



COVID-19 Infection Prevention Team

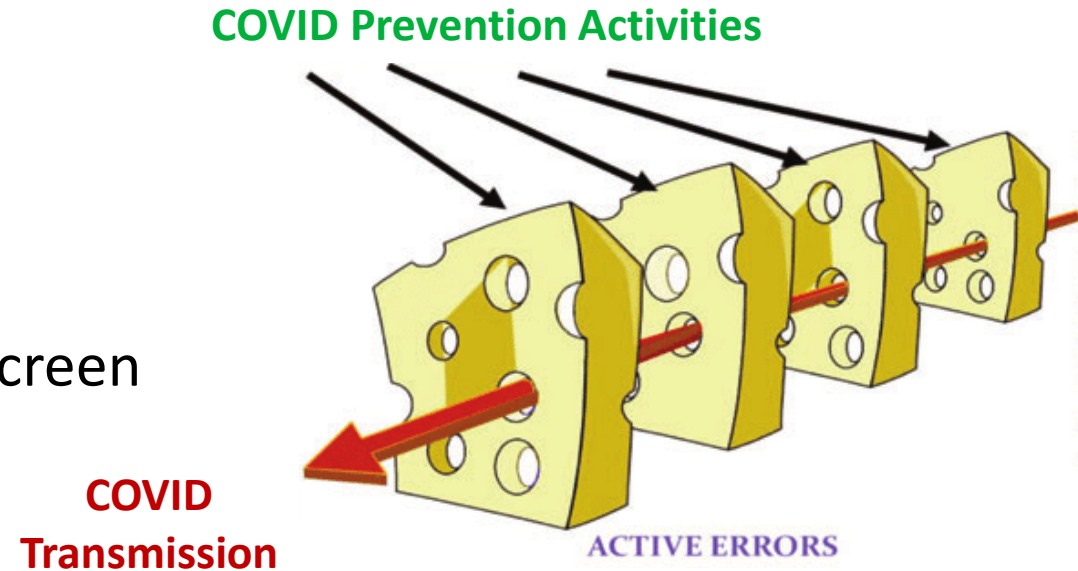
Webinar 3: COVID Vaccine – Who What Where When Why?

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Reminder: COVID-19 Prevention Strategies

- Universal masking
- Hand hygiene
- Social distancing
- Breakroom safety
- Staying home when ill
- Daily symptom and temperature screen
- Routine COVID testing
- **COVID-19 vaccination**



First COVID-19 Vaccines to Be Authorized

- U.S. Emergency Use Authorization (EUA) expected soon for 2 vaccines
 - EUA allows use based upon 2 months of safety data
 - Full approval allows use based upon 6 months of safety data
- Pfizer's EUA anticipated by 12/10, Moderna's EUA anticipated by 12/17
- Distribution will follow right after EUA is granted
- Limited doses at first. Priority to healthcare personnel and residents of long-term care facilities
 - Pfizer's vaccine requires ultra cold storage → hospitals, CVS/Walgreens
 - Moderna's vaccine requires cold storage → nursing homes
- California state: First 327,000 Pfizer vaccine doses to arrive week of Dec 14

Who Will Receive the COVID-19 Vaccines?

- **CDC prioritization**
 - **Phase 1a:** Healthcare personnel and long-term care facility (LTCF) residents
 - **Phase 1b:** Essential workers (food/agriculture, utilities, transportation, educators, police/firefighters, corrections officers)
 - **Phase 1c:** Adults with high risk conditions or 65+ years old
- **When will widespread vaccine be available to everyone?**
 - Best guess: mid-April
- **Insufficient data to recommend vaccination at this time** (likely to change)
 - Pregnant or breastfeeding persons
 - Immunocompromised persons
 - Children < 12 years old

Who Will Receive the COVID-19 Vaccines?

Health care Personnel ^{1,2} (HCP) (~21million)	Long-Term Care Facility (LTCF) Residents ³ (~3M)
Examples	
<ul style="list-style-type: none">• Hospitals• Long-term care facilities• Outpatient clinics• Home health care• Pharmacies• Emergency medical services• Public health	<ul style="list-style-type: none">• Skilled nursing facilities (~1.3 M beds)• Assisted living facilities (~0.8 M beds)• Other residential care (~0.9 M beds)

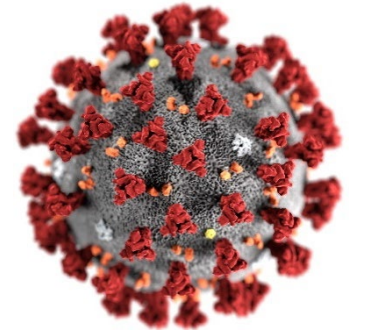
1. <https://www.cdc.gov/infectioncontrol/guidelines/healthcare>

2. <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>

3. <https://www.cdc.gov/longtermcare/index.html>

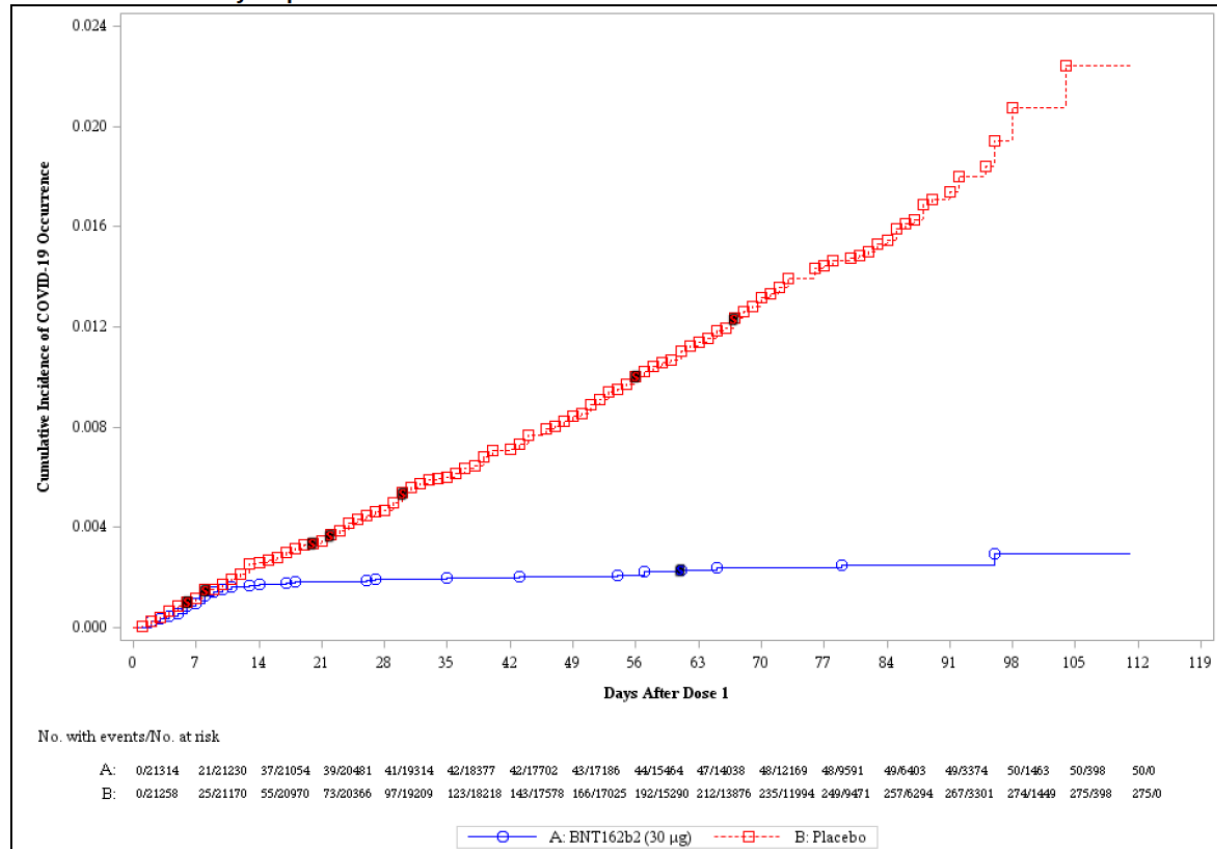
COVID-19 Vaccine: What is It?

- **Two dose COVID-19 mRNA vaccines**
 - Pfizer (doses 3 weeks apart), Moderna (4 weeks apart)
 - 94-95% protective against COVID-19 in 44K trial (Pfizer) and 30K trial (Moderna)
- **mRNA** (messenger ribonucleic acid)
 - Not alive
 - Protein building instructions to make COVID-19 spike protein
 - Rapidly removed from body after protein made
 - Does not link into our genes
 - Spike protein recognized as “not human” → body makes antibodies to it and removes it. Antibodies stay and protect us from COVID infection



Pfizer Trial: Covid-19 Cases in Vaccine vs Placebo Groups

Figure 2. Cumulative Incidence Curves for the First COVID-19 Occurrence After Dose 1, Dose 1
All-Available Efficacy Population



Placebo arm continues to accrue COVID-19 cases

Vaccine arm stops seeing COVID-19 cases after vaccination

Pfizer COVID-19 Vaccine: What to Expect?

- **Intramuscular Injection**
- **Side Effects in Pfizer Trial** (data released by FDA 12/8/2020)
 - No major adverse events
 - Mild-moderate flu-like symptoms common for 1-2 days post-vaccine
 - ✓ Fatigue 63%
 - ✓ Headache 55%
 - ✓ Muscle pain 38%
 - ✓ Chills 32%
 - ✓ Joint pain 24%
 - ✓ Fever 14%
 - Note: serious side effects: 4% fatigue, 2% headache
 - Overall, any symptoms:
 - ✓ 59% after 1st dose, 70% after 2nd dose
 - ✓ Over-the-counter (OTC) meds used 28% after 1st dose, 45% after 2nd dose
 - ✓ Fewer side effects if >55 years old (20% used OTCs after 1st dose, 38% 2nd)

Moderna COVID-19 Vaccine: What to Expect?

- **Intramuscular Injection**
- **Side Effects in Moderna Trial**
 - Data to be released during FDA EUA review on or before 12/17/20
 - No major adverse events
 - Mild-moderate flu-like symptoms common but data not public yet
 - Serious side effects: 10% fatigue, muscle aches 9%, joint pain 5%, headache 5%

Moderna COVID-19 Vaccine: What to Expect?

- Commit to both doses if you sign up
- Be prepared for your body's immune response each time
- Do not pre-medicate (blunts immune response) with aspirin, acetaminophen (Tylenol), ibuprofen (e.g. Motrin/Advil). Do not take before vaccine dose.
- Do take OTC meds after vaccination if symptoms make you uncomfortable
- **Not “infectious”**: if feeling well enough to work, can work

Vaccine: How Should Supervisors Prepare

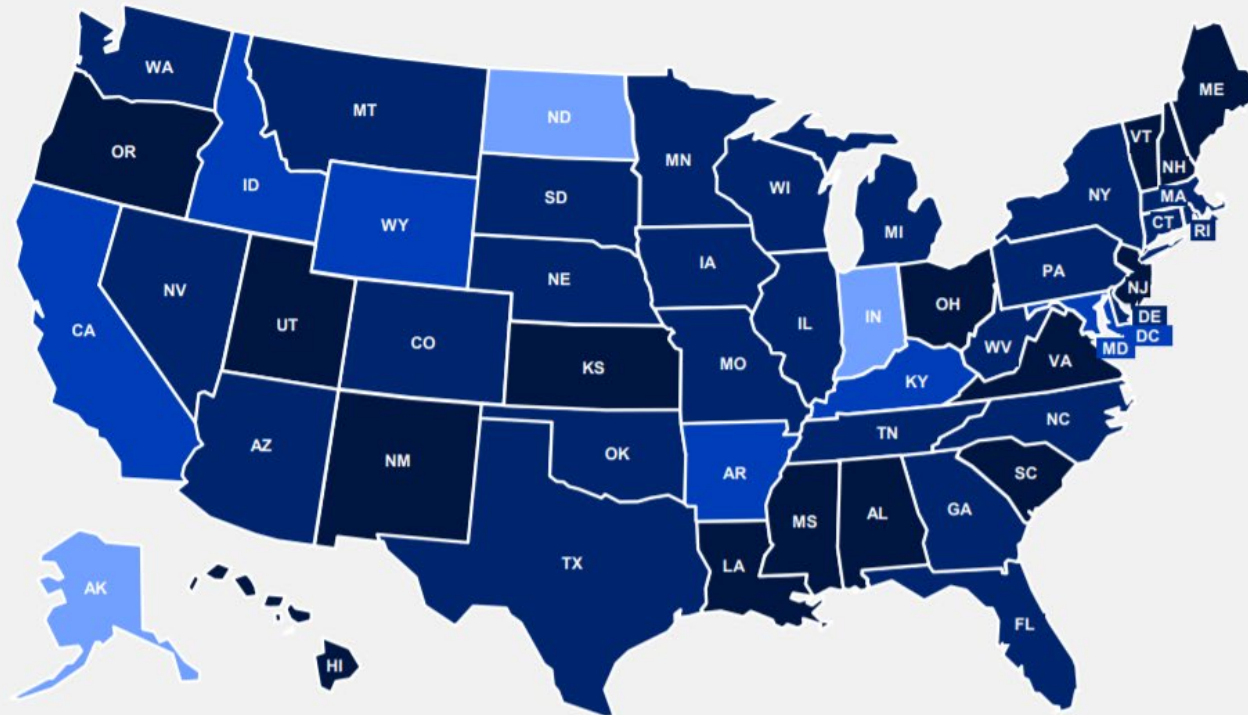
- If possible, stagger vaccination, especially with same-skill workers.
- Prepare for 10-20% to call out sick due to post-vaccine symptoms
- Provide a way to clear staff for entry symptom screening if symptoms occur in the first few days after vaccination
- If possible, schedule vaccination to avoid important activities, including work shifts, for the next day or two after vaccination
 - Applies to everyone: leadership, managers, staff
 - Plan for needing some coverage
- **Be positive.** Your response affects acceptance of second dose.

Vaccine: Where?

- Two ways to obtain vaccine for residents, staff
- **Option 1:** Pharmacy Partnership for Long-Term Care Program
 - CVS, Walgreens provide on-site vaccination at nursing home
 - Anticipate at least on-site 3 vaccine sessions to capture everyone
 - Inquire if a few more on-site sessions is possible to stagger vaccination
 - Handles all required documentation
 - Free of charge
- **Option 2:** Direct provider enrollment to provide on-site vaccine at nursing home
 - Enroll in COVIDReadi, <https://ca.covidreadi.com/>
 - Coordinate with local public health for vaccine, documentation process

Vaccine: Where?

Skilled Nursing Facilities (SNFs) Enrolled in Pharmacy Partnership for Long-Term Care Program



100% of SNFs enrolled

95-99% of SNFs enrolled

90-94% of SNFs enrolled

80-89% of SNFs enrolled

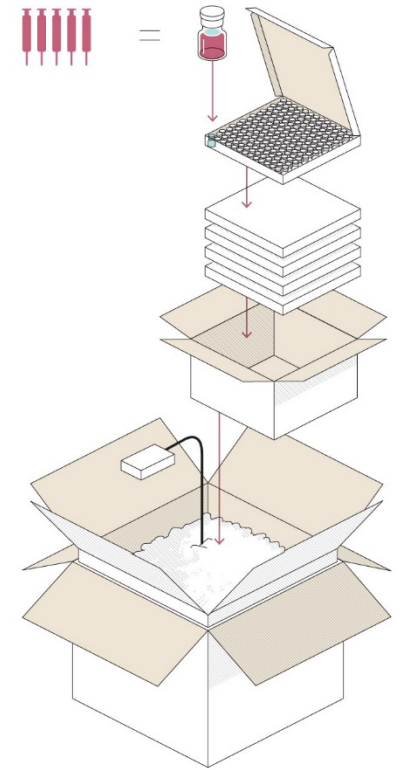
<80% of SNFs enrolled

**99% of total
SNFs
nationwide have
enrolled
(N=15,353)**

* States >100% enrollment: Numerator may include non-CMS-certified SNFs. Denominator is only CMS-certified.¹⁷

Vaccine: When?

- Pfizer EUA anticipated by 12/10/2020
- Overnight shipments of ultra cold storage boxes begins
- Anticipate arrival of boxes week of 12/14
- Pharmacy Partnership will provide more instructions
- Key resources
 - <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx>
 - www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html
 - COVIDCallCenter@cdph.ca.gov



Vaccine: Why?

- COVID Pandemic: 68 million cases, 1.6 million deaths
 - 285,000 lives lost in U.S> due to COVID
 - 1,980 lives lost in U.S. **every day** in current surge
 - **High vaccine population uptake (>70%) can end the pandemic**
 - **Vaccine prevents cases, deaths, long-term effects of COVID-19 infection**
- Your voice, support, encouragement makes all the difference
 - Keep the goal in sight, past the temporary vaccine immune response of both doses, through the fear of the current surge
 - We know how to define success. Be a calm, steady encourager.

Vaccine FAQs for Staff

- 22 Question FAQ posted on www.ucihealth.org/stopcovid



COVID-19 Vaccine Frequently Asked Questions

1. Why should I get the COVID-

We all want this pandemic to end. The numbers of people who are becoming sick and dying from COVID-19 are striking. Experts believe that before the pandemic will end.

In addition to preventing disease, getting sick with COVID-19 has long lasting effects of infection. It has been reported to cause loss of breath, cough, joint pain, confusion ("brain fog"), depression, muscle aches, skin, teeth, and nervous system infection can be prevented by

2. Who is prioritized to get the

The following two groups receive the vaccine first:

- Healthcare personnel (including long-term care facility staff)
- Residents of long-term care facilities

Combining the availability of the vaccine with the availability of doses will be provided to the start the two-dose series in 2021.

hospitals which can handle ultra-cold storage while being given to long-term care facilities. This may change.

3. Is the vaccine required for healthcare personnel?

No. The vaccine is voluntary, but highly recommended.

4. What COVID-19 vaccines are currently available?

Several companies are working on COVID-19 vaccines. Two have been authorized for use in 2021 (Pfizer and Moderna). These two include:

- Pfizer mRNA vaccine
 - Expected Emergency Use Authorization (EUA) status
 - Large scale trial (44,000 participants) show 95% efficacy
 - First shipments to hospitals, which can handle ultra-cold storage
 - 50 million doses to the world by end 2020
 - 1.3 billion doses to the world in 2021

- Moderna mRNA vaccine
 - Expected Emergency Use Authorization (EUA) status
 - Large scale trial (30,000 participants) show 94.5% efficacy
 - Two dose vaccine, requires standard cold storage
 - First shipments to nursing homes
 - 20 million doses to the world by end 2020
 - 500 million to 1 billion doses to the world in 2021

5. What is the difference between Emergency Use Authorization and full FDA (Food and Drug Administration) approval for a vaccine?

When an effective vaccine has been demonstrated in a trial, it can apply for EUA status with 2 months of post-vaccine safety data. In order to apply for full approval, 6 months of post-vaccine safety data must be provided. The FDA is encouraging companies who receive EUA status to apply for full approval as soon as possible. Both mRNA vaccines have reported outstanding safety data with no serious side effects (see Question 13).

6. What is in the vaccine? What is an mRNA vaccine?

There are many different types of COVID-19 vaccines under development. The two vaccines that have anticipated EUA status are both mRNA vaccines.

mRNA stands for "messenger ribonucleic acid" and it encodes the instructions for your body to make a specific protein (Spike protein) on the surface of the SARS-CoV-2 virus. When your body makes the protein, your body develops an immune response to the protein itself, but mRNA vaccines do not contain the virus.

After making the protein, your body develops an immune response to the protein itself, but mRNA vaccines do not contain the virus. The COVID-19 vaccines are not like the flu, rabies, or COVID-19. The vaccine does not make you sick.

7. Can the COVID-19 vaccine give me COVID-19?

None of the currently developed COVID-19 vaccines are not like the flu, rabies, or COVID-19. The vaccine does not make you sick.

8. Will getting the COVID-19 vaccine make me sick?

No. The vaccine will not cause you to get sick as PCR tests or antigen tests. It will ensure that you don't have a low immune response to the vaccine. These vaccines do not involve live virus.

9. Should I worry that the vaccine will be delayed?

No steps were skipped. All of the COVID-19 vaccines in the U.S. were either helped by the CDC (Operation Warp Speed) or were funded by large corporations to speed up the process.

- **Trial enrollment.** If you can't find a time to get the vaccine, you can enroll in a trial. For example, you can enroll in a trial at www.clinicaltrials.gov.

people into a trial, or you can have 1,000 people into a trial. The more staff recruited, the better the trial results will be.

- **Manufacturing.** Funds help increase the number of manufacturing plants, warehouses, and employees. In the future, manufacturers will produce the vaccine. These vaccines do not involve live virus.

10. How well does the vaccine work?

The Pfizer and Moderna COVID-19 vaccines have shown 94-95% efficacy in vaccine trials involving tens of thousands of people. The Pfizer vaccine showed 95% efficacy in a trial with 100 cases in the placebo (non-vaccine) group and 100 cases in the vaccine group. The Moderna vaccine showed 94.5% efficacy in a trial with 100 cases in the placebo group and 100 cases in the vaccine group.

- Pfizer COVID-19 vaccine Phase 3 trial (~100 cases)
 - 95% efficacy (protection)
 - All COVID-19 cases: 162 in placebo group vs. 16 in vaccine group
 - Severe COVID-19 cases: 9 in placebo group vs. 0 in vaccine group
- Moderna COVID-19 vaccine Phase 3 trial (~100 cases)
 - 94.5% efficacy (protection)
 - All COVID-19 cases: 185 in placebo group vs. 11 in vaccine group
 - Severe COVID-19 cases: 11 in placebo group vs. 0 in vaccine group

While the vaccine trial data have not been published yet, vaccine trial data have been submitted in full to the FDA and shared with the CDC's Advisory Committee on Immunization Practices (ACIP) who voted to prioritize COVID-19 vaccines to healthcare personnel and residents of long-term care facilities.

11. How many doses is the vaccine and how far apart?

Both the Pfizer and Moderna vaccines are a two-dose series. This means that you must receive both doses to achieve the 94-95% protection that was seen in the trials.

- The Pfizer vaccine is two doses given 21 days apart
- The Moderna vaccine is two doses given 28 days apart

12. Am I protected as soon as I receive the vaccine? Can I stop wearing a mask?

No. The protection provided by both Pfizer and Moderna vaccines occurred 7 days after the second dose. Until that time, you should assume you have no protection from the vaccine. In addition, even after you are vaccinated, all policies, protocols, and public health orders remain in place until you are notified otherwise. The population needs to be vaccinated before the pandemic will end.

13. What side effects do the vaccines have? Do I have to stop working?

Thus far, vaccine trials have shown that COVID-19 vaccines are safe and generate a strong immune response. Vaccines produce an immune response, there may be some side effects, but do not mean you are infected or contagious. Symptoms are simply a sign that your body is mounting an immune response to provide you protection.

- **Expect some symptoms after vaccination.** Vaccines commonly cause mild-to-moderate symptoms. Data are being reviewed by the FDA.

Smart scheduling

- Recommend trying to schedule vaccine appointments around your work schedule, including work shifts.
- Recommend ensuring that staff who are not vaccinated on the same day will ensure that you don't have a low immune response to the vaccine.

Do not pre-medicate.

- For advice on use of medications such as aspirin, acetaminophen, ibuprofen (e.g. Motrin, Advil), see Question 14.
- Pfizer mRNA vaccine
 - No symptoms: 59% after 1st dose,

- Mild to moderate symptoms: 38%, chills 38%, muscle aches 38%, fatigue 38%
- Few grade 3 (severe) symptoms
- All temporary responses
- Moderna mRNA vaccine
 - Limited data currently available
 - Grade 3 (severe) side effects: pain 5%, headache 5%
 - Anticipate 10-20% call off work

14. Should I plan to take Tylenol or Advil?

No. Do not pre-medicate. In gene medications such as aspirin, acetaminophen, Motrin, Advil before receiving a vaccine may blunt your immune response to the vaccine. Counter medications is if you have uncontrolled symptoms. If you are uncomfortable, you can take over-the-counter medication to help you feel better.

15. What if I get the first dose and then I get sick?

You must complete both doses of the vaccine. You should not start the vaccine series until you are fully recovered. It is important to anticipate that the illness after each dose. These symptoms do not mean that you have an infection or are sick with COVID-19. Instead, these vaccine-related symptoms are a sign that your body is working hard to build an immune response to protect you from future infection. Thus, developing these symptoms after the first dose does not mean you shouldn't receive the second dose. You should expect similar symptoms after each dose.

16. What if I missed my second dose? Can I get it late?

Try to be on time with your second dose because the data on vaccine benefit was based upon a fixed number of weeks between doses (3 weeks between Pfizer doses; 4 weeks between Moderna doses). If you are late, you should still receive the second dose. Most vaccines have rules for how many weeks you can wait.

The COVID-19 vaccine, doses will be given late until CDC or published data provide guidance on when it is too late to give the second dose.

17. Should I get the COVID-19 vaccine now or wait?

The best time to get the vaccine is now when the pandemic is at its peak and people are becoming sick and dying from COVID-19 every day. The best way to end the pandemic is for 70% of people to get vaccinated. The fact that two large trials with over 70,000 combined participants have shown that mRNA COVID-19 vaccines are highly protective with only brief temporary mild side effects is very reassuring for vaccine safety and benefits.

18. When will the general public get the vaccine? How many doses will the public eventually receive?

Vaccine manufacturing is moving at a very fast pace. Hopefully, COVID-19 vaccines will be widely available for public consumption by mid-April. In addition to the Pfizer and Moderna vaccines, several other vaccines are in current trials that will complete in early 2021. Furthermore, vaccine trials in children under 12 years old have also begun. The 40 million doses of the mRNA vaccines that are anticipated to arrive in the US by December will provide the two-dose series for 20 million people. Millions of additional doses will arrive in January and thereafter.

19. Who pays for the vaccine?

At this time, public health is distributing these mRNA vaccines for free because the government has purchased millions of doses. In the future, this may change. The government may purchase more doses, your insurance may cover the cost, or you may be able to pay out of pocket.

20. I already had COVID-19. Am I supposed to get the vaccine?

Yes. Persons who have had COVID-19 should still receive the vaccine. Immunity to COVID-19 following COVID-19 infection is highly variable. The vaccine will ensure you are protected with the benefit found in the trials. You should not receive the vaccine while you are actively infected, but after full recovery, you can and should receive the vaccine.

Orange County Nursing Home Infection Prevention Toolkit

For Orange County nursing homes only – [schedule a consultative session](#) with the OC Infection Prevention Team

1. Introduction – Preventing COVID-19 in Nursing Homes

- [Roadmap – Key Strategies for Preventing COVID-19 in Nursing Homes \(PDF\) \(DOC\)](#)
- [FAQs – Overview of COVID-19 \(PDF\) \(DOC\)](#)
- [FAQs – COVID-19 Vaccine \(PDF\) \(DOC\)](#)
- [FAQs for Staff – Concerns About COVID-19 Exposure \(PDF\) \(DOC\)](#)
- [FAQs for Staff – Monitoring Yourself for Infection Symptoms \(PDF\) \(DOC\)](#)
- [Video – What is COVID and How Does It Spread?](#)

2. Visitors

- [COVID-19 Visitor Policy for Nursing Homes \(PDF\) \(DOC\)](#)
- [FAQs – Visitor Policy \(PDF\) \(DOC\)](#)
- [No Visitor Policy –Letter to Family \(PDF\) \(DOC\)](#)

3. Social Distancing, Masking, and Shared Activities



Questions?



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