The CENTER for VICTIMS of TORTURE *with* Harvard Program in Refugee Trauma

NCB Webinar

COVID Vaccinations: Practical and Ethical Considerations

February 24, 2021

Attendee Controls

All functions are located at the bottom of your screen

- Use chat to type questions not related to the presentation content or comments to panelists
- Chat to panelists and attendees
- Use chat for technical questions or replies to questions posed by the presenters

Attendee Controls

All functions are located at the bottom of your screen

Use the Q&A button to ask questions relating to the content of the presentation.

Attendee Controls

All functions are located at the bottom of your screen

Click on the "Leave" button to exit the webinar

The CENTER for VICTIMS of TORTURE *with* Harvard Program in Refugee Trauma

NCB Webinar

COVID Vaccinations: Practical and Ethical Considerations

February 24, 2021

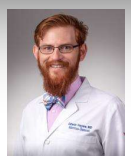
National Capacity Building Project

Objectives

1. Have new tools for developing or strengthening their program's approach to COVID vaccination
2. Be able to recognize current and novel treatment options for COVID-19
3. Be able to identify good practices and ethical considerations for talking with clients about COVID-19 vaccinations
4. Be able to locate resources to help themselves and their clients obtain accurate information on COVID-19
5. Learn/adapt approaches for addressing vaccine hesitancy and equity concerns among underserved clients

Presenters

Rajeev Bais, MD, MPH
Director
The Carolina Survivor Clinic at USC



Edwin Hayes II, MD
Co-director
The Carolina Survivor Clinic at USC

National Capacity Building Project

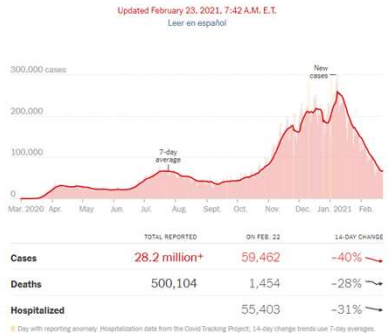
COVID Vaccinations: Practical and Ethical considerations

Edwin Hayes, MD and Rajeev Bais, MD
The Carolina Survivor Clinic at USC

2/24/21

8

- Epidemiology
- Tests and Treatments
- Vaccines
- Variants
- Vaccine Hesitancy
- Barriers to Overcome



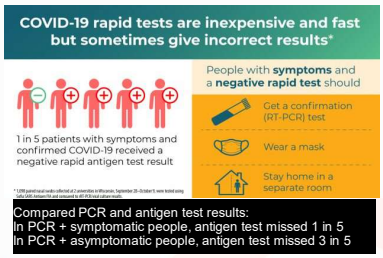
Original Investigation | Infectious Diseases

SARS-CoV-2 Transmission From People Without COVID-19 Symptoms

Michael A. Johansson, PhD; Talia M. Quandelacy, PhD, MPH; Sarah Kada, PhD; Pragati Venkata Prasad, MPH; Molly Steele, PhD, MPH; John T. Brooks, MD; Rachel B. Slayton, PhD, MPH; Matthew Biggerstaff, ScD, MPH; Jay C. Butler, MD

- Decision analytical model
  - Assessed multiple scenarios for transmission
  - Estimated that over 50% of overall transmission from asymptomatic individuals
    - Pre-symptomatic individuals and asymptomatic

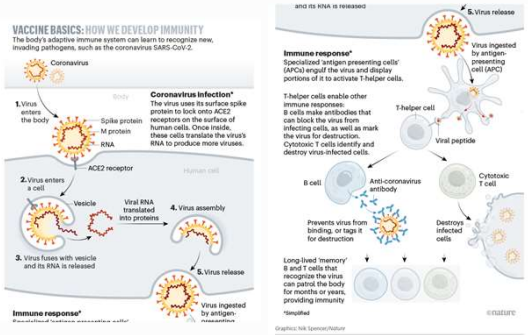
4



Compared PCR and antigen test results:
In PCR + symptomatic people, antigen test missed 1 in 5
In PCR + asymptomatic people, antigen test missed 3 in 5

5

6



ORIGINAL ARTICLE

Dexamethasone in Hospitalized Patients with Covid-19 — Preliminary Report

The RECOVERY Collaborative Group*

- The benefit was greatest in:
  - patients with symptoms > 7 days
  - patients who required mechanical ventilation.
  - No benefit among patients with shorter symptom duration or no supplemental O2
  - Improved mortality

8

ORIGINAL ARTICLE

Remdesivir for the Treatment of Covid-19 — Final Report

John H. Beigel, M.D., Kay M. Tomashek, M.D., M.P.H., Lori E. Dodd, Ph.D., Aneesh K. Mehta, M.D., Barry S. Zingman, M.D., Andre C. Kalil, M.D., M.P.H., Elizabeth Hohmann, M.D., Helen Y. Chu, M.D., M.P.H., Annie Luetkemeyer, M.D., Susan Kline, M.D., M.P.H., Diego Lopez de Castilla, M.D., M.P.H., Robert W. Finberg, M.D., et al., for the ACTT-1 Study Group Members*

- November 5, 2020
- 1,062 patients
- 50% remdesivir, 50% to placebo

	Remdesivir	Placebo
Median recovery time	10	15
15-day mortality	6.7%	11.9%
29-day mortality	11.4%	15.2%
SAE	24.6%	31.6%

9

Convalescent Plasma

- NIH Update - October 9, 2020
  - **There are insufficient data for the COVID-19 Treatment Guidelines Panel to recommend either for or against the use of convalescent plasma for the treatment of COVID-19.**

10

ORIGINAL ARTICLE

Early High-Titer Plasma Therapy to Prevent Severe Covid-19 in Older Adults

Romina Libster, M.D., Gonzalo Pérez Marc, M.D., Diego Wappner, M.D., Silvina Coviello, M.S., Alejandra Bianchi, Virginia Braem, Ignacio Esteban, M.D., Mauricio T. Caballero, M.D., Cristian Wood, M.D., Mabel Berrueta, M.D., Aníbal Rondan, M.D., Gabriela Lescano, M.D., et al., for the Fundación INFANT–COVID-19 Group*

- January 6, 2021/February 18,2021
- Randomized, double-blind, placebo-controlled study in Argentina b/w June 4 - October 25, 2020
- Convalescent Plasma with high antibody titers (1:1000) was given **within 72 hrs of onset of symptoms**
- 160 patients randomized: over 75yo or b/w 65-74 with significant co-morbidities
- Stopped early because of a decrease in COVID patients
- **Progression to Severe Respiratory Disease was 16% in pts receiving CP vs 31% of placebo**
- Patients receiving plasma with titers > 1:3200 reduced the risk of progression to severe disease by 73%

12

Tocilizumab

- **Studies Showing No Benefit:**
  - RCT-TCZ-COVID-19 (n=126)
    - Primary end point- hypoxia, ICU admission or death- Stopped early due to lack of benefit
  - CORIMUNO-19-TOCI(n=131)
    - Toci may have reduced need for mechanical ventilation but no impact on mortality
  - BACC Bay Trial(n=243)- 7 Boston hospitals
    - Placebo controlled
    - Toci did not reduce requirement for intubation or reduce mortality
  - Empacta (n=389)
    - Placebo controlled
    - Toci reduced need for mechanical ventilation but mortality did not improve
  - COVACTA trial
    - First global, randomized, double-blind, placebo-controlled phase III study
    - Primary endpoint - clinical status in hospitalized patients with severe infection
    - Did not meet its primary endpoint of improved clinical status
    - No difference in patient mortality at week 4
- **NIH Recommendations - August 27,2020**
  - **The Panel recommends against the use of IL-6 receptor monoclonal antibodies (sarilumab, tocilizumab) or anti-IL-6 monoclonal antibody (siltuximab) for the treatment of COVID-19, except in a clinical trial.**

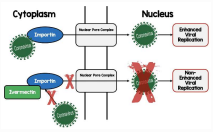
13

Interleukin-6 Receptor Antagonists in Critically Ill Patients with Covid-19 – Preliminary report

Posted January 09, 2021.

- **REMCAP**
- **Critically ill** adult patients with suspected or confirmed COVID-19
- Admitted to the **ICU**
- Receiving respiratory or CV organ support
- 2046 pts randomized; 353 (tocilumab) vs. 48 (sarilumab) vs. 402 controls
- **Included steroids** as SOC
- Outcomes:
  - **Decreased hospital mortality**: 28% vs. 22.2% vs. 35.8%
  - **Median organ support-free days up to day 21**: 10 vs. 11 vs. 0
  - **90 day survival significantly improved**

Ivermectin



- Ivermectin is an FDA approved antiparasitic drug - used to treat several neglected tropical diseases, including onchocerciasis, helminthiases, and scabies
  - Ivermectin inhibits the host importin alpha/beta-1 nuclear transport proteins
- ICON Study: Retrospective cohort study of consecutive patients hospitalized at four Broward Health hospitals in South Florida with confirmed SARS-CoV-2.
  - Ivermectin was associated with lower mortality during treatment of COVID-19
- **NIH Recommendation**
- The COVID-19 Treatment Guidelines Panel **recommends against** the use of **ivermectin** for the treatment of COVID-19, except in a clinical trial **(AIII)**.

15

Hydroxychloroquine

- NIH Recommendations:
  - The Panel **recommends against** the use of chloroquine or hydroxychloroquine with or without azithromycin for the treatment of COVID-19 in hospitalized patients (AI)
  - In non-hospitalized patient, the Panel **recommends against** the use of chloroquine or hydroxychloroquine with or without azithromycin for the treatment of COVID-19, except in a clinical trial (AI)
  - The Panel **recommends against** the use of high-dose chloroquine (600mg twice daily for 10 days) for the treatment of COVID-19 (AI).

16

MONOCLONAL ANTIBODY: Bamlanivimab

- A neutralizing monoclonal antibody that **targets the receptor-binding domain of the spike protein** of SARS-CoV-2
- **Blocks viral entry into cells**
- November 9, 2020, the FDA issued an Emergency Use Authorization (EUA) to make bamlanivimab available for the treatment of non-hospitalized patients with mild to moderate COVID-19 who are **at risk for progressing to severe disease and/or hospitalization.**
- Criteria:
  - BMI>35
  - Chronic Kidney Disease
  - Diabetes mellitus
  - Immuno-compromising condition
  - Aged >65 years
  - Aged 55 years and have:
    - cardiovascular disease, or
    - hypertension, or
    - Chronic obstructive pulmonary disease/other respiratory disease

17

MONOCLONAL ANTIBODY:Casirivimab Plus Imdevimab

- **2 recombinant human monoclonal antibodies that bind to nonoverlapping epitopes of the spike protein receptor binding domain** of SARS-CoV-2
- Blocks binding of the binding of the spike protein to the host cell
- November 21, 2020, the FDA issued an Emergency Use Authorization (EUA) to make casirivimab plus imdevimab combination available for the treatment of non-hospitalized patients with mild to moderate COVID-19 who are at risk for progressing to severe disease and/or hospitalization.
- Criteria:
  - BMI>35
  - Chronic Kidney Disease
  - Diabetes mellitus
  - Immuno-compromising condition
  - Aged >65 years
  - Aged 55 years and have:
    - cardiovascular disease, or
    - hypertension, or
    - Chronic obstructive pulmonary disease/other respiratory disease

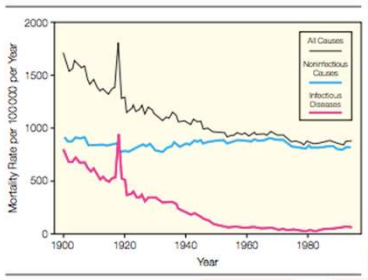
19

Increased Resistance of SARS-CoV-2 Variants B.1.351 and B.1.1.7 to Antibody Neutralization

Antibody Resistance of SARS-CoV-2 Variants B.1.351 and B.1.1.7

Pengfei Wang, Manoj S. Nair, Lihong Liu, Sho Iketani, Yang Luo, Yicheng Guo, Maple Wang, Jian Yu, Baoshan Zhang, Peter D. Kwong, Barney S. Graham, John R. Mascola, Jennifer Y. Chang, Michael T. Yin, Magdalena Sobieszczyk, Christos A. Kyratsous, Lawrence Shapiro, Zizhang Sheng, Yaoxing Huang, David D. Ho

doi: https://doi.org/10.1101/2021.01.25.428137



Trends in Infectious Disease Mortality in the United States During the 20th Century

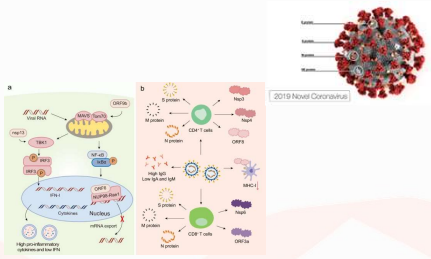
26

SARS-CoV-2 Vaccines: How Did We Get Here?

- Usually a very deliberate process but stakes were too high
- Operation Warpspeed
- Modern Science
- Experiences from MERS/SARS
- A LOT OF LUCK!

27

- Immunity



Protective immunity against COVID-19: Unravelling the evidences for humoral vs. cellular components

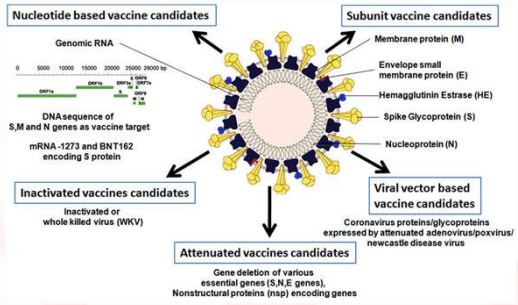
30

Coronavirus Vaccine Tracker

By Carl Zimmer, Jonathan Corum and Sui-Lee Wee Updated Feb. 23, 2021

PHASE 1	PHASE 2	PHASE 3	AUTHORIZED	APPROVED	ABANDONED
40	27	20	7	4	4
Vaccines testing safety and dosage	Vaccines in expanded safety trials	Vaccines in large-scale efficacy tests	Vaccines in early or limited use	Vaccines approved for full use	Vaccines abandoned after trials

29



Review article

Vaccination strategies to combat novel corona virus SARS-CoV-2

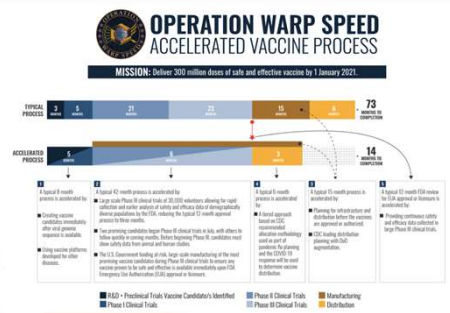
Satish Chandra Pandey [a, b], Veni Pande [a, b], Diksha Sati [a], Shobha Upreti [a], Mukesh Samant [a, b, c]

31

Leading vaccines

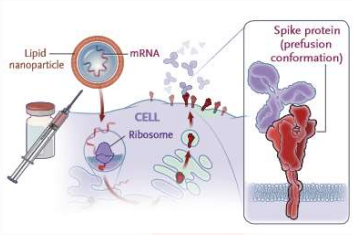
Developer	How It Works	Phase	Status
Pfizer-BioNTech	mRNA	2 3	Approved in several countries. Emergency use in U.S., E.U., other countries.
Moderna	mRNA	3	Approved in Switzerland. Emergency use in U.S., U.K., E.U., others.
Gamaleya	Ad26, Ad5	3	Early use in Russia. Emergency use in other countries.
Oxford-AstraZeneca	ChAdOx1	2 3	Emergency use in U.K., E.U., other countries.
CanSino	Ad5	3	Limited use in China.
Johnson & Johnson	Ad26	3	
Vector Institute	Protein	3	Early use in Russia.
Novavax	Protein	3	
Sinopharm	Inactivated	3	Approved in China, U.A.E., Bahrain. Emergency use in Egypt, other countries.
Sinovac	Inactivated	3	Approved in China. Emergency use in Brazil, other countries.
Sinopharm-Wuhan	Inactivated	3	Limited use in China, U.A.E.
Bharat Biotech	Inactivated	3	Emergency use in India.

30



33

- mRNA Vaccines



35

	BNT 162b2	mRNA-1273
FDA Approved	No	No
EUA	16+	18+
Prevention symptomatic disease	95% (8 vs 162 cases)	94% (11 vs 185 cases)
Prevention asymptomatic disease	? No data yet	Yes, swab at 2nd vaccine 15 vs 39 asymptomatic
Prevention of severe disease	Yes (1 vs 3 cases) or 1 vs 9	Yes (0 vs 30 cases)
Prevention of death	? (2 vs 4 deaths)	? (6 vs 7 (1 COVID) death)
Minimum order	975 doses (5 doses/vial)	100 doses (10 doses/vial)
Storage	-94F	-4F
Stability	Thawed - 5 days	Fridge 5 days/Room Temp 12Hr
Dosing	2 doses 21 days apart	2 doses 28 days apart
Dose	mRNA 30ug (0.3ml)	MRNA 100ug (0.5ml)

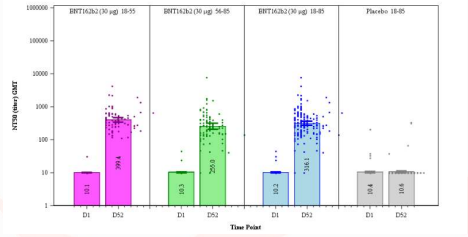
35

BNT 162b2 (Pfizer/BioNTech)

- mRNA vaccine EU submitted 1/20/202
- Reviewed 1/30/2020 (92 pages)
- C45900 was started as a Phase 1/2 study in the US and amended to expand to a global Phase 2/3 study enrolling ~44,000 participants (1:1 randomization)
- 83% White, 28% Hispanic, 42% >55 yo
- 20% with comorbidity, 30% obese, 23 pregnancies (9 withdrew)
- Ediary in > 6,000 patients
- SAEs, deaths, **treatment limiting AEs (0.1%), same in both arms**

36

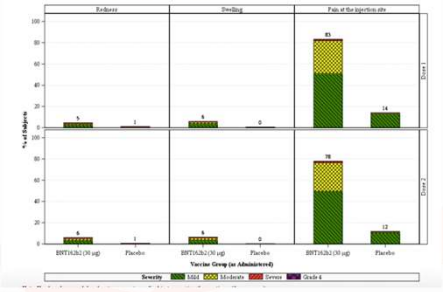
Figure 8. Geometric Mean Titers: SARS-CoV-2 Neutralization Assay – NT50 – Evaluable Immunogenicity Population – Phase 2



PFIZER-BIONTECH COVID-19 VACCINE (BNT162, PF-07302048)
VACCINES AND RELATED BIOLOGICAL PRODUCTS ADVISORY COMMITTEE
BRIEFING DOCUMENT
MEETING DATE: 10 December 2020

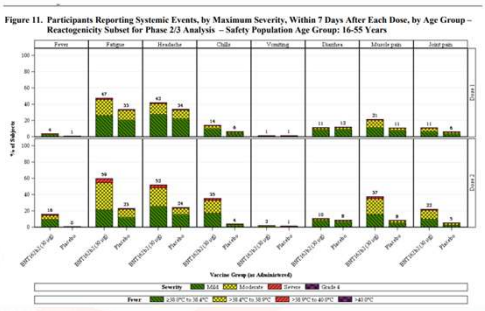
37

Figure 9. Participants Reporting Local Reactions, by Maximum Severity, Within 7 Days After Each Dose, by Age Group – Reactogenicity Subset for Phase 2/3 Analysis – Safety Population Age Group: 16-55 Years



38

Figure 11. Participants Reporting Systemic Events, by Maximum Severity, Within 7 Days After Each Dose, by Age Group – Reactogenicity Subset for Phase 2/3 Analysis – Safety Population Age Group: 16-55 Years



39

Table 6. Number (%) of Subjects Reporting at Least 1 Adverse Event From Dose 1 to 1 Month After Dose 2 – ~38000 Subjects for Phase 2/3 Analysis – Safety Population

	Vaccine Group (as Administered)	
Adverse Event	BNT162b2 (30 µg) (N=18801) n[b] (%)	Placebo (N=18785) n[b] (%)
Any event	5071 (27.0)	2356 (12.5)
Related[c]	3915 (20.8)	953 (5.1)
Severe	220 (1.2)	109 (0.6)
Life-threatening	18 (0.1)	20 (0.1)
Any serious adverse event	103 (0.5)	81 (0.4)
Related[c]	3 (0.0)	0
Severe	57 (0.3)	48 (0.3)
Life-threatening	18 (0.1)	19 (0.1)
Any adverse event leading to withdrawal	34 (0.2)	25 (0.1)
Related[c]	14 (0.1)	7 (0.0)
Severe	13 (0.1)	7 (0.0)
Life-threatening	2 (0.0)	4 (0.0)

40

Table 9. Vaccine Efficacy – First COVID-19 Occurrence From 7 Days After Dose 2 – Subjects Without Evidence of Infection Prior to 7 Days After Dose 2 – Evaluable Efficacy (7 Days) Population

	Vaccine Group (as Randomized)						
	BNT162b2 (30 µg) (N=18198)		Placebo (N=18325)				
Efficacy Endpoint	n1[b]	Surveillance Time[e] (n2[d])	n1[b]	Surveillance Time[e] (n2[d])	VE (%)	(95% CI[f])	Pr (VE >30% | data)[g]
First COVID-19 occurrence from 7 days after Dose 2	8	2.214 (17411)	162	2.222 (17511)	95.0	(90.3, 97.6)	>0.9999

Table 16. Vaccine Efficacy – First Severe COVID-19 Occurrence From 7 Days After Dose 2 – Subjects Without Evidence of Infection Prior to 7 Days After Dose 2 – Evaluable Efficacy (7 Days) Population

	Vaccine Group (as Randomized)						
	BNT162b2 (30 µg) (N=18198)		Placebo (N=18325)				
Efficacy Endpoint	n1[b]	Surveillance Time[e] (n2[d])	n1[b]	Surveillance Time[e] (n2[d])	VE (%)	(95% CI[f])	Pr (VE >30% | data)[g]
First severe COVID-19 occurrence from 7 days after Dose 2	1	2.215 (17411)	3	2.232 (17511)	66.4	(-124.8, 96.3)	0.7429

41

Table 18. Vaccine Efficacy – First Severe COVID-19 Occurrence After Dose 1 – Dose 1 All-Available Efficacy Population

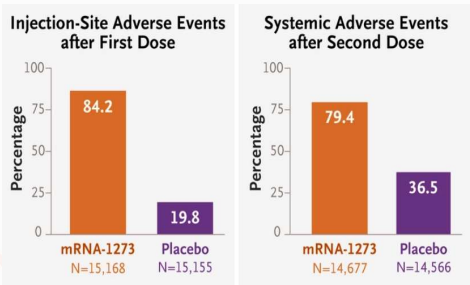
	Vaccine Group (as Randomized)					
	BNT162b2 (30 µg) (N=21669)		Placebo (N=21686)			
Efficacy Endpoint Subgroup	n1[b]	Surveillance Time[c] (n2[d])	n1[b]	Surveillance Time[c] (n2[d])	VE (%)	(95% CI[e])
First severe COVID-19 occurrence after Dose 1	1	4.021 (21314)	9	4.006 (21259)	88.9	(20.1, 99.7)
After Dose 1 to before Dose 2	0		4		100.0	(-51.5, 100.0)
Dose 2 to 7 days after Dose 2	0		1		100.0	(-3800.0, 100.0)
≥7 Days after Dose 2	1		4		75.0	(-152.6, 99.5)

42

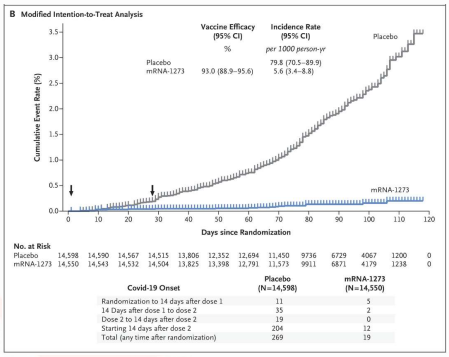
mRNA-1273 (Moderna)

- mRNA vaccine EUA submitted 11/30/20
- Reviewed 12/17/20 (54 pages)
- mRNA-1273-P301 is a 30,000 participant study done at 99 sites in the US (1:1 randomization)
- 80% White, 20% Hispanic, 25% >65 yo
- 26% with comorbidity, 6.7% severely obese, 13 pregnancies (2 abortions: 1 spontaneous (both in placebo)
- Solicited AE in all patients
- SAE, deaths, **treatment limiting AEs (0.1%) - same in both arms**

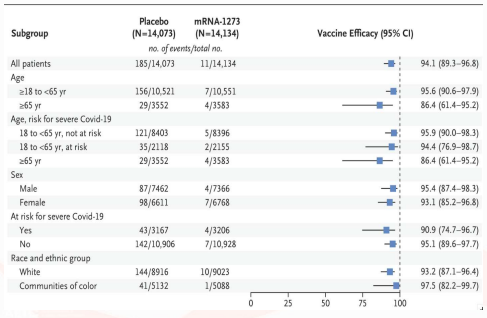
43



44



46



47

ChAdOx1 (Oxford/Astra Zeneca)

- Chimpanzee adenovirus chimeric vaccine
- Approved in Canada, UK
- ChAdOx1 combination of 5 studies in UK, SA, Brazil (12k patients)
- 18-55 yo cohort planned as single-dose cohort. The protocol was modified in July 2020 to offer a 2nd dose (after robust booster responses identified in early immunogenicity cohorts)
- >80% white, average BMI 25, female, >80% HCW
- **70% efficacy but only approx. 10% against B1.351 variant**

48

Johnson and Johnson/Janson

- Efficacy 72% in the US, 66% in Latin America, **57% in South Africa (due to prevalence of B.1.351—95% cases with the variant)**
  - 66% effective overall at preventing moderate/severe COVID-19 **(85% effective against severe)**
  - Onset of protection observed as early as day 14
  - No cases reported after day 49
  - Consistent protection across race, age (including >60yo)
- Viable in the refrigerator for 3 months
- US has agreed to purchase 100 million doses
  - **One dose!**

48

Novavax

- Phase 3: 89.3% efficacy
  - Trial done in UK with the UK (501Y.V1) variant dominating (>50% cases)
- Phase 2b:
  - South Africa with 93% cases attributable to SA (501Y.V2) variant
  - 60.1% efficacy in HIV negative
  - **49.4% overall**
  - Note: **1/3 of participants had prior COVID-19 infection indicating prior infection may not protect against 501Y.V2 variant**

48

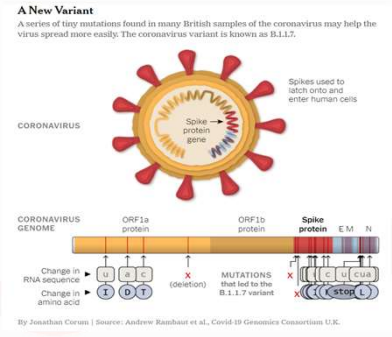
Description	Pfizer-BioNTech COVID-19 vaccine	Moderna COVID-19 vaccine
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide	PEG2000-DMG: 1,2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)	SM-102: heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate
Salts, sugars, buffers	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	Sucrose

50

Goals of Mass Vaccination

- Decrease Morbidity
  - Vulnerable, elderly, high risk, essential, socially mobile
- Decrease Mortality
  - Elderly, vulnerable, high risk
- **Decrease the Transmission/lower R0**
  - Socially mobile, essential, 'anti-maskers/denialist/party animals'

50



22

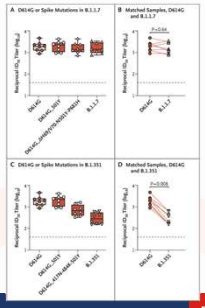
New Variants

- **B.1.1.7 lineage** (UK variant): RBD mutation at position 501 (N501Y)
  - **Increased transmissibility**
- B.1.351 lineage (South Africa or Zambia variant): multiple mutations in the spike protein (K417T, E484K, N501Y)
  - **Some evidence that the E484K may affect neutralization by some polyclonal/monoclonal antibodies**
- P.1 lineage (Brazil variant): 3 mutations in RBD (K417T, E484K, N501Y)
  - **Concern for reinfection as well as increase in transmissibility**
- https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html

25

Serum Neutralizing Activity Elicited by mRNA-1273 Vaccine — Preliminary Report

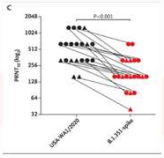
- Serum obtained 7d after 2nd vax
- Recombinant virus
- Neutralization of B1.117
  - 1.2 fold reduction of titer
- Neutralization of B1.351
  - 6.4 fold reduction of titer
  - GMNT was 1:290
- **All samples were neutralized**



25

Neutralizing Activity of BNT162b2-Elicited Serum — Preliminary Report

- Engineered mutations into USA-WA1/2020
- 50% plaque reduction neutralization testing
- Sera 2-4 weeks after 2nd Pfizer vax
- GMNT for USA-WA1/2020 was 501
- GMNT for B1.351 was 184
  - Weaker by 2/3



25

Where do refugees fit in all of this?

57

Implementation in the Refugee Community

- Multiple barriers to care in general, many of which are illuminated by COVID and vaccination procedures
- Limited information regarding knowledge, attitudes, and practices surrounding vaccines
- Historic mistrust in certain communities
- Turbulent US political environment
- Novelty of COVID-19 vaccines

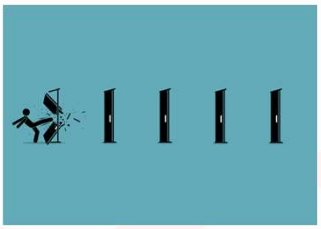
- Refugee, immigrant, and migrant populations are not homogeneous
  - Attitudes towards vaccinations are varied
  - Need to be familiar with each varying community needs and concerns

58

Hesitation

59

Barriers



60

Hesitation

Hesitation in the Refugee Community

Advocating Agency

Paternalism

Hesitation in the Refugee Community

Advocating Agency

Paternalism

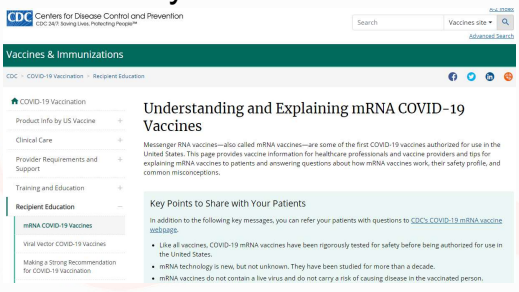
Hesitation in the Refugee Community

What do you know?

Hesitation in the Refugee Community

https://www.cdc.gov/coronavirus/2019-ncov/hcp/vaccination.html

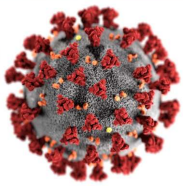
Hesitation in the Refugee Community



Hesitation in the Refugee Community

COVID 19

What Clinicians Need to Know About the Pfizer-BioNTech COVID-19 Vaccine



Amanda Cohn, MD
Sarah Mbaeyi, MD, MPH

December 13, 2020

CDC

67

Hesitation in the Refugee Community

What do they know?

68

Hesitation in the Refugee Community

- Heterogenous groups have heterogeneous needs and hesitations
  - Need to assess to avoid generalizations
- Systemic distrust
  - Doctors may be present in torture
  - May be fleeing an antagonistic government
  - May be traumatized by US government
  - Many predators financial and physical
  - Sharing information could lead to judgement or antagonism

69

Hesitation in the Refugee Community

- Addressing systemic distrust
  - Avoid wearing a white coat
  - Hear and address their needs (may be far from your specialty)
  - Meet in nonclinical settings, including home visits
    - See family, context
  - Establish community centered activities
    - Tutoring, soccer, language classes, support group, gardening
  - Cultivate agency
  - Avoid judgement
  - Be consistent
  - Good rapport can take years
  - If lacking rapport, reach out to a community leader/advocate

70

Hesitation in the Refugee Community

- Heterogenous groups have heterogeneous needs and hesitations
- Congolese focus group
  - One of our most hesitant groups
  - 20 people involved, some of our most active/receptive community
  - 3 had talked about vaccination with a healthcare professional prior to this meeting

71

Hesitation in the Refugee Community

- Congolese focus group
  - Nearly all had seen social media posts decrying vaccines
    - Often in French or Swahili, sometimes English
    - Often invoke religion, particularly Christianity

72

Hesitation in the Refugee Community

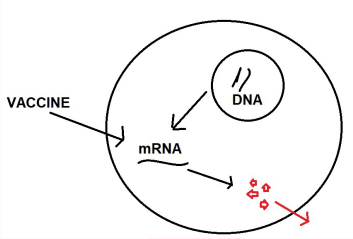
73

Hesitation in the Refugee Community

- Congolese focus group concerns from social media
  - Will this be mandatory? (No, vaccination requires consent.)
  - Will this cost money? (No, it is free.)
  - Will this change my DNA? Give the mark of the beast?

74

Hesitation in the Refugee Community



75

Hesitation in the Refugee Community

- Congolese focus group concerns from social media
  - Will this be mandatory? (No, vaccination requires consent.)
  - Will this cost money? (No, it is free.)
  - Will this change my DNA? Give the mark of the beast? (No, it does not interact with DNA.)
  - Are there microchips to track me? (No, the vials and the fluid are clear and there is nothing to see in them. We have given these vaccines to other people and received them ourselves. All ingredients in vaccines are public knowledge. Messenger RNA is a medical term.)

76

Hesitation in the Refugee Community

- Social media posts/ memes
  - What is in the vaccine? Purported pork products, aborted fetal tissue?
    - No pork
    - No fetal tissue
  - Infertility from S-protein?
    - No


Pope Calls Coronavirus Vaccinations an Ethical Obligation

Saying he will be vaccinated himself next week, Francis described the refusal to get the vaccine as suicidal.

77

Hesitation in the Refugee Community

- Vaccine effects
  - Is this going to give me COVID? Will I need to quarantine after vaccination? (No, this is not an COVID infection, and it will not make you contagious. You will not need to quarantine.)

78

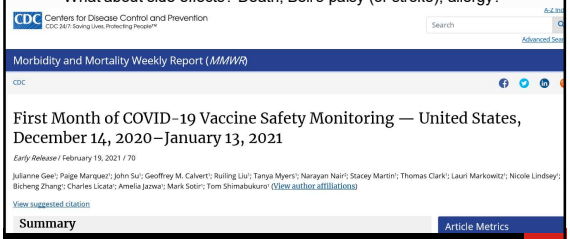
Hesitation in the Refugee Community

- Social media posts/ memes
  - What about side effects? Death, Bell's palsy (or stroke), allergy?

78

Hesitation in the Refugee Community

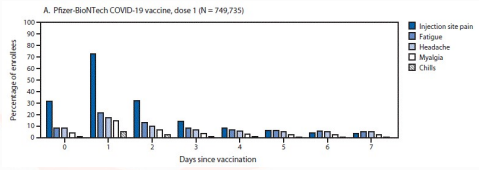
- Social media posts/ memes
  - What about side effects? Death, Bell's palsy (or stroke), allergy?


CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
Search
Advanced Search
Morbidity and Mortality Weekly Report (*MMWR*)
CDC
First Month of COVID-19 Vaccine Safety Monitoring — United States, December 14, 2020–January 13, 2021
Early Release / February 19, 2021 / 70
Julianne Gee[1]; Paige Marquez[1]; John Su[1]; Geoffrey M. Calvert[1]; Ruiling Liu[1]; Tanya Myers[1]; Narayan Nair[1]; Stacey Martin[1]; Thomas Clark[1]; Lauri Markowitz[1]; Nicole Lindsey[1]; Bicheng Zhang[1]; Charles Licata[1]; Amelia Jazwa[1]; Mark Sotir[1]; Tom Shimabukuro[1] (View author affiliations)
View suggested citation
Summary
Article Metrics

80

Hesitation in the Refugee Community

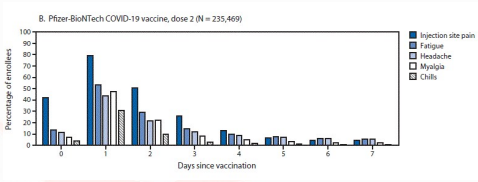
- Social media posts/ memes
  - What about side effects? Death, Bell's palsy (or stroke), allergy?



81

Hesitation in the Refugee Community

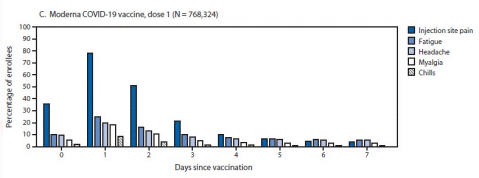
- Social media posts/ memes
  - What about side effects? Death, Bell's palsy (or stroke), allergy?



82

Hesitation in the Refugee Community

- Social media posts/ memes
  - What about side effects? Death, Bell's palsy (or stroke), allergy?



83

Hesitation in the Refugee Community

- Social media posts/ memes
  - What about side effects? Death, Bell's palsy (or stroke), allergy?
  - Bell's palsy
    - Not a stroke
    - Noted in 4 people in Moderna vaccine trial out of 30,000
    - This could be normal population variance

84

Hesitation in the Refugee Community

- Social media posts/ memes
  - What about side effects? Death, Bell's palsy (or stroke), allergy?
  - Anaphylaxis
    - Sixty-two reports of anaphylaxis have been confirmed, 46 after receipt of the Pfizer-BioNTech vaccine and 16 after receipt of the Moderna vaccine
    - 4.5 cases per million doses administered, is within the range reported after receipt of inactivated influenza vaccine (1.4 per million), pneumococcal polysaccharide vaccine (2.5 per million), and live attenuated herpes zoster vaccine (9.6 per million)
    - Effective treatments for anaphylaxis exist – they live

85

Hesitation in the Refugee Community

- Social media posts/ memes
  - What about side effects? Death, Bell's palsy (or stroke), allergy?
  - Elderly deaths
    - Norwegian study suggests a handful of people had died following vaccination
    - Very frail, elderly patients
    - No controls
    - Systemic effects may have been related but difficult to show clear link

86

Hesitation in the Refugee Community

- While not formally proven yet, it seems likely vaccination decreased viral burden and decreases ability to transmit infection to others
- CDC does not require quarantine for vaccinated people after exposure
- Appealing to health of neighbor can help
- Idea that they could prevent someone else from being sick appears to be more effective than personal worry

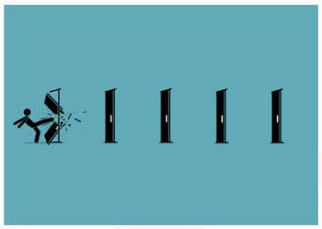
87

Hesitation in the Refugee Community

- Benefits of Vaccination
  - May help prevent spread to other people you care about
  - Avoid missed days of work/ missed pay
  - Long term functionality is protected (brain fog, functional capacity)
  - People who get the vaccination don't die from COVID

88

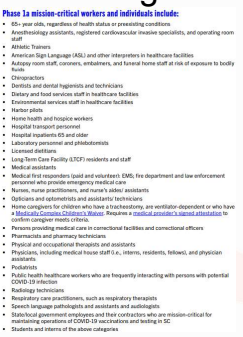
Barriers



89

Implementation in the Refugee Community

- Policy competence
  - What phase are we in?
  - Who is included?
  - Different from state to state
  - Often unclear even to providers
  - Interpreters are Phase 1a
  - Volunteers working frontline healthcare should be considered
  - Check health department guidance



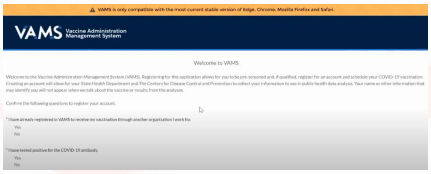
Phase 1a mission-critical workers and individuals include:

- 65+ year olds, regardless of health status or preexisting conditions
- Anesthesiology assistants, registered cardiovascular invasive specialists, and operating room staff
- Athletic Trainers
- American Sign Language (ASL) and other interpreters in healthcare facilities
- Autopsy room staff, coroners, embalmers, and funeral home staff at risk of exposure to bodily fluids
- Chiropractors
- Dentists and dental hygienists and technicians
- Dietary and food services staff in healthcare facilities
- Environmental services staff in healthcare facilities
- Harbor pilots
- Home health and hospice workers
- Hospital transport personnel
- Hospital inpatients 65 and older
- Laboratory personnel and phlebotomists
- Licensed dietitians
- Long-Term Care Facility (LTCF) residents and staff
- Medical assistants
- Medical first responders (paid and volunteer): EMS; fire department and law enforcement personnel who provide emergency medical care
- Nurses, nurse practitioners, and nurse's aides/ assistants
- Opticians and optometrists and assistants/ technicians
- Home caregivers for children who have a tracheostomy, are ventilator-dependent or who have a Medically Complex Children's Waiver. Requires a medical provider's signed attestation to confirm caregiver meets criteria.
- Persons providing medical care in correctional facilities and correctional officers
- Pharmacists and pharmacy technicians
- Physical and occupational therapists and assistants
- Physicians, including medical house staff (i.e., interns, residents, fellows), and physician assistants
- Podiatrists
- Public health healthcare workers who are frequently interacting with persons with potential COVID-19 infection
- Radiology technicians
- Respiratory care practitioners, such as respiratory therapists
- Speech language pathologists and assistants and audiologists
- State/local government employees and their contractors who are mission-critical for maintaining operations of COVID-19 vaccinations and testing in SC
- Students and interns of the above categories

90

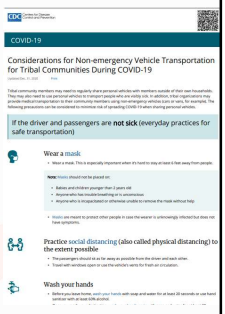
Implementation in the Refugee Community

- Technological competence
  - Especially in elderly
  - May not know how to access scheduling
  - Register on site



Implementation in the Refugee Community

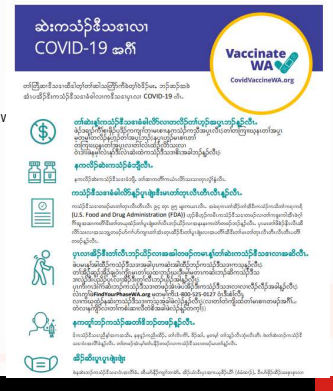
- Transportation
  - Getting to the vaccination site and back
  - Group transport can be arranged but consider COVID precautions (spaced seating, masks, etc…)



Implementation in the Refugee Community

- Language Services
  - Autonomy must not be jeopardized due to a language barrier
  - Resources (registration, consent) available in appropriate language
    - Challenging when dealing with varied small populations
  - https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/communication-toolkit.html (doesn't list vaccine)
  - https://switchboardta.org/blog/a-round-up-of-multilingual-resources-on-covid-19/ (pretty extensive)
  - Not everyone can read
  - Interpreters or phone lines at vaccination site (confirm this)

Implementation in the Refugee Community



Implementation in the Refugee Community

- Availability
  - Being able to take time from work is a major constraint
  - Many vaccination sites have hours during times when people typically work
  - Identify accessible sites at accessible hours
    - Lobby for these sites if not available
    - Consider doctor's note for medical necessity
      - If can get doctor's note, consider requesting 2 days given vaccine effects on second day, although most patients are functional

Summary

- COVID-19 is an ongoing threat
- It is evolving new variants
- Testing is available but not perfect
- Treatments are available but not perfect
- Vaccination saves lives and the risks are low
- Refugee and immigrant populations have unique, heterogenous barriers to vaccination that require a proactive approach and good rapport

Questions/Discussion

National Capacity Building Project

Please complete the feedback survey that was chatted to you in the webinar or by using this link:
https://tinyurl.com/2n3rlrad

Thank you for attending this webinar by

Rajeev Bais MD, MPH
Edwin Hayes II, MD

February 24, 2021

The National Capacity Building Project is a project of the Center for Victims of Torture
www.cvt.org

More resources are available at www.healtorture.org

National Capacity Building Project