Session Six: COVID Fatigue and Vaccine Information & Updates

Thursday, January 21, 2021
330-430 PM CST
Via Zoom

Children's
HOSPITAL & MEDICAL CENTER

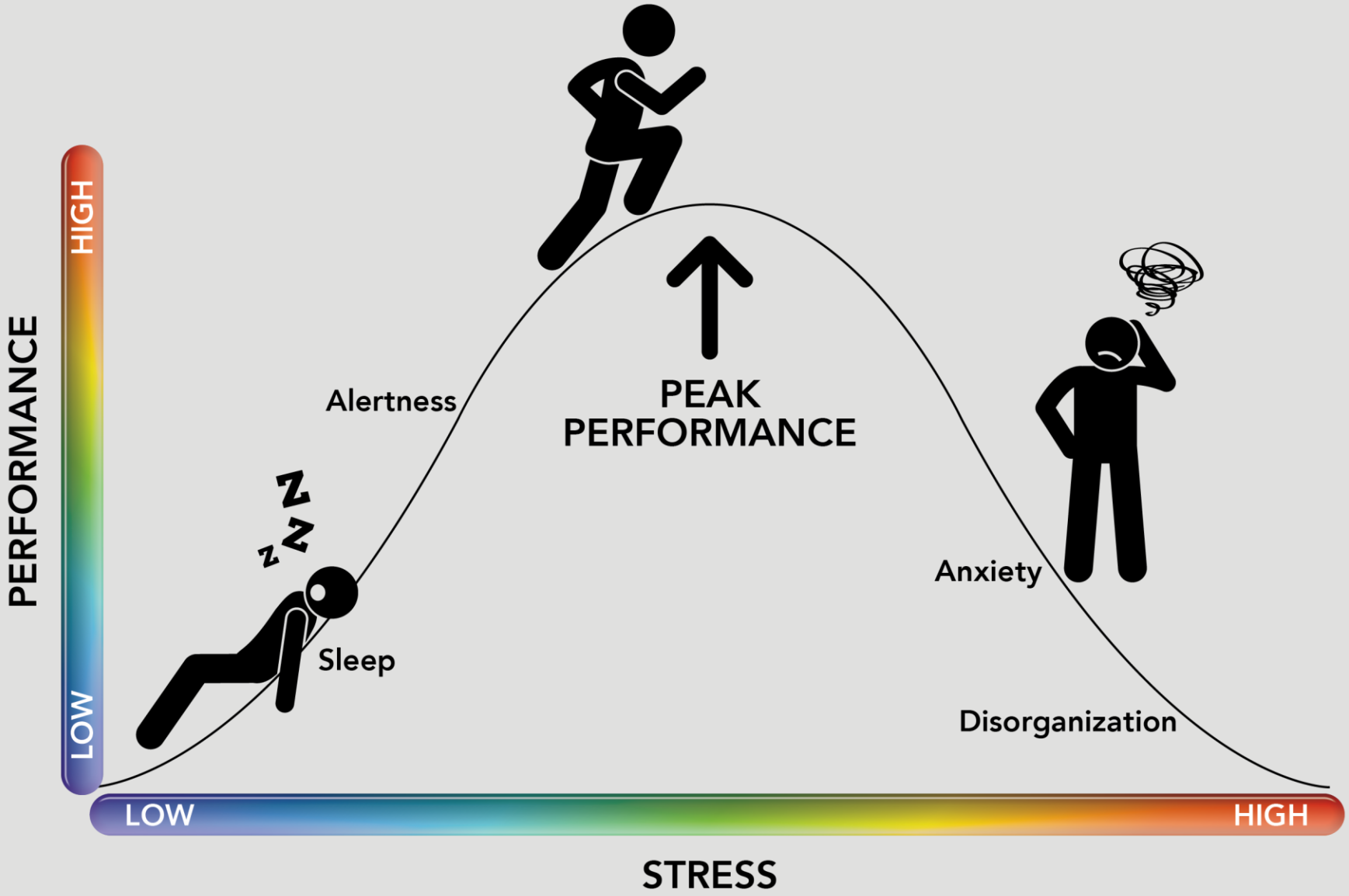
- ✓ Don't forget to mute your phone!
- ✓ Please enter your name & email address in the chat box
- ✓ Questions are welcome during the discussion (put in the chat box)
- ✓ Sessions will be recorded with video, PowerPoint, and Q&A available at: www.childrensomaha.org/back-to-school/
- ✓ An evaluation will be provided via a link at the end of the presentation and via email

Wellbeing for Educators

Linda Kenedy, EHA Wellness Program

January 21, 2021

Stress + Performance



What's in your toolbox?

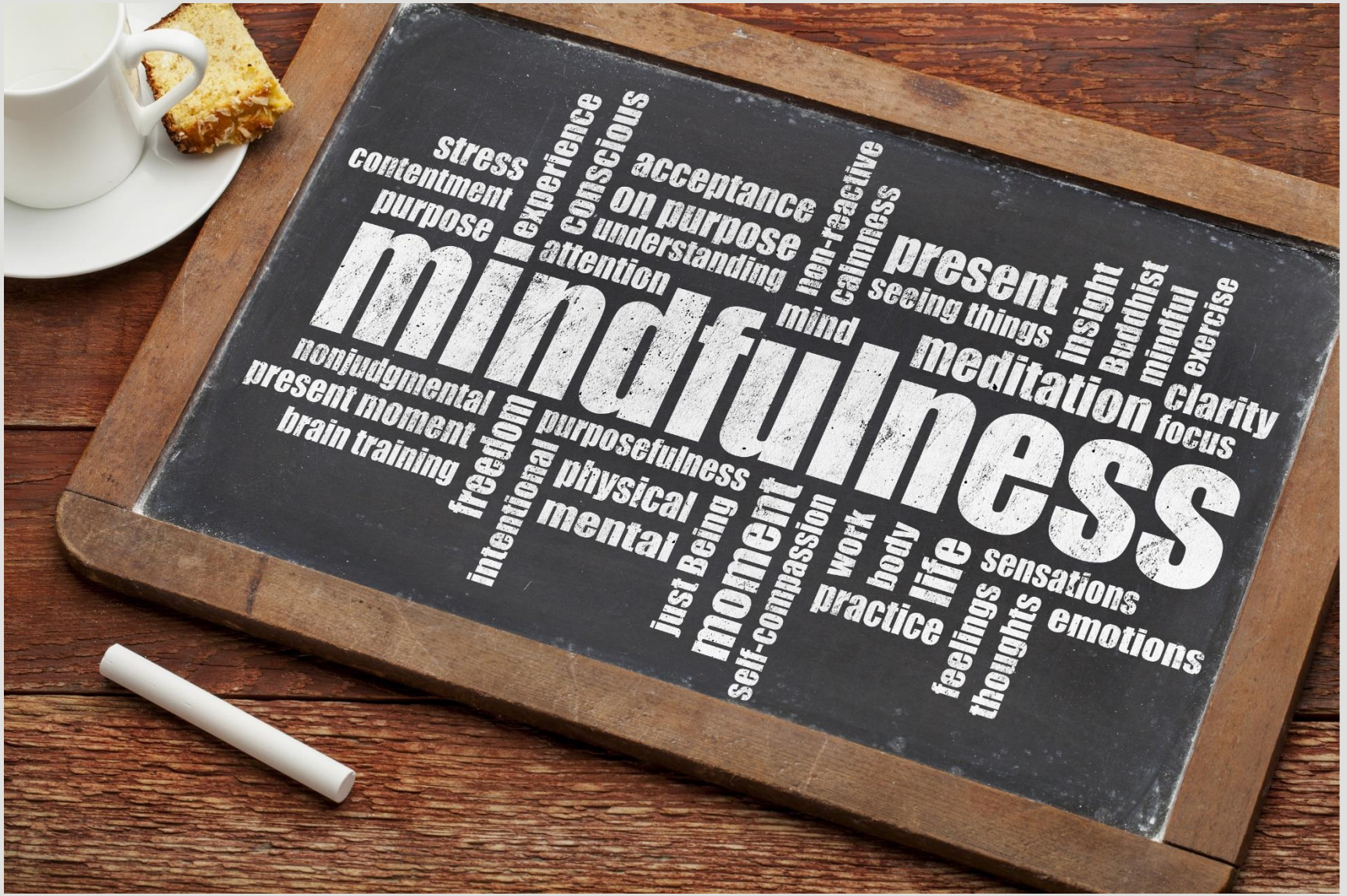
EHA WELLNESS
An Educators Health Alliance Program

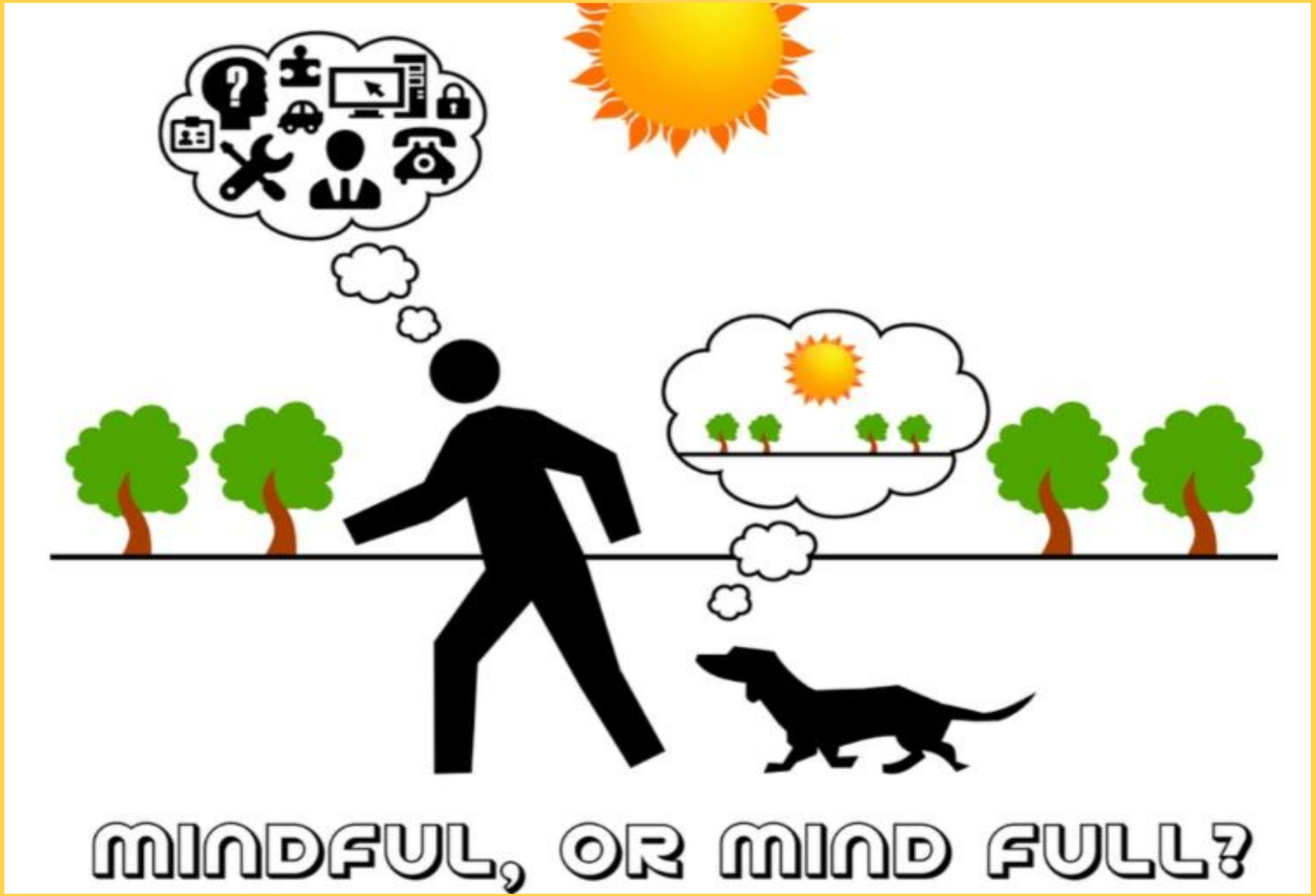
Questions….

1. What are you doing right now?
2. What are you thinking right now?
3. How are you feeling right now?

- Were your answers for #1 and #2 the same?
- #3: Research shows we are happiest when what we are doing is what we are thinking about!

EHA WELLNESS
An Educators Health Alliance Program


mindfulness
meditation
present
stress
contentment
purpose
experience
conscious
acceptance
on purpose
understanding
attention
non-reactive
calmness
seeing things
mind
insight
Buddhist
mindful
exercise
clarity
focus
nonjudgmental
present moment
brain training
freedom
intentional
purposefulness
physical
mental
Just Being
moment
self-compassion
work
body
life
practice
sensations
emotions
feelings
thoughts


MINDFUL, OR MIND FULL?

What is Mindfulness?

- Paying attention in a particular way:
  - on purpose,
  - in the present moment, and
  - nonjudgmentally.

- Maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment with compassion.

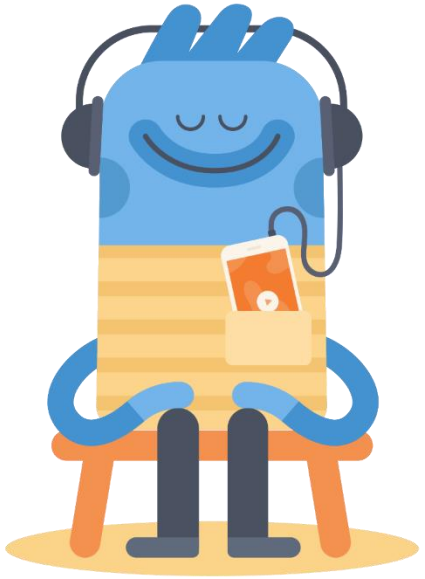
EHA WELLNESS
An Educators Health Alliance Program


GRATITUDE LIST
GOOD MOOD
- DELICIOUS FOOD
- GOOD HEALTH
- WARM SHELTER
BAD MOOD
- NOT STARVING
- NOT SICK
- NOT HOMELESS
EVERYDAY PEOPLE CARTOONS BY CATHY THORNE


Gratitude
Changes
Everything
Accuracy
usiness
Learn

EHA WELLNESS
An Educators Health Alliance Program

Headspace & EHA Wellness



headspace +

work.headspace.com/eha/member-enroll

Or go to www.ehawellness.org and enter your code and PIN.

Click on the Headspace logo.

EHA WELLNESS
An Educators Health Alliance Program

EHA Population Health

Personalized Health Care Support for EHA Plan Members (BCBS)

- Connects you to a nurse health coach through a mobile health app called Wellframe.
- Download the Wellframe app to get started!

Lower health risks related to diabetes, high blood pressure and other conditions

Navigate the health care system so you get the most from your health insurance plan

Meet your health and wellness goals to live a healthier and happier life

EHA WELLNESS
An Educators Health Alliance Program

Coronavirus Update: Infections and Vaccines 1/21/2021

Alice Sato, MD PhD
Hospital Epidemiologist, CHMC
Assistant Professor, Pediatric Infectious Diseases, UNMC
@asato4kids

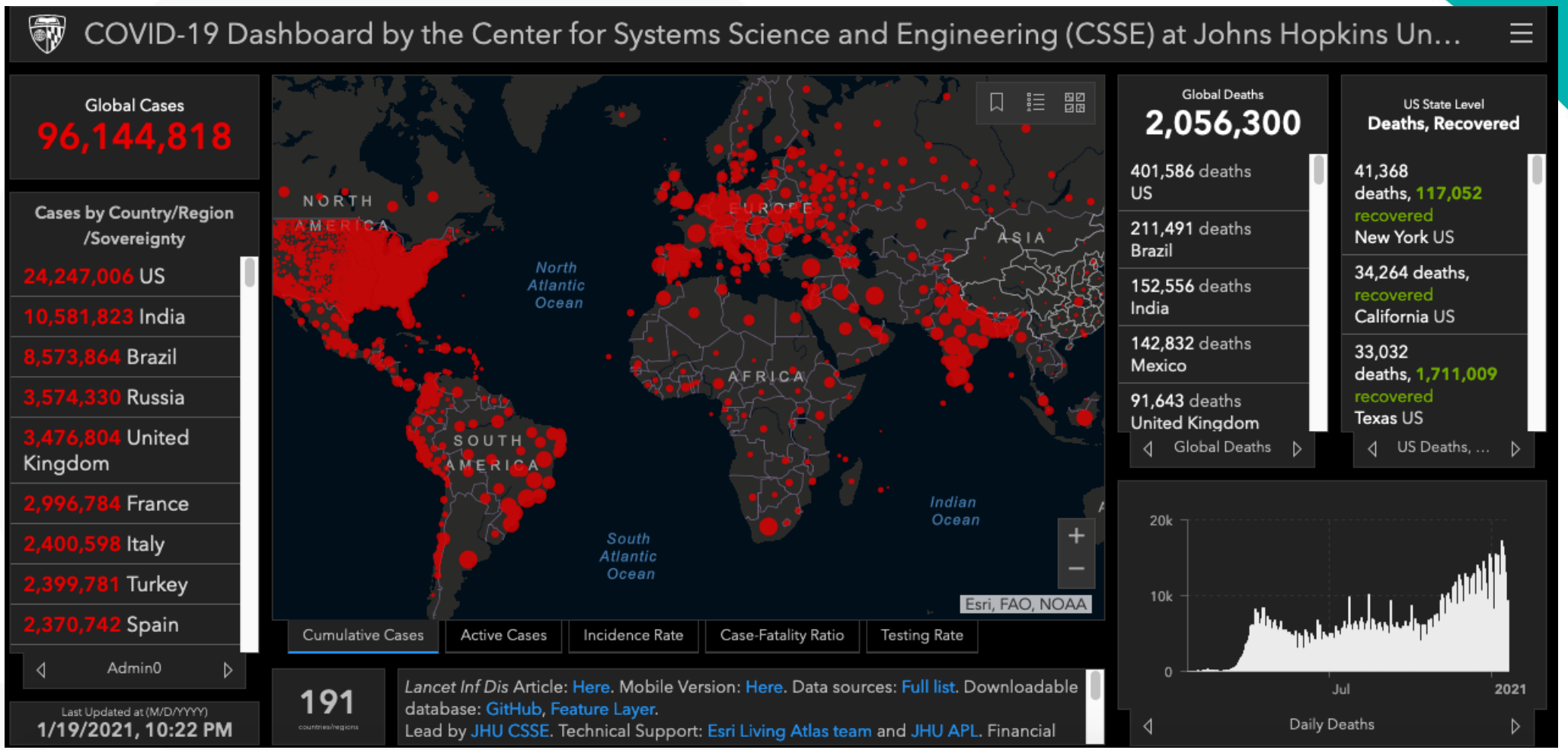
Disclosures

- No relevant disclosures.
- Will discuss EUA use of vaccines.

”SITREP”
January 2021


Washington Post

1/19:
US 24,247,006 cases
401,586 deaths (1.66% CFR)



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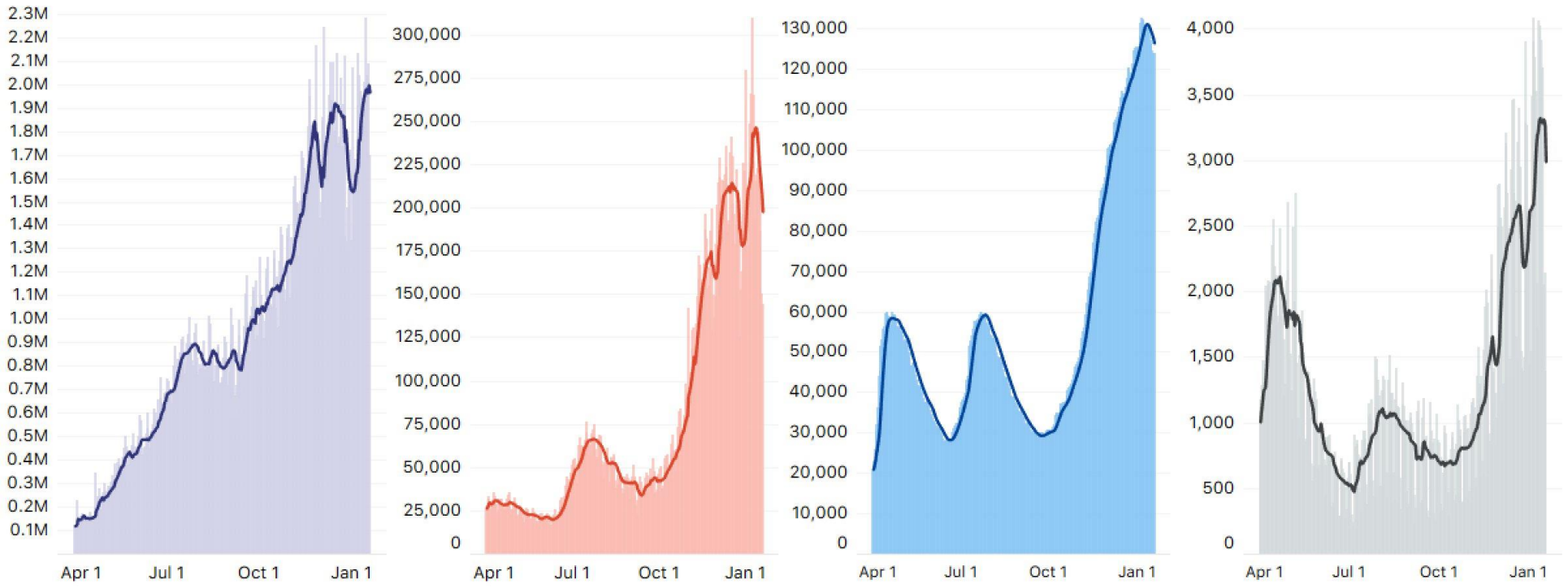
NATIONWIDE COVID-19 METRICS. 7-DAY AVERAGE LINES

Apr 1 - Jan 19

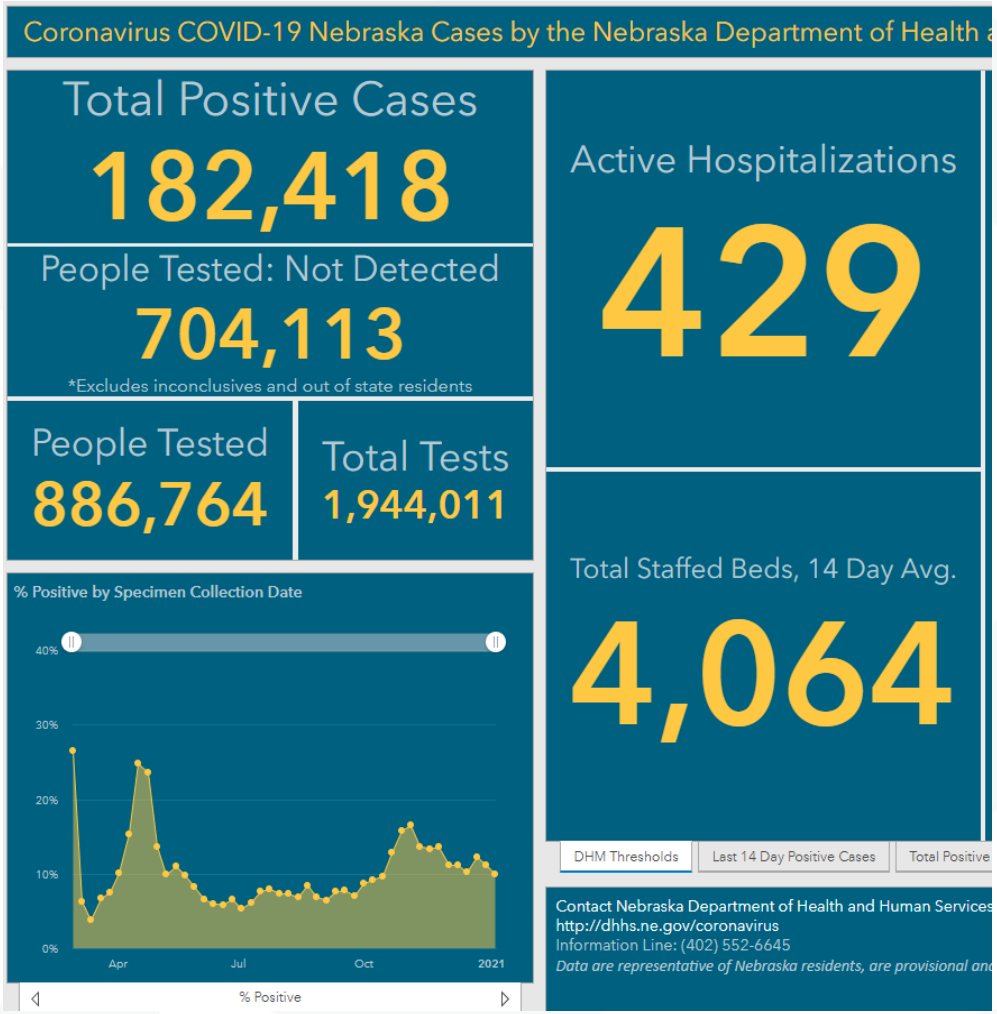
Daily Tests	Daily Cases	Currently Hospitalized	Daily Deaths
Jan 19: 1,698,121	Jan 19: 144,047	Jan 19: 123,820	Jan 19: 2,141
7-Day Avg: 1,965,647	7-Day Avg: 197,578	7-Day Avg: 126,395	7-Day Avg: 2,988



Source: The COVID Tracking Project

Single-day record

1/18/21
State of Nebraska



NE Population 1.934m

- 182,418 cases (9.4%)
- 1842 deaths (1.0% CFR)

If entire state infected

= 19,340 deaths

	City	Population
1	Omaha	475,862
2	Lincoln	283,839
3	Bellevue	53,324
4	Grand Island	51,147
5	Kearney	33,464
6	Fremont	26,437
7	Hastings	24,906
8	Norfolk	24,424
9	North Platte	23,892
10	Columbus	23,195
11	Papillion	20,423
12	La Vista	17,078

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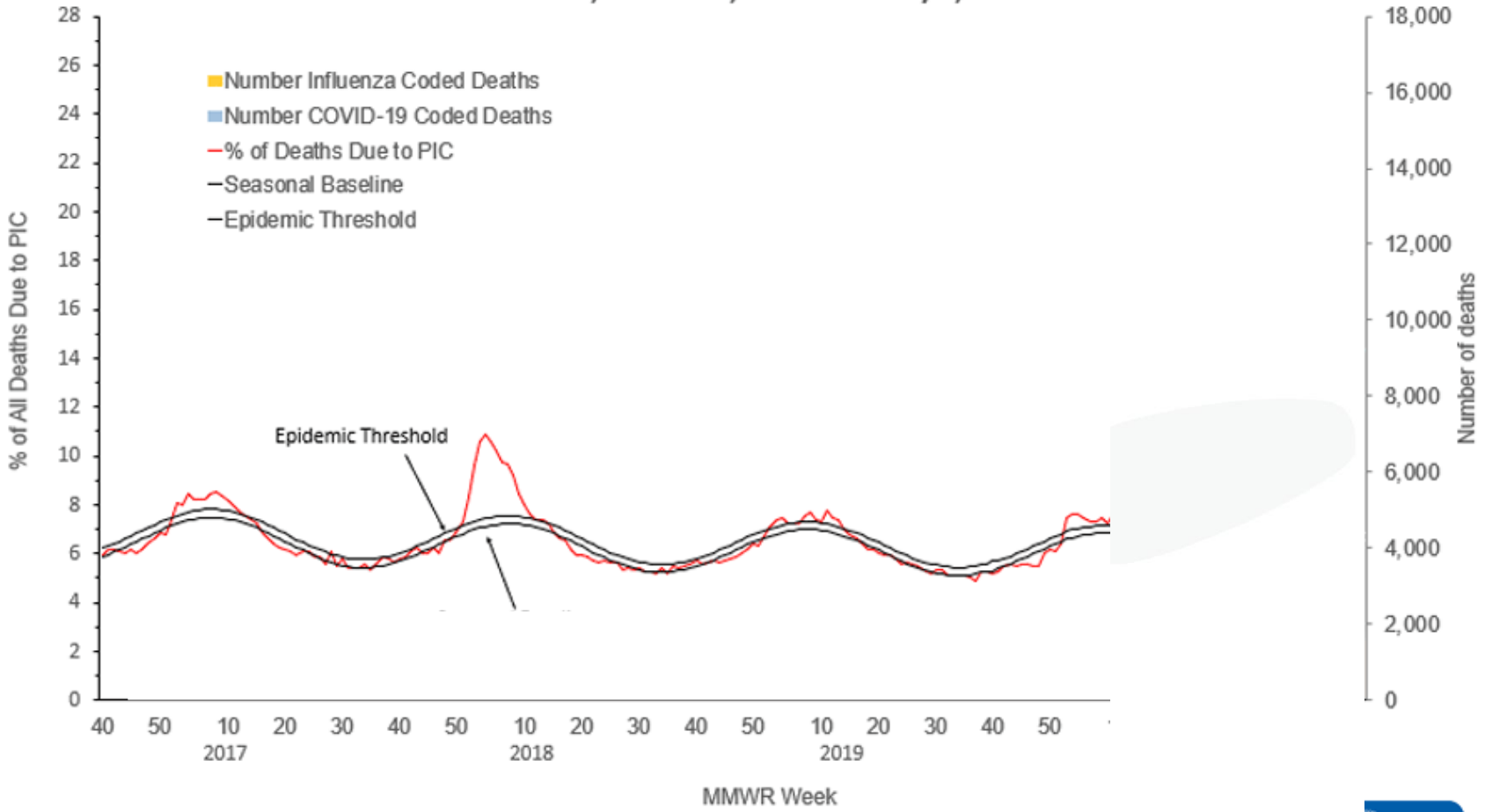
NCHS Mortality Reporting System: Pneumonia, Influenza and COVID-19 (PIC) Mortality United States, October 2, 2016 – January 2, 2021*



*Data as of January 7, 2020

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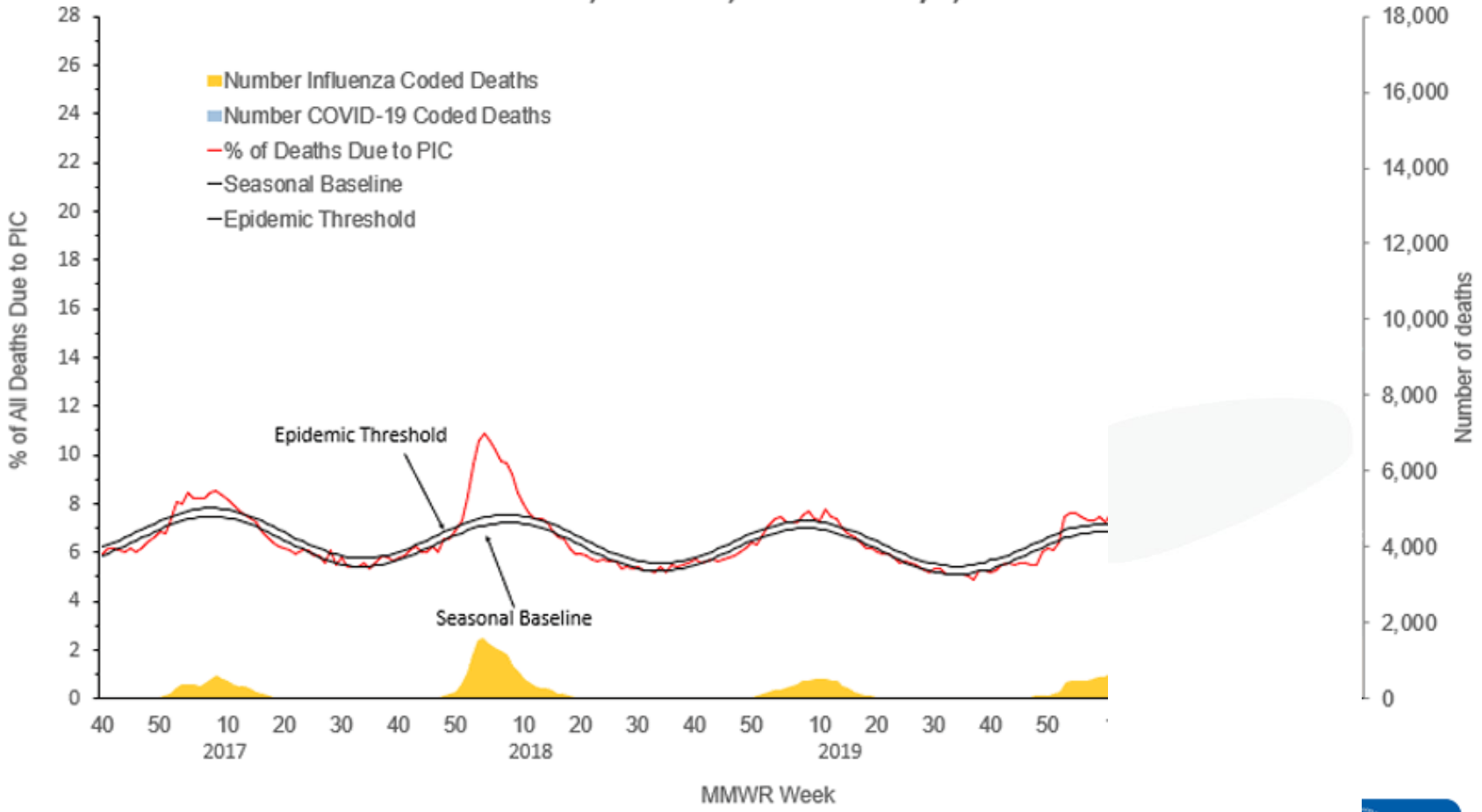
NCHS Mortality Reporting System: Pneumonia, Influenza and COVID-19 (PIC) Mortality United States, October 2, 2016 – January 2, 2021*



*Data as of January 7, 2020

CDC

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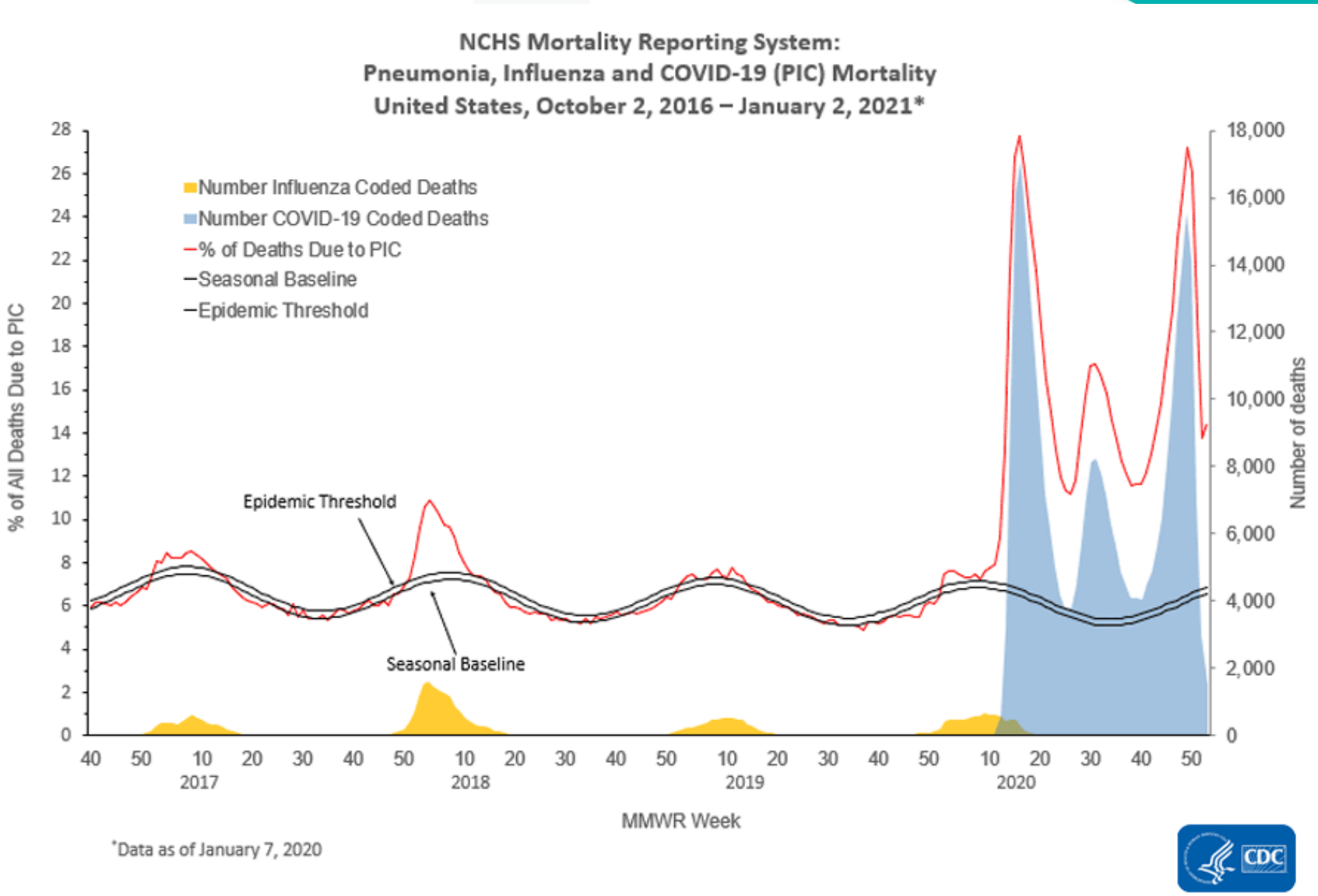
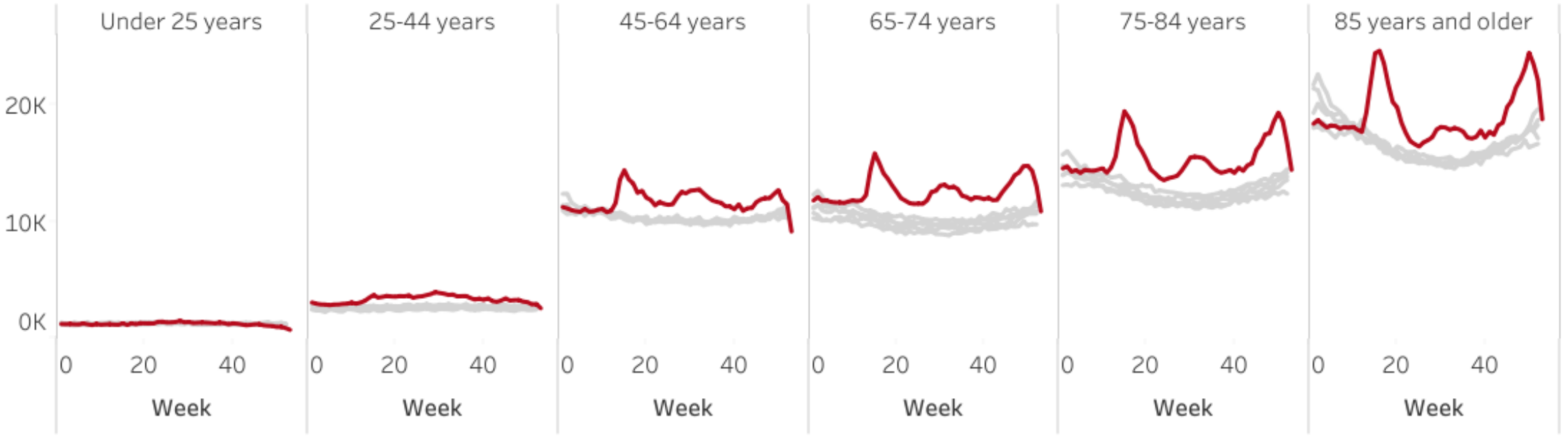


Select a jurisdiction:
United States

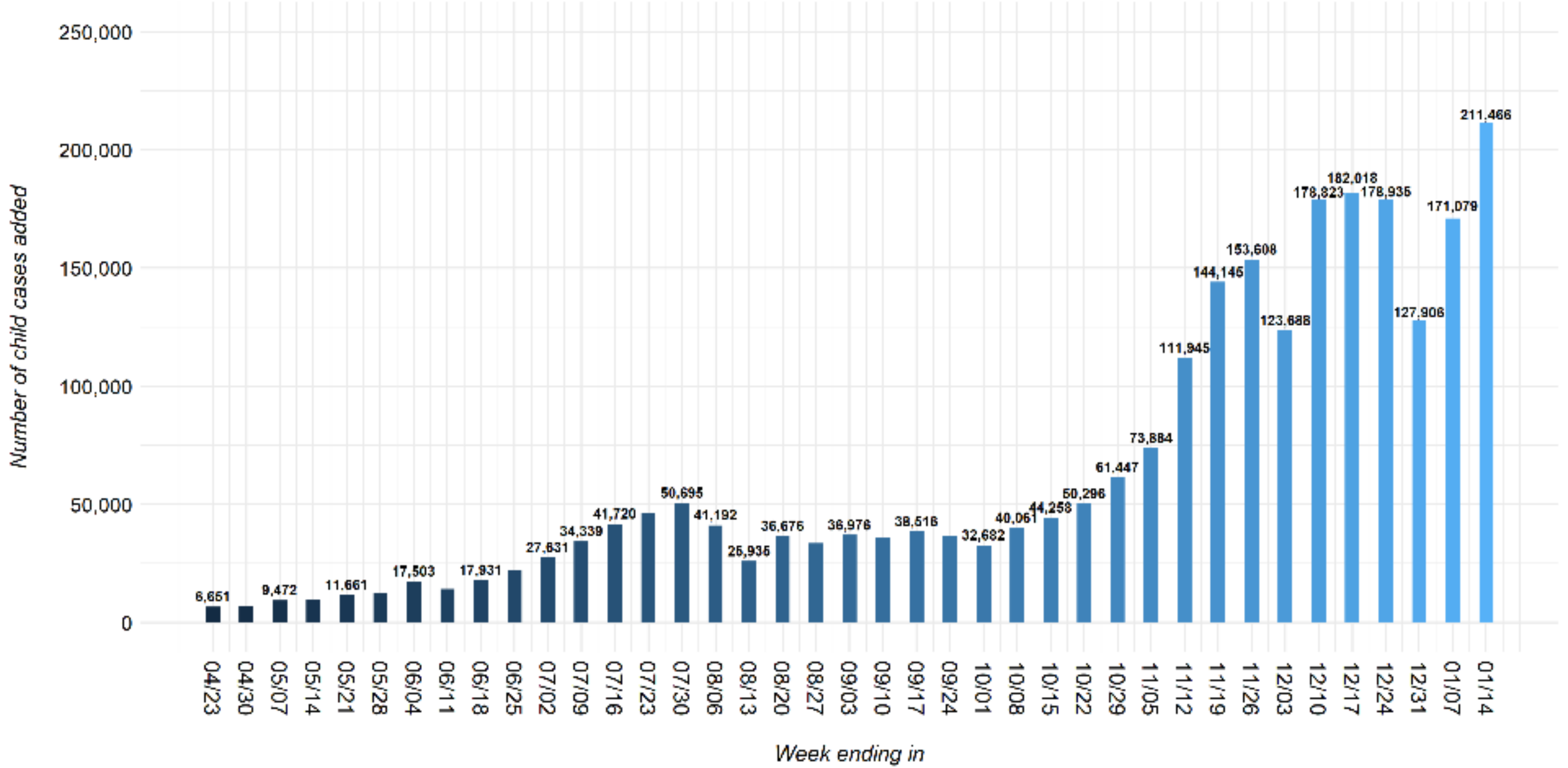
Select age group(s):
All

Weekly counts of deaths by age group



Time Period
2020
2015-2019

Centers for Disease Control and Prevention
National Center for Health Statistics


250,000
200,000
150,000
100,000
50,000
0
Number of child cases added
6,651
9,472
11,661
17,503
17,931
27,631
34,339
41,720
50,695
41,192
25,935
36,676
36,976
38,516
32,682
40,061
44,258
50,296
61,447
73,884
111,945
144,145
153,608
123,688
178,823
182,018
178,935
127,906
171,079
211,466
04/23
04/30
05/07
05/14
05/21
05/28
06/04
06/11
06/18
06/25
07/02
07/09
07/16
07/23
07/30
08/06
08/13
08/20
08/27
09/03
09/10
09/17
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10/01
10/08
10/15
10/22
10/29
11/05
11/12
11/19
11/26
12/03
12/10
12/17
12/24
12/31
01/07
01/14
Week ending in

Children and COVID-19: State Data Report

A joint report from the American Academy of Pediatrics and the Children's Hospital Association

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Hospitalizations (24 states and NYC reported)*

- Children were 1.2%-2.8% of total reported hospitalizations, and between 0.2%-2.8% of all child COVID-19 cases resulted in hospitalization

Date~	Number of locations reporting age distribution of hospitalizations	Cumulative total hospitalizations (all ages)	Cumulative child hospitalizations	Percent children of total hospitalizations	Hospitalization rate^
1/14/21	24 states and NYC	560,125	10,182	1.8%	0.8%

Mortality (43 states and NYC reported)*

- Children were 0.00%-0.17% of all COVID-19 deaths, and 12 states reported zero child deaths
- In states reporting, 0.00%-0.06% of all child COVID-19 cases resulted in death

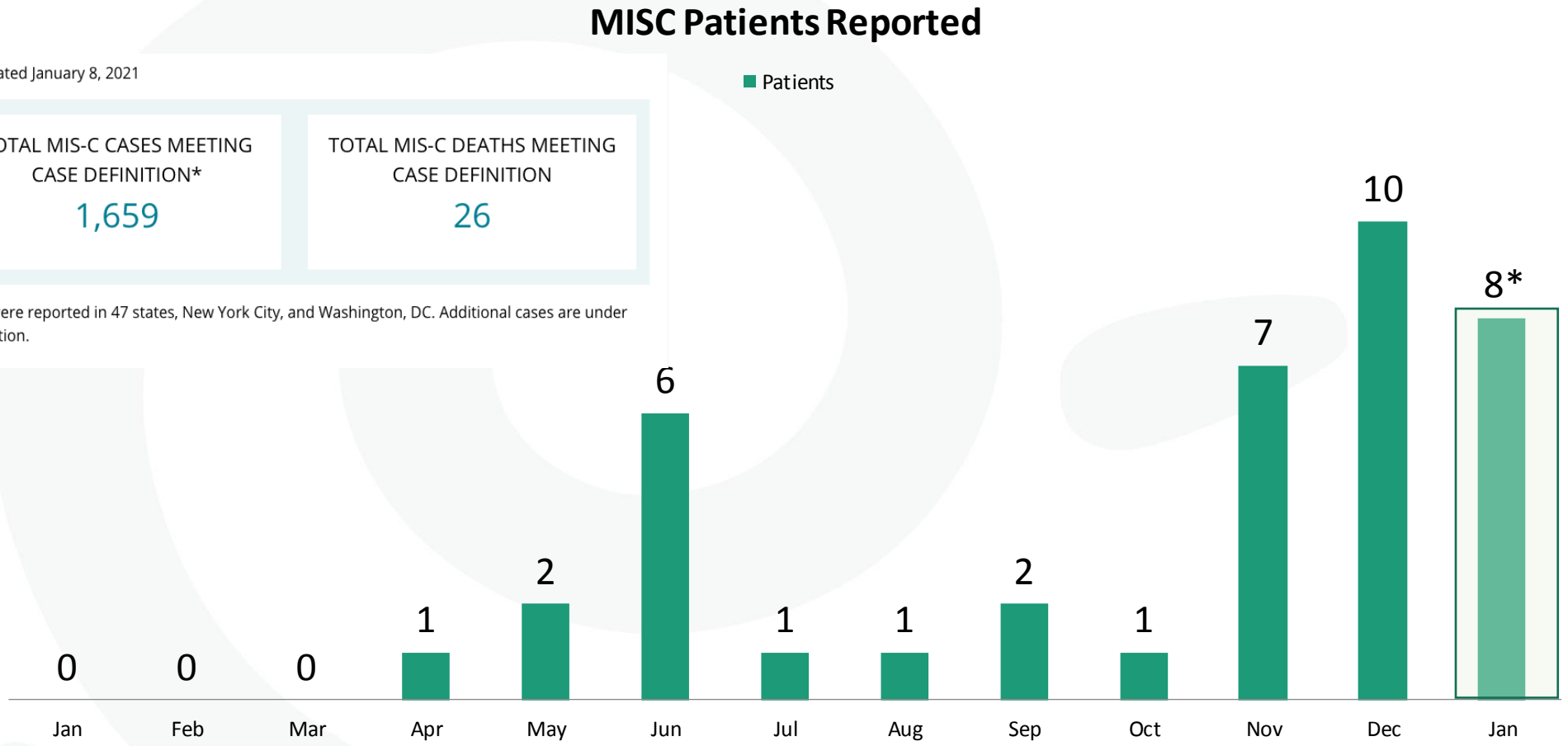
Date~	Number of locations reporting age distribution of deaths	Cumulative total deaths (all ages)	Cumulative child deaths	Percent children of total deaths	Percent of child cases resulting in death^
1/14/21	43 states and NYC	330,261	191	0.06%	0.01%

MIS-C Patients Per Month (CHMC only)

Last updated January 8, 2021

TOTAL MIS-C CASES MEETING CASE DEFINITION*	TOTAL MIS-C DEATHS MEETING CASE DEFINITION
1,659	26

*Cases were reported in 47 states, New York City, and Washington, DC. Additional cases are under investigation.

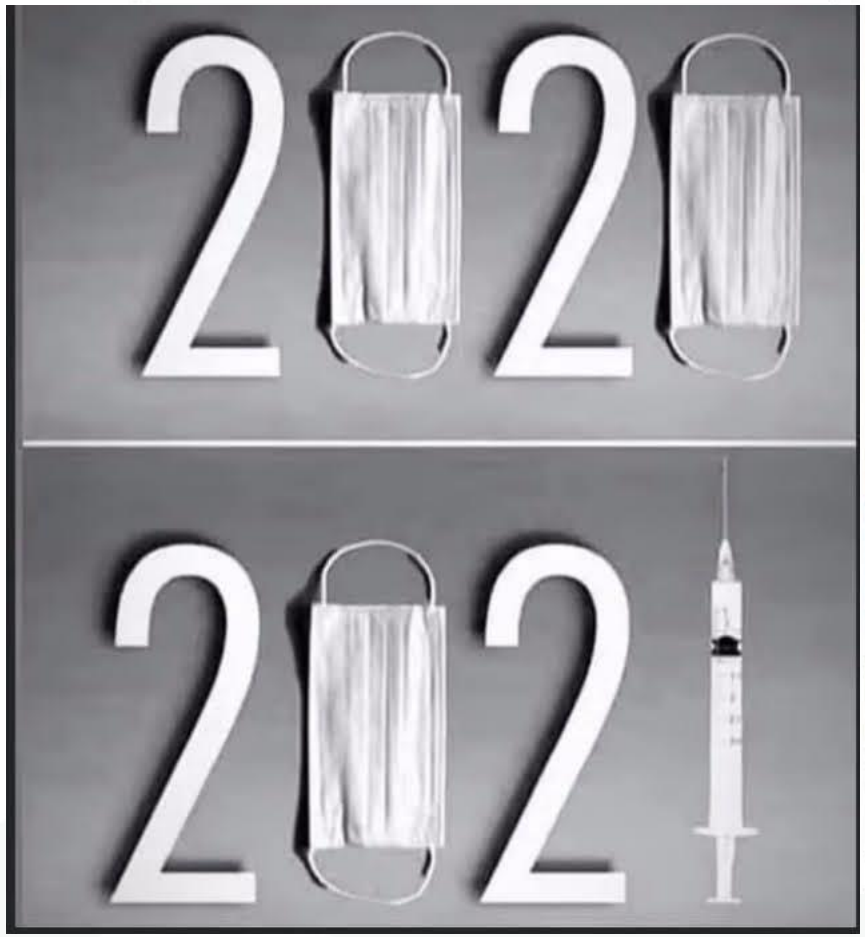


"All the News That's Fit to Print"

The New York Times

VOL. CLXX . . . No. 58,908 © 2020 The New York Times Company TUESDAY, DECEMBER 15, 2020

'HEALING IS COMING': U.S. VACCINATIONS BEGIN



POOL PHOTO BY MARK LENNIHAN

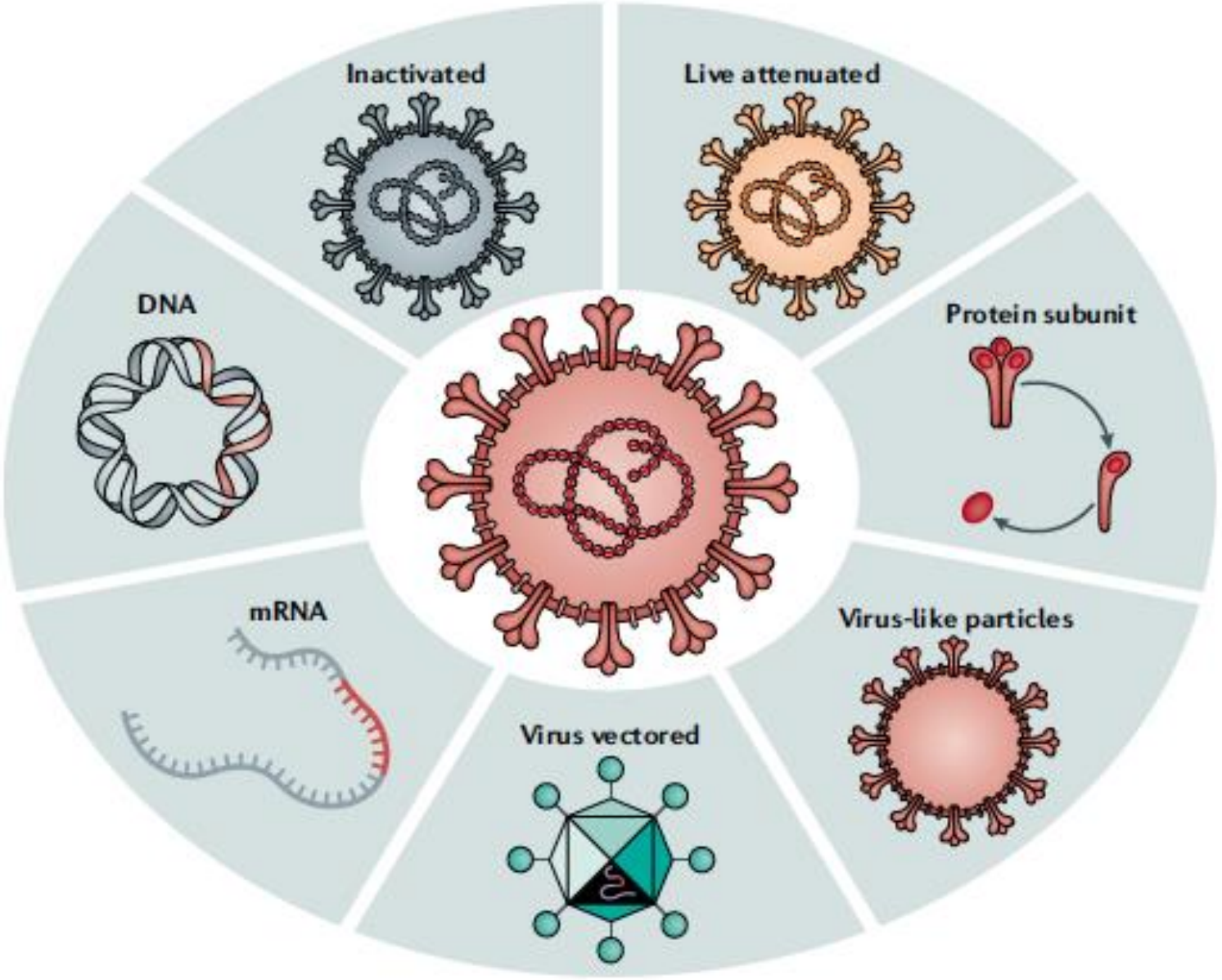
Dread Persists as Death Toll Tops 300,000

This article is by ***Campbell Robertson, Amy Harmon*** *and* ***Mitch Smith.***

PITTSBURGH — Some of the very medical centers that have endured the worst of the coronavirus outbreak in the United States found the gloom that has long filled their corridors replaced by elation and hope on Monday as health care workers became the first to take part in a mass vaccination campaign aimed at ending the pandemic.

Hundreds of those who have been on the front lines of fighting Covid-19 — a nurse from an intensive care unit in New York, an emergency room doctor from Ohio, a hospital housekeeper in Iowa — received inoculations in emotional ceremonies watched by people around the country.

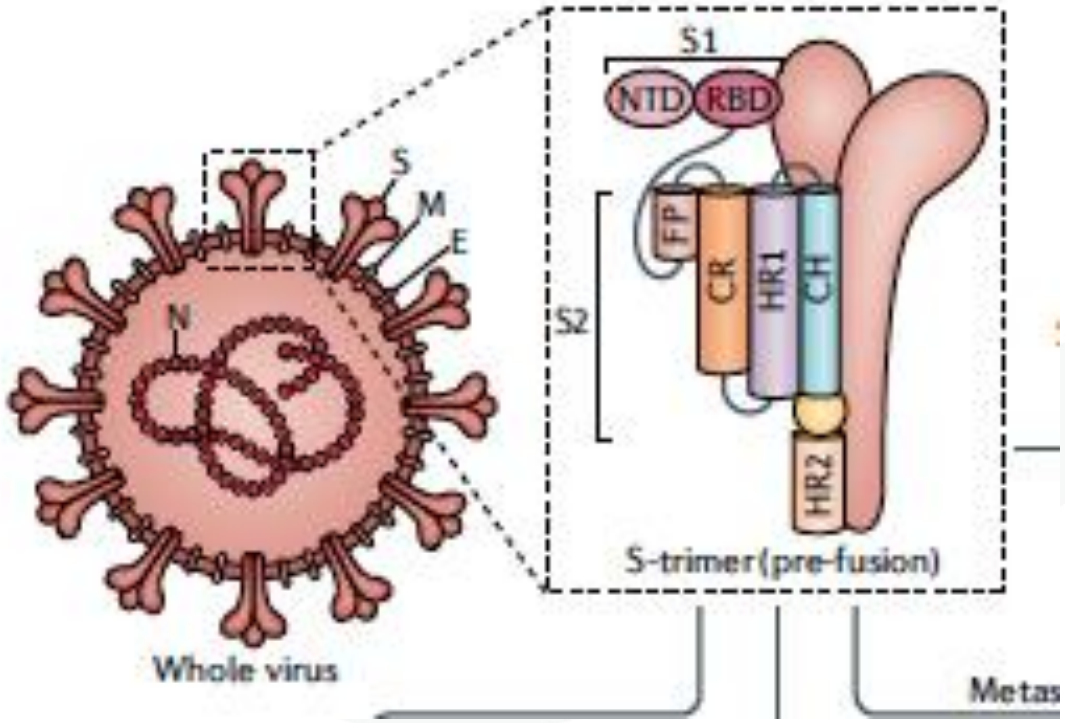
"I feel like healing is coming," said Sandra Lindsay, an intensive



The figure shows the seven strategies being explored as vaccines for coronavirus disease 2019 (COVID-19).

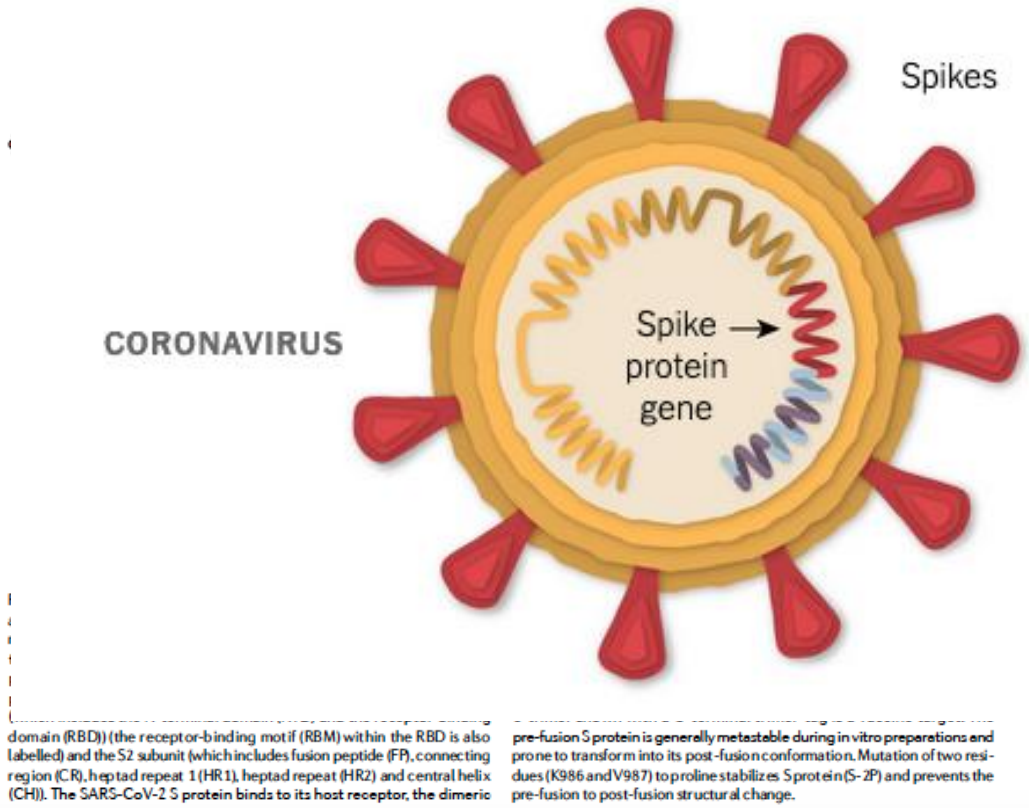
https://doi.org/10.1038/s41577-020-00480-0

Vaccine target: Spike protein



https://doi.org/10.1038/s41577-020-00480-0

Virus *vs* vaccine



domain (RBD)) (the receptor-binding motif (RBM) within the RBD is also labelled) and the S2 subunit (which includes fusion peptide (FP), connecting region (CR), heptad repeat 1 (HR1), heptad repeat (HR2) and central helix (CH)). The SARS-CoV-2 S protein binds to its host receptor, the dimeric

pre-fusion S protein is generally metastable during in vitro preparations and prone to transform into its post-fusion conformation. Mutation of two residues (K986 and V987) to proline stabilizes S protein (S-2P) and prevents the pre-fusion to post-fusion structural change.

https://www.nytimes.com/interactive/2020/health/pfizer-biontech-covid-19-vaccine.html?fbclid=IwAR2kL3gHUBrWiexGCuNfd1ODqFjZ8VvdthCGKaIUbB-Uy7NcACAc8e6eUek

mRNA vaccines

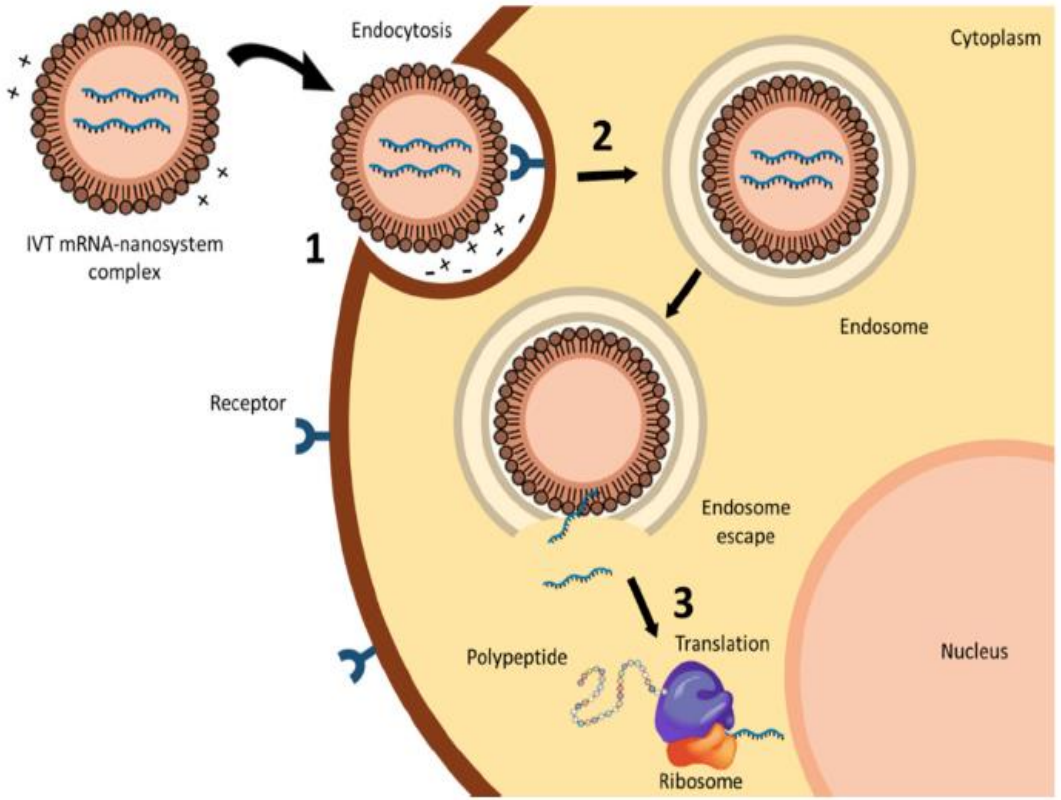
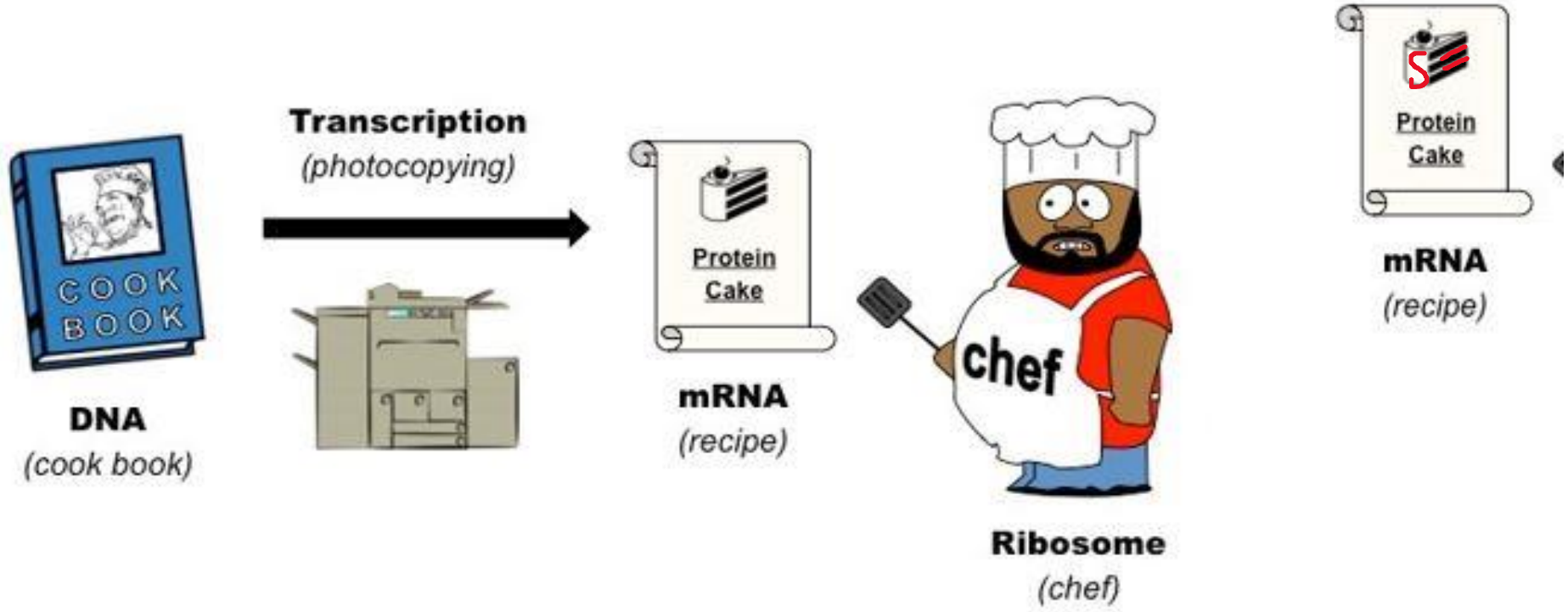


Figure 1. Intracellular barriers for in vitro transcribed (IVT) mRNA delivery: (1) Interaction between the delivery system and cell membrane, (2) endocytosis, and (3) endosomal escape and release of the mRNA to start the translation process.

Nanomaterials 2020, 10, 364; doi:10.3390/nano10020364

Not “live”
Not infectious
No impact on DNA



@IDJClub

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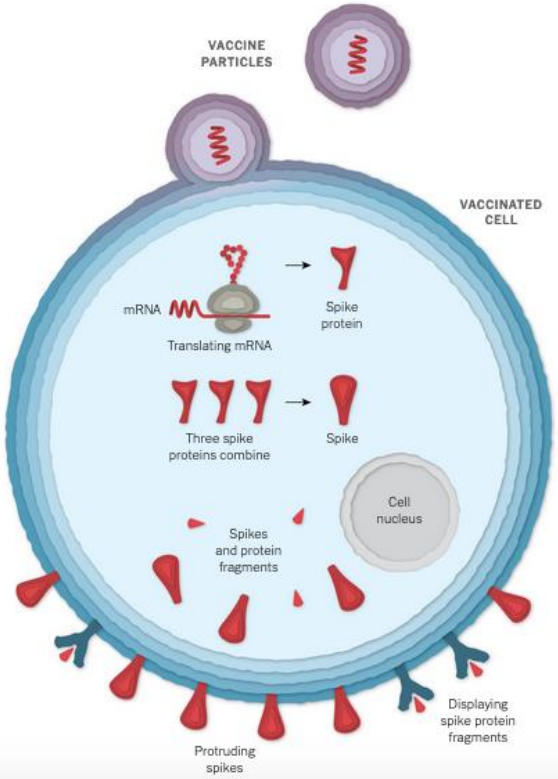
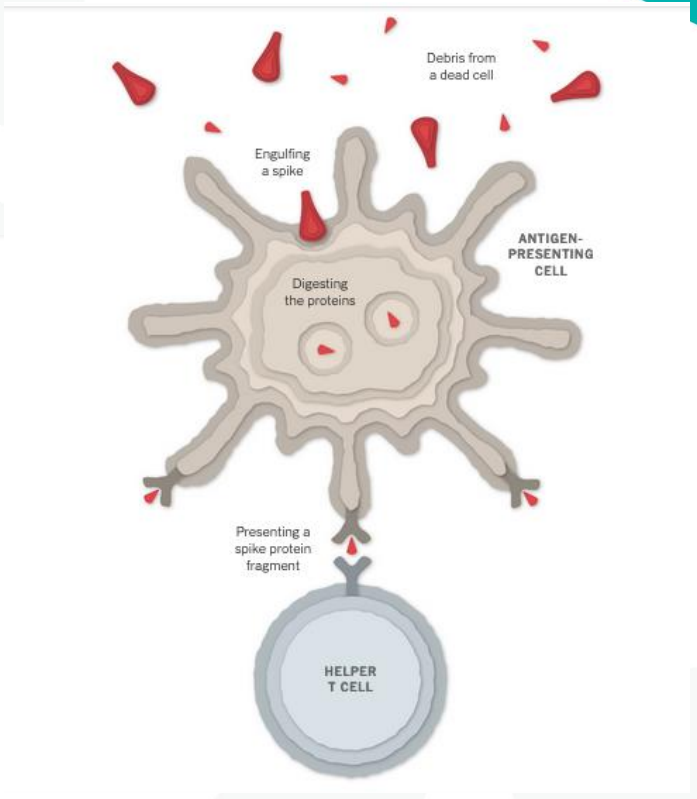
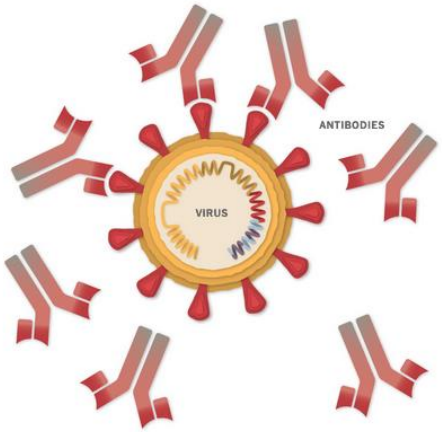
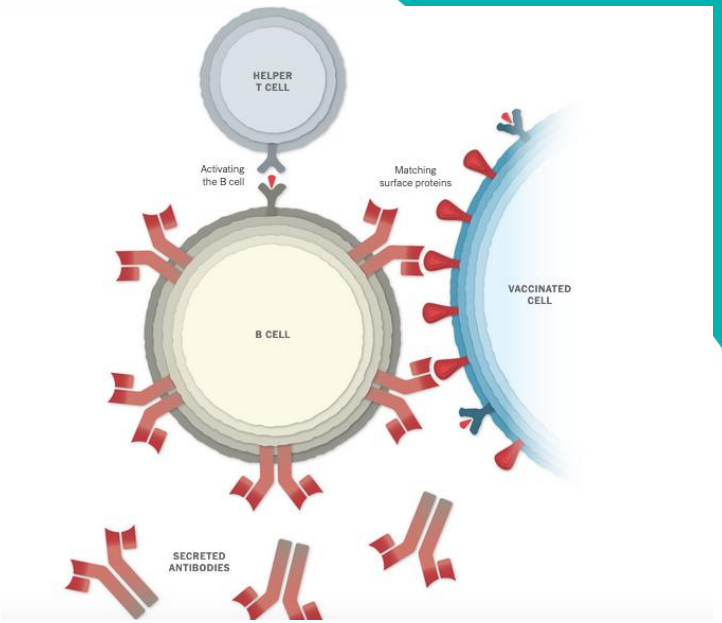
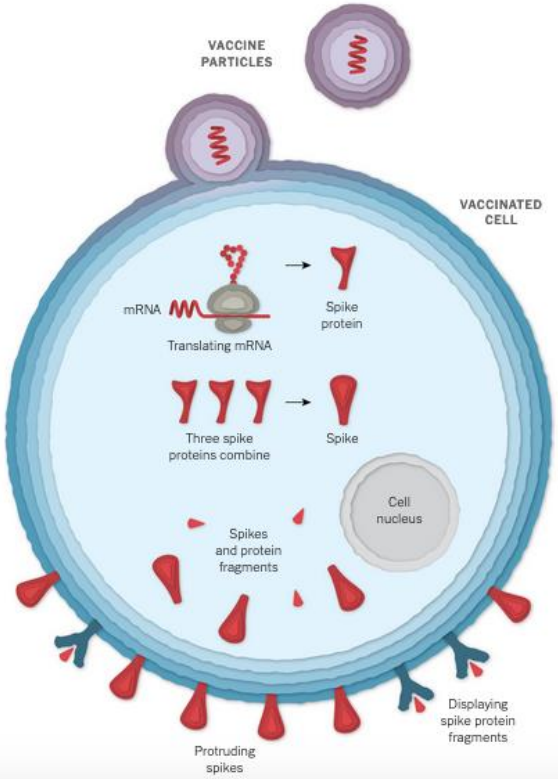
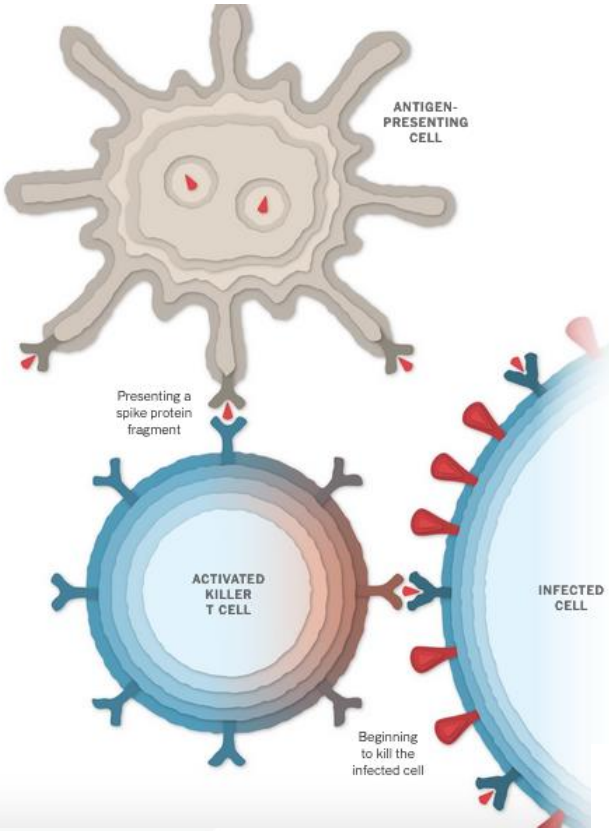


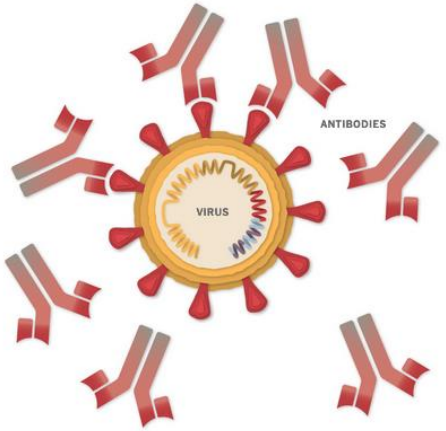







VACCINE PARTICLES
VACCINATED CELL
mRNA
Translating mRNA
Spike protein
Three spike proteins combine
Spike
Cell nucleus
Spikes and protein fragments
Displaying spike protein fragments
Protruding spikes


ANTIGEN-PRESENTING CELL
Presenting a spike protein fragment
ACTIVATED KILLER T CELL
INFECTED CELL
Beginning to kill the infected cell


ANTIBODIES
VIRUS

mRNA vaccine ingredients

Pfizer-BioNTech

- **Active Ingredient**
  - nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein (S) of SARS-CoV-2 with two proline substitutions (K986P and V987P)
- **Lipids**
  - (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis (ALC-3015)
  - (2- hexyldecanoate),2-[PEG(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159)
  - 1,2-distearoyl-snglycero-3-phosphocholine (DPSC)
  - Cholesterol
- **Salts/Buffers/Sugars**
  - potassium chloride
  - monobasic potassium phosphate
  - sodium chloride
  - basic sodium phosphate dihydrate
  - sucrose

Moderna

- **Active Ingredient**
  - nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein (S) of SARS-CoV-2 with two proline substitutions (K986P and V987P)
- **Lipids**
  - SM-102
    - (**heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate**) is a proprietary ionizable lipid
  - polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG]
  - 1,2-distearoyl-sn-glycero-3-phosphocholine (DPSC)
  - Cholesterol
- **Salts/Buffers/Sugars**
  - tromethamine
  - tromethamine hydrochloride
  - acetic acid
  - sodium acetate
  - sucrose

mRNA vaccine ingredients

- No egg
- No mercury
- No preservatives
- No blood products
- No pork products
- No SARS-CoV-2 virus
- Vaccine vials do not have latex stoppers
- No microchips

- Do not contain any fetal tissue or cells
  - However, both vaccines did confirmation testing using a fetal cell line grown in the lab, derived from elective abortions in the 1970s/1980s.
  - https://www.nebraskamed.com/COVID/you-asked-we-answered-do-the-covid-19-vaccines-contain-aborted-fetal-cells
  - Vatican statement https://www.catholicnews.com/vatican-without-alternatives-current-covid-19-vaccines-are-morally-acceptable/

How a new vaccine is developed, approved and manufactured

The Food and Drug Administration (FDA) sets rules for the three phases of clinical trials to ensure the safety of the volunteers. Researchers test vaccines with adults first.

PHASE 1

20-100 healthy volunteers

- Is this vaccine safe?
- Does this vaccine seem to work?
- Are there any serious side effects?
- How is the size of the dose related to side effects?

PHASE 2

several hundred volunteers

- What are the most common short-term side effects?
- How are the volunteers' immune systems responding to the vaccine?

PHASE 3

hundreds or thousands of volunteers

- How do people who get the vaccine and people who do not get the vaccine compare?
- Is the vaccine safe?
- Is the vaccine effective?
- What are the most common side effects?

FDA licenses the vaccine only if:
- **It's safe and effective**
- **Benefits outweigh risks**

Vaccines are made in batches called lots.

Manufacturers must test all lots to make sure they are safe, pure and potent. The lots can only be released once FDA reviews their safety and quality.

The FDA inspects manufacturing facilities regularly to ensure quality and safety.

FOR MORE INFORMATION, VISIT HTTPS://WWW.FDA.GOV/CBER

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COVID-19 vaccine trials by the numbers

As of November 30, 2020

Children's HOSPITAL & MEDICAL CENTER

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+

Source: https://www.pfizer.com/science/coronavirus/vaccine; https://www.modernatx.com/cove-study
For more information, visit www.clinicaltrials.gov

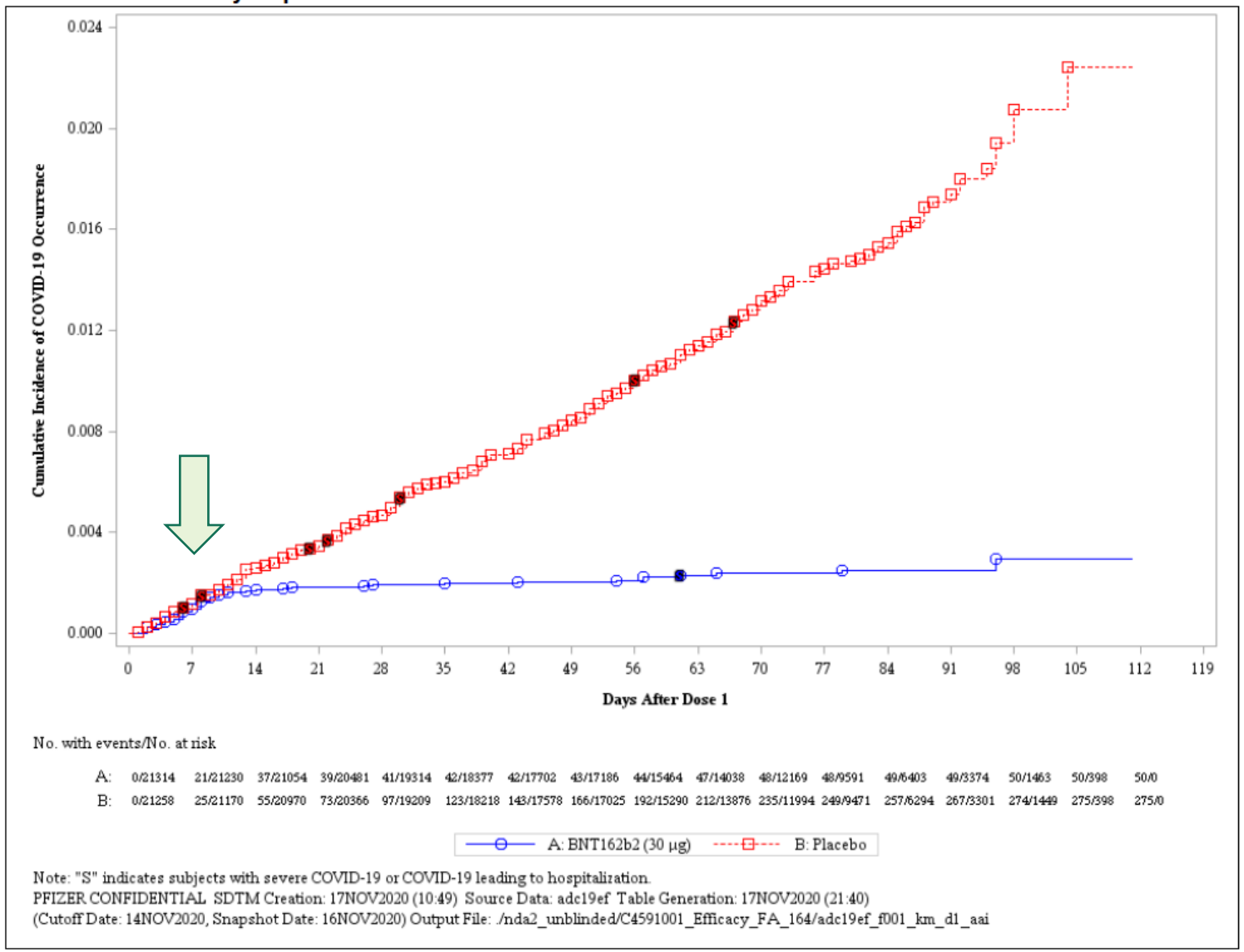
Phase 3 Trials - Results

- <u>Pfizer:</u>
- 43,661 participants
  - All adults
  - Analysis included group >65 years old
- 170 cases of symptomatic COVID-19
  - Vaccine: 8 cases, 1 severe
  - Placebo: 162 cases, 9 severe

- <u>Moderna:</u>
- 30,000 participants
  - All adults
  - Analysis looked at age, ethnicity
- 95 cases of symptomatic COVID-19
  - Vaccine: 5 cases, 0 severe
  - Placebo: 90 cases, 11 severe

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Figure 2. Cumulative Incidence Curves for the First COVID-19 Occurrence After Dose 1, Dose 1 All-Available Efficacy Population



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

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Placebo

Vaccine

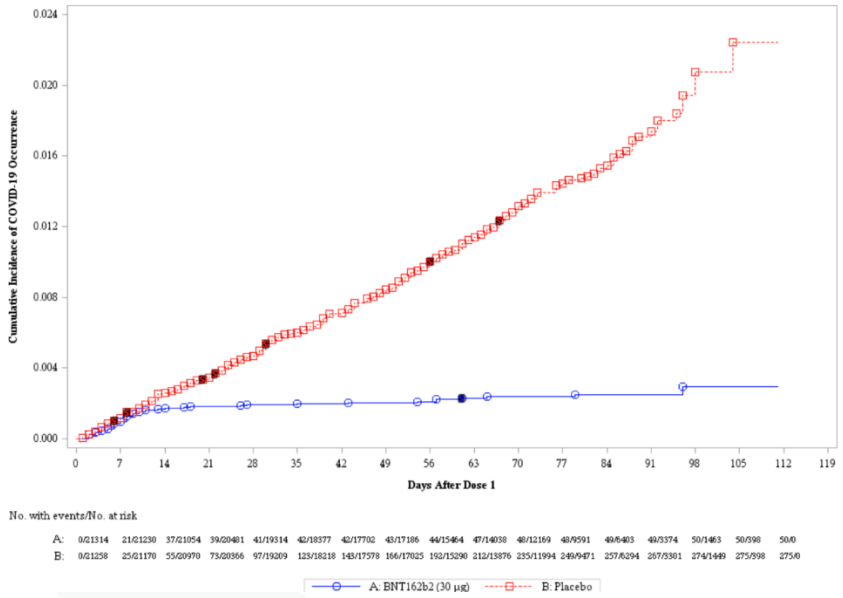
FDA would consider EUA for >30% VE

mRNA vaccines 90-95%

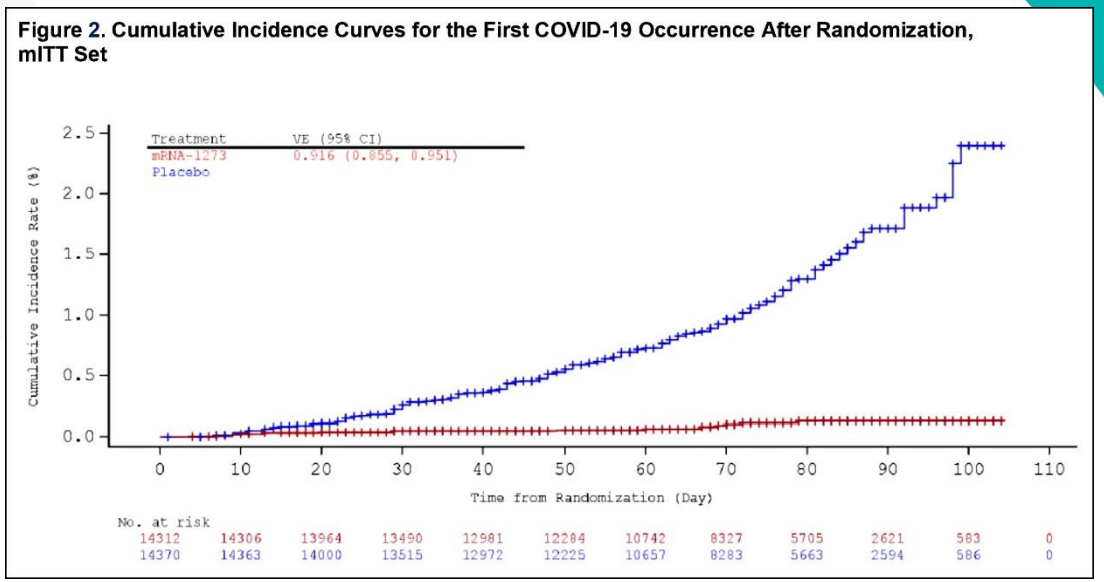
Trial results

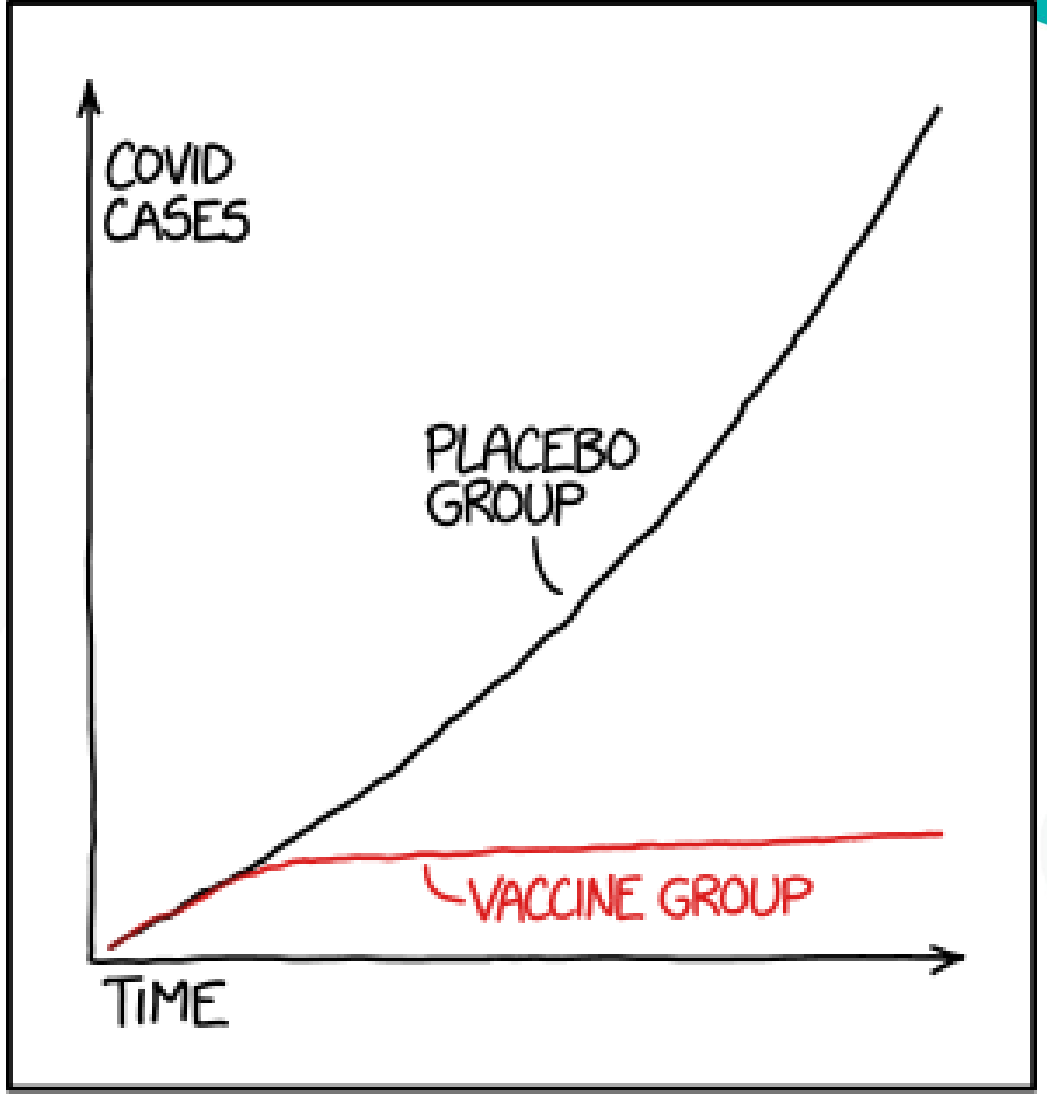
Pfizer-BioNTech

Figure 13 Cumulative Incidence Curves for the First COVID-19 Occurrence After Dose 1 – Dose 1 All-Available Efficacy Population



Moderna





STATISTICS TIP: ALWAYS TRY TO GET DATA THAT'S GOOD ENOUGH THAT YOU DON'T NEED TO DO STATISTICS ON IT

xkcd

Safety of COVID-19 vaccines is a top priority.

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

Before authorization

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

After vaccine authorization

- **FDA** and **CDC** closely monitor vaccine safety and side effects.

How a vaccine's safety continues to be monitored

FDA and CDC closely monitor vaccine safety after the public begins using the vaccine.

The purpose of monitoring is to watch for adverse events (possible side effects). Monitoring a vaccine after it is licensed helps ensure that possible risks associated with the vaccine are identified.

Vaccine Adverse Event Reporting System (VAERS)

VAERS collects and analyzes reports of adverse events that happen after vaccination. Anyone can submit a report, including parents, patients and healthcare professionals.

Vaccine Safety Datalink (VSD) and Post-Licensure Rapid Immunization Safety Monitoring (PRISM)

Two networks of healthcare organizations across the U.S.

- **VSD** can analyze healthcare information from over 24 million people.
- **PRISM** can analyze healthcare information from over 190 million people.

Scientists use these systems to actively monitor vaccine safety.

Clinical Immunization Safety Assessment Project (CISA)

CISA is a collaboration between CDC and 7 medical research centers.

- Vaccine safety experts assist U.S. healthcare providers with complex vaccine safety questions about their patients.
- CISA conducts clinical research studies to better understand vaccine safety and identify prevention strategies for adverse events following immunization.

Vaccine recommendations may change if safety monitoring reveals new information on vaccine risks (like if scientists detect a new serious side effect).

FOR MORE INFORMATION, VISIT HTTPS://WWW.CDC.GOV/VACCINESAFETY

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V-safe After Vaccination Health Checker

Updated Jan. 15, 2021 Languages Print

Get vaccinated.
Get your smartphone.
Get started with v-safe.

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.

On This Page

Safety

- Trials of mRNA vaccines have not found any significant concerns
- Bell's palsy was reported more frequently in vaccine recipients than in controls, but there was not a sufficiently large number of cases to conclude that this was beyond what would naturally be observed in populations of this size by chance.
- Anaphylaxis:
  - Risk appears to be 1 in 100,000
  - Comparison: Penicillin 1 in 5,000

Q. What's it like to get the vaccine?

- Small needle, given in upper arm
- Local reactions most common
  - Pain (worst after 1st dose), itching, swelling
- Systemic reactions:
  - fever (more common after 2nd dose and persons <55 yo)
  - headache
  - muscle aches
- Symptom onset usually 1-2 days after immunization, lasts 1-2 days

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Vaccine Side Effects Compared

	SHINGRIX (ZOSTER VACCINE RECOMBINANT, ADJUVANTED) Shingrix	Pfizer COVID-19 BNT162b2	Influenza Vaccine FLUCELVAX QUADRIVALENT Flu	Placebo (saline)
Local Pain	78%	83%	45%	14%
Redness	38%	5%	13%	1%
Swelling	26%	6%	4%	1%
Myalgia	45%	21%	15%	11%
Fatigue	45%	47%	18%	33%
Headache	38%	42%	19%	34%
Chills	27%	14%	6%	6%
Fever	21%	4%	1%	1%
GI Symptoms	17%	11%	7%	12%
Overall	38% ①	26% ②	14% ③	13%

@JesseOSheaMD

Local reaction

Q. Are there contraindications to either vaccine? (who shouldn't get it)

A. Two reasons

1) Age: Pfizer – under 16, Moderna – under 18

2) Allergy: known hypersensitivity to the vaccine components

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA Covid-19 vaccine or any of its components
- Immediate allergic reaction of any severity to a previous dose of an mRNA Covid-19 vaccine or any of its components (including polyethylene glycol [PEG])
- Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)

Q. Even if I have other allergies?

A. Yes.

- But should be observed for 30 minutes (vs 15)

Q: Is one vaccine better?

- "One of the questions that I'm asked all the time is, 'Hey, doc, which vaccine are you waiting for?' And the answer is ... I'm going to take any of those vaccines that's made available to me that's authorized by the U.S. Food and Drug Administration," he says. "Don't overthink it. Don't wait. Get what vaccine you can." [NPR]

- Only caveat: age
  - Pfizer 16 and up
  - Moderna 18 and up

Q: Does the vaccine negatively affect fertility in women?

A: No.

- Claim made in now-defunct publication without data.
- No true homology between spike protein and syncytin-1 in the placenta, nor proof this would affect fertility
- Women infected with virus make antibodies to spike (and other viral proteins) and do not have immune reaction against placenta

COVID-19 (infection), however, has negative impacts on pregnancy and spermatogenesis (male fertility)

Q. What about pregnancy and breastfeeding?

Pregnant and breastfeeding women were not enrolled in the trials.

- Moderna has studied gestating rats, did not demonstrate any safety concerns related to fetal or embryonal development.
- Pregnancy is a risk factor for severe disease with COVID-19.

Both the American College of Gynecology (ACOG) and the Society for Maternal-Fetal Medicine recommend consideration of vaccine be discussed with provider.

i. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19

ii. https://s3.amazonaws.com/cdn.smfm.org/media/2591/SMFM_Vaccine_Statement_12-1-20_(final).pdf

Q. Immunocompromised patients?

High risk includes

- Cancer
- Bone marrow transplant
- Solid-organ transplant
- Stem cells for cancer treatment
- Genetic immune deficiencies
- HIV
- Use of oral or intravenous corticosteroids or other medicines called immunosuppressants that lower the body's ability to fight some infections (e.g., mycophenolate, sirolimus, cyclosporine, tacrolimus, etanercept, rituximab)

- Data lacking (except preliminary on well controlled HIV) for safety or efficacy
  - Not "live"
- Should be offered given risk of severe disease

- Trials did not see autoimmune or inflammatory disease as a result of vaccination
- Unknown if could provoke rejection of transplant

Q. What if I already had COVID-19?

A. Prior infection does not guarantee protection, so vaccine should be offered.

- If received monoclonals (bamlanivimab; Regeneron cocktail), then wait 90 days
- No specific timing recommended after infection

Q. What about kids?

A1. If age 16+, would be eligible for Pfizer vaccine at same “place in line” as older individuals. Still need parental consent.

A2. If <16, will have to wait until we have a vaccine EUA/approved for kids. Trials 12+ underway.

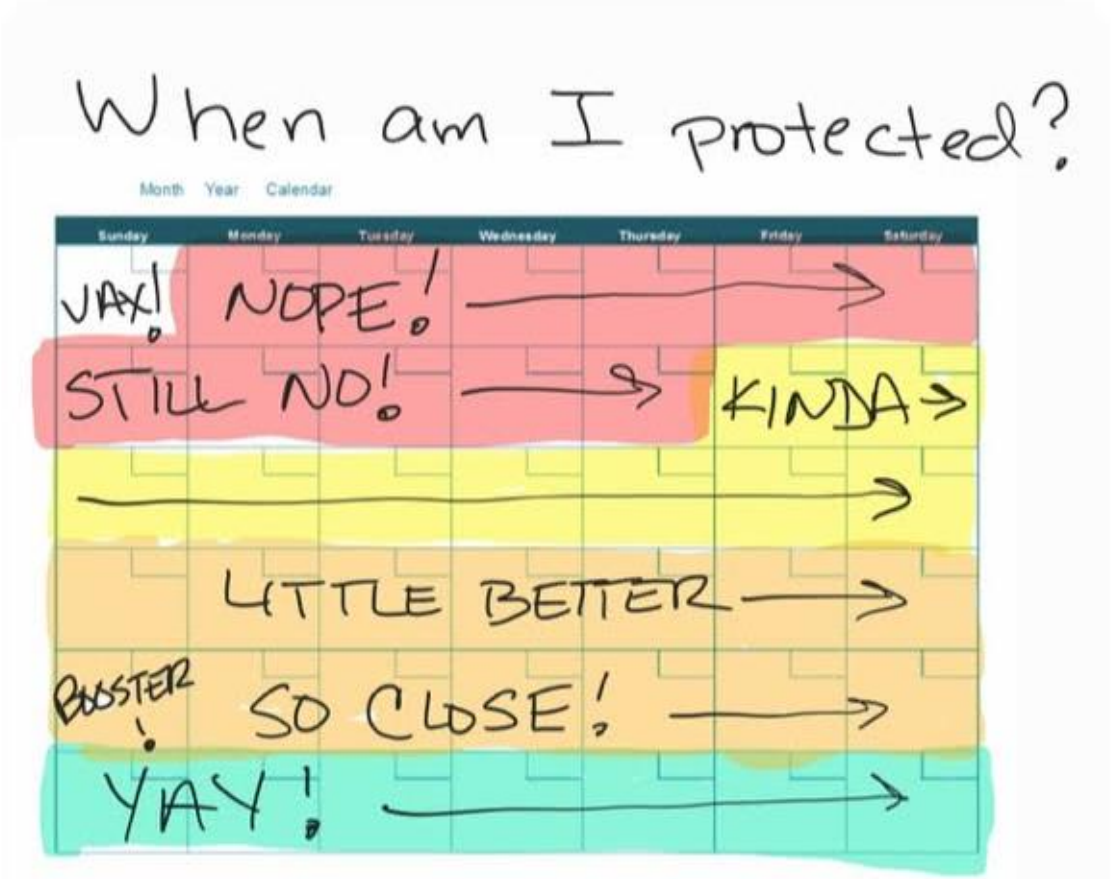
Q. Do we need 2 doses?

A. Yes, and of the same kind

- The ~95% efficacy comes only after 2nd dose of either vaccine
  - Pfizer: 21 days
  - Moderna: 28 days
- Single dose efficacy wasn't studied for protection from severe disease
- Mixing doses has not been studied

Ian Myles MD/MPH
@lcdriammdmph

Replying to @KhouryMD @rubin_allergy and 3 others



Q. Do we need THREE+ doses?

A. 

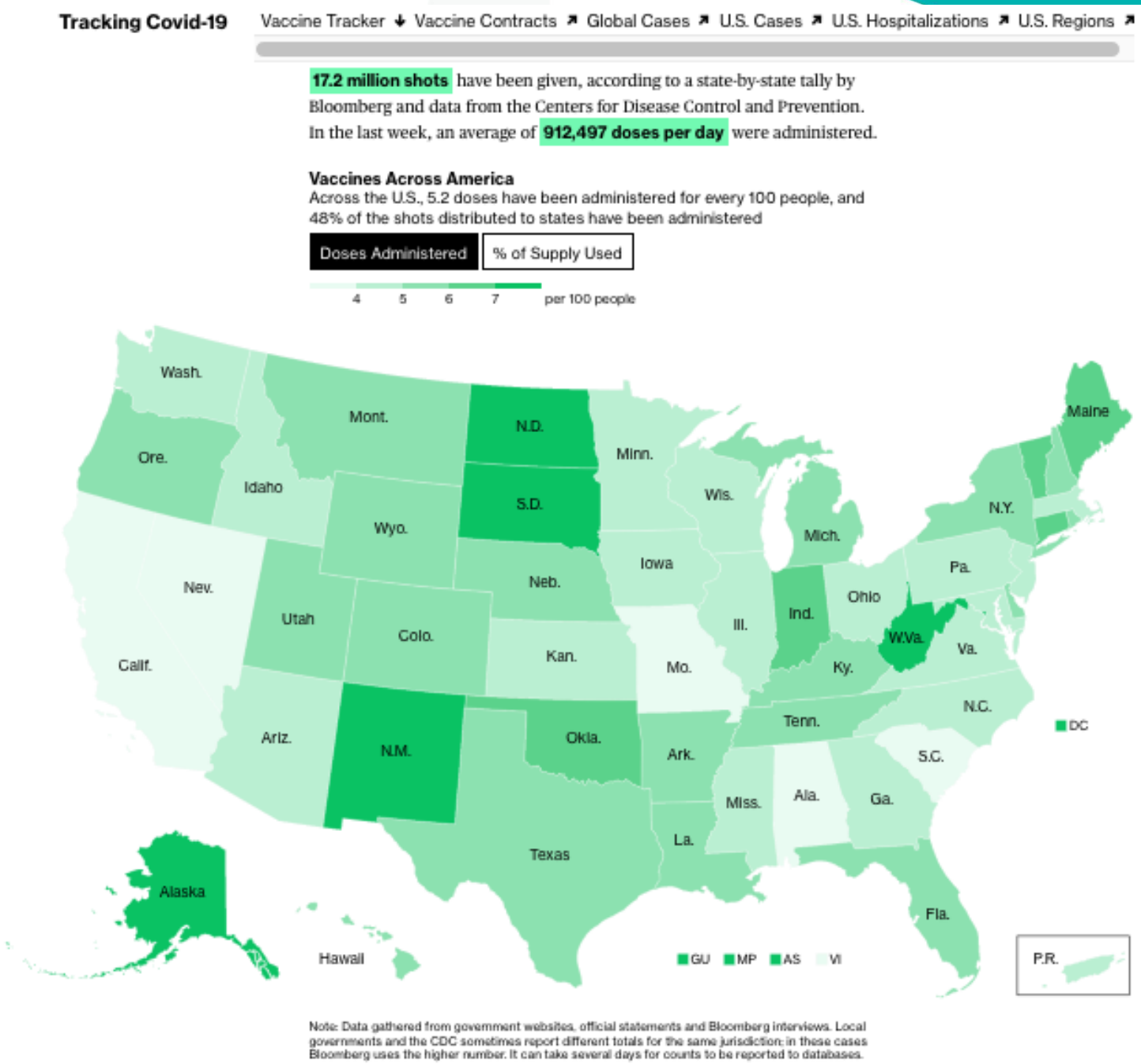
Immunity – antibody levels being followed, phase 4 studies

Q. What about AFTER I'm vaccinated?

A. 

Asymptomatic infection? – not fully determined
Infectious? – not determined
Herd immunity threshold?

High community prevalence/risk



1/21 (CDC):
13,595,803 first doses
2,023,124 second doses

https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/

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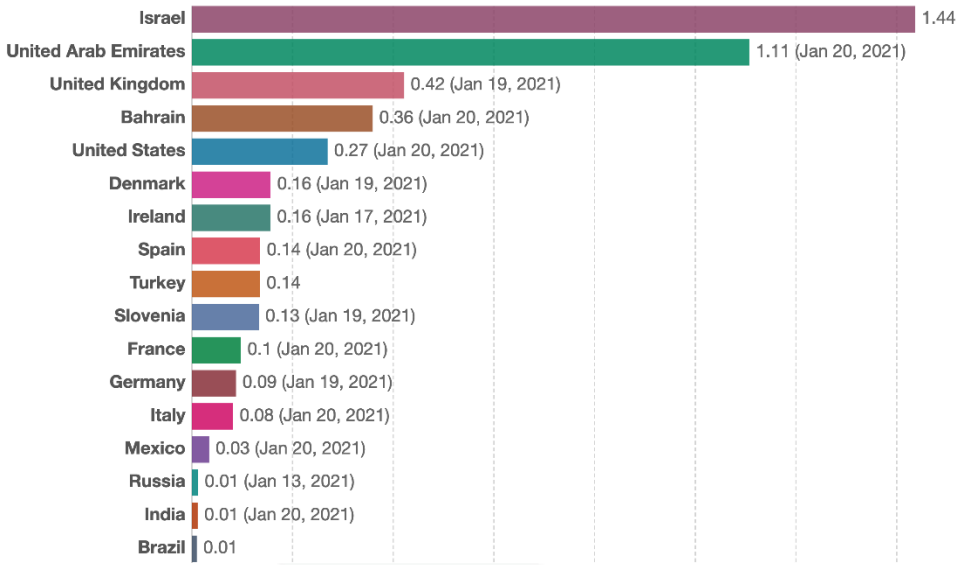
Daily COVID-19 vaccine doses administered per 100 people, Jan 21, 2021

Our World in Data

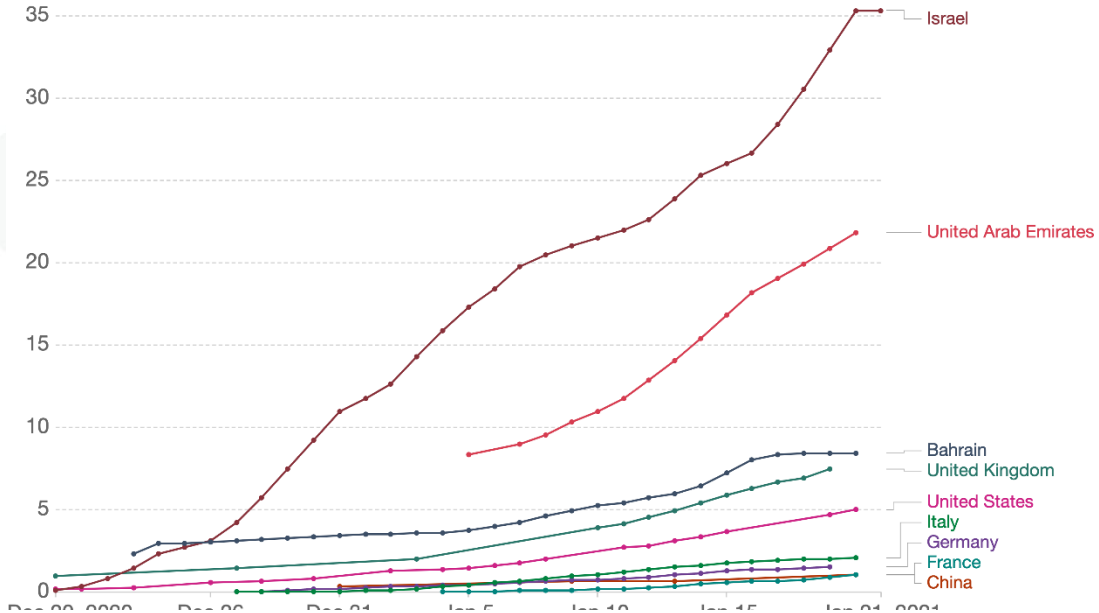
Shown is the rolling 7-day average per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



Cumulative COVID-19 vaccination doses administered per 100 people

Our World in Data

This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



State of Nebraska Covid-19 Vaccine Dashboard

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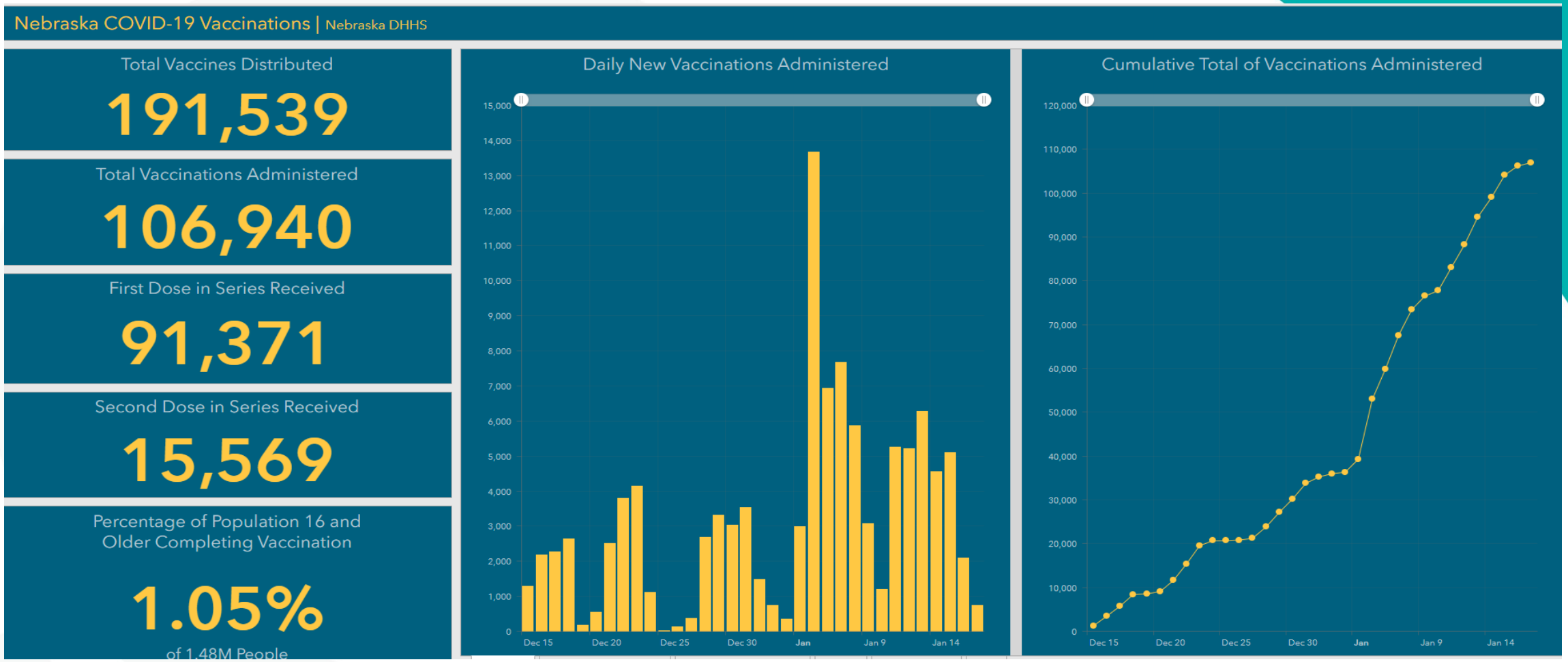

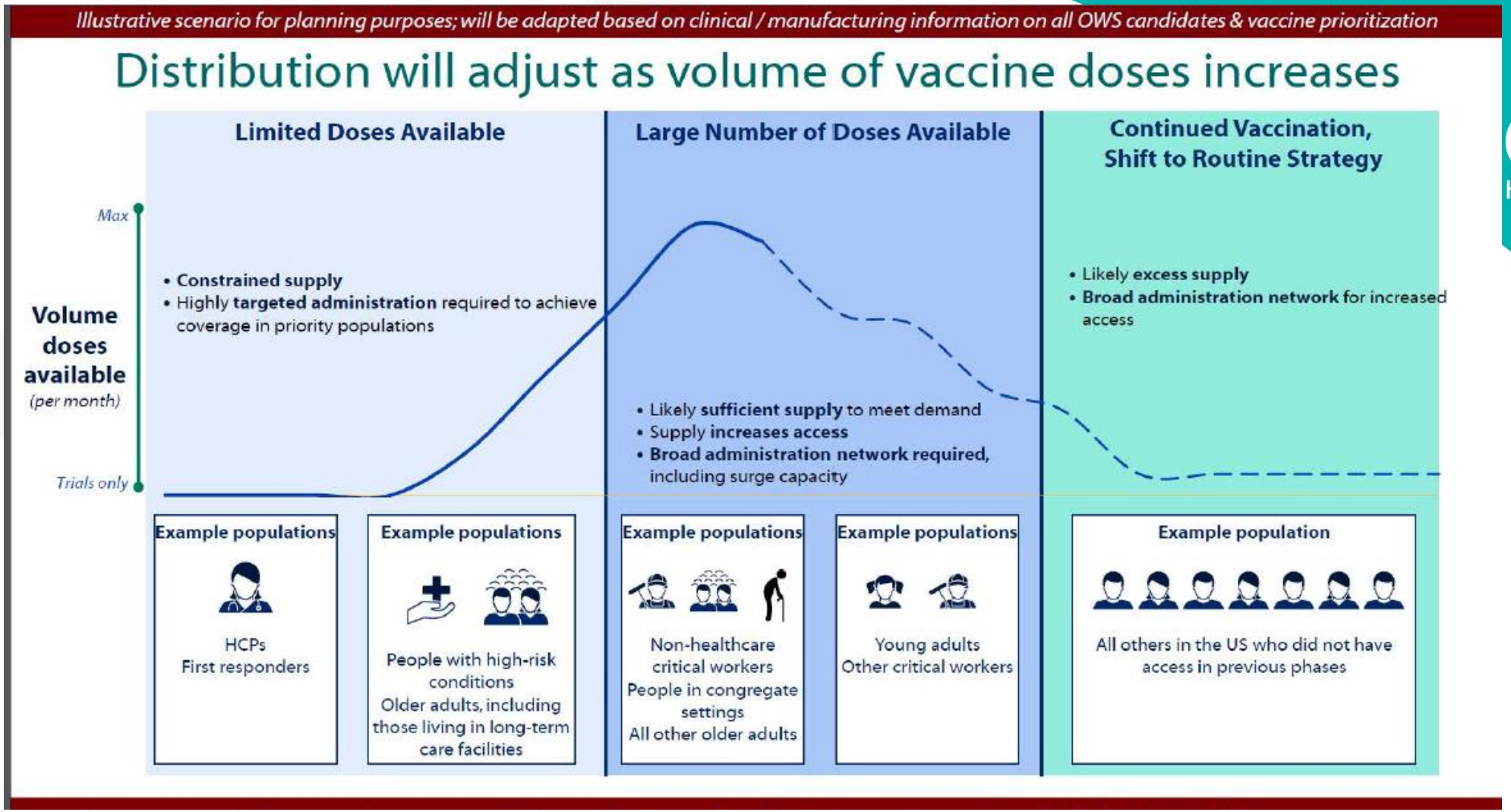

Kids??

Worsened disparities

Douglas County update 1/21/21

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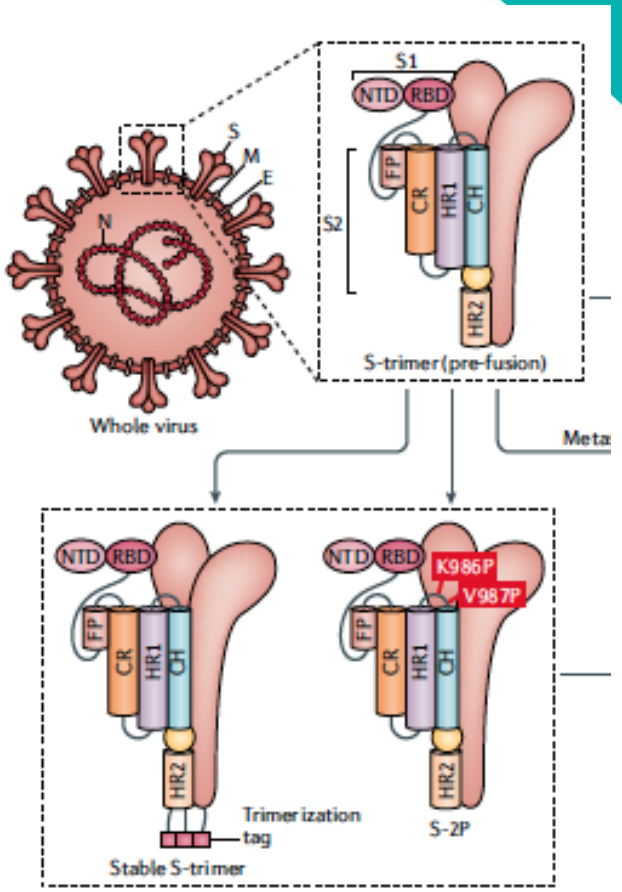
Priority Groups and Currently Anticipated Timing of Vaccination in Douglas County (depending on vaccine availability)

Phase	Priority Groups Included (see above links for more detail)	Anticipated Timing
1a (All)	Healthcare workers, emergency responders, long-term care residents and staff http://dhhs.ne.gov/Documents/COVID-19-Vaccine-Phase-1A-Allocation-Recommendations.pdf	Entire phase 1a by the end of January
1b	Age 65+, 18-64 years with high-risk medical conditions http://dhhs.ne.gov/Documents/COVID-19-Vaccine-Phase-1B-Prioritization.pdf	February thru March
1b (Priority Tiers)	First responders, frontline workers who cannot work from home or with social distancing, educators, others http://dhhs.ne.gov/Documents/COVID-19-Vaccine-Phase-1B-Prioritization.pdf	March thru May
1c	Certain other workers, congregate settings (correctional facilities, homeless shelters) TBD (will be posted here http://dhhs.ne.gov/Pages/COVID-19-Vaccine-Information.aspx)	April to May
2	Everyone else	June to October

subQ.
What about “variants” and vaccine?

- Neutralizing antibody
- T cells
- Other factors in infectivity and disease pathogenesis/severity
- Population level of immunity needed?

Better control of community spread will DECREASE chance of new variants



https://doi.org/10.1038/s41577-020-00480-0

So for now…

- Masking
- Social distancing
- Hand washing
- Avoiding crowded, congested areas
- Ventilation

@FacesOfCOVID

- https://twitter.com/i/status/1316406170979106817

Session Feedback

An evaluation will be emailed, or you can use the link below (also in chat box).

Your feedback helps us provide you with helpful and applicable content!

https://tinyurl.com/chmc-covid6

THANK YOU!