness	
• 75+ years of age, all	2.6	• 65-74 years, high-risk	2.5
		Congregate settings with outbreak risk	
		• Incarcerated	0.2
		• Experiencing Homelessness	0.1

Vaccinate ALL 58

So in thinking about the, the implications in terms of the numbers of persons.

Next prioritization Phase 1c

Recording **LIVE** on YouTube

You are viewing Aaron Matlen (Technical Support...)'s screen View Options

Proposed Phase 1c, Est. Populations, Millions

(Total sector size – but not all workers at occupational risk)

Risk of severe illness		Workers	
• 65-74 years, remainder	1.0	• Chemical	0.2
• 16-64 years, high-risk	10.0	• Communications and IT	0.3
		• Defense	0.06
		• Energy	0.1
		• Finance	0.6
		• Govt Ops, Community-Based	0.9
		• Water and Wastewater	0.02

Again, estimates is of sectors and Population for that work sectors.

Vaccinate ALL 58

Join Audio Start Video Participants 102 Chat 1 Share Screen Record Live Transcript Reactions

Present Phase 1b

#1-Age 65 and up (the Governor said so!) 6 million

But focus on 75 and over and Equity by HPI /
Medical Conditions

Next-Sectors- Agriculture and Food 3.4 million

Education and Child Care 1.4 million

Emergency Services 1.1 million

Next phase- announced February 13

16- 64 with Medical Conditions including disabilities-
Up to 10 million

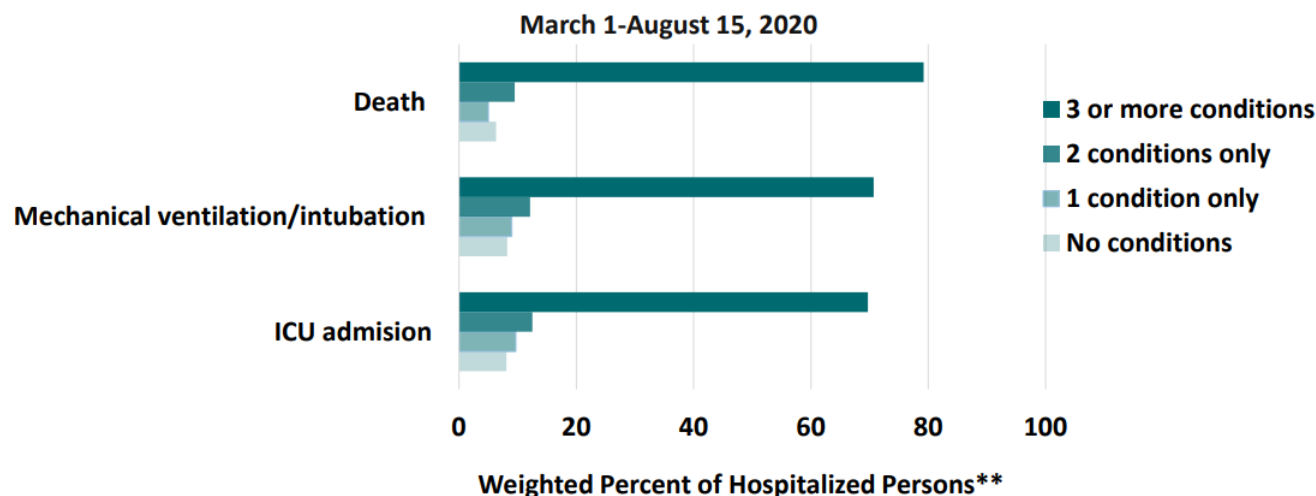
To begin March 15!

Politics or Science driving these decisions?

Think about how long this will take if we keep getting
400-500,000 doses of vaccine / week

Underlying Medical Conditions

COVID-NET: Of hospitalized adults that died, nearly 80% had 3 or more underlying medical conditions*



*Defined as one or more of hypertension, obesity, diabetes, cardiovascular disease, neurologic disease, chronic lung disease, renal disease, asthma, immune suppression, gastrointestinal/liver disease, and autoimmune disease. **Unadjusted for age or other demographic variables. Each severe outcome adds up to 100 percent. COVID-19 associated hospitalizations reported to Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) surveillance system from March 1-August 15, 2020. The denominator is restricted to cases with a discharge disposition and for which chart review was completed. COVID-NET is a population-based surveillance system that collects data on laboratory-confirmed COVID-19-associated hospitalizations among children and adults through a network of over 250 acute-care hospitals in 14 states.

N. McClung <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-08/COVID-05-McLung.pdf>

Medical Conditions/Disabilities 16-64 years- announced Feb 13th

Cancer –current with debilitated or immunocompromised state

Chronic Kidney disease- stage 4 or above

Chronic Pulmonary Disease- Oxygen dependent

Down Syndrome

Immunocompromised state (weakened immune system) from solid organ transplant

Pregnancy

Sickle cell disease

Heart conditions ,such as heart failure, coronary artery disease, or cardiomyopathies (excludes hypertension)

Severe Obesity (BMI > 40)

Type 2 diabetes with Hemoglobin A1C level greater than 7.5%

16-64 years medical conditions- Continued OR

If as a result of a developmental or other severe high risk disability one or more of the following applies:

The individual is likely to develop severe life-threatening illness or death from COVID 19 infection

Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their wellbeing and survival

Providing adequate and timely COVID care will be particularly challenging as a result of the individuals disability

The list of eligible conditions is subject to change as additional scientific evidence is published and as CDPH obtains and analyzes additional state-specific data- (editorial comment- expect more eligible conditions- **Politics or Science?**)

To a better 2021!



ACCMA TOWNHALL

COVID-19 VACCINE ROLLOUT

Kathleen A. Clanon, MD
COVID-19 Vaccine Director, Alameda
County
Medical Director, Alameda County
Health Care Services

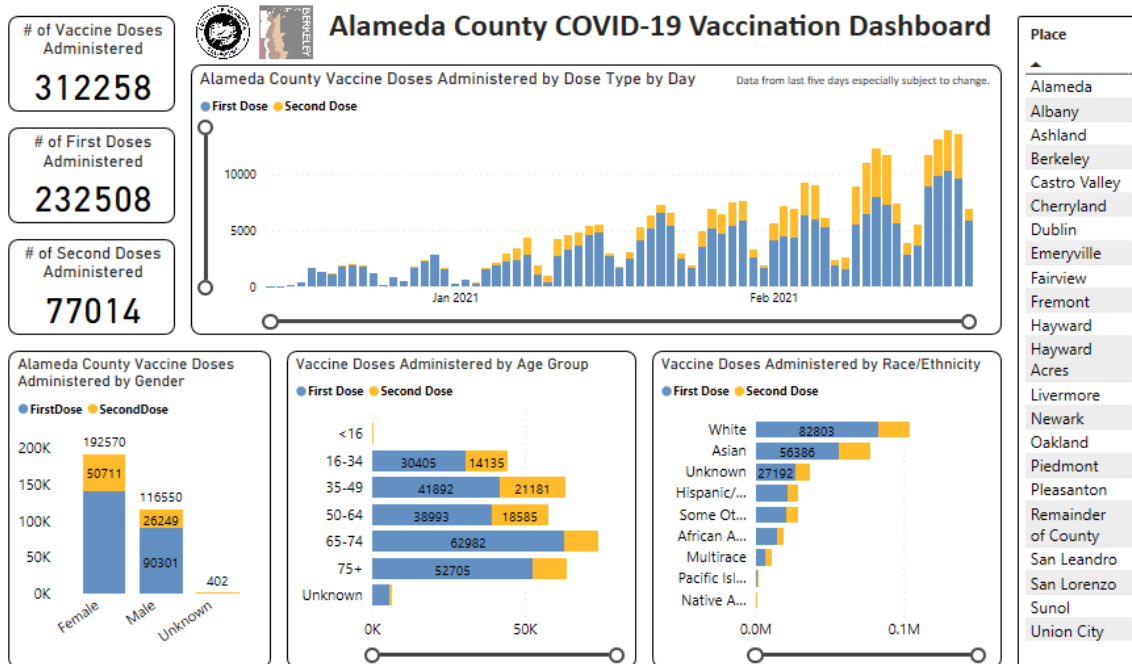
Monday, February 22, 2021



Alameda County
Health Care Services Agency

VACCINATION DATA

By Gender, Age Group, Race/Ethnicity, Place, and Over Time [Mobile version](#)



CAIR Data



Alameda County COVID-19 Vaccination Dashboard

% ≥ 16 Years
Received First Dose
17.7%

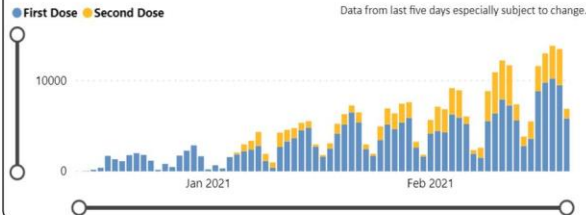
[See Counts](#)

% ≥ 16 Years Fully
Vaccinated
5.9%

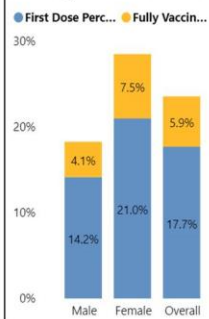
[See Percentages](#)

[Doses Received
by the County](#)

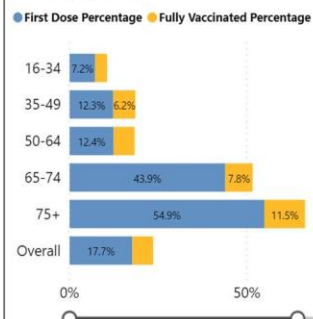
Alameda County Vaccine Doses Administered by Dose Type by Day



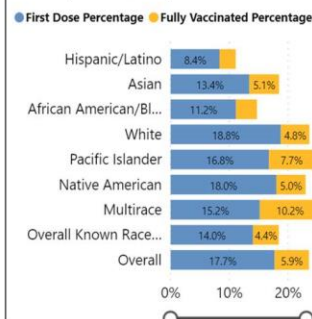
Doses by Gender ≥ 16 Years



Doses by Age Group



Doses by Race/Ethnicity ≥ 16 Years



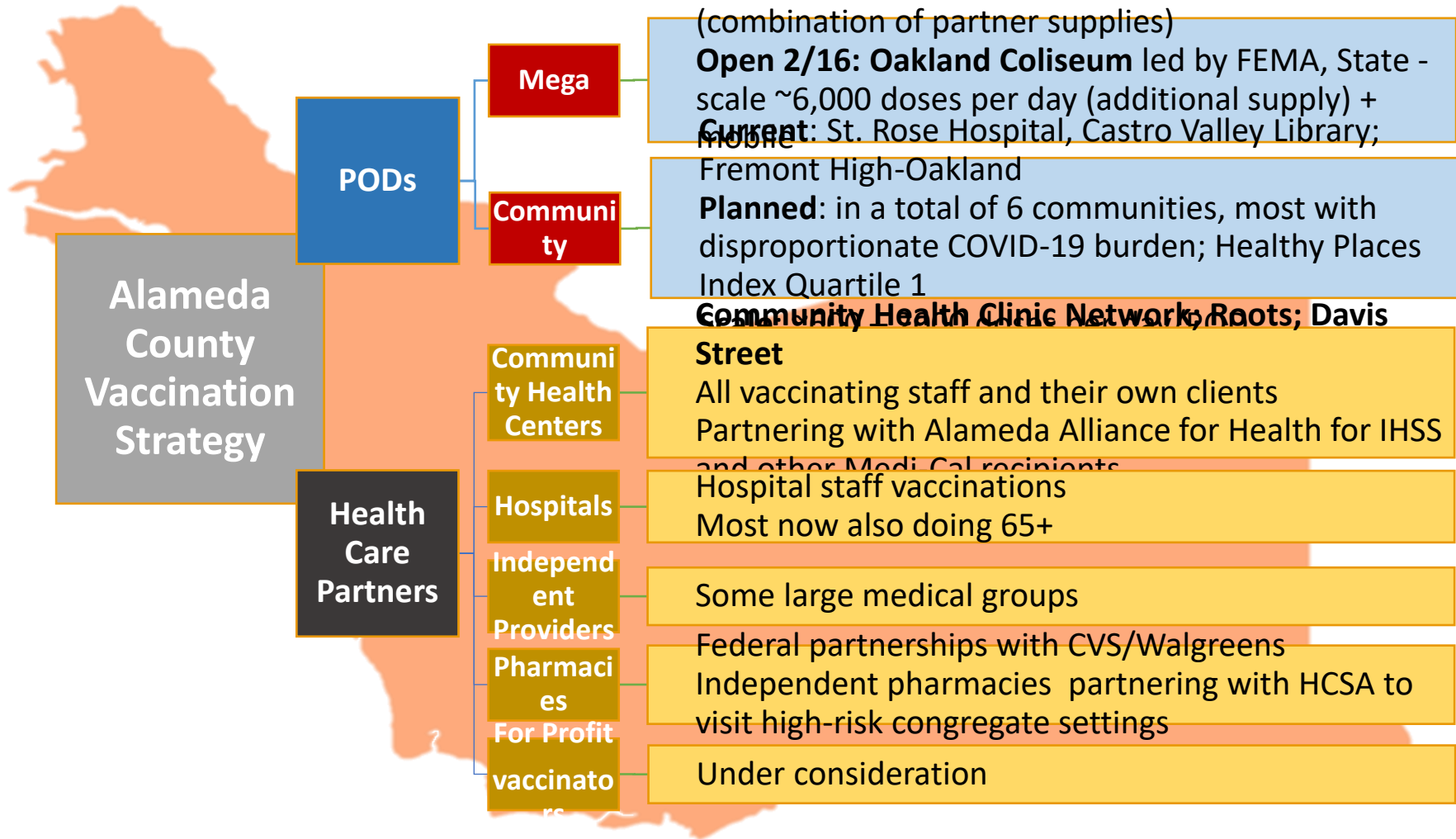
≥ 16 Years

Place	Received First Dose	Fully Vaccinated
Alameda	21.0%	6.7%
Albany	22.7%	6.5%
Ashland	11.4%	4.8%
Berkeley	19.9%	5.2%
Castro Valley	22.1%	7.8%
Cherryland	13.7%	6.3%
Dublin	14.1%	4.8%
Emeryville	15.6%	6.1%
Fairview	19.8%	6.8%
Fremont	15.2%	5.2%
Hayward	16.1%	6.4%
Hayward	11.3%	5.1%
Acres		
Livermore	18.9%	5.4%
Newark	15.0%	5.1%
Oakland	17.2%	5.5%
Piedmont	32.5%	10.5%
Pleasanton	21.5%	6.6%
Remainder of County	21.1%	4.7%
San Leandro	17.5%	6.2%
San Lorenzo	16.8%	5.8%
Sunol	26.3%	6.5%
Union City	19.3%	7.4%

Notes and disclaimers: This dashboard is populated with data from the California Immunization Registry (CAIR), the State's electronic immunization information system. Vaccination records were accessed via CAIR's Snowflake platform. Information currently available in CAIR for Alameda County may not include all vaccinations among county residents. Dashboard totals include vaccinations of residents of the City of Berkeley, which is a separate health jurisdiction.

CAIR Data





Rolling POD Plan	Current capacity (week)	Full/ Next week
Community PODs		
Castro Valley Library	4,406	3,840
Fruitvale Fremont HS	1,800	1,920
New sites will be coming...		
FireHouse Pop-ups		
Fremont Fire	800	1,200
Union City	200	350
So. Hayward	1,000	1,000
San Lorenzo/Cherryland/Ashland (ACF)	1,200	3,000
Mega PODs		
Coliseum	31,000	42,000
Fairgrounds	3,248	36,000
Buchanan Parking Lot (AC/COB POD)	2,000	2,000
Closed		
Santa Rita Jail	480	960
Emergency Services: OES	1,100	2,200
Clinics		
Estimated Combined Total	5,000	5,000
Mobile		
Local Pharmacies	1,300	1,300
TOTAL	47,234	97,470

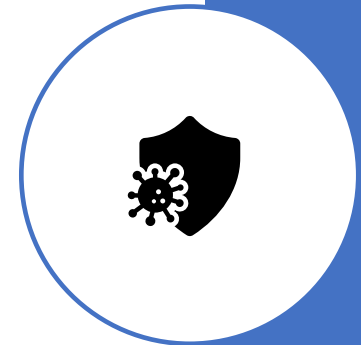


How is it working?

LTCF Impact

There are approximately 13,600 residents and 11,000 staff in LTCFs in Alameda County's 634 LTCFs in the CDC Federal Pharmacy Partnership

- 30,314 vaccine doses have been administered to Alameda County LTCF residents and staff by Walgreens and CVS
 - 22,015 first doses administered to residents and staff
 - 8,299 second doses administered to residents and staff
 - 3,874 LTCF residents have received their 2nd dose
 - 4,425 LTCF staff have received their second dose
- Only 59 first clinics are scheduled after Feb 9, 2021
- Most LTCFs will complete their second clinic by Mar 15, 2021
- Only 35 LTCFs do not have their third vaccine clinic scheduled yet



Vaccination Keeps People Safe

- Only 14 deaths have occurred in 2021 (1.5 months) which represents a **74% decline** from the average number of deaths in LTCFs every 1.5 months in 2020
- Only 10 SNF residents have been hospitalized and just 2 have passed in 2021
- 397 SNF residents were hospitalized and 296 passed due to COVID19 in 2020

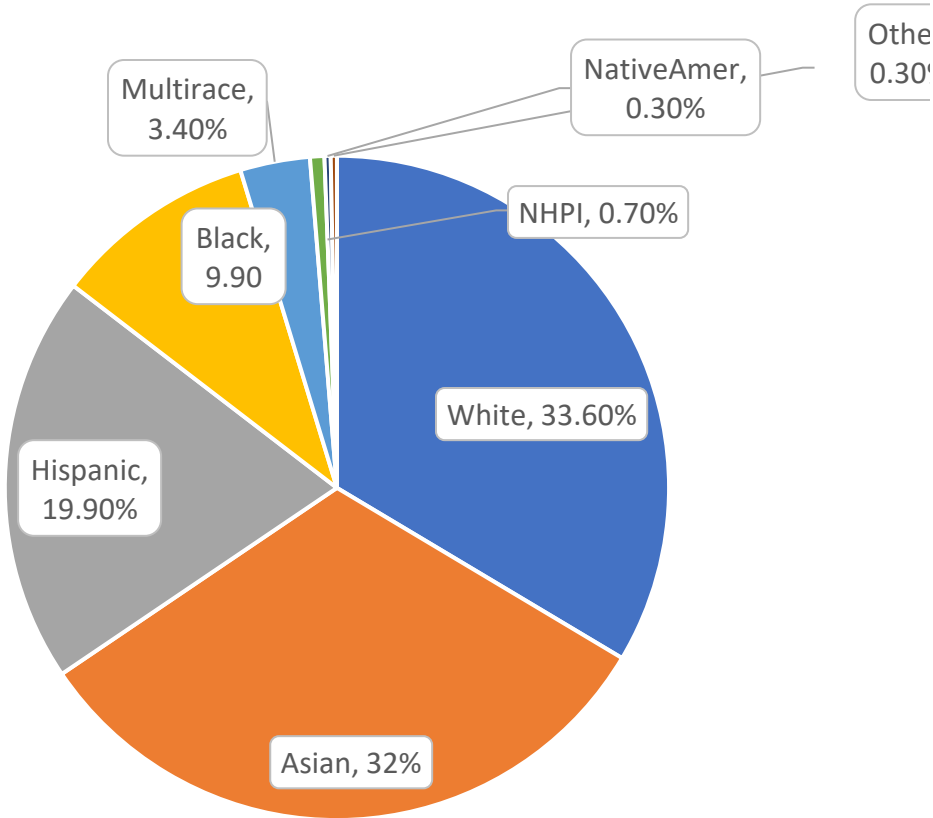
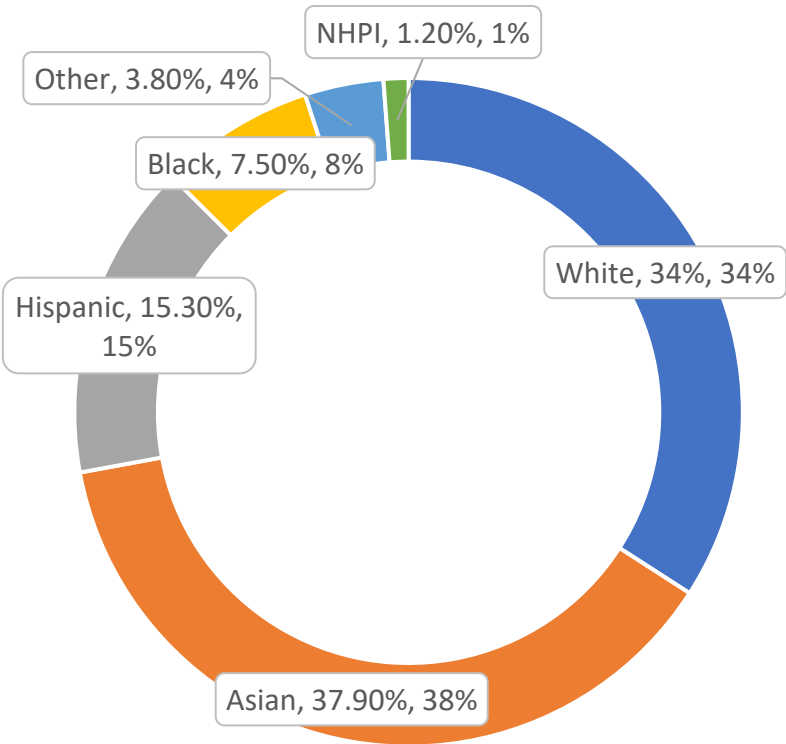


Equity Issues



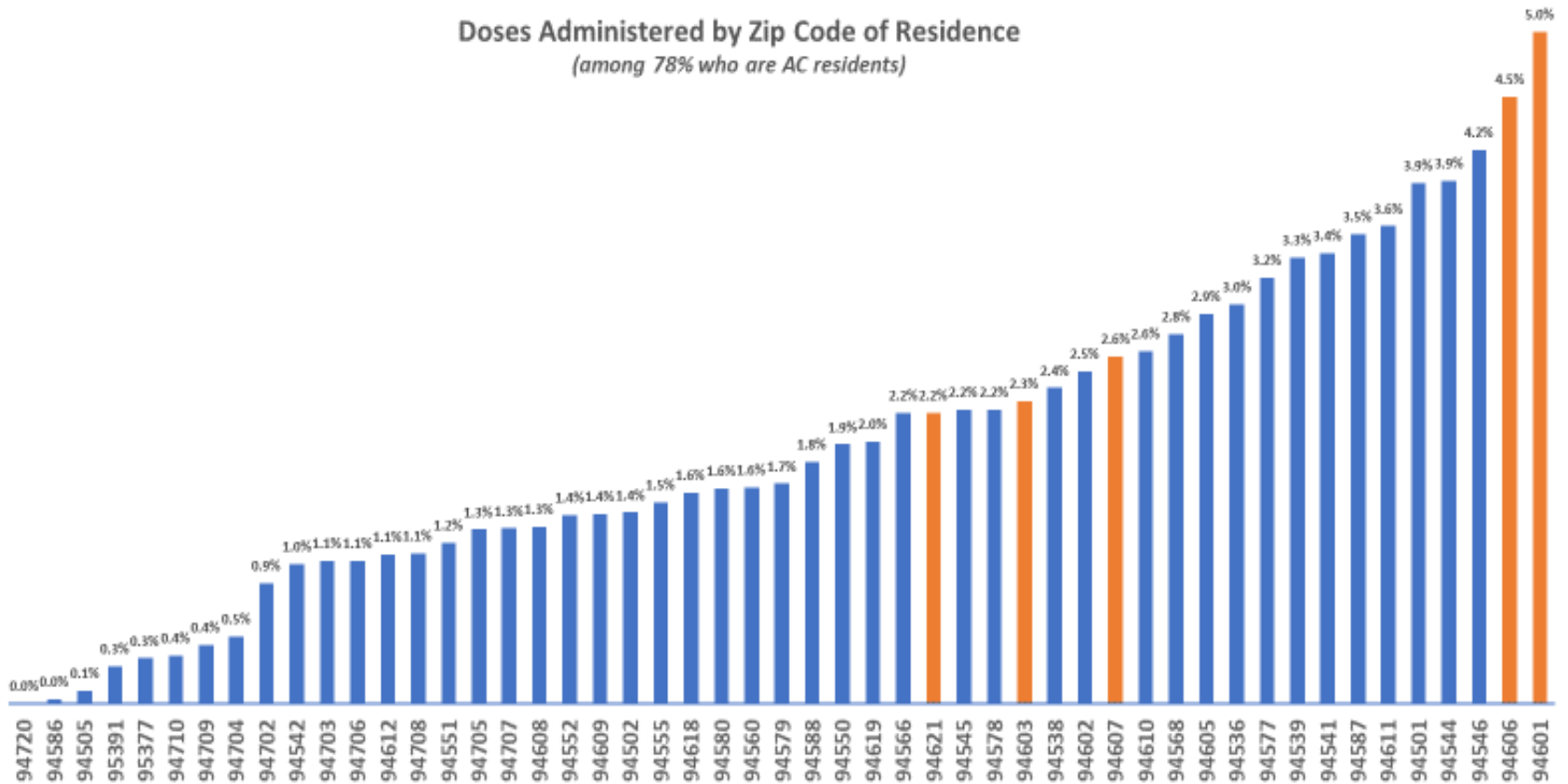
Race/Ethnicity Breakdown of Alameda County Adults vs Those Vaccinated

Vaccine Doses Administered by Race/Ethnicity



Vaccinations Administered by Zip Code of Residence

Doses Administered by Zip Code of Residence
(among 78% who are AC residents)



Vaccine Doses Administered by Age Group

