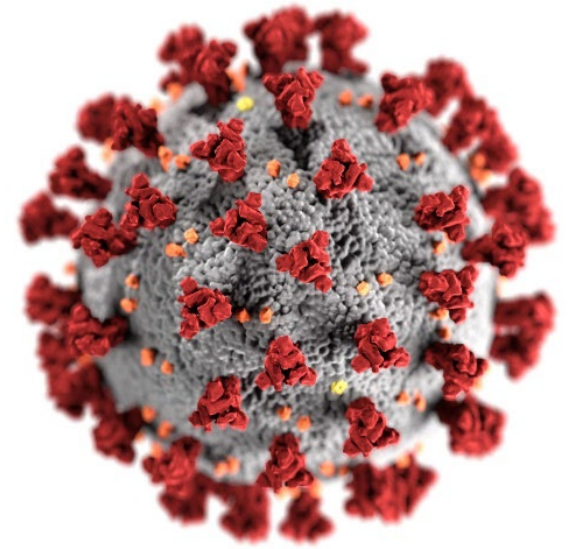


COVID-19 Vaccine Update

**Employers' Forum of Indiana
All-Stakeholder Meeting
November 4, 2021**

Christa-Marie Singleton, MD, MPH, Chief Medical Officer
Office of Policy Analytics & Population Health (proposed)
Office of the Associate Director for Policy and Strategy
Centers for Disease Control and Prevention



cdc.gov/coronavirus

COVID-19 Vaccines

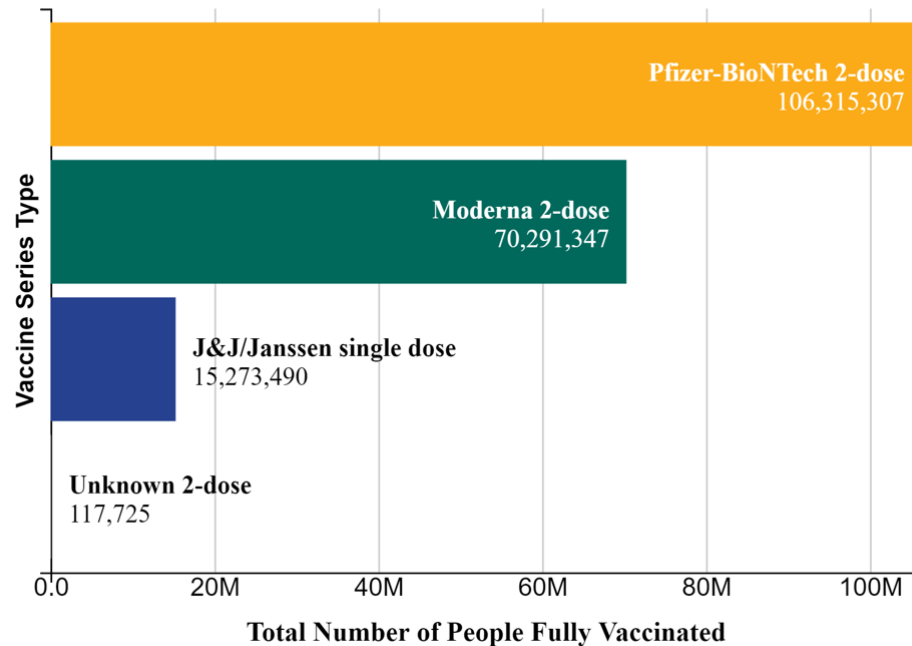


COVID-19 Vaccines Administered

As of October 29, 2021

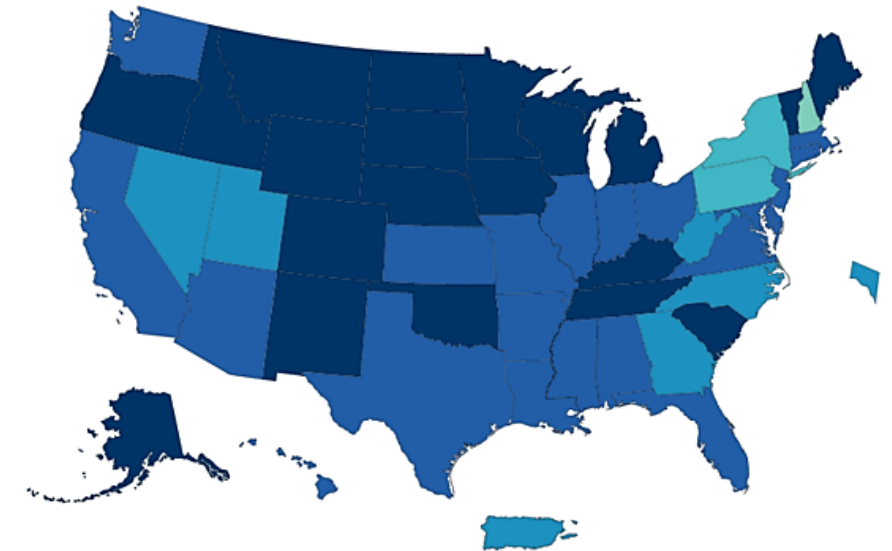
**Total Vaccine Doses Administered:
419,020,753**

Number of People Fully Vaccinated
in the U.S. by COVID-19 Vaccine
Series Type



Available: <https://covid.cdc.gov/covid-data-tracker>

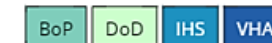
Percent of Fully Vaccinated People with a Booster
Dose Reported to the CDC by State/Territory or
Select Federal Entities for the Total Population



Territories

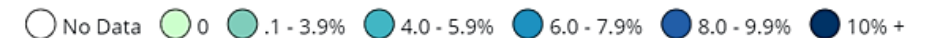


Federal Entities



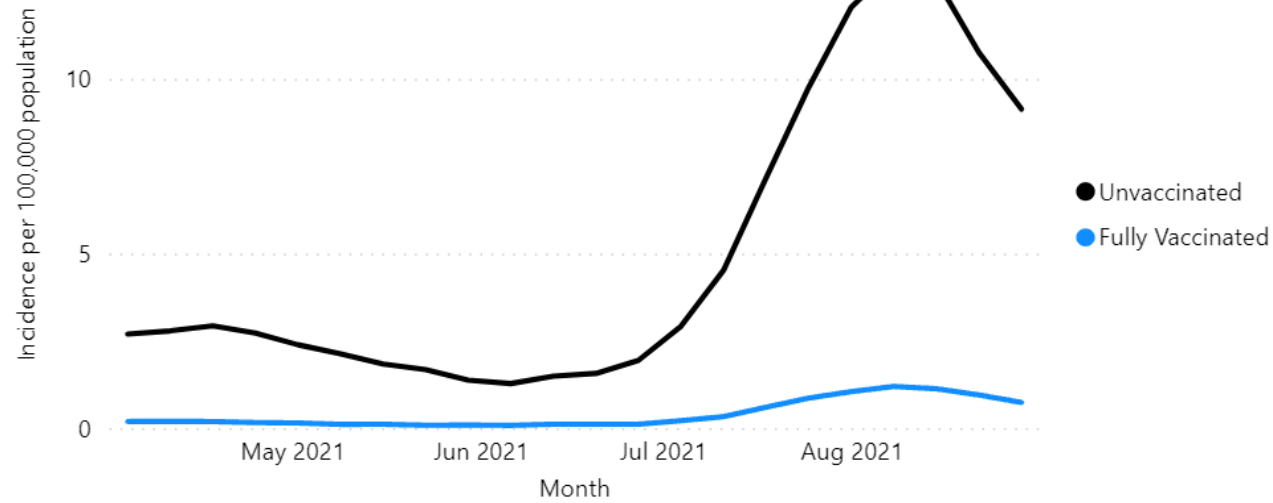
Data for Federal Entities are presented here and are also incorporated into the respective jurisdictional totals

Percent of Fully Vaccinated Population that has
received a Booster Dose

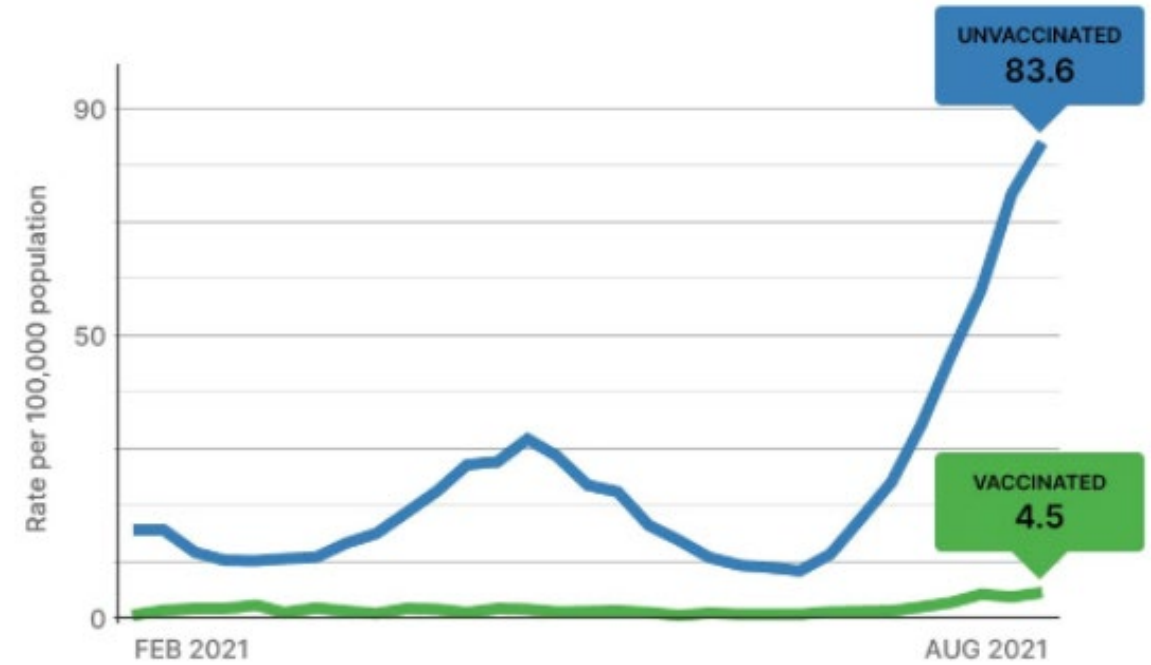


Rates of COVID-19 Deaths by Vaccination Status

April 04 - September 04, 2021 (15 U.S. jurisdictions)



Rate of COVID-19-Associated Hospitalizations by Vaccination Status

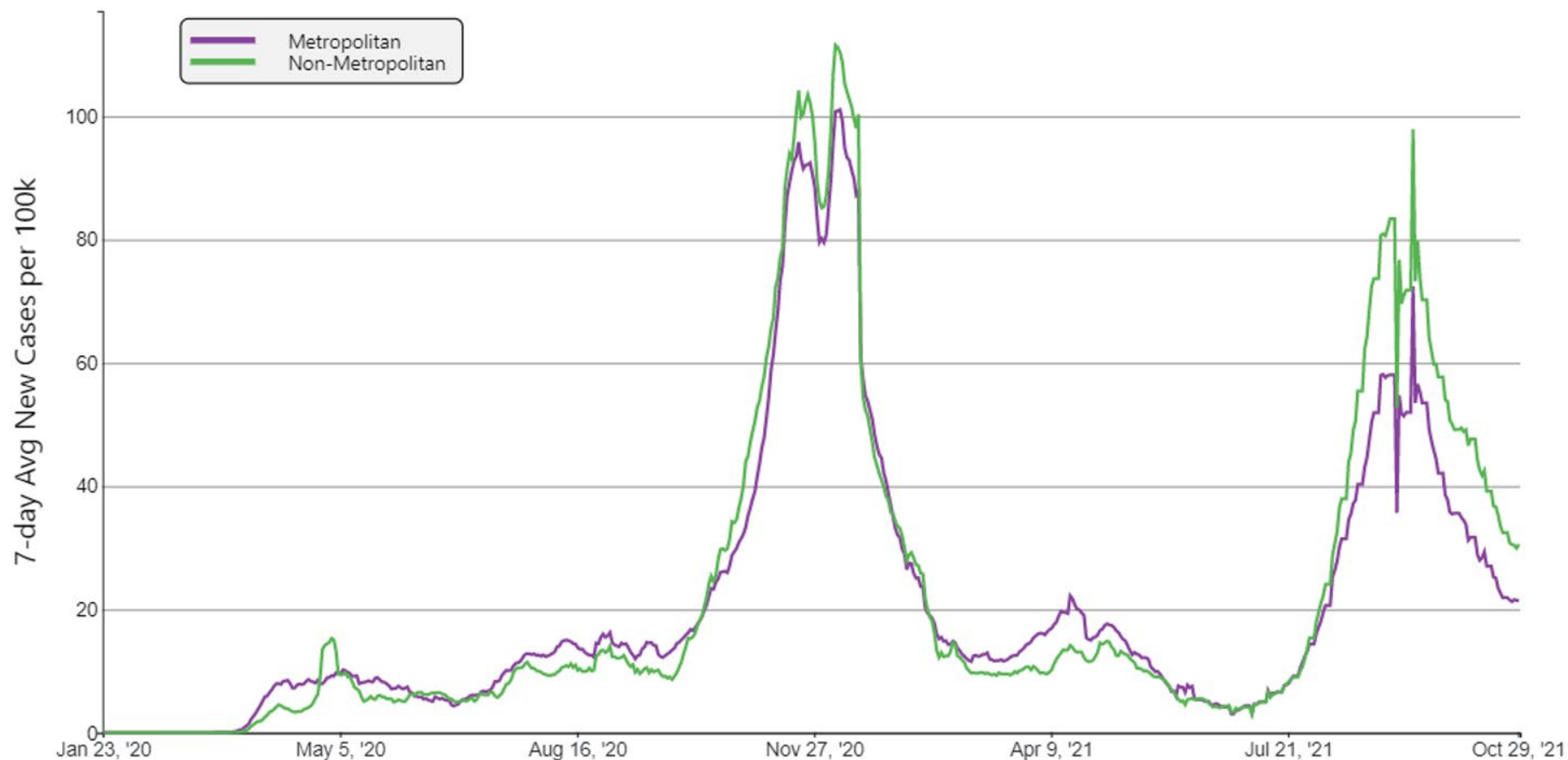


Find the latest data on
CDC's COVID Data Tracker

1/30/21-8/28/21



COVID-19 7-Day Case Rate per 100,000 Population in Indiana, by Metro vs. Non-Metro

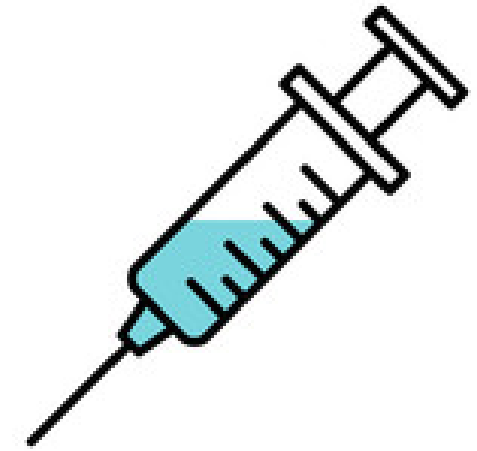


All COVID-19 Vaccines Currently Available are Safe and Effective

- Millions of people in the U.S. have received COVID-19 vaccines under the most intense safety monitoring in US history.
- All COVID-19 vaccines in development are being carefully evaluated in clinical trials and will only be authorized or approved if the benefits outweigh potential risks.
- The FDA and CDC will continue to closely monitor the safety of these vaccines.
- Getting vaccinated can help protect those around you, especially those at increased risk for severe illness.



Benefits of Getting a COVID-19 Vaccine



- Help protects you from getting COVID-19
- May keep you from getting seriously ill even if you were to get COVID-19
- May protect the people around you
- Helps protects you by creating an antibody (immune system) response

COVID-19 Vaccines Under FDA Emergency Use Authorizations (EUAs)

- Three vaccines have received EUAs from the FDA:
 - **Pfizer/BioNTech:** 2 doses given 3 weeks (21 days) apart
 - **Moderna:** 2 doses given 4 weeks (28 days) apart
 - **Johnson & Johnson/Janssen:** 1 dose
- All three vaccines were tested in tens of thousands of adults from diverse backgrounds, including older adults and communities of color.
- All of the available vaccines have been proven effective at preventing serious illness, hospitalization, and death from COVID-19 disease.
- It is unknown how long protection from vaccines might last.



Sources: <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine>
<https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy>

COVID-19 Vaccination is a Safer Way to Build Protection

- Getting the virus that causes COVID-19 may offer some natural protection, known as an “antibody” or “immunity.”
 - However, experts don’t know how long this protection lasts.
- The risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity.
- News reports and social media users continue to amplify claims of ambiguous or discredited studies purporting that infection induced immunity is vastly more effective than vaccination.
- COVID-19 vaccination will help protect you by building immunity without the risk of severe illness



COVID-19 Vaccination is a Safer Way to Build Protection

A study of hospitalized patients with symptoms similar to COVID-19* found...

Unvaccinated people with a previous infection were

 **5x**
more likely to have a positive COVID-19 test
compared to vaccinated people†

*COVID-19-like illness hospitalizations 90–179 days after prior infection or full vaccination
†Received two doses of an mRNA vaccine and no previous infection

Get vaccinated
as soon as possible

bit.ly/MMWR7044e1



MMWR

After Delta became the most common variant*,
fully vaccinated people had reduced risk† of...

INFECTION

5X

HOSPITALIZATION

>10X

DEATH

>10X

Vaccination offers strong
protection against COVID-19



bit.ly/MMWR91021

* June 26–July 17, 2021
† Compared with people not fully vaccinated

MMWR



COVID Antibodies and Immunity

- CDC does not recommend relying on antibody testing to determine the strength of a person's protection against COVID-19
- Antibody tests, if they detect antibodies at all, may not detect the presence of neutralizing antibodies
 - Neutralizing antibodies are the class of antibodies that show protection
 - Neutralizing antibodies might not be detected among patients with mild or asymptomatic disease
- Some antibody tests will not detect the antibodies generated by COVID-19 vaccines

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests.html>



COVID-19 Booster Dose Update



ACIP COVID-19 Booster Dose Recommendations

A single COVID-19 vaccine booster dose is recommended ≥ 6 months after completion of an mRNA primary series, in the same risk groups for whom CDC recommended a booster dose of Pfizer-BioNTech, under the FDA's Emergency Use Authorization

A single COVID-19 vaccine booster dose is recommended for persons aged ≥ 18 years, ≥ 2 months after receipt of the initial Janssen dose, under the FDA's Emergency Use Authorization



CDC recommends the following groups for mRNA COVID-19 vaccine boosters

- The following recipients of mRNA COVID-19 vaccine primary series should receive a single booster dose ≥ 6 months after completion of the primary series:
 - ≥ 65 years
 - ≥ 18 years and reside in long-term care settings
 - Aged 50-64 years with certain underlying medical conditions
- The following recipients of mRNA COVID-19 vaccine primary series may receive a single booster dose ≥ 6 months after completion of the primary series based on their individual risks and benefits:
 - Aged 18-49 years with certain underlying medical conditions
 - Aged 18-64 years at increased risk for SARS-CoV-2 exposure and transmission because of occupational or institutional setting



Definition of 'fully vaccinated'

- For public health purposes, people who have completed a primary vaccine series (i.e., 2-dose mRNA vaccine series or a single dose of the Janssen vaccine) are considered fully vaccinated ≥ 2 weeks after completion of the primary series
- The above definition applies to all people including those recommended to receive an additional single dose due to moderate to severe immunocompromise and those recommended to receive a booster dose
- People who have received a booster dose should continue to follow guidance for fully vaccinated persons to minimize spread of SARS-CoV-2



COVID-19 Pediatric and Adolescent Vaccination



Importance of Pediatric Vaccination

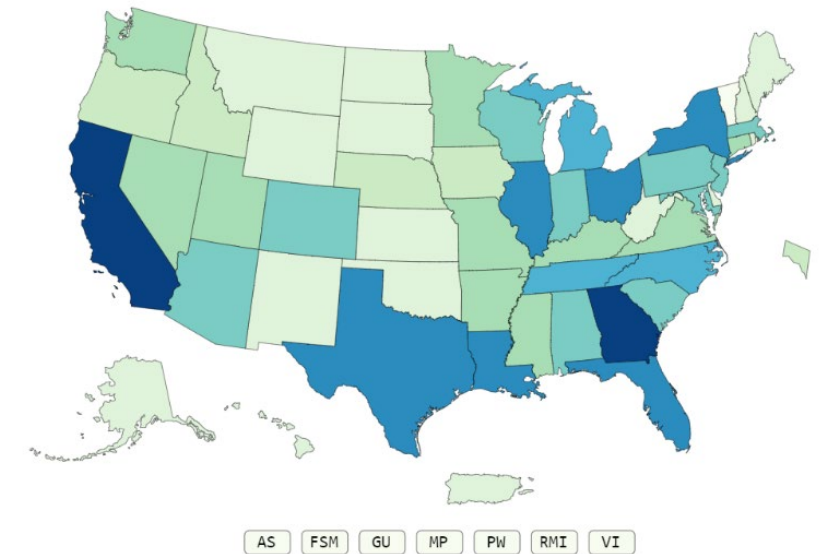
- The impact of COVID-19 on children is significant, with a disproportionate number of children in racial and ethnic minority communities experiencing significant impacts.
 - At least 1.5 million cases of COVID-19 within this age group during the pandemic (data from March 7, 2020 – September 13, 2021 – (<https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-covid-19-impacts-and-vaccinations-for-children/>))
- Two recent studies in MMWR show how vaccination has a significant impact on COVID-19 hospitalizations.
 - Hospital admissions study found COVID-19 cases, emergency department visits, and hospital admissions increased from June to August 2021 among children and adolescents.
 - A study for 14 states found hospitalization rates were 10 times higher among unvaccinated than among fully vaccinated adolescents.
- Many children are back in school and participating in extracurricular activities.
 - COVID-19 vaccination of children ages 5 through 11 is critical to preventing infection.



Importance of Pediatric Vaccination

- While children infected with COVID-19 are less likely to develop severe illness compared with adults, children are still at risk.
- While fewer children have been sick with COVID-19 compared to adults, there is no way to tell in advance if it will be a severe or mild case.
- Some children have developed a rare but serious disease called [multisystem inflammatory syndrome \(MIS-C\)](#).
- Current evidence suggests that children with certain underlying medical conditions and infants (age <1 year) might be at increased risk for severe illness from COVID-19 infection.

Reported MIS-C Case Ranges by Jurisdiction, on or before October 4, 2021*



Reported MIS-C Cases



Ensuring Equity — Children Needing Additional Consideration

- Children who may be at increased risk for severe illness from COVID-19
- Children with limited access to routine vaccination services
 - Children who are experiencing homelessness, live in rural areas, or have special healthcare needs
- Children who experience systemic health or social inequities
 - Racial and ethnic minority groups
 - Children with disabilities
- Children living in congregate settings
- Additional potentially hard to reach populations
 - Children living in unstable family situations
 - Children who are themselves or whose caregivers are immigrants or undocumented
 - Children who are themselves or whose caregivers are non-English speakers



Roles for Employers and Pediatric Vaccines: Engage Employee Parents, Community Partners

- Educate parents and caregivers so they feel confident in their decision to get a COVID-19 vaccine for their children, including children with special needs.
- Work with community-based organizations, sports coaches, parent-teacher organizations, school systems/administrators, childcare organizations, and camp associations to engage families and increase vaccine demand.
- Collaborate with messengers who parents trust—such as teachers, faith-based and community leaders—to tailor and share accurate, culturally relevant messages and materials.



Employee Trends – What Can Employers Do?

- Periodically update employees on how vaccination requirements have helped reduce the spread of COVID-19 in the workplace and to their community
- Certain workers strongly resist vaccine requirements. Consider tailoring COVID-19 messaging to align with activities and values which resonate most with unvaccinated individuals exhibiting low vaccine acceptance
 - Example for audiences with strong ties to liberty: “Vaccination helps you take personal control of your life and allows you to be free to live a healthy life”
- Partner with local organizations trusted by your employees
 - Invite employees to have conversations with their healthcare professionals



Possible Roles for Employers: Engage Employee Parents, Community Partners

Figure 10

Few Parents Say Their Employer Offers Paid Time Off To Get COVID-19 Vaccines For Children, Particularly Among Lower Income

As far as you know, does your employer offer you paid time off to...?

■ Yes ■ No ■ Not sure

Total employed parents



Household income <\$40,000



Household income \$40,000-\$89,999



Household income \$90,000 or more



NOTE: Asked of parents who are employed and not self employed. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor: Parents And The Pandemic (Jul. 15-Aug. 2, 2021).

KFF COVID-19
Vaccine Monitor

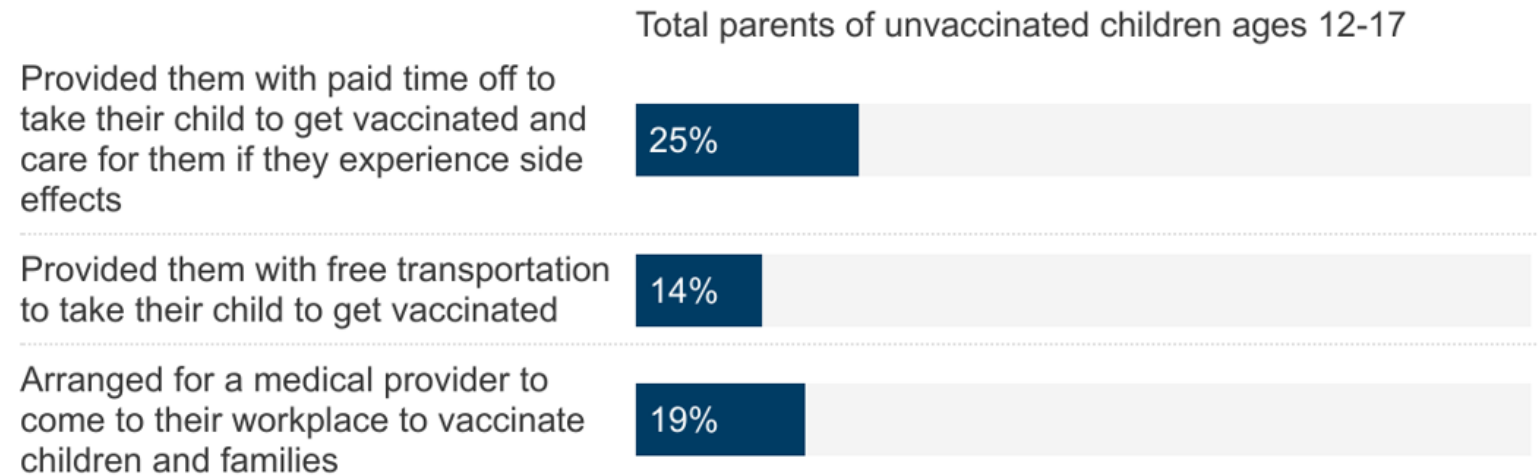


Consider Employee Policies

Figure 11

One In Four Parents Of Unvaccinated 12-17 Year Olds Say They Would Be More Likely To Get Their Child Vaccinated If Their Employer Provided Paid Time Off To Do So

Percent who say they would be more likely to get their 12-17 year old child vaccinated for COVID-19 if their employer did each of the following:



NOTE: Asked of parents who are employed and not self employed with unvaccinated children ages 12-17. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor: Parents And The Pandemic (Jul. 15-Aug. 2, 2021).

**KFF COVID-19
Vaccine Monitor**





COVID-19 Vaccination and Meeting People Where They Are

Building Trust Is a Process, Not an End State

- Building trust and vaccine confidence is critical to high vaccine uptake.
- You can help address information gaps and build vaccine confidence by using clear, consistent communication.



It Will Take More Than One Conversation to Change Minds

- Vaccine hesitancy, especially when rooted in **lack of trust** rather than lack of information, is best addressed through **trusted messengers** in trusted spaces.
- Encourage two-way dialogue and allow space for people to ask questions.



TN Department of Health


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COVID-19 INFORMATION

INFORMATION FROM TN DEPT OF HEALTH ABOUT THE ONGOING NOVEL CORONAVIRUS OUTBREAK

Our Voices Campaign



[FIND VACCINE HERE!](#)

TN COVID-19 Our Voices Campaign PSA

Copy link

Watch on YouTube and smiles can be seen on our face.

Hearing Community Voices

<https://www.tn.gov/health/health-program-areas/division-of-health-disparities-elimination-/our-voices-campaign.html>

How Faith-Based Organizations Can Help Increase COVID-19 Vaccination

- **Ask religious leaders to encourage COVID-19 vaccination.** People, especially older adults, trust their religious leaders and believe in what they say and do.
- **Faith in the Field:** Promoting COVID-19 Vaccine Uptake in Diverse Religious Communities (<https://ifyc.org/faith-in-the-field>)
- **Partnering for Vaccine Equity** (https://youtu.be/Ww_TNmd002A)
- **Ask religious leaders to get vaccinated publicly for others to see,** share stories with their congregations of why they chose to get vaccinated, and talk to their members about the benefits of getting vaccinated.



How Faith-Based Organizations Can Help Increase COVID-19 Vaccination

CORONAVIRUS

Local faith leaders, churches play vital role in fight against COVID-19 pandemic



by: Talya Cunningham

Posted: Sep 22, 2021 / 07:05 PM EDT / Updated: Sep 22, 2021 / 07:05 PM EDT



<https://www.wric.com/health/coronavirus/local-faith-leaders-churches-play-vital-role-in-fight-against-covid-19-pandemic/>



THE ROAD TO HEALTH EQUITY:

Addressing Health Disparities with VCU Massey Cancer Center

Wednesday, October 27, 2021

4 - 5 p.m. | ZOOM Webinar

Register at: <https://bit.ly/RoadToHealthEquity>



Jose Trevino, M.D.
Associate Professor & Chair,
Division of Surgical Oncology
Surgeon-in-Chief,
VCU Massey Cancer Center



Vanessa Sheppard, Ph.D.
Associate Director, Community Outreach
Engagement and Health Disparities,
VCU Massey Cancer Center



Katherine Tossas, Ph.D., M.S.
Director, Catchment Area Data Alignment
Community Outreach & Engagement,
VCU Massey Cancer Center



Rudene Haynes
Moderated by: Partner, Hunton Andrews Kurth
Massey Advisory Board Member

Meet People Where They Play



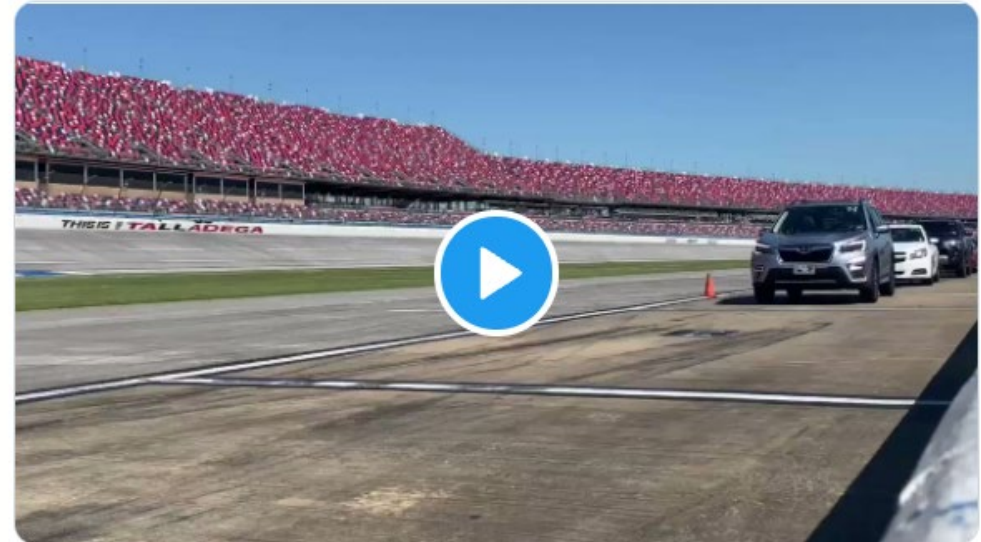
Talladega Superspeedway ✓
@TALLADEGA



The [#RaceToEndCOVID](#) vaccination and testing event is underway! 👍

Stop by today before 5:00 PM CT to get your FREE vaccine or test and then enjoy two laps on track ➡
nas.cr/RaceToEndCOVID

[@HHSGov](#) | [@CDCFound](#) | [@AlabamaNG](#)



11:27 AM · May 15, 2021



358



See the latest COVID-19 information on Twitter

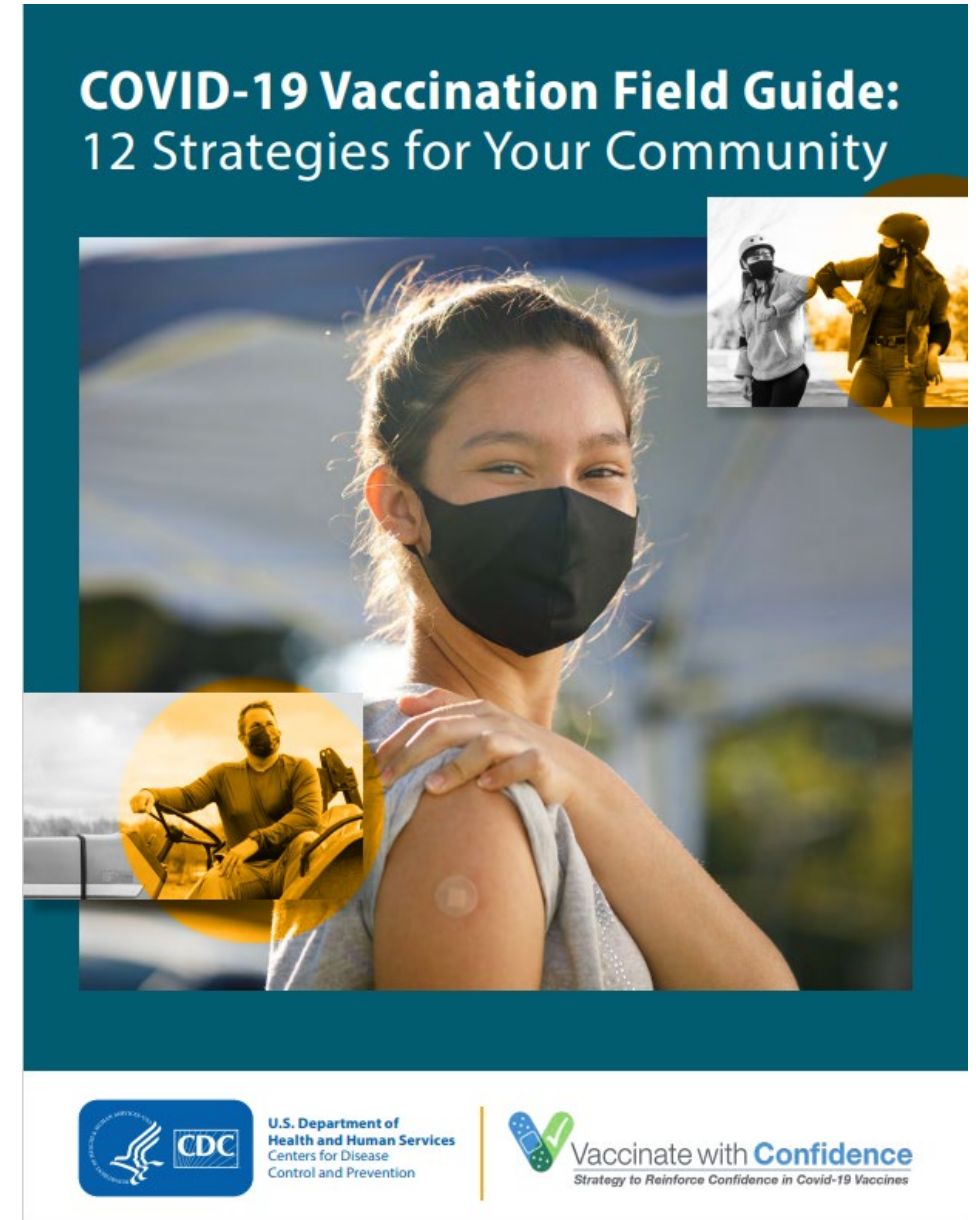
[Tweet your reply](#)

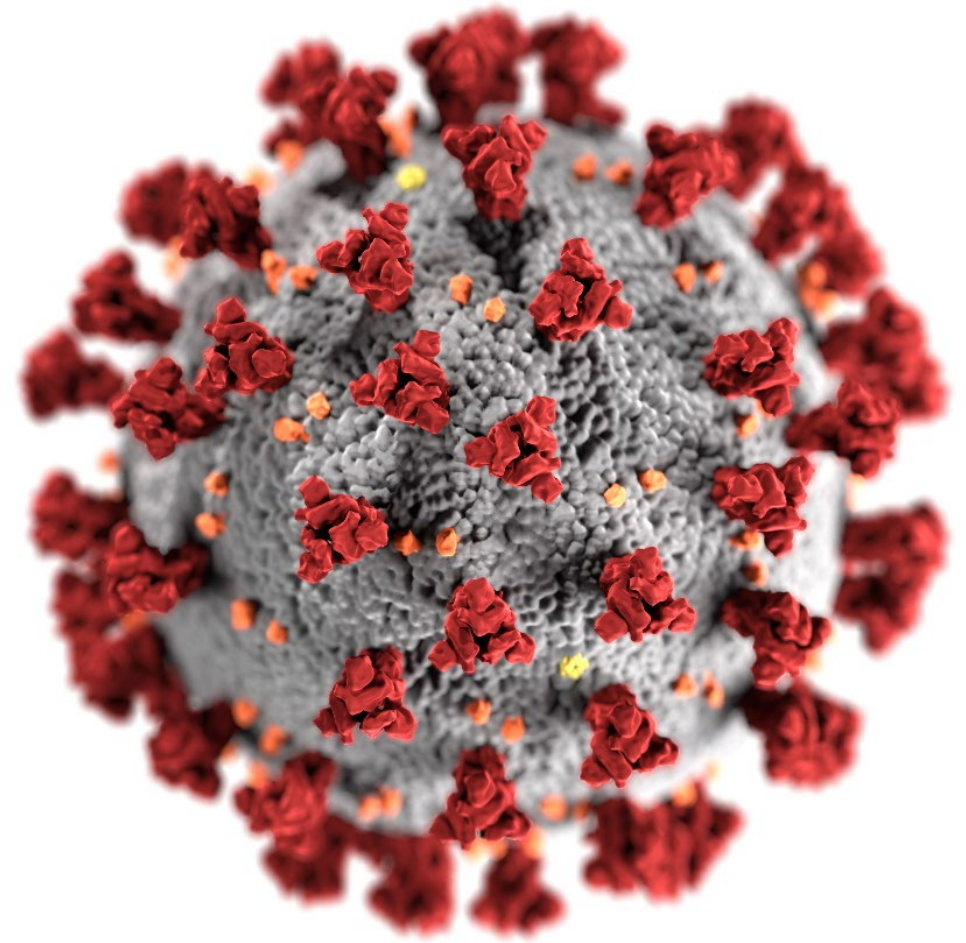
Considerations and Resources for Employers

- Appendix A - List of hospitals and health systems that are requiring vaccines for workers
<https://www.beckershospitalreview.com/workforce/hospitals-health-systems-mandating-vaccines-forworkersjune17.html>
- Includes samples from legal organizations offering guidance and templates for crafting vaccine requirement policies

Houston Methodist Vaccine Requirement Policy

<https://hrportal.ehr.com/LinkClick.aspx?fileticket=WbwcMj8SRPg%3d&portalid=78>





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.