COVID-19 Series for Free & Charitable Clinics

April 7, 2022

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AT THE FOREFRONT UChicago Medicine

Vaccinate with Confidence

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

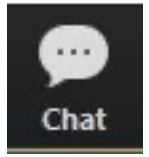
CDC's Strategy: **Empower Healthcare Personnel**: Promote confidence among healthcare personnel in their decisions to get vaccinated and recommend the vaccination to their patients.

Project Goal: Build and reinforce COVID-19 vaccine confidence among healthcare personnel in the safety net sector and, in turn, the patients they serve.

Partnerships: **The National Association of Free and Charitable Clinics** and **15 State Associations** and Federally Qualified Health Centers (FQHCs) in Puerto Rico and the U.S. Virgin Islands.

How: Provide tailored COVID-19 vaccine information to the free and charitable clinic sector through various channels and **give the FCC sector a direct line of communication to CDC**.

Reminders:

- Please use your first name and clinic name when you join the session
- Use the “chat” feature to ask questions 

- Please remember to mute your microphone 

- If you can’t connect audio via computer or you lose computer audio at anytime, you can call in to session at **(408) 638-0968, Meeting ID 932-6566-2201##**
- This activity has been approved for AMA PRA Category 1 Credit™ & Nursing CEUs

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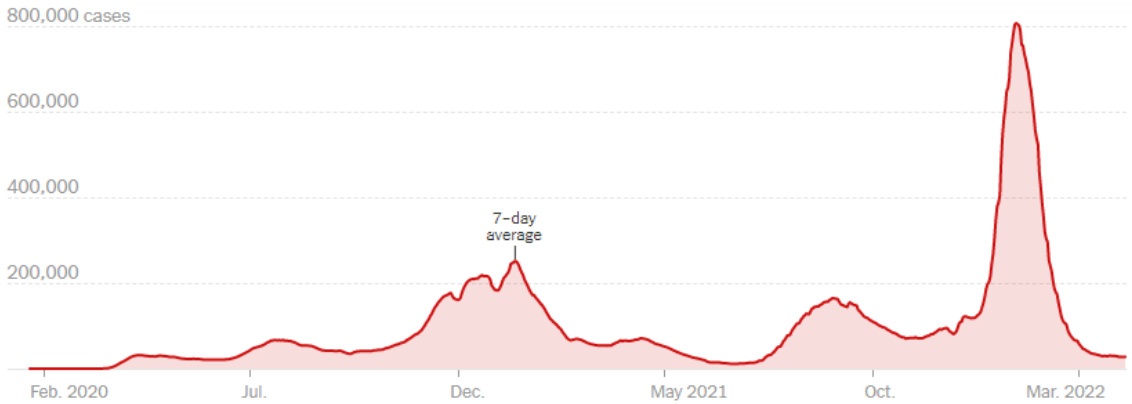
Disclosures

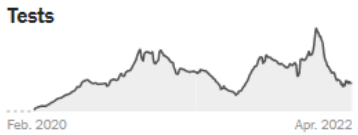
- We have no relevant financial interests to disclose.

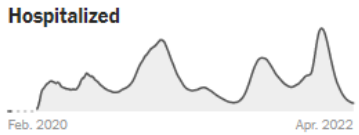
Coronavirus in the U.S.: Latest Map and Case Count

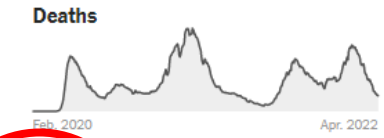
New reported cases

All time | Last 90 days



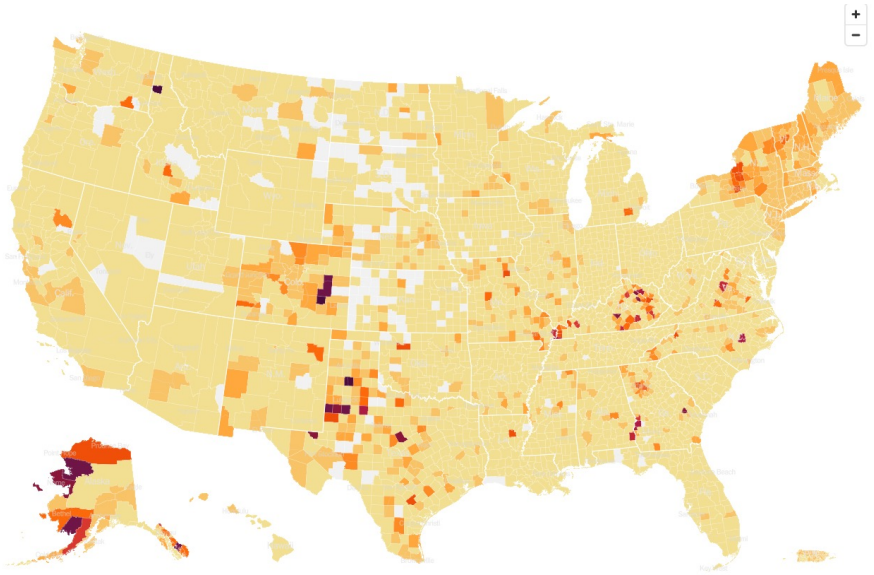




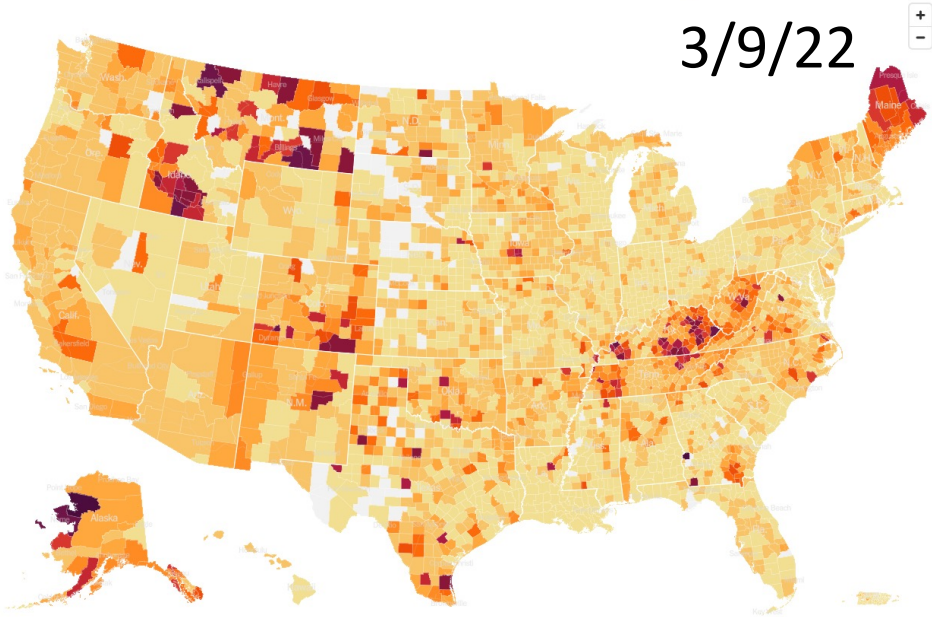


	DAILY AVG. ON APR. 4	14-DAY CHANGE	TOTAL REPORTED
Cases	27,573	-6%	80,097,539
Tests	870,272	+11%	—
Hospitalized	15,692	-27%	—
In I.C.U.s	2,376	-35%	—
Deaths	633	-40%	980,648

4/5/22

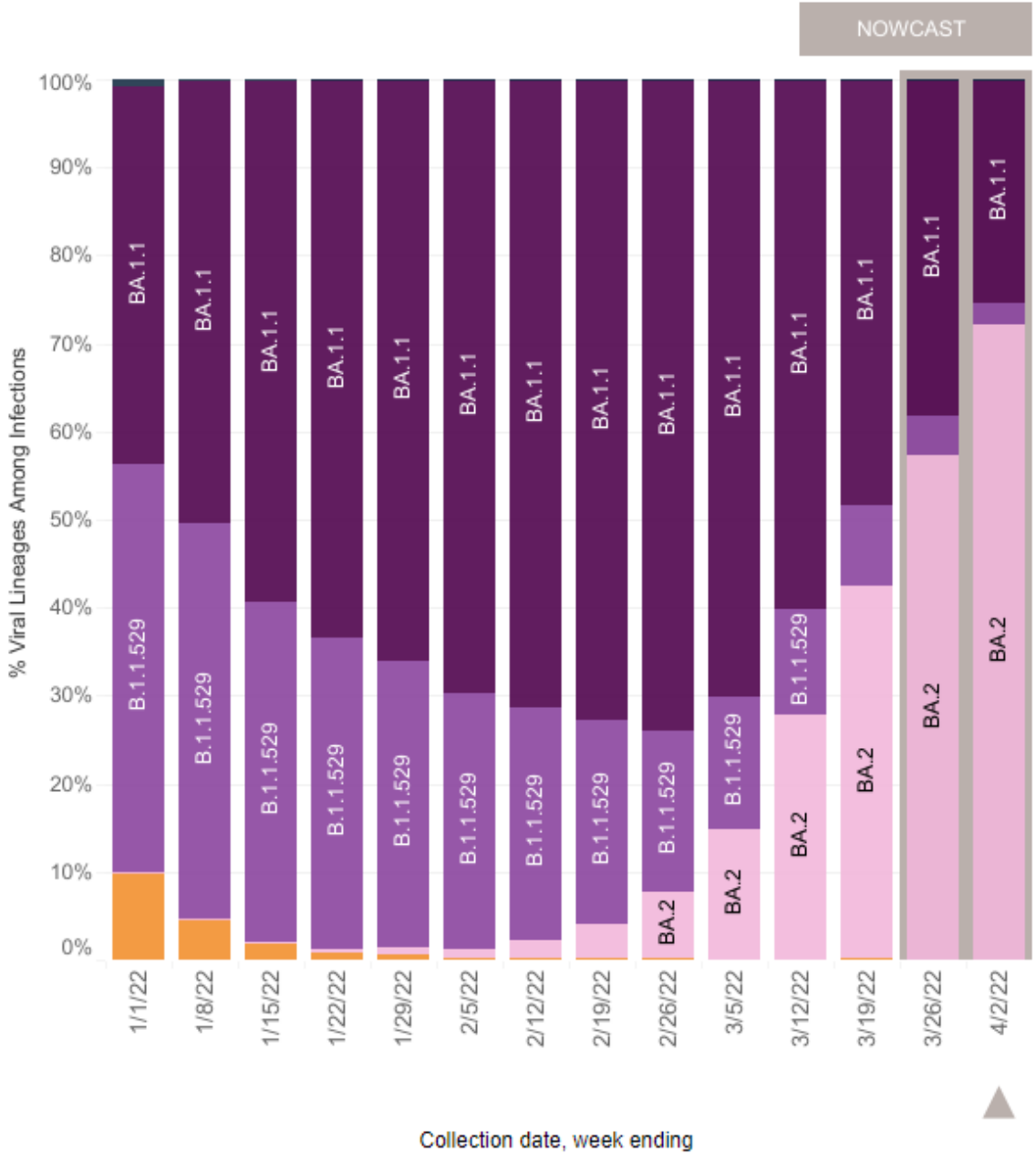


3/9/22



https://www.nytimes.com/interactive/2021/us/coronavirus-us-cases.html

United States: 12/26/2021 – 4/2/2022



United States: 3/27/2022 – 4/2/2022 NOWCAST

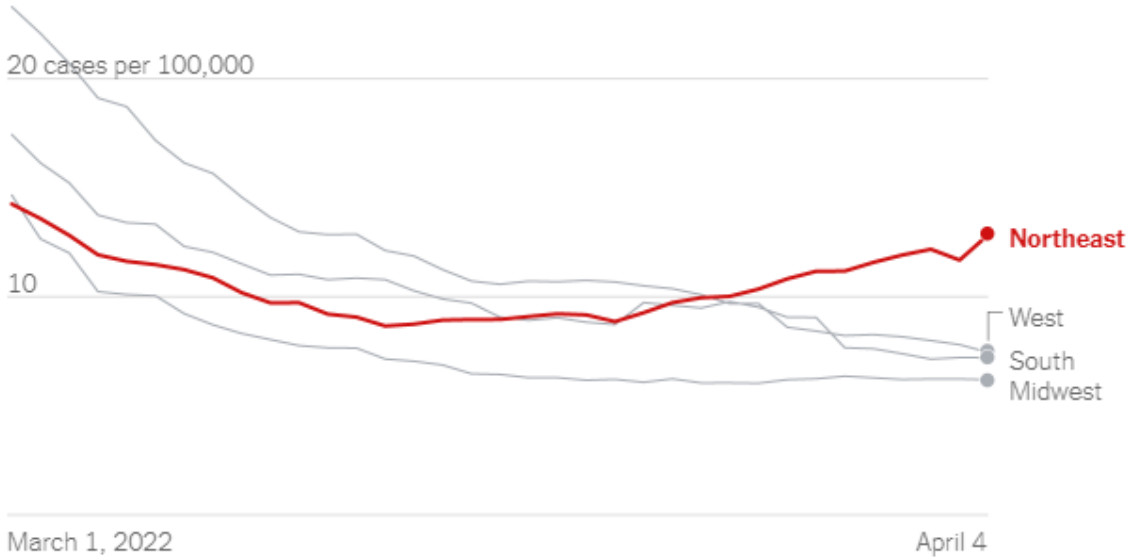
USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2	VOC	72.2%	68.1-75.9%
	BA.1.1	VOC	25.3%	21.9-29.1%
	B.1.1.529	VOC	2.5%	2.0-3.2%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

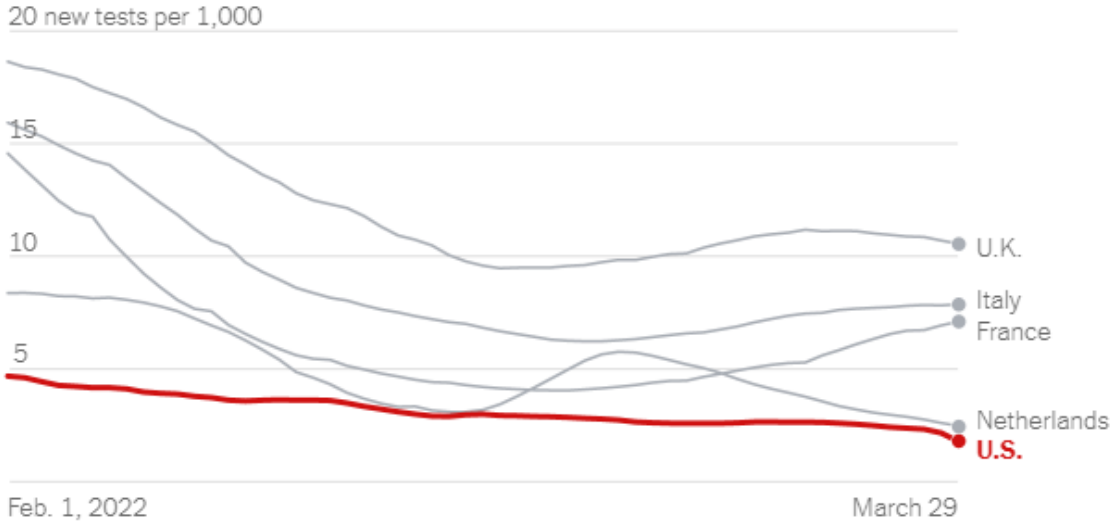
Cases rising in Northeast, but tests are falling

Daily average cases per capita by U.S. region



Note: Chart shows the seven-day averages. • Source: New York Times database • By The New York Times

Daily average tests per capita



Notes: Chart shows the seven-day averages. Comparisons across countries are affected by different testing policies and reporting methods. • Source: Our World in Data • By The New York Times

Neutralization of the SARS-CoV-2 Omicron BA.1 and BA.2 Variants

- Recent data shows that neutralizing antibody titers against BA.2 were similar to BA.1
- In those infected with BA.1 great deal of cross reactivity was seen
- Partially explains why BA.2 is not causing a surge following the previous Omicron (BA.1)surge

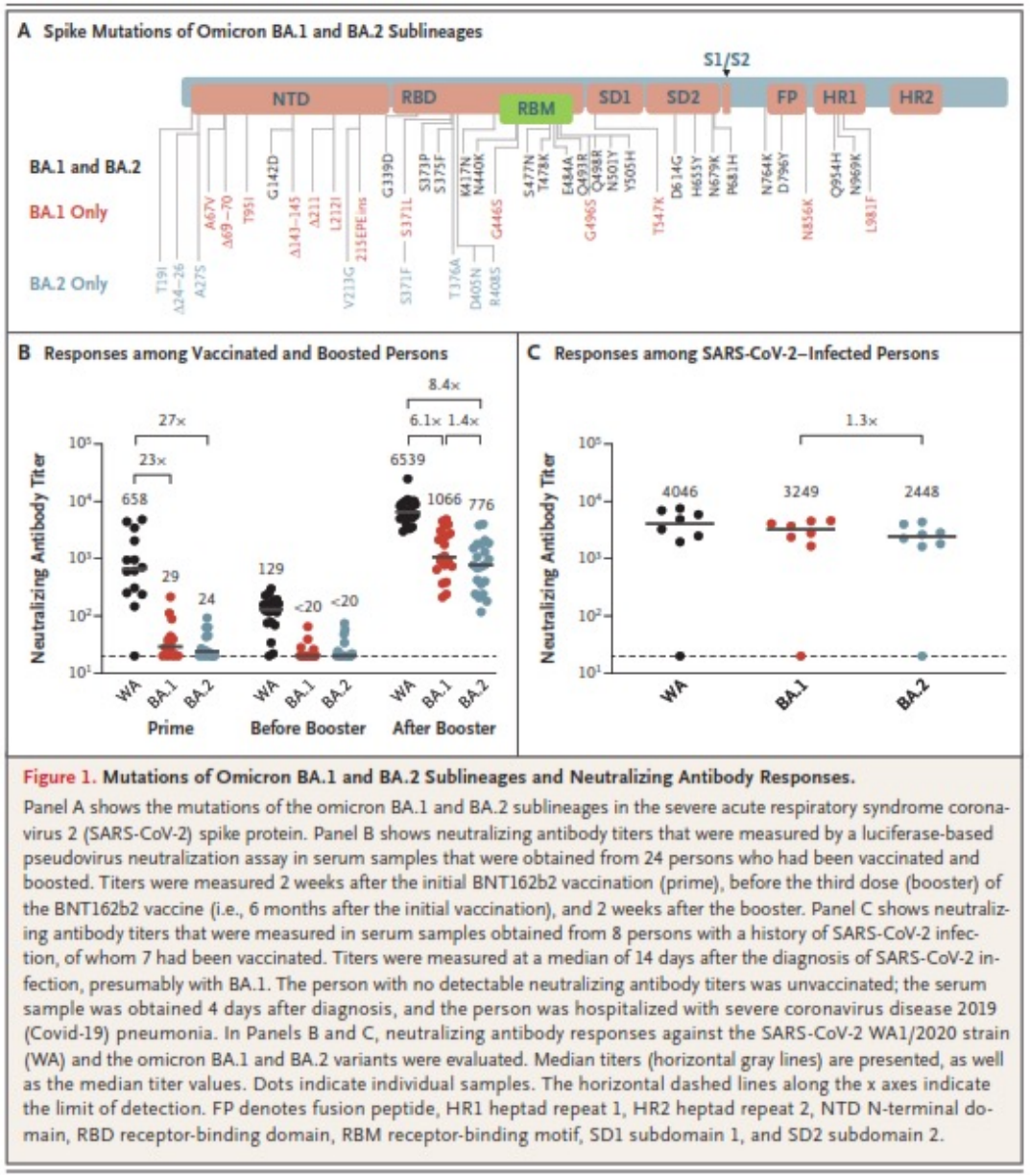


Figure 1. Mutations of Omicron BA.1 and BA.2 Sublineages and Neutralizing Antibody Responses.

Panel A shows the mutations of the omicron BA.1 and BA.2 sublineages in the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spike protein. Panel B shows neutralizing antibody titers that were measured by a luciferase-based pseudovirus neutralization assay in serum samples that were obtained from 24 persons who had been vaccinated and boosted. Titers were measured 2 weeks after the initial BNT162b2 vaccination (prime), before the third dose (booster) of the BNT162b2 vaccine (i.e., 6 months after the initial vaccination), and 2 weeks after the booster. Panel C shows neutralizing antibody titers that were measured in serum samples obtained from 8 persons with a history of SARS-CoV-2 infection, of whom 7 had been vaccinated. Titers were measured at a median of 14 days after the diagnosis of SARS-CoV-2 infection, presumably with BA.1. The person with no detectable neutralizing antibody titers was unvaccinated; the serum sample was obtained 4 days after diagnosis, and the person was hospitalized with severe coronavirus disease 2019 (Covid-19) pneumonia. In Panels B and C, neutralizing antibody responses against the SARS-CoV-2 WA1/2020 strain (WA) and the omicron BA.1 and BA.2 variants were evaluated. Median titers (horizontal gray lines) are presented, as well as the median titer values. Dots indicate individual samples. The horizontal dashed lines along the x axes indicate the limit of detection. FP denotes fusion peptide, HR1 heptad repeat 1, HR2 heptad repeat 2, NTD N-terminal domain, RBD receptor-binding domain, RBM receptor-binding motif, SD1 subdomain 1, and SD2 subdomain 2.

DOI: 10.1056/NEJMc2201849

FDA & CDC Recommend Second Booster

- Concerns regarding waning immunity prompted recommendations for another booster
- Somewhat arbitrary age target (>50 years of age or older)
- *Is this a pattern that will evolve into annual boosters?*

PRIMARY SERIES COVID-19 VACCINE	Who should get one booster:	When to get your booster:	Which booster can you get:
Pfizer-BioNTech	Everyone 12 years and older **Who can get a second booster:** Adults 50 years and older	At least 5 months after completing your primary COVID-19 vaccination series If eligible for a second booster, at least 4 months after your first booster	• Adults 18 years and older should get an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) for the first booster in most* situations • The second booster must be an mRNA COVID-19 vaccine • Teens 12–17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster
PRIMARY SERIES COVID-19 VACCINE	Who should get one booster:	When to get your booster:	Which booster can you get:
Moderna	Adults 18 years and older **Who can get a second booster:** Adults 50 years and older	At least 5 months after completing your primary COVID-19 vaccination series If eligible for a second booster, at least 4 months after your first booster	For the first booster, an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) is preferred in most* situations The second booster must be an mRNA COVID-19 vaccine
PRIMARY SERIES COVID-19 VACCINE	Who should get a booster:	When to get your booster:	Which booster can you get:
Johnson & Johnson's Janssen*	Adults 18 years and older **Who can get a second booster:** Anyone who received a J&J/Janssen COVID-19 vaccine for both their primary dose and booster Adults 50 years and older who first received a J&J/Janssen COVID-19 vaccine, regardless of what type of booster they received	At least 2 months after receiving your J&J/Janssen COVID-19 vaccination If eligible for a second booster, at least 4 months after your first booster	For the first booster, an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) is preferred in most* situations The second booster must be an mRNA COVID-19 vaccine

Heterologous Boosters Improve Protection

- Heterologous boosting was associated with lower SARS-CoV-2 incidence rates than homologous boosting in recent publication from Singapore
- Severe infections were lower among those receiving a booster after BNT162b2 as the primary series compared with non-boosted individuals, regardless of the type of booster

Table. Incidence and Risk of COVID-19 by mRNA Vaccine Type and Booster Combination

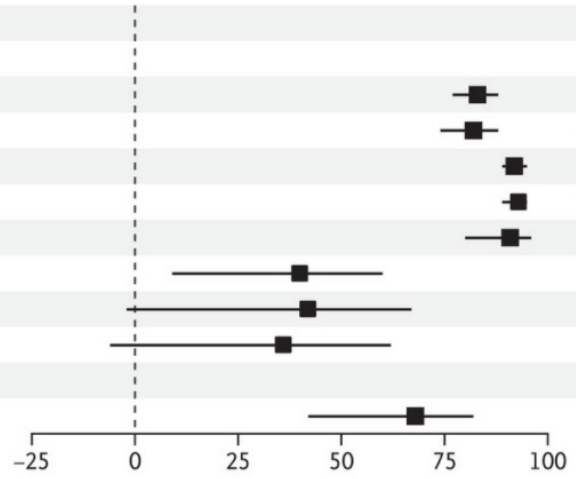
	No. of person-days at risk	Events		Incidence per million person-days		Adjusted incidence rate ratios (95% CI)[a]	
		Confirmed	Severe	Confirmed	Severe	Confirmed	Severe
Doses of BNT162b2							
2	20 872 446	12532	428	600.4	20.5	1 [Reference]	1 [Reference]
3	8 546 450	1948	12	227.9	1.4	0.272 (0.258-0.286)	0.047 (0.026-0.084)
mRNA-1273 booster after BNT162b2 primary series	432 601	64	1	147.9	2.3	0.177 (0.138-0.227)	0.078 (0.011-0.560)
Doses of mRNA-1273							
2	1 771 075	898	8	507.0	4.5	1 [Reference]	1 [Reference]
3	321 170	43	0	133.9	0.0	0.198 (0.144-0.271)	NA[b]
BNT162b2 booster after mRNA-1273 primary series	39 760	4	0	100.6	0.0	0.140 (0.052- 0.376)	NA[b]

JAMA. 2022;327(12):1181-1182. doi:10.1001/jama.2022.1922

BNT162b2 Protection against the Omicron Variant in Children and Adolescents

- BNT162b2 vaccination reduced the risk of omicron-associated hospitalization by 2/3 among children 5 to 11 years of age
- 2 doses provided lower protection against omicron-associated hospitalization than against delta-associated hospitalization among adolescents 12 to 18 years of age, vaccination prevented critical illness caused by either variant

Subgroup	Vaccinated Case Patients	Vaccinated Control Patients	Vaccine Effectiveness (95% CI)
	no. of patients/total no. (%)		%
Adolescents 12–18 yr of age			
Age group			
12–15 yr	63/543 (12)	313/828 (38)	83 (77 to 88)
16–18 yr	59/375 (16)	229/529 (43)	82 (74 to 88)
Delta-predominant period	33/684 (5)	442/1161 (38)	92 (89 to 95)
2–22 wk since vaccination	25/676 (4)	372/1091 (34)	93 (89 to 95)
23–44 wk since vaccination	6/657 (1)	60/779 (8)	92 (80 to 97)
Omicron-predominant period	89/234 (38)	100/196 (51)	40 (9 to 60)
2–22 wk since vaccination	35/180 (19)	39/135 (29)	43 (–1 to 68)
23–44 wk since vaccination	52/197 (26)	59/155 (38)	38 (–3 to 62)
Children 5–11 yr of age			
Omicron-predominant period	20/267 (7)	50/270 (19)	68 (42 to 82)



DOI: 10.1056/NEJMoa2202826

Faith and Vaccine Hesitancy

Strategies for Reaching Faith Communities

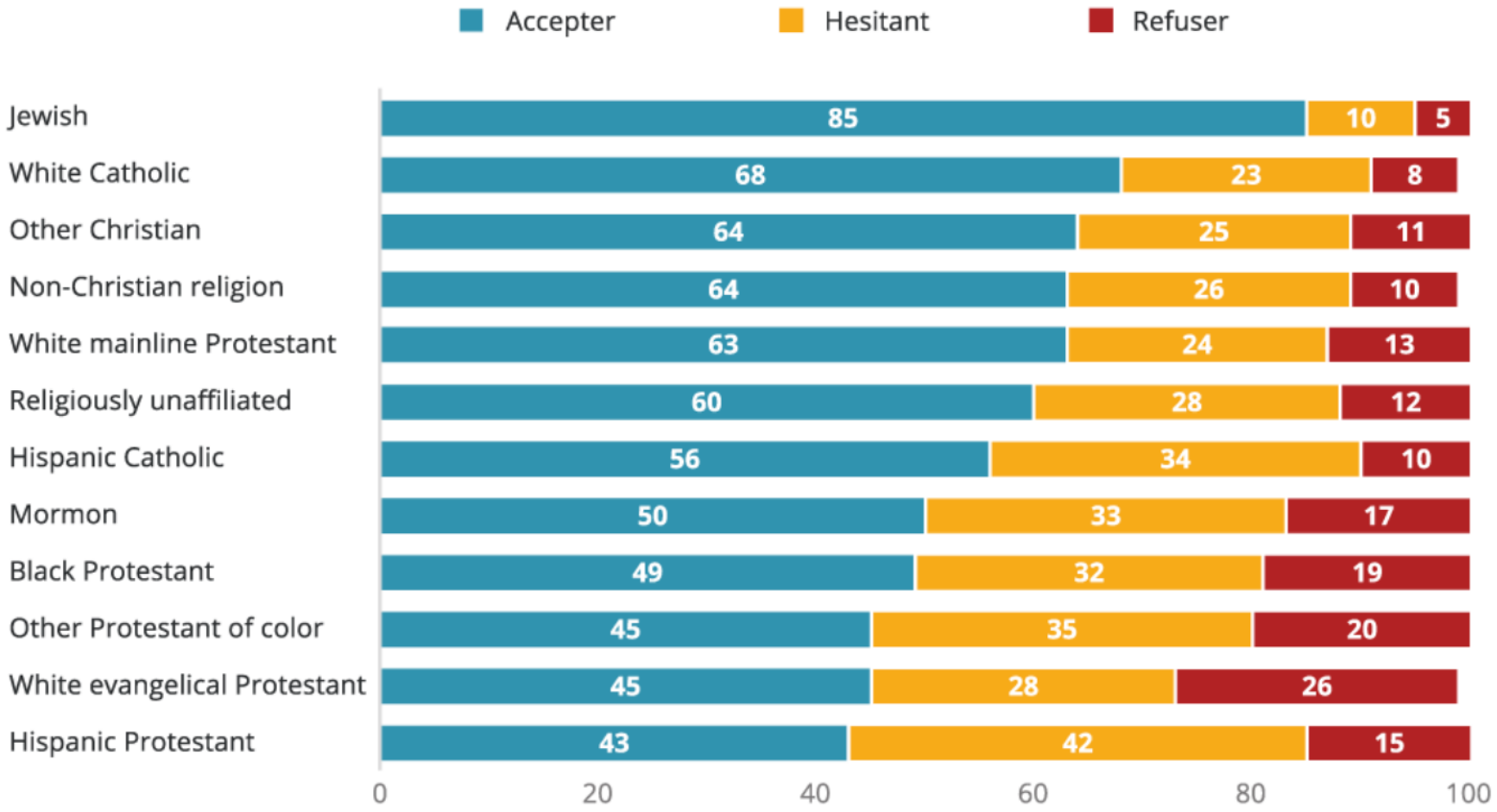
Vaccine Hesitancy and Faith Communities

- Faith Based Organizations (FBO)
  - Churches, Mosques, Synagogues, Temples
  - Charities, faith-based non-profits
- Reasons for hesitancy
  - Perception of “science verses faith”
  - Feeling that they must either trust in God or trust in a vaccine
  - Questions about fetal cells and the use of vaccine development
  - Linking of faith and political ideology
  - Rapid spread of religious based misinformation[1]
  - Religious objection as a cover for valid concerns about safety and medical system distrust

Vaccination Rates and Religion

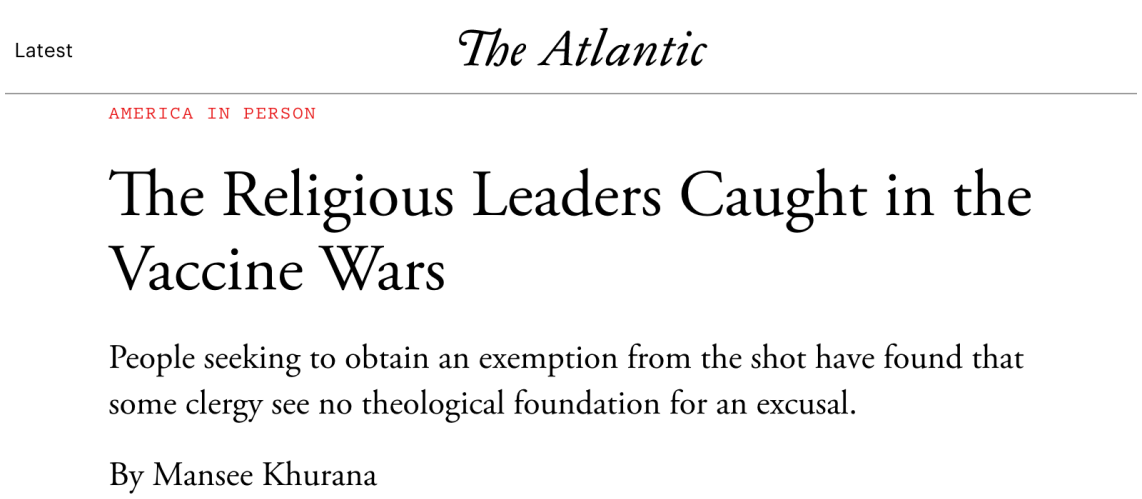
FIGURE 1.3a Vaccine Acceptance, Hesitancy, and Refusal, by Religious Affiliation

Percent who are:



Why Reach Faith Communities?

- People of faith get sick and die from COVID-19
- Increasing population immunity
- People turning to religious leaders for vaccine exemptions
- Reaching ethnic and racial minorities.[3]
- Countering misinformation



Latest

The Atlantic

AMERICA IN PERSON

The Religious Leaders Caught in the Vaccine Wars

People seeking to obtain an exemption from the shot have found that some clergy see no theological foundation for an excusal.

By Mansee Khurana

Faith Leaders Supporting Vaccines

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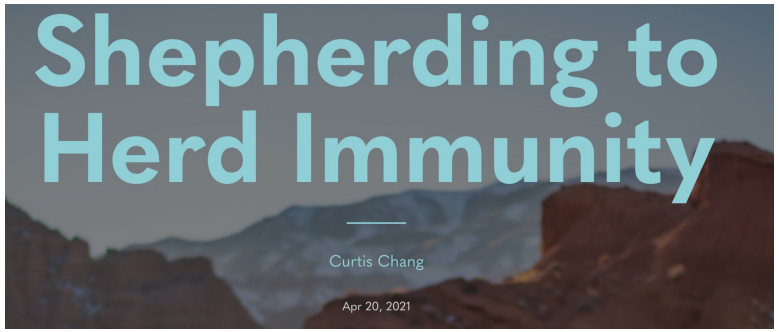
Vaccinating the Most Vulnerable Requires Proactive Congregational Effort



Black Pastors Taking the Lead Receiving COVID-19 Vaccine to Educate and Reassure the Minority Communities

NEWS PROVIDED BY
Whittier Street Health Center →
Jan 21, 2021, 09:00 ET

Robert Jeffress: 'There Is No Credible Religious Argument against the Vaccines'

Michael Foust | *ChristianHeadlines.com Contributor* | Monday, September 20, 2021

OPINION

Column: What would Jesus do? He'd get vaccinated, that's what

Why Free and Charitable Care Clinics?

- Faith-based perspective
  - Not a matter of “science verses faith”
  - People are not forced into a choice between trust in God or trust in a vaccine
- Deep and authentic relationships within the community
- More specific reach than health departments
  - Health Departments reported lack of strong relationships with FBOs and difficulty connecting with smaller places of worship.[3]
- Non-governmental
  - Religion and mistrust in government can go hand-in-hand
- Relationship-based care

Example Strategies for Reaching FBOs

- Evangelicals for COVID-19 Vaccines
  - Emphasis on Bible scripture: Loving your neighbor, protecting the vulnerable, treating the body as a temple, speaking truth[4]
  - Change petition with personal commitment[5]
- Faith leader statements
  - Example: Vatican declares vaccination is morally acceptable[6]
- Faith-based Initiatives
  - The Conference of National Black Churches COVID-19 Action Plan: Mobilizing Black Churches in Response to the COVID-19 Pandemic - Trusted Voices, Trusted Content, Trusted Spaces[7]
  - National Latino Evangelical Coalition (NaLEC) article in Christianity Today supporting COVID-19 vaccination[8]

Example Strategies for Reaching FBOs

- Scientists/providers as people of faith
  - Francis Collins, former NIH Director declares his “trust in Jesus as the source of all truth.” Study found increased intentions of vaccination among unvaccinated Christians.[9]
- Addressing the issue of fetal cells in vaccine development
  - Southern Baptist Convention: “Christians are not morally culpable if they use treatments and vaccines that were developed using such cells”[10]
  - FAQs from the North Dakota Department of Health: Simple language with links to faith statements.[11]

Strategies for Clinic Team Members

- Start with relationship and curiosity
- Focus on values
- Use motivational interviewing verses contradiction/accusation
- Connect on shared values and personal experiences if relevant
- Be conscious of linking faith and political ideology
- Remember religious objection can be a surface level response for sometimes valid deeper mistrust of institutions and other vaccine related concerns

Ideas for FCCs

- Faith leaders as trusted messengers
  - Community health worker HRSA funding
  - Provide training: basics of how vaccines work, answers to common questions, basic motivational interviewing, practice sessions
- Partner to create media education and social media messaging
  - American Muslim Health Professionals: https://jhcimpact.com/posts/f/building-covid-19-vaccine-confidence-through-conversation
- Community education events and vaccine clinics
- Consider how the strategies we've learned and partnerships we've built can be used beyond COVID-19

Resources for Faith and Clinic Partnership

- Christians and the Vaccine:
  - Provides pastor's toolkit, shareable videos, focus on Biblical principals
  - https://www.christiansandthevaccine.com/about
- The Partnership Center:
  - Examples of collaborations, links to fact sheet and FAQs
  - https://www.hhs.gov/sites/default/files/faq-and-guide-for-faith-and-community-leaders.pdf

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Questions?

Thank you!

Next Session: Thursday, May 12th ,12-1:15pm CST

Resources & recording of the session

https://www.echo-chicago.org/resources/covid19/

This project was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention grant number 1 NU50CK000588-01-00. The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource center do not necessarily represent the policy of CDC or HHS and should not be considered an endorsement by the Federal Government.

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