

Welcome! Thanks for joining us.

The COVID-19 Vaccine Community Conversation will begin at 5 p.m.

COVID-19 Vaccine Community Conversation

February 4, 2021

Disclaimers

- This conversation is being recorded.
- We are recording for documentation purposes.
- We cannot discuss private and confidential information during this session.

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land since time immemorial. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We are standing on the ancestral lands of the Dakota People. We want to acknowledge the Ojibwe, the Ho Chunk and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.

The acknowledgment given in the USDAC Honor Native Land Guide - edited to reflect Minnesota tribes. In review with SIA and endorsed by Shannon Geshick, Executive Director Minnesota Indian Affairs Council

Today's Agenda

- Safety, Efficacy and Prevention – Dr. Lynne Ogawa
- Vaccine Distribution Phases – Laura Andersen
- Resources
- Discussion / Questions and Answers
- Next Steps

Conversation Agreements

- Be open-minded.
- Listen actively/respectfully when others are speaking.
- Speak from your own experience instead of generalizing ("I" instead of "they," "we" and "you").
- Respectfully ask challenging questions and refrain from personal attacks.
- Be engaged and provide feedback.
- The goal is not to always agree -- it is to gain a deeper understanding.
- Be aware of your facial expressions --they can be perceived as disrespectful as words.
- Do not dominate the discussion, allow others to be heard.
- "Step Up and Step Back!"

Safety, Efficacy & Prevention

Dr. Lynne Ogawa - Medical Director

COVID-19 Vaccines

- Vaccines go through three phases of trials before being released to the general public.

Phase 1 Clinical Trials

- Focus on safety and include 20–100 healthy volunteers.
- Scientists begin to learn how the size of the dose may be related to side effects.
- If possible, at this early stage, scientists also try to learn how effective the vaccine may be.

Phase 2 Clinical Trials

- Focus on several hundred volunteers
- Continue to monitor side effects
- Begin to directly monitor immune responses related to dose
- Test on populations that reflect the target patients

Phase 3 Clinical Trials

- Focus on thousands of volunteers
- Volunteers are split into two groups – those who receive the vaccine and those who receive a placebo.
- Continued monitoring and direct comparisons of side effects
- Monitor for immune response of individuals
- Followed to see who actually gets the infection over time

Covid-19 Vaccines

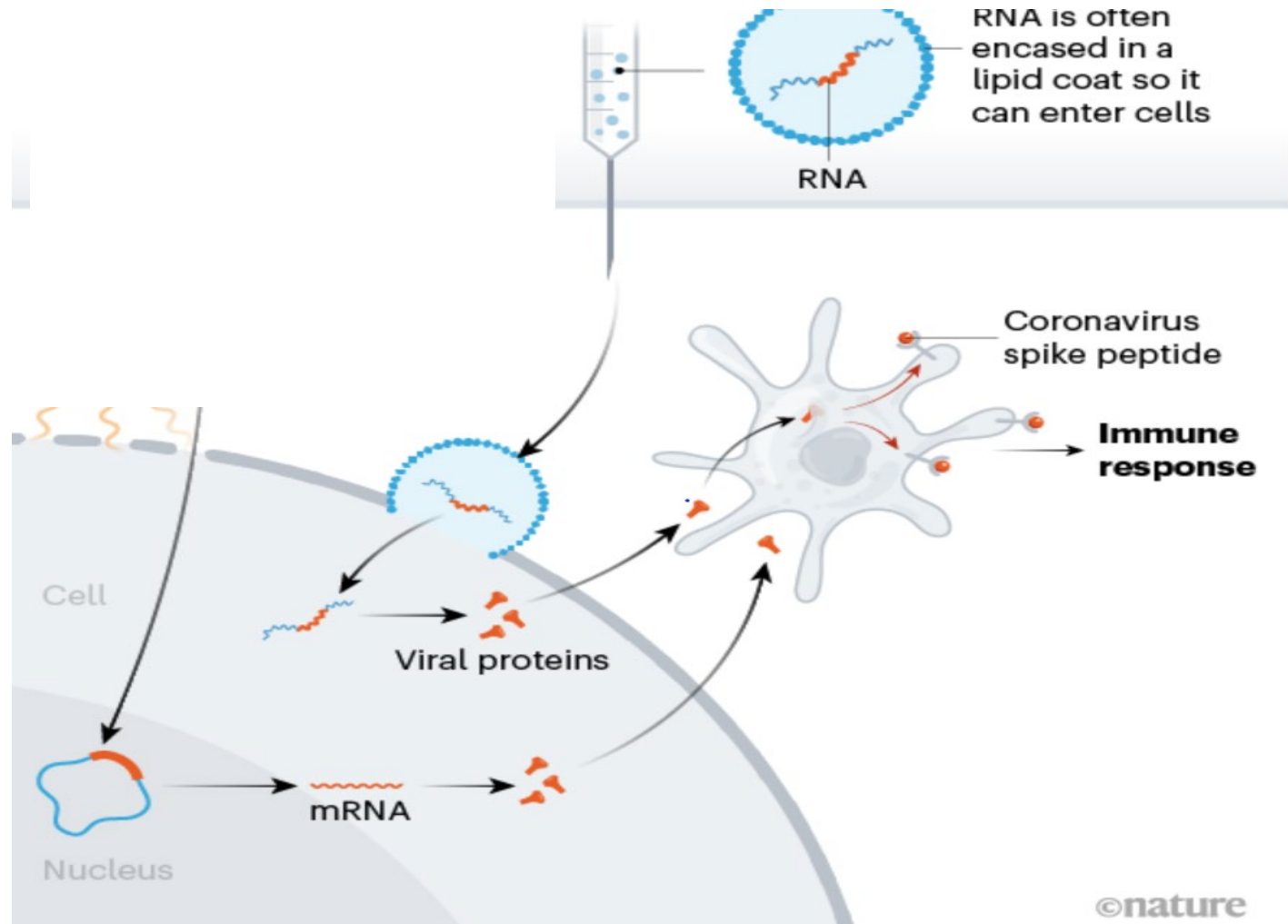
1. Currently approved for EUA in the United States:

- Pfizer.
- Moderna.

2. Currently undergoing Phase 3 clinical trials in the United States:

- AstraZeneca/Oxford.
- Johnson & Johnson/Janssen.

mRNA Vaccines



Brief Timeline of mRNA Vaccines

- First published work in animal model was in 1990.
 - High immunogenicity.
 - Wasn't stable and hard to get into cells.
- 1990s: Research helped stabilize the mRNA and injection.
- 2000s: Safety testing and better understanding:
 - How it speaks to body after injection.
 - How the mRNA breaks down in the body.
- Used in animal and human models for flu, Zika, Ebola, and Rabies
- Also used for cancer

mRNA Related to COVID

- January 2020: Whole genome of COVID identified
 - mRNA code could be identified, replicated and put into vaccines.
- Late February and early March: Phase I and 2 trials in humans began
 - Small numbers, looking at side effects and efficacy.
- June and July: Phase 3 trials started
 - Followed participants for at least five months before there were enough cases of COVID to compare who was actually protected.
- November: Full data was reviewed by the FDA, and Emergency Use Authorization was granted.

Emergency Use Authorization

- There has to be a medical emergency – global pandemic.
- The product has to show effectiveness – at least 30% effective for COVID-19.
- There is a risk/benefit analysis that shows that the benefits to the vaccine outweigh the risks from the vaccine.
- There must be no other alternative – no previous vaccines for COVID.

Phase 3 Results that Supported EUA

1. Moderna

1. Over 30,420 volunteers
2. 196 symptomatic confirmed cases of Covid – 185 in placebo, 11 in vaccinated (94.5% effective).

2. Pfizer

1. 43,538 volunteers
2. 170 cases of Covid, 162 cases in placebo and 8 in vaccinated (95% effective).

Primary Reported Side Effects - Moderna

1. Pain at the injection site
2. Tiredness/fatigue
3. Headache
4. Muscle pain
5. Chills
6. Joint pain
7. Swollen lymph nodes on the same site as vaccine
8. Fever

Primary Reported Side Effects - Pfizer

1. Pain at the injection site
2. Tiredness/fatigue
3. Headache
4. Muscle pain
5. Chills
6. Joint pain
7. Swollen lymph nodes on the same site as vaccine
8. Fever

CDC Guidance on Intervals

- People should get their second dose of COVID-19 vaccine as close to the **recommended interval** as possible:
 - Three weeks for Pfizer-BioNTech.
 - One month for Moderna.
- The second dose can be administered up to six weeks (42 days) after the first *only if it is not feasible* to adhere to the recommended interval.

Pregnancy and Lactation

- Inadequate human studies right now but they are ongoing.
- COVID-19 infection carries significant risks to pregnant women and the infants.
- Limited data from animal studies showed no safety concerns were demonstrated in rats that received Moderna COVID-19 vaccine prior to or during gestation in terms of female reproduction, fetal/embryonal development or postnatal development.
- There are no data on the safety of COVID-19 vaccines in lactating people or the effects of mRNA COVID-19 vaccines on the breastfed infant or milk production/excretion. mRNA vaccines are not thought to be a risk to the breastfeeding infant.

United Kingdom Variant – B.1.1.7

- Primarily a mutation in its receptor binding protein.
- This variant is estimated to have first emerged in the United Kingdom during September 2020.
- Since Dec. 20, 2020, several countries have reported cases of the B.1.1.7 lineage, including the United States and Canada.
- This variant is associated with increased transmissibility (i.e., more efficient and rapid transmission).
- Currently there is no evidence to suggest that the variant has any impact on the severity of disease or vaccine efficacy.

South African Variant B.1.351

- This variant has multiple mutations in the spike protein.
- This variant was first identified in Nelson Mandela Bay, South Africa, in samples dating back to the beginning of October 2020, and cases have since been detected outside of South Africa.
- The variant also was identified in Zambia in late December 2020, at which time it appeared to be the predominant variant in the country.
- Currently there is no evidence to suggest that this variant has any impact on disease severity.
- There is some evidence to indicate that one of the spike protein mutations, E484K, may affect neutralization by some polyclonal and monoclonal antibodies.

Brazilian Variant – P.1

- This variant contains three mutations in the spike protein receptor binding domain.
- There is evidence to suggest that some of the mutations may affect its transmissibility and antigenic profile, which may affect the ability of antibodies generated through a previous natural infection or through vaccination to recognize and neutralize the virus.

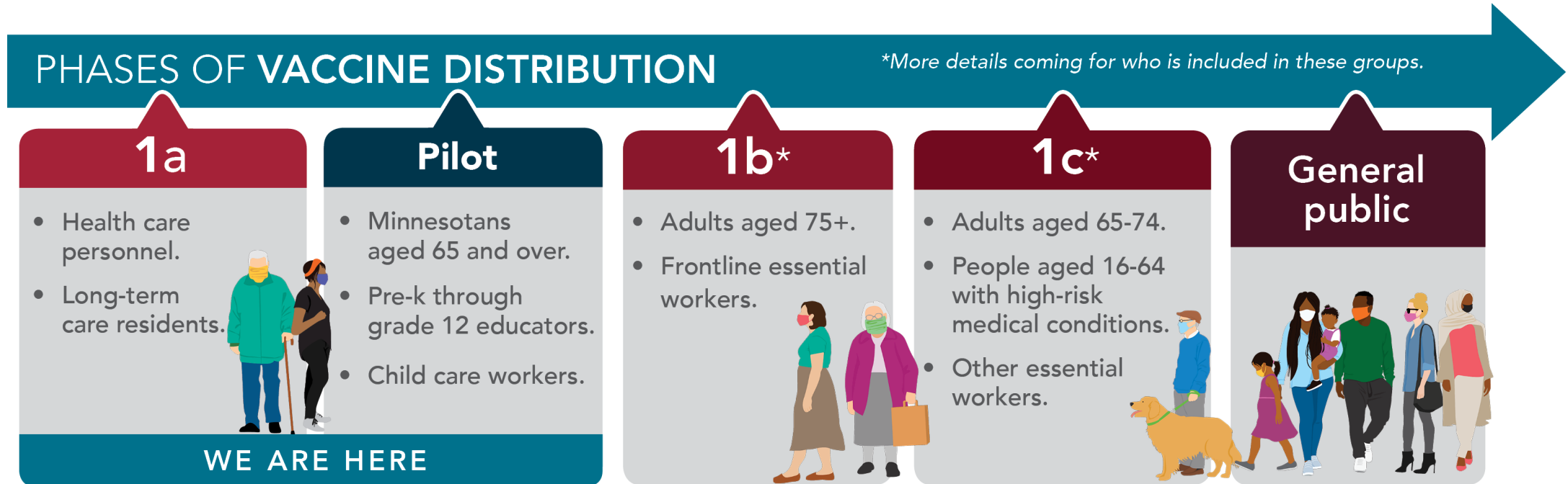


RAMSEY COUNTY

Vaccine Distribution Phases

Laura Andersen – Public Health Incident Command Chief

Phases of Vaccine Distribution



Minnesota Guidance for Allocating and Prioritizing COVID-19 Vaccine – Phase 1a

Updated 1/22/21

Introduction

The emergence of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), has led to a global pandemic that has disrupted all sectors of society.

The Minnesota Department of Health COVID-19 Vaccine Allocation Advisory Group, made up of statewide representatives of leading health care providers; bioethicists; state, local, and tribal public health representatives; health care associations; and people representing diverse community groups, formed in September 2020 with the purpose of informing a statewide framework for the equitable and

Phase 1A: First Priority

- Hospitals: All personnel working in dedicated COVID-19 units, ICU, emergency departments, designated COVID-19 urgent care clinics. (Includes nurses and nursing assistants, doctors, advanced practice providers, respiratory therapists, lab/tech staff and environmental services / maintenance staff.)
- LTCF (skilled nursing facilities and nursing homes): All personnel working in these facilities, as well as residents. **Typically covered by Federal Pharmacy Program.**
- Emergency Medical Services Personnel: Includes those personnel certified or registered by the EMSRB.
- COVID testers and vaccinators: Personnel providing testing or vaccination services.

Priority 1A – Second Priority

- Hospitals: All personnel providing direct patient services or handling infectious materials and not included in the first priority group.
- Assisted living facilities/housing with services with an arranged Home Care Provider.
- Urgent care settings: All personnel providing direct patient services or handling infectious materials and not included in first priority group.
- Dialysis centers: All personnel providing direct patient services or handling infectious materials
- Residents living in housing with services with an arranged Home Care Provider, otherwise known as Assisted Living (including veterans' homes)

Phase 1A – Third Priority

- Other health care personnel unable to telework. Staff in hospitals, ambulatory and outpatient settings, home health settings, emergency shelters, LTCF, dental offices, pharmacies, public health clinics, mental/behavioral health settings, correctional settings and group homes.
- Adult residents living in Intermediate Care Facilities for People with Intellectual Disabilities and other adult residents living in residential care facilities licensed in MN.

Background

Demand for COVID-19 vaccines is expected to exceed supply during the first months of the vaccination program. The ACIP COVID-19 Vaccines Work Group considered evidence related to SARS-CoV-2 epidemiology, vaccination program implementation, and ethical principles in developing the interim recommendation for allocation of COVID-19 vaccine following Phase 1a.

	Essential workers* (non-health care)	Persons aged ≥65 years	Persons with high-risk medical conditions
Allocation within Phase 1 of the COVID-19 vaccination program (post Phase 1a)	Phase 1b – Frontline essential workers: first responders (e.g., firefighters and police officers), corrections officers, food and agricultural workers, U.S. Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the education sector (teachers and support staff members) as well as child care workers.	Phase 1b – Persons aged ≥75 years Phase 1c – Persons aged 65-74 years	Phase 1c – Persons aged 16-64 years [†] with medical conditions that increase the risk for severe COVID-19 [§]



Phase 1c – All other essential workers: workers in transportation and logistics, water and wastewater, food service, shelter and housing (e.g., construction), finance (e.g., bank tellers), information technology and communications, energy, legal, media, and public safety (e.g., engineers), and public health workers.

Ramsey County Public Website Resources

Coronavirus Disease 2019 (COVID-19)

- ramseycounty.us/Coronavirus
- ramseycounty.us/COVIDVaccine



Vaccine Information

The vaccine is not yet available for the general public.

[COVID-19 vaccine](#)

[Vacuna contra el COVID-19](#)

[Tshuaj txhaj tiv thaiv COVID-19](#)

[Vaccine information in Karen](#)

[Talaallii COVID-19](#)

[Tallaalka COVID-19](#)



Health Information

Information about symptoms, prevention and who to contact for health questions and assistance.

[COVID-19 health information](#)

[Testing sites](#)

[Questions and help](#)

[Daily COVID-19 situation update dashboard](#)

[Cloth face coverings \(masks\)](#)

Additional Questions?

- Email: covid19vaccine@ramseycounty.us.
- Slide and the recording will be available at:
ramseycounty.us/COVIDvaccine

Discussion: Questions & Comments

Question 1

What are the myths and reasons why people do not what to be vaccinated?

Question 2

- How can RC support you and your community to better understand needs, concerns, trust and questions regarding vaccines?

Thank you!