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COVID-19 Vaccine in Colorado
Zoom Session Q&A (12.18.2020)

Questions & Answers are listed in order of occurrence; this is merely a summary, for the full discussion, please go to the time stamp listed with each question in the video recording.

When can Public Health Officials expect to receive the updated phased allocation and who falls under those categories? [15:21]
It is being finalized during the time of this session. The team is really considering the various sub-categories at phases 1A and 1B (for example, EMS providers who are transporting COVID-19 patients, but may also be able to assist in administering the vaccine). Ideally guidance will go out quickly since phases 1A and 1B will be straddled.

Is there any news/update on week three vaccine distribution? [18:01]
Final allocation from CDC was sent last night, it's in the mid-30,000's.

This week, the CDC begins taking about 25% of the statewide supply away and re-directs it for long term care facility programs (about 1,100 facilities in Colorado). The federal government has contracted CVS and Walgreens to administer the vaccine to the patients of these facilities.

This re-direction will continue for the next few weeks. You will notice there will be less for the state to directly allocate, but the residents and staff of nursing homes will receive their share from this federal program.

However, a sixth dose in each vial is achievable if dosages are administered carefully. This could increase the actual allocation by about 20%.

Can someone discuss the standing orders and allotment reallocation to hospitals and other providers in phases 1B and 2 since some shipments are coming to LPHA? [21:40]
The Standing Order is coming, CDC released a template a few days ago, it will go to the Colorado Chief Medical Officer as soon as possible and then it will be released as statewide order.

As far as allocations for LPHA's receiving vaccines on behalf of hospitals, not everyone has the capacity to handle the vaccines. What is being encouraged is for LPHA's and Hospitals to have direct lines of communication moving forward. In phase 1A, hospitals received most of vaccine, as we get lower down, it will go to those with best capacity to store.

Will we receive the standing order before we get the vaccine next week? [23:27]
That is CDPHE's intention.

How can Local Public Health maintain situation awareness of what Phase 1 providers are ordering, receiving, and administering? [23:43]

No clear answer on this right now, but CDPHE is working on numerous dashboards out of CIIS (Colorado Immunization Information System) (available to all local public health providers), this will be the source of truth.

It was recommended that CDPHE should put together instructions on standard reports to assist pulling these kinds of reports.

However, LPH should be able to pull reports by provider for the total county and by antigen.

What are the long-term effects of the vaccine? [25:45]
As of right now, all the safety and efficacy data are incredibly positive. Some trails began shortly after the pandemic began, but obviously do not know the long-term effects because we have not had the vaccine for the long term. There is still a lot to learn.

However, the vaccine has made it through tens of thousands of people already. If you are going to have a negative impact, it is believed to occur within first six months and those in phase 1 and phase 2 of trail are past that point now.

The messenger RNA technology has been discussed as novel; it is true that messenger RNA vaccine has not been available previously in the commercial market and distribution. But this is not the first time there have been scientific advances and studies with messenger RNA at the vaccine level and with other drugs and technology; in the scientific community it has been studied for decades.

That being said, the vaccine safety systems that are in place (Vaccine adverse event reporting system (VAERS) and VaxSafe (vaccine monitoring system) are designed to track all vaccine outcomes and monitor the possible, but rare, conditions that did not come out in the clinical study. The systems are in place and have been for many years to monitor vaccine safety on an ongoing basis, so that vaccine administration can be stopped and investigated further if necessary.

These are the strictest and most thorough safety systems we have ever had in place. Vice President Mike Pence and Second Lady Karen Pence were vaccinated today (Friday); President Elect Joe Biden is supposed to get vaccinated next week; House Speaker Nancy Pelosi and Senate President Mitch McConnell are planning to get vaccinated together. Our country's leaders, in a bi-partisan fashion, are supportive of this vaccine. It is a moment of unity after a challenging year.

How long does the immunity from the vaccine last? Will the vaccine be required annually? [30:13]
This answer will require some additional studies. Some national experts who are studying this are watching indicators of the immune system response; it appears that the immune response is solid and strong. This is predictive that it would be years interval between vaccinations. However, that determination is for the future.

If you get vaccinated on Monday, for instance, and you get exposed on Wednesday, that is a large viral load, are you likely to contract COVID-19? [31:52]
Unfortunately, yes. After the first dose, it takes a bit of work for our immune system to get the blue print of the virus. Then, the immune system needs a second dose to build the anti-bodies necessary to fight infection. This takes about seven to ten days after the second dose to get to the 95% protection.

So, in total, it takes a solid month, from first dose to second dose, to be fully protected because there must be 21 days between doses, then an additional seven to ten days after the second dose to receive the full level of protection.

This is relatively short window compared to the protection with other vaccines which require several months or years between doses or a series of vaccinations.

Some data does show there is limited protection about a week after the first dose, but at a much lower level. In order to get the protection a second dose is necessary.

Is the vaccine necessary for someone who has already recovered from COVID? [33:54]
Short answer: yes. The protection that happens from infection appears to be short term, around 90 days. So, there may be a window there for individuals to have protection, but not long-term protection.

It is recommended that those individuals get the vaccine, when it is available to them; it is not necessary to wait.

Unless we are faced with a shortage, these individuals may defer their vaccination for 90 days in order to make space for someone else to get a vaccination.

What about someone who has tested positive for anti-bodies, would they need to get inoculated with the vaccine? [35:04]
That depends on the test that was completed. It is very complicated, so please read this handout.

CDC is not recommending anti-body testing before receiving the vaccine. It is recommended that priority groups receive the vaccine when it becomes available to them.

The science is still soft on anti-bodies and again, their effectiveness can depend on the test, the details of the test result, etc.

Can someone who is vaccinated still spread the virus? [37:01]
We think so, but we do not know for sure. The clinical trials consideration for effectiveness, was if the individual had symptoms; the clinical trials did not perform daily testing for exposure.

There is still a question of whether there is a risk of being contagious with low level of infection. We see this with other disease, like the flu, where people can be contagious after they have the vaccine, but do not exhibit any symptoms. More data will need to be collected to get the answer;

The vaccine is just one layer of a strategy towards the virus and the more we can use all the layers together the more effective it will be. It is like many slices of swiss cheese on top of one another, each piece has a whole the virus could get through, but the next slice should stop the virus from getting through. The slices of cheese are vaccination, masks, testing, exposure notifications, contact tracing; it all works better when they are used together.

Only a fraction of cases are tracked because volume is so high. Most people who are sick do not get traced and exposure notifications are not sent. Once we can trace every case, things will improve so people can take necessary precautions.

When all of these tools are working, we rely less on extreme social distancing. When these tools do not work, we turn to extreme social distancing.

Are there any limitations for those with disabilities, neurological challenges, or pre-existing conditions related to receiving the vaccine? [40:55]
The Advisory Committee for Immunization Practices to the CDC is responsible for making these types of recommendations. The only recommendations are if (1) those who experienced severe allergic reaction to a prior dose or (2) precaution for those with severe anaphylactic life-threatening reaction to injectable medication or vaccination. This is not necessarily a reason not to get the vaccine, but it is recommended to tell your medical provider in advance; they may consider getting the vaccine under medical care, rather than a public clinic.

What is going to happen to the positive trend we are seeing after Thanksgiving? [42:45]
Colorado did something right for Thanksgiving. Colorado has seen a positive trend and bent the curve, unlike other states who had increased rates of cases. Come January, this should put us in a good position for reopening again. The challenge is if there is a big spike after Christmas and New Year's, because it takes about a month to recover from a spike in rates. So, this painful period would get pro-longed.

Half of the deaths from the whole pandemic have occurred over the last 7 weeks in Colorado. This is the mile 22 of the marathon. So, it is important we continue to take these precautions.

How can we communicate "we do not know" to our constituents? And re-assure the public in the face of all the uncertainty? [54:12]
Acknowledge 'we don't know'; it is alright to say, 'we are waiting for that data' or 'we only have a small amount of data' etc. This shows the big picture, that data has not come out yet. Constituents may not like that answer, but oftentimes it is the honest answer.

Also, 'I will get back to you' or 'someone else may have a better answer', is still very helpful, especially when we have access to experts and resources who do have answers.

Public Information Officer position is unique, is there any coordination among these positions across the state? [56:30]
There are many across state, before COVID-19 there was a monthly work group among them. The State also runs a communication update meeting regularly so we may weigh in and help drive state level messaging. It is great to share resources and not have to re-invent the wheel constantly, even if it is something that did not work.

For a county without a Public Information Officer and whose Public Health staff is very consumed, is it possible for CCI to be catalyst for this information/resources to share tips etc.? [59:07]
CCI is happy to disseminate information from public health experts on messaging and look into this; it is of very high value.

How can Public Information Officers assist in bringing a community together? [1:00:30]
Making sure that people are prepared for what is coming; when we are ahead of messaging it takes pressure off elected officials.

Also, putting together a road map of communication for constituents. Such as a Website, community meetings, meetings with other local leaders (school board, municipal leaders etc.) to ensure that community members have a place to go for information.

Other Shared Resources:
Weekly Briefings with State Epidemiologist Dr. Rachel Herilhy & CDPHE Incident Commander Scott Bookman:
https://docs.google.com/document/d/1Vsc8fBn8i5Jwcgsij9gNKwLud3JDpovnH894DVlkJBY/edit?usp=sharing

Exposure Notifications: www.addyourphone.com