

2-2-21

Provider's Meeting COVID update

KN95 masks – provided for 83 AFC homes in our six counties, need to pick up from clerical at the NCCMH office in your county.

Vaccination of AFC staff

- Phase 1A includes staff working in long term care and congregate living settings. Phase 1B includes persons 65 and over. Phase 1C includes persons 16-64 with high risk medical conditions, and other essential workers.
- Most health departments have been scheduling Phase 1A and 1B for some time and are will begin scheduling for Phase 1C toward the end of April.
- If you have not already done so you can complete a pre-registration form on the health department website in your area. Pre-registration can be completed for the agency as a whole. You will be contacted to let you know when and how to have your staff register individually. Individual staff may also go onto the website and register for themselves, but it may be much quicker for them to get in if you register as an agency. If you pre-register as an agency the staff should not pre-register until you have been advised to have them do so.
- Some of the health departments are implementing new software that will allow individuals to schedule themselves. The schedule will appear on their website. This varies for each health department. If the health department has implemented this scheduling the appointments fill up very quickly so you will need to move quickly.

Vaccination of AFC residents

- The state registered all AFC homes with Walgreens and CVS pharmacies. Homes in our catchment were registered with Walgreens. Some out of catchment homes were registered with CVS pharmacy.
- I was provided the list for comparison to the homes we serve. One home in catchment and 3 home out of catchment were not on the list and these were reported to the appropriate health department for registration.
- Walgreens provided a webinar describing their process for completing the vaccinations. They will come to the home to provide the vaccinations. I previously sent this link out but am happy to provide it again if needed. You can review this webinar by right clicking and selecting Open Hyperlink for this link. [Click here to join](#). Feel free to share.
- Walgreens should already have contacted each home to schedule the vaccinations.
- If one of your homes in our catchment area has not been contacted, they should call 231-775-9166 and ask to speak to Brandon as he is in charge of scheduling for our 6 counties. If the home is outside of our catchment area they should contact their local Walgreens or CVS and they will connect you with the appropriate scheduling staff.
- Munson is also providing vaccinations to AFC residents. You need to take them to the site but they will come to the car to vaccinate the resident. Call 231-935-7648.

When to get vaccinated

- Wait 14 days before or after any other vaccine.

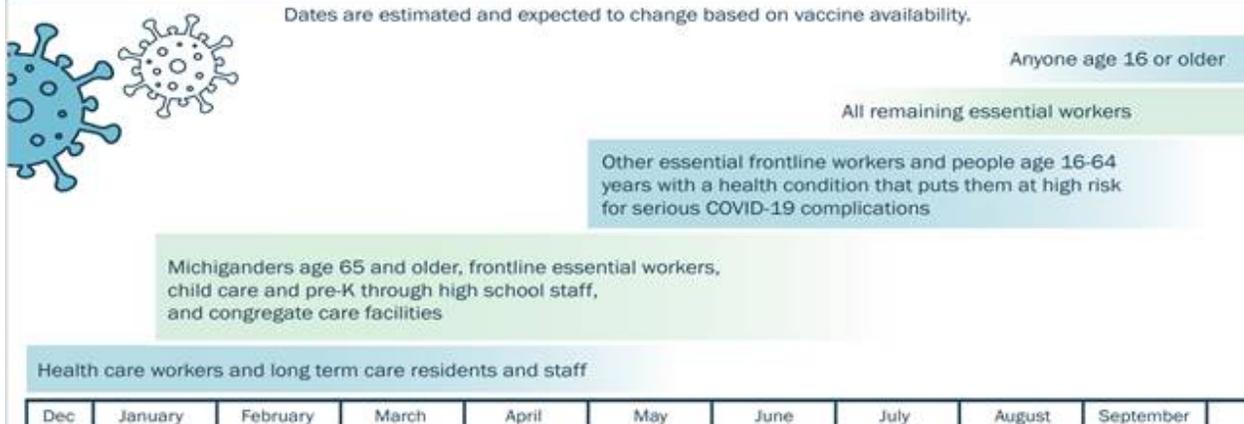
- If you have a 2nd dose for your shingles vaccine scheduled within 14 days of your COVID vaccine it is recommended that you put off your shingles vaccine until 14 days after your 2nd COVID vaccine.
- If you have been positive for COVID it is expected you will have immunity for 90 days. Although you can get the vaccine within that time period you may want to consider waiting to allow others who don't have immunity to be vaccinated. You must be out of the isolation time period before getting the vaccine.
- If you received Monoclonal Antibody therapy, you must wait 90 days from last dose
- If you have been exposed to COVID you should not get the vaccine until you have finished quarantine.

Post Vaccination

- Very few complications have been noted from the hundreds of thousands of vaccinations given so far.
- Hospitals have reported they have had very few staff need to take a day off following vaccination.
- Most common side effects are: tenderness at injection site, tired, achy, low fever, headache. Typically noted about 1 day after vaccination and lasts for 24-36 hours. Second shot appears to be worse for most people.
- Younger people typically have a bigger reaction due to their immune systems being stronger.
- The vaccine is 94-95% effective. All studies were based on 2 doses with effectiveness data starting 1 week after the 2nd dose. You may have some protection from the first dose but this was not studied.
- You may be able to get COVID after you have been vaccinated, the vaccine is 95% effective, no vaccine is 100% effective. What has been seen in these cases is much more mild illness.
- It is not clear if the virus can be transmitted following vaccination. All previous mitigation strategies (masks, social distancing, hand washing) need to be continued until we have a larger percentage of population vaccinated and data can be collected to determine post vaccination statistics.
- Scientists are very excited with what they are seeing with the mRNA vaccine. The immunity provided by this vaccine is so much stronger than what has been seen with previous types of vaccines. This may open new doors for treating other diseases.

Vaccination News

Preliminary COVID-19 Vaccination Timeline



- MDHHS has a Preliminary COVID-19 Vaccination Timeline on their website, see above. HDNW and DHD #10 are in line with this timeline.
- Health departments in our area are holding a variety of clinics throughout the week to provide as many vaccinations as they are able to receive. These clinics vary by health department.
- Amount of vaccine being received has been much less than what was requested. The process for rolling out the vaccine is ever changing. Just recently I learned that the process is now being handled by the State for allocation of the 1st dose of the vaccine using a specific formula. Health departments are still requesting the amount needed for 2nd vaccines.
- As of 1-21-21, HDNW had over 20,000 people registered and had given over 3000 vaccinations in their district.
- Number and size of clinics will increase as more vaccine is available. The National Guard will be assisting with some of the larger clinics where it is expected that 600 people will be vaccinated in one day. These will most likely be held on the weekends.
- Scheduling is a priority for the COVID vaccine as the vaccine must be used within 5 days of removal from the freezer, within 6 hours of the first access to the vial, and can't be transferred to another clinic once accessed. Scheduling of appointments must match what is available to avoid wasting vaccine.
- Back up lists are kept by the health departments so they can call someone in to get the vaccine should they have planned doses that go unused.
- Currently 75% of the allocated vaccine to the health departments is to go to age 65 and older populations.
- HDNW sent a blast email to everyone on their registration list to let them know they have received their registration. You will receive an email notification when it is your turn to schedule.
- MI did not adopt the 7- day quarantine recommendation due to the difficulties in testing
- Legislation PA628 that requires employees to be allowed to quarantine for 14 days.
- More pharmacies are enrolling to be able to provide vaccination. Doctors office will eventually be vaccinating their patients.
- For both Pfizer (21 days) and Moderna (28 days) there must be the minimum days between injections, but it is acceptable for both to delay the second shot past the recommended minimum time frame. It is still recommended that you get the vaccine within the

pharmaceutical companies guidelines, if possible, but due to the current shortage of vaccine you may be asked to delay your second dose by a short time.

- The shorter the delay time the better as to reach the 94-95% efficacy for protection you must have both doses. The efficacy for only one dose has not been studied. The faster we can get both doses into 70-85% of the population the quicker we will get through this pandemic.

Variants

- Concerns – 1. Ability to spread more quickly; 2. Ability to cause more severe disease; 3. Ability to evade detection by specific diagnostic test; 4. Decreased effectiveness of therapeutic agents such as monoclonal antibodies (specific antibody against one target of the virus, if the target changes the antibody tx will not work); 5. Ability to avoid natural or vaccine induced immunity.
- From the CDC 1-28-21 Update:

What we know

Viruses constantly change through mutation, and new variants of a virus are expected to occur over time. Sometimes new variants emerge and disappear. Other times, new variants emerge and persist. Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic.

The virus that causes COVID-19 is a type of coronavirus, a large family of viruses. Coronaviruses are named for the crown-like spikes on their surfaces. Scientists monitor changes in the virus, including changes to the spikes on the surface of the virus. These studies, including genetic analyses of the virus, are helping scientists understand how changes to the virus might affect how it spreads and what happens to people who are infected with it.

Multiple variants of the virus that causes COVID-19 are circulating globally:

The United Kingdom (UK) identified a variant called B.1.1.7 with a large number of mutations in the fall of 2020. This variant spreads more easily and quickly than other variants. In January 2021, experts in the UK reported that this variant may be associated with an increased risk of death compared to other variant viruses, but more studies are needed to confirm this finding. It has since been detected in many countries around the world. This variant was first detected in the US at the end of December 2020.

In South Africa, another variant called B.1.351 emerged independently of B.1.1.7. Originally detected in early October 2020, B.1.351 shares some mutations with B.1.1.7. Cases caused by this variant have been reported in the US at the end of January 2021.

In Brazil, a variant called P.1 emerged that was first identified in travelers from Brazil, who were tested during routine screening at an airport in Japan, in early January. This variant contains a set of additional mutations that may affect its ability to be recognized by antibodies. This variant was first detected in the US at the end of January 2021.

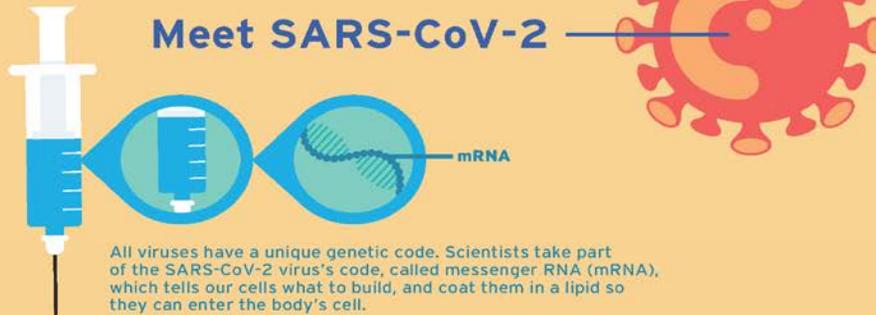
These variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on health care resources, lead to more hospitalizations, and potentially more deaths.

So far, studies suggest that antibodies generated through vaccination with currently authorized vaccines recognize these variants. This is being closely investigated and more studies are underway.

Rigorous and increased compliance with public health mitigation strategies, such as vaccination, physical distancing, use of masks, hand hygiene, and isolation and quarantine, is essential to limit the spread of the virus that causes COVID-19 and protect public health.

How mRNA vaccines work

Every virus is different.
The virus that causes COVID-19
is called SARS-CoV-2.

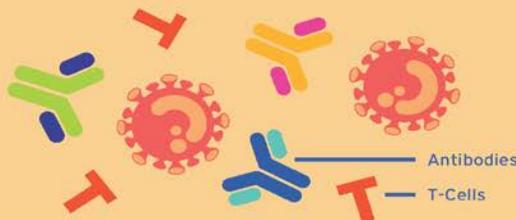


This is injected into the patient.



CREATE

The mRNA tells the cells to make a specific part of the SARS-CoV-2 virus: the spike protein.



LEARN

The immune system then produces antibodies and activates T-cells to destroy the spike proteins.



PROTECT

If you are exposed to the virus in the future, your immune system will quickly recognize the spike protein and has the antibodies and T-cells ready to begin destroying the virus.

The Benefit of Getting Vaccinated

The virus that causes COVID-19 replicates quickly. Without the vaccine, your body has to identify the virus, learn how to fight it and carry out an immune response. In the meantime, the virus can replicate to a level beyond what your immune system can handle – which means you feel sick. With the vaccine, your body can more quickly identify the virus and skip straight to starting its immune response.

mRNA technology isn't new.

mRNA vaccines are a product of decades of study on RNA therapies and treatment by medical scientists. mRNA therapies are being used to develop personalized cancer treatments, as well as vaccines for infectious diseases such as Zika virus. Researchers are also exploring whether mRNA treatments can be used as protein-replacement therapies for rare conditions such as the blood-clotting disorder haemophilia.