# **Q&A from TAPI’s COVID-19 Vaccine: The Physician’s Role in Promoting Equity Confirmation 12/10/2020**

**Q: Who is a trusted healthcare provider to promote a COVID vaccine?**

A: The trusted provider could be physician, PA, NP, nursing, ancillary services (OT, PT. etc.) anyone that works in health care!

**Q: Hello, considering the numbers involved in the populations of color, are there any plans in place that you may be aware of to inform these populations?**

(answers by participants)

A: I think it is important for other trusted members in the community to show support for getting vaccinated. There is some distrust between POC and medical professionals.

A: Contact the Hispanic Nurses Association - Anabell Castro Thompson is with Equality Health - she is bilingual NP and expert on health disparities.

A: CPLC has been doing a lot of direct contact work with the Latino community

A: The Black Nurses Association would be another great group to contact.

A: I think media, for Latinos, example; Spanish TV, magazines,

A: I realize that this meeting today is for clinicians - is there any discussion of engaging with Barber Shops or Nail Salons etc. to do outreach to the African American Community? Similar to efforts to address tobacco cessation, heart disease, etc.

A: Outreach to faith communities is important too.

**Q: Will there be groups going to homeless shelters to offer COVID vaccines?**

A: They will probably be in phase 1b, but we will need to see what ACIP says after phase 1a. The county health departments are planning to include homeless shelters.

**Q: Are there plans for advertising campaigns?**

A: The Nationwide Ad Council is planning an aggressive outreach effort: https://www.npr.org/sections/coronavirus-live-updates/2020/12/04/943151549/and-now-for-an-important-message-convincing-you-to-get-the-coronavirus-vaccine I’m sure the CDC and state and county health departments will be organizing such campaigns as well.

**Q: What do you estimate is the time frame for herd immunity from COVID?**

A: Herd immunity could be obtained by June at the earliest, more likely end of 2021.

**Q: Many of my staff members (who will be the ones I vaccinate when the time comes) are asking what the potential side effects are of the vaccine... Anyone know for sure yet? I think this could be a HUGE deterrent for people to be vaccinated.**

A: COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Common reaction to COVID vaccine: pain, swelling at injection site, fever, chills, tiredness, headache.

**Q: Any discussion at this time with engagement of CHWs?**

A: We would love to work with any of the trusted agencies in the community to help develop resources

**Q: Can the vaccine be given by RN? or MD has to be in the office?**

A: Vaccine can be given by RNs under standing orders. Once ACIP meets, we will get templates out for them

**Q: Any comments on the Moderna vaccine for rural areas due to transporting issues with Pfizer? I'm interested for example how the vaccine will get out to rural areas such as Gila Bend, the various reservations in Maricopa County where individuals may not have transportation.**

A: Here is the Maricopa/ADHS distribution plan for the COVID-19 Vaccine. <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/draft-covid19-vaccine-plan.pdf>

**Q: Do Moderna & Pfizer both need the sub-zero storage?**

A: Moderna can be stored at normal refrigerator temperatures. CDC updated the Vaccine Storage and Handling Toolkit with specific information for storage and handling COVID vaccine: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

**Q: What is the maximum duration between doses until it has to be restarted again?**

A: No maximum. You want to give the vaccines as close as recommended: 21 days for Pfizer, 28 days for Moderna. You have a 4-day grace period.

**Q: Does anyone anticipate that the vaccine series will need to be given more than once in a lifetime? I assume that COVID-19 has the potential to mutate.**

A: Here is what the CDC has to say about how long the vaccine will last. "The protection someone gains from having an infection (called natural immunity) varies depending on the disease, and it varies from person to person. Since this virus is new, we don’t know how long natural immunity might last. Some early evidence—based on some people— seems to suggest that natural immunity may not last very long. Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are trying to learn more about, and CDC will keep the public informed as new evidence becomes available. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

A: They are still studying how long the vaccine immunity lasts. I do not think we'll know for some time. Although COVID-19 has mutated, none of the mutations thus far have affected the spike protein so the vaccine is still effective for the strains that are circulating.

**Q: How young a person will be able to receive the vaccination?**

A: Pfizer vaccine is currently recommended for people 16 years of age and older.

**Q: Are these vaccines attenuated and can they be given to immunocompromised individuals?**

A: Mrna vaccines are not live vaccines, so yes, immunocompromised individuals can get them. To understand messenger RNA (mRNA) vaccines, we have to understand how viruses grow in our bodies.  Viruses can only reproduce if they can invade cells and use mRNA to make more viral proteins and more viral genetic material so that they can make more viruses.  The new viruses then leave those cells and invade new ones and the cycle continues.

We already use weakened viruses as vaccines:  the measles, mumps, and rubella vaccines are all weakened RNA viruses that invade our cells, and use mRNA to make more viruses.  These weakened viruses reproduce from cell to cell until our immune system stops them.

An mRNA vaccine is not a virus.  It cannot grow in our bodies.  It is only the sequence of genetic material for making the spike protein that COVID-19 viruses use to enter our cells.  By injecting the genetic code for the spike protein, our cells take the information from the mRNA and make spike proteins. Our bodies then recognize the spike proteins as foreign and we build immunity against them.

Later, when the dangerous COVID-19 viruses enters our body, we have ready-made immunity to the spike proteins.  This immunity stops the entry of COVID-19 viruses into our cells and prevents the viruses from growing.

The mRNA vaccines use this very simple and purified way of making us immune.  We don’t have to see the whole virus in order to become immune.  Just having our cells use mRNA vaccines to make spike proteins is enough to give us protection against COVID-19.

**Q: We have completed the onboarding but are awaiting board approval. Any words of wisdom to convince them of the importance of obtaining and distributing this important vaccine?**

A: IPO will grant approval soon after receiving all of the necessary onboarding information. If you have questions about onboarding, please reach out to ASIIS for more information.

**Q: Now that we are getting so much closer to distribution, do we have any inclination of cost?**

A: The admin fee should be covered by most health plans. Admin fees: Dose 1 $16.94 Dose 2 $28.32. The HRSA program for uninsured claims: <https://coviduninsuredclaim.linkhealth.com/get-started.html>

**Q: Q: how are we defining HCW? What about medical records, billing, HR, and other non-patient facing workers in healthcare?**

A: Health care settings in general, and long-term care settings in particular, can be high-risk locations for SARS-CoV-2 exposure and transmission. Health care personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.

**Q: In the age of social media, there are so many conspiracies about vaccines out there. Does TAPI have individuals scanning social media outlets in an effort to create “COVID-19 myths debunked “lists to be distributed to the public?**

A: TAPI is continually working to share resources to combat the misinformation regarding COVID-19 myths. We actually have a webpage on our website with helpful information you can share. <https://whyimmunize.org/covid-19-resource-page/>

We also have a private Facebook group with more information about busting myths regarding vaccines. Please join us! <https://www.facebook.com/groups/1538234286191968> or search "AZ Parents Who Protect"

**Q: Should you be tested for the antibodies prior to being vaccinated?**

A: No, not recommended or necessary to be tested for antibodies. There are no expected safety issues with getting the vaccine if you have had COVID.

**RESOURCES:**

* MMWR: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm?s_cid=mm6949e1_w>
* COVID-19 Vaccine Information for Healthcare Professionals: <https://www.cdc.gov/vaccines/covid-19/hcp/index.html>
* TAPI COVID Resource page: <https://whyimmunize.org/covid-19-resource-page/>
* TAPI Social Media
	+ Public Facebook page for The Arizona Partnership for Immunization <https://www.facebook.com/WhyImmunize>
	+ Private Facebook Group “AZ Parents Who Protect” <https://www.facebook.com/groups/1538234286191968>