Back to Worship Roundtable

September 30th, 2020

Intro to GHC3

CDC updates – Dr. Janell Routh

- Vaccine effectiveness will be different in different populations
- Cold chain requirements will vary
- Don't know how children and pregnant women respond to vaccines
- Vaccine administration will still require social distancing
- We need to get ahead of the vaccine release and address concerns for hesitancy;
- We need to work on manufacturing and distribution of these vaccines;
- Monitor the effectiveness of vaccines after its been administered
- Important to involve community leaders such as faith leaders in the vaccine information communication, administration to ensure that public has faith in the science behind vaccine
- Likely to be a short time frame when vaccine doses will be limited
- New type of vaccine development – mRNA construct; these products are able to be scaled up quite quickly; it means that there will be a limited time frame when doses will be limited;
- Vaccine administration will be a phased approach
    - Phase 1: initial 4-6 weeks
        - Limited doses
        - Get vaccines out to prioritized populations
        - Allows communities who will be hit hardest by COVID-19 to get vaccinated
        - Also, populations that are exposed to COVID-19 virus
        - Healthcare providers will be put in phase 1 of distribution
    - Phase 2: vaccinate increasing numbers of critical populations
    - Phase 3: supply outweighs demand
        - Focus on broad distribution
        - Make sure we have availability uniformly across the nation
        - Ensure equitable access
- 4 products currently in phase 3 trials;
    - Phase 3 trials are collecting data to support in moving forward with FDA for approval or 'emergency use authorization'
        - EUA – license a product for use in emergency situation with no other product available
        - Goes through rigorous testing and milestones are met in order to ensure it's a safe and effective vaccine product
    - 2 products at the front
        - Moderna and Pfizer
    - One or both of these products should have approval sometime in November 2020
    - Right now, in best case scenario we would have 30 million products by end of November from both Pfizer and Moderna with EUA
- Critical populations
    - Once vaccines are rolled out, we need to be cognizant of critical populations
    - Groups that are prioritized early (health care workers, critical infrastructure workers, etc.)
    - Vaccines need to be prioritized to populations who are most vulnerable (older populations and immunocompromised)
    - Incarcerated and teachers
    - Rural communities

Comments or Questions from Participants

- Pastor Davis – friend of Pst. Flake
    - Communication is lacking right now
    - So much going around the vaccine development is happening, but good information is crucial
    - How does the vaccine interact with other medications, or conditions that people may have?
    - In a divided household, how does reinfection play a role in vaccine? Once taken, do they need another dose?
    - How do we get a lot of people vaccinated? How are we controlling interaction with other country's population who may not have a vaccine?
    - Dr. Routh –
        - in spite of vaccine roll out, we will have to emphasize masks and social distancing until we get majority of people vaccinated
        - in places where the parent might be vaccinated, there is a chance their kids may not be; there is a short period of time where vaccine availability will be limited but it will be short;
        - we haven't enrolled pregnant women yet to make sure that we don't cause harm to unborn children;
        - first priority was to test in a broad and healthy population;
        - we are trying to make sure that people who are taking the medications are being taken in those who are tested in phase 3 trials;
        - when we say healthy it's a relative term; people who are not extremely ill are not part of the trial;
    - Dr. Breiman –
        - Elderly are included in the initial trial data; just children and sick individuals are not included
        - Often clinical trials just chose healthy people; but this trial included people with underlying conditions and elderly to make sure the vaccine
        - What will county and state level officials need to make sure the vaccines are accessed and distributed equitably?
        - We at GHC3 our focus is primarily on inequities. There are massive inequities in many countries around the world, but with COVID-19 the equities are evident in our own country USA. People who have poor access to healthcare, marginalized, need a fair approach.
        - A rigorously tested vaccine has a good way to leveling the playing field. What do vaccine program managers need to equitably provide vaccine to those who are marginalized?
        - Beyond saving lives, for those who think economically. There is a strong argument for equitable vaccine distribution.
    - Monte Wilson
        - We have seen some of the faiths, there are covid-19 testing that is allowed on the faith site. We think that with that activity comes a sense of trust. If you are able to communicate a success in the community, we could get vaccines at those spots rapidly and scale it larger.

Questions for faith leaders:

- Would you take the vaccine once its available?
    - Participant: As soon as it becomes available or after a few runs?

        - I need statistical data. What has been the communication data about the vaccine safety and efficacy?
        - Love to see doctors who are in it for the health of the people and not necessarily for any other reason
        - Data needs to be bi-partisan supported;
        - If a vaccine is being put out there for any political reason, it will be difficult to get support
    - Dr. Breiman
        - If the data was discussed in papers, news or other outlets would you support the vaccine distribution?
    - Rabbi Posy
        - We are empowered to give our members of communities about vaccine safety. We as leaders have themselves have good training, talking points and access to data.
        - How will vaccine implementation affect our organization functioning?
            - Will more people come to our organization because they have been vaccinated?...
        - Nontraditional locations are not necessarily where people want to go with COVID-19
        - We need information about costs, safety, efficacy at our fingertips to encourage people to take vaccines.
        - What about vaccines from other countries? Or treatments from other countries?
        - We need to have appropriate information about vaccine safety and be able to distribute the information; possibly have the faith leaders to be involved in the
    - Dr. Ahmed - AMHP
        - Ingredients within the vaccine;
        - It would be of concern for the Muslim community if ingredients in the vaccine were porcine derivatives;
        - It should be considered that certain faiths have dietary restrictions
        - There should be more information about vaccines and ingredients
    - JJJ
        - If the leadership of the church said it's a good thing, you will get universal acceptability;
        - Relative to other structures and communities, the most trusted people in the communities are nurses and doctors;
        - If American Health Association, you will get universal agreement or acceptance;
        - All health systems have great relationships with different constituents (Chamber of commerce, etc.…)
        - Get these various groups together (community leaders) and then get pastors and get them to say "I am taking the vaccine, you need to take it too"; some of us will have to take the leap of faith; some will have to show that we are taking a chance;
    - Pastor Burnette
        - White River, AZ
        - We are trusting the authorities that a vaccine will be an answer to stop the spread of COVID-19
    - JJJ

        - "Before I take the vaccine, personally, I would want to see the idea of Operation Warp speed being separated from the vaccine development"
        - Some things we are proud of being fast, certain things being fast doesn't provide any confidence; speed shouldn't be the driving force for vaccine development; it should be safety and efficacy
        - What's a major concern?
            - If speed is a priority, to what extent does that impact quality and safety?
            - If we are targeting the marginally inclined community, then providing them a vaccine in fast development, it might brew more trouble than expected.
            - If speed is underlined and celebrated, then we need to consider that if they went fast, we would rather wait and see how other folks do with the vaccine and then take it.
    - JJJ
        - Congregation is super integrated
        - Both republicans and democrats
        - Democratic are African American,
        - The term of "operation warp speed" it gives us the wrong impression that its happening too fast; democrats are wary, republicans are highly supportive of the white house administration
        - A sounding board of authority is required to hear both sides and provide appropriate information for convincing and confidence to follow; it can't strictly come from government and probably even not CDC because even CDC has become politicized;
        - To avoid fragmentation, we need more sounding board
    - Pastor
        - Catholic priest in metro Atlanta, GA
        - To deal with undocumented people;
        - They won't take the vaccine until I personally take it;
        - They are concerned that vaccine administration will target people to get deported; that fear may develop in reluctance to get the vaccine;

<u>Next Steps</u>

- Questions need to be answered before you get a buy-in from the faith leaders
    - Possibly an excel sheet with questions being answered
- Rabbi Posy
    - Bring faith leaders in on the earlier side of the process of vaccine distribution
    - Have us there as partners to see how the vaccine process happens
    - Our communities will be able to trust if we are confident that we were part of the process
- More information about Phase trials;
    - What was Phase 1? 2? What happened in each of the phases?
    - How is this vaccine trial different from previous vaccine trials?
    - Rather than saying "Trust this company who created the vaccine…" we would want to see how the phases occur to be more confident in encouraging the vaccine trials?