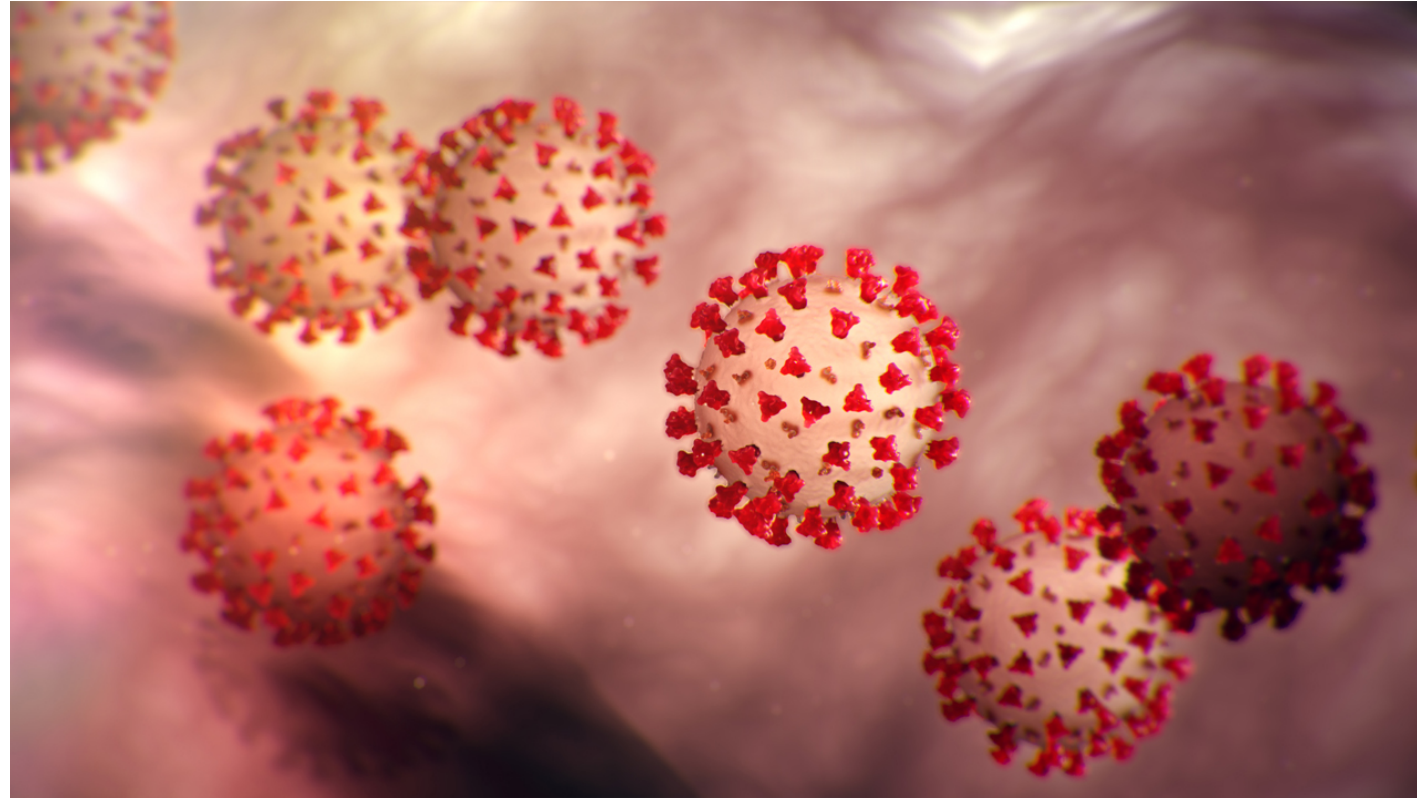


Hennepin County Healthcare for the Homeless



COVID Vaccine Overview and Q & A

Objectives

- Introduce logistics of COVID vaccination at HCH
- Appreciate the mistrust our population may have and strive to be anti-racist in vaccine rollout
- Provide the science behind the Moderna vaccine
- Discuss addressing vaccine hesitancy
- Give space for Q & A

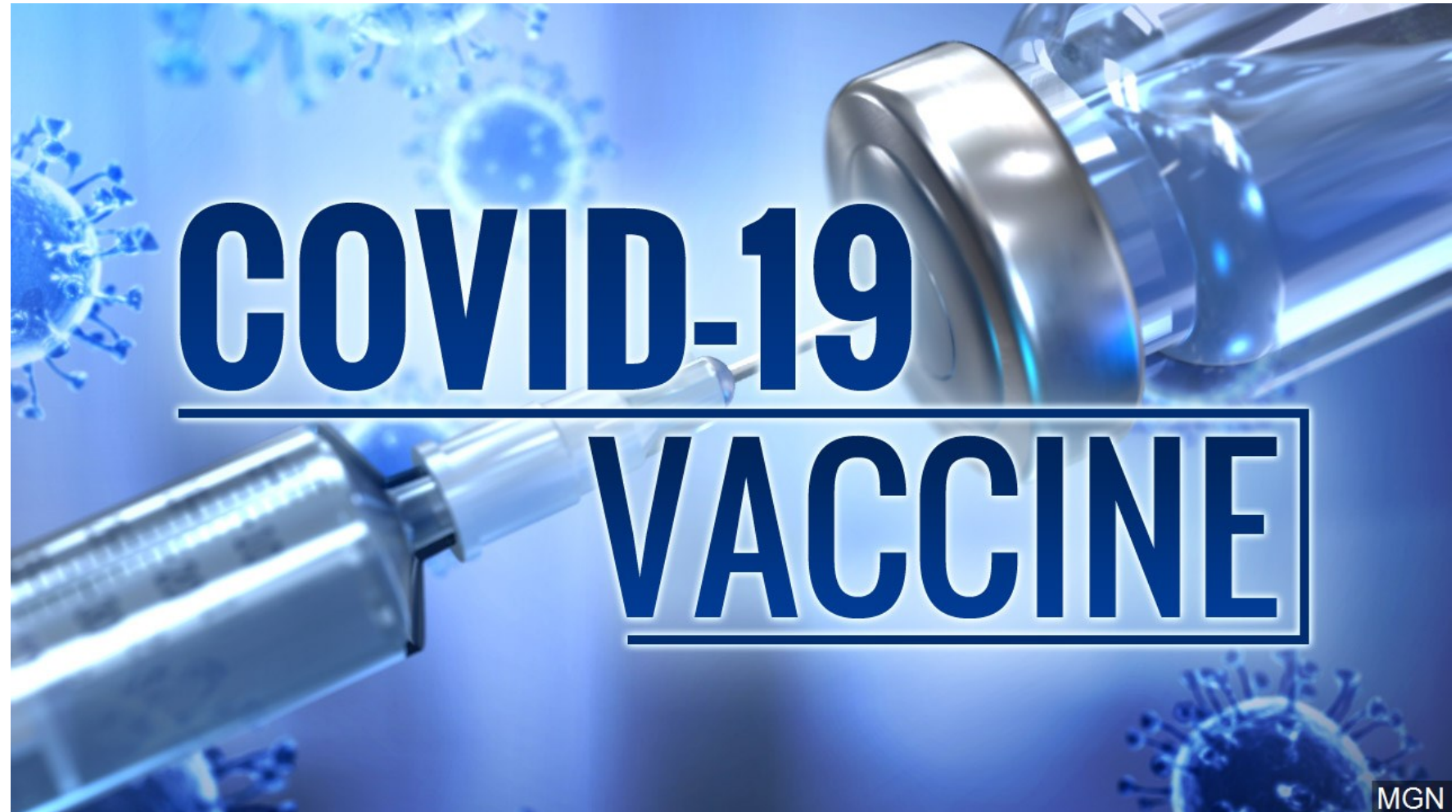
Prioritization per MDH



- Included in category 1a third priority are (in order of initial vaccination): isolation staff, unsheltered folks, shelters & hotels (residents & staff), then board & lodges & permanent supportive housing.
- Potentially, this could start the first week of February.

Logistics of Vaccine Clinics

- PODs
- Partnerships
- HCH role will be to educate, advocate, and be there as a trusted resource for our patients and shelter providers.



Historical Trauma & Mistrust of Health Care Systems

- Implicit bias continues to be a driver for disparities:
 - Studies have shown worse outcomes for BIPOC even after being controlled for age, income, education, access, and insurance
 - Historical trauma & racism in healthcare
 - We acknowledge that BIPOC are often the last to receive or do not have access to cutting-edge treatments

As we roll out COVID vaccination, we will reflect on how this work can be anti-racist and trauma-informed. NHCHC has helpful resources: <https://nhchc.org/clinical-practice/homeless-services/ethical-and-cultural-issues/anti-racism/>

Health Inequities from COVID

COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.8x	0.6x	1.4x	1.7x
Hospitalization ²	4.0x	1.2x	3.7x	4.1x
Death ³	2.6x	1.1x	2.8x	2.8x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

How to Slow the Spread of COVID-19



Wear a mask



Stay 6 feet apart



Wash your hands



References on back

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS319360-A 11/30/2020

- ▶ Nationally, Hispanic, Black, and American Indian or Alaskan Natives people die at a much higher rate than Non-Hispanic White people.
- ▶ BIPOC are more likely know someone who has significantly been impacted by COVID.
- ▶ BIPOC communities are more likely to be economically impacted by COVID.

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-deaths.html>

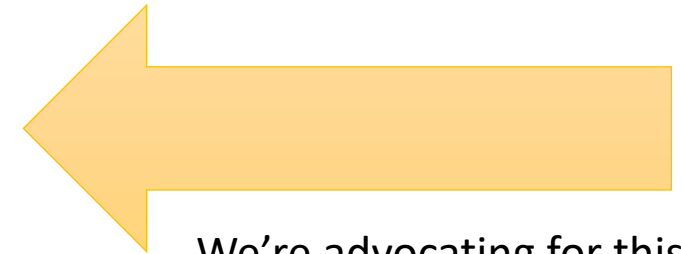
“A Glimmer of Hope...”

- Community vaccination can dismantle community spread.
 - *Herd Immunity: the resistance to the spread of a contagious disease within a population that results if a sufficiently high proportion of individuals are immune to the disease, especially through vaccination.*
 - Vaccination: Decrease COVID risk to our patients and to the general community
- Social/Structural Benefits
- Providing patient and community centered education can impact vaccination rates-
CPSTF REVIEW



Vaccines: Where we are and where we're going

- mRNA vaccines currently approved
 - Pfizer (mainly to the hospitals) (2 dose) (ultra cold)
 - **Moderna** ← this is what we have access to currently (2 dose) (cold)
- Viral vector vaccines coming down the pipeline
 - Johnson & Johnson (1 dose!) (fridge stable)
 - Oxford-AstraZeneca (2 dose) (fridge stable)



We're advocating for this 1 dose vaccine to be prioritized to people experiencing homelessness, once it's approved on the market.

Vaccine Overview

- The **Moderna** Vaccine will likely be the vaccine we're able to offer patients in February.
- 30,420 volunteers enrolled in the study
- Randomized to received either vaccine or placebo (saline)
- Injections occurred between July 27th – October 23rd . Preliminary data is available now, the study will continue for 2 years.
- 99 sites throughout the US
- Two doses given 4 weeks apart.
- Key demographics:
 - 10% Black, 5% Asian, 1% American Indian or Alaskan Native, 20% Hispanic or Latino
 - 47% Female
- Only true contraindication: anaphylactic reaction to one of the ingredients of the vaccine

<https://www.nejm.org/doi/pdf/10.1056/NEJMoa2035389?articleTools=true>

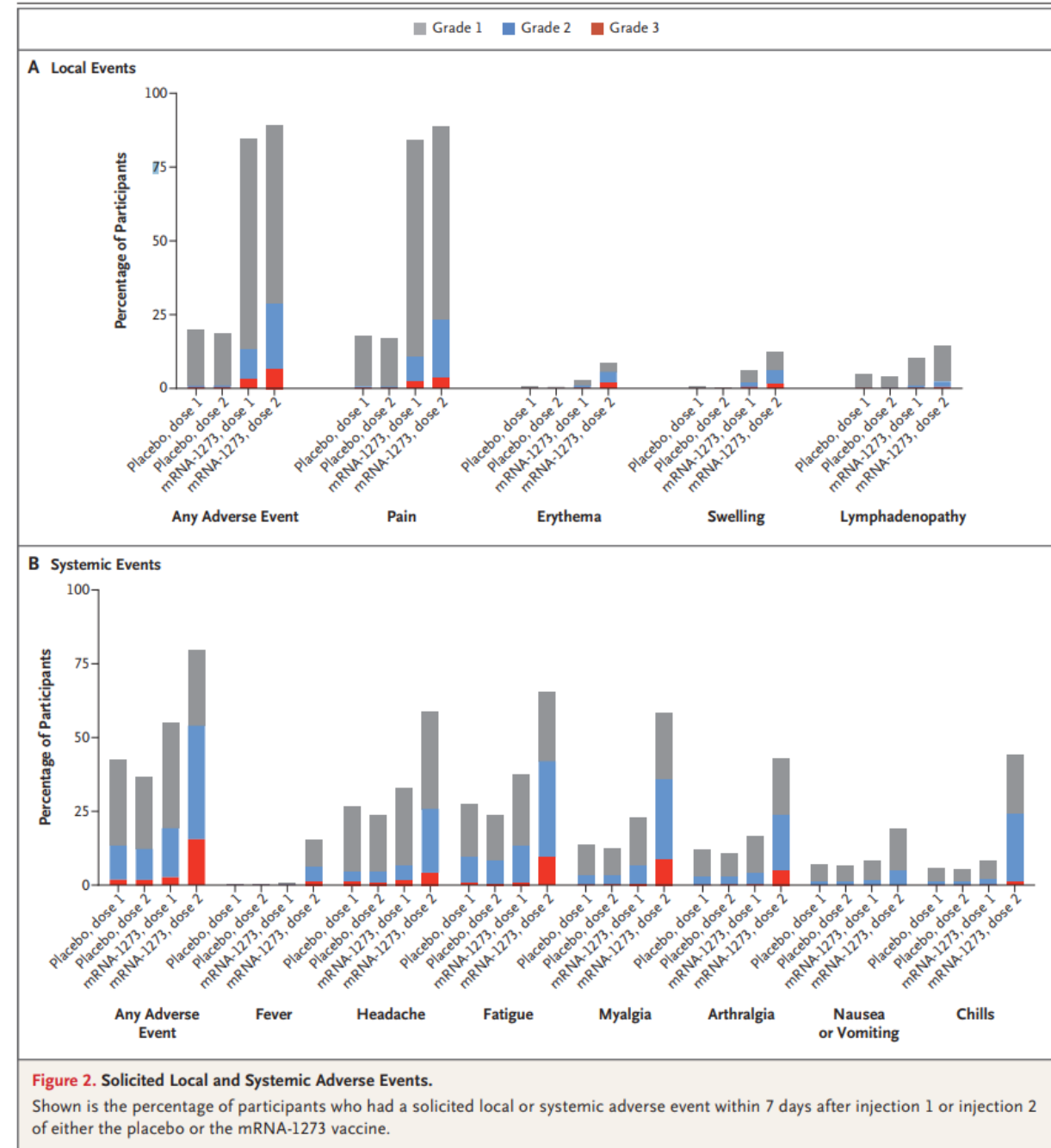
Table 1. Demographic and Clinical Characteristics at Baseline.*

Characteristics	Placebo (N=15,170)	mRNA-1273 (N=15,181)	Total (N=30,351)
Sex — no. of participants (%)			
Male	8,062 (53.1)	7,923 (52.2)	15,985 (52.7)
Female	7,108 (46.9)	7,258 (47.8)	14,366 (47.3)
Mean age (range) — yr	51.3 (18–95)	51.4 (18–95)	51.4 (18–95)
Age category and risk for severe Covid-19 — no. of participants (%)†			
18 to <65 yr, not at risk	8,886 (58.6)	8,888 (58.5)	17,774 (58.6)
18 to <65 yr, at risk	2,535 (16.7)	2,530 (16.7)	5,065 (16.7)
≥65 yr	3,749 (24.7)	3,763 (24.8)	7,512 (24.8)
Hispanic or Latino ethnicity — no. of participants (%)‡			
Hispanic or Latino	3,114 (20.5)	3,121 (20.6)	6,235 (20.5)
Not Hispanic or Latino	11,917 (78.6)	11,918 (78.5)	23,835 (78.5)
Not reported and unknown	139 (0.9)	142 (0.9)	281 (0.9)
Race or ethnic group — no. of participants (%)‡			
White	11,995 (79.1)	12,029 (79.2)	24,024 (79.2)
Black or African American	1,527 (10.1)	1,563 (10.3)	3,090 (10.2)
Asian	731 (4.8)	651 (4.3)	1,382 (4.6)
American Indian or Alaska Native	121 (0.8)	112 (0.7)	233 (0.8)
Native Hawaiian or Other Pacific Islander	32 (0.2)	35 (0.2)	67 (0.2)
Multiracial	321 (2.1)	315 (2.1)	636 (2.1)
Other	316 (2.1)	321 (2.1)	637 (2.1)
Not reported and unknown	127 (0.8)	155 (1.0)	282 (0.9)
Baseline SARS-CoV-2 status — no. of participants (%)§			
Negative	14,598 (96.2)	14,550 (95.8)	29,148 (96.0)
Positive	337 (2.2)	343 (2.3)	680 (2.2)
Missing data	235 (1.5)	288 (1.9)	523 (1.7)
Baseline RT-PCR test — no. of participants (%)			
Negative	14,923 (98.4)	14,917 (98.3)	29,840 (98.3)
Positive	95 (0.6)	87 (0.6)	182 (0.6)
Missing data	152 (1.0)	177 (1.2)	329 (1.1)
Baseline bAb anti-SARS-CoV-2 assay — no. of participants (%)			
Negative	14,726 (97.1)	14,690 (96.8)	29,416 (96.9)
Positive	303 (2.0)	305 (2.0)	608 (2.0)
Missing data	141 (0.9)	186 (1.2)	327 (1.1)
Risk factor for severe Covid-19 — no. of participants (%)			
Chronic lung disease	744 (4.9)	710 (4.7)	1,454 (4.8)
Significant cardiac disease	744 (4.9)	752 (5.0)	1,496 (4.9)
Severe obesity	1,021 (6.7)	1,025 (6.8)	2,046 (6.7)
Diabetes	1,440 (9.5)	1,435 (9.5)	2,875 (9.5)
Liver disease	96 (0.6)	100 (0.7)	196 (0.6)
Human immunodeficiency virus infection	87 (0.6)	92 (0.6)	179 (0.6)

Vaccine Side Effects

- Common side effects included pain at injection site, headache, fatigue, and body aches; they were more common after the second dose.
- Other side effects were not statistically significant between groups
 - Hypersensitivity reactions 1.5% in vaccine group, 1.1% in placebo group.
 - Bells Palsy <0.1% in vaccine group, < 0.1% in placebo group
- V-Safe reporting

<https://www.nejm.org/doi/pdf/10.1056/NEJMoa2035389?articleTools=true>



Vaccine Effectiveness

- The Moderna vaccine was **94.1%** effective at preventing COVID infections
- The efficacy of the vaccine was consistent across all subgroups including baseline characteristics & demographics (age, race, sex)

	Placebo (no vaccine)	Received Vaccine
COVID	185	11
Severe COVID	30	0
Death	1	0

Addressing Vaccine Hesitancy

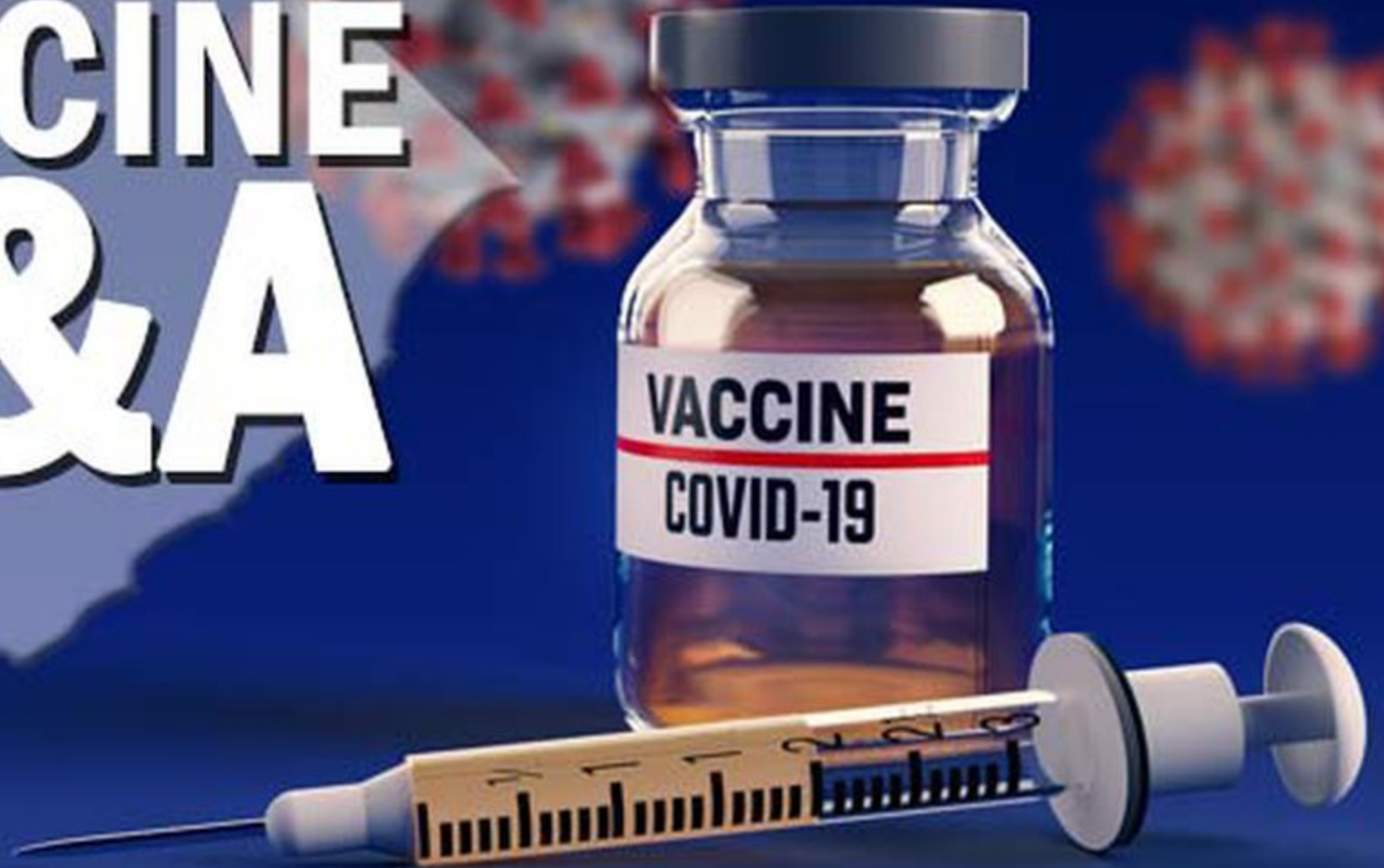
- Relationship-based care
- Research
 - COVID Collaborative Survey- Black and Latinx communities
- Recommendations
 - HCH staff will complete short conversations during patient visits.
 - Practice active listening- Goal is not to convince or pressure patients into vaccination
 - "What have you heard about the COVID vaccines?"
 - "If a COVID vaccination was available to you, do you think you would get vaccinated?"
 - "What impacts your feelings about COVID vaccines?"
 - "What questions do you have about COVID vaccines?"
 - Martha to send out a weekly email to staff asking for feedback
 - **GOALS:**
 - **Informed decision-making**
 - **Increased patient advocacy**
 - **COVID vaccinations- High rates of immunity**



Respecting Patient Autonomy

- "Safety is what we want for those we love, and autonomy is what we want for ourselves" -Atul Gawande
- Normalizing that it is part of being human to not always follow best medical practice
- Success is giving people the information they need/want, the space to process, trusting they made the right decision for themselves at that time, and being available for support if things change
- This is the same process we expect when giving people education and resources for applicable health topics

VACCINE Q & A





A huge THANK YOU to the HCH JEDI (Justice, Equity, Diversity & Inclusion) workgroup for their time and energy to facilitate this conversation and ground this vaccine rollout to be an anti-racist campaign.