

Allergy & Asthma Network News

More information at allergyasthmanetwork.org



Webinar:
January 7: 4:00
PM ET
COVID-19 in
2021: Ringing In
Expectations for
the New Year



Webinar:
January 26: 4:00
PM ET
Vaccines &
Vaccine Hesitancy
- How to Improve
Respiratory
Outcomes



The Network staff
wishes you a
healthy & peace-
filled holiday
season!



COVID-19 Vaccine – Treatment, Trust & Health Inequities

Dr. LeRoy Graham
Dr. Purvi Parikh
Tonya Winders

Our Speakers



Dr. LeRoy Graham

LTC US Army MC (retired)
Medical Director
Not One More Life, Inc
CEO
HP&G, Inc.



Dr. Purvi Parikh

Clinical Assistant Professor of
Medicine NYU Langone School of
Medicine & Director, Allergy and
Asthma Association, Murray Hill

National Spokesperson,
Allergy & Asthma Network



Tonya Winders

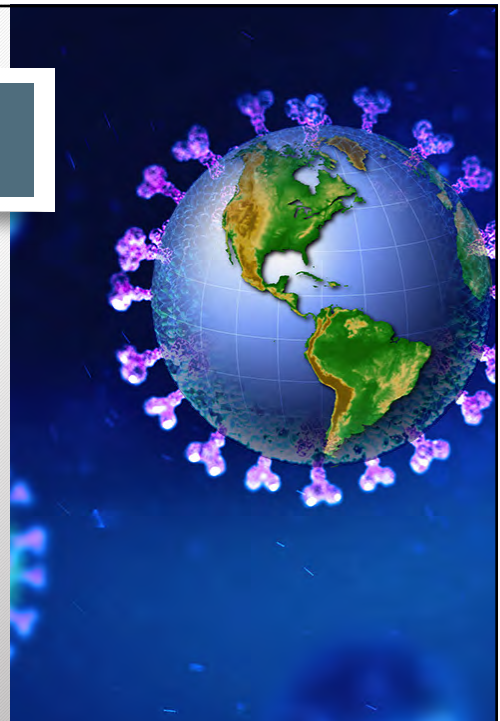
President & CEO, Allergy & Asthma
Network

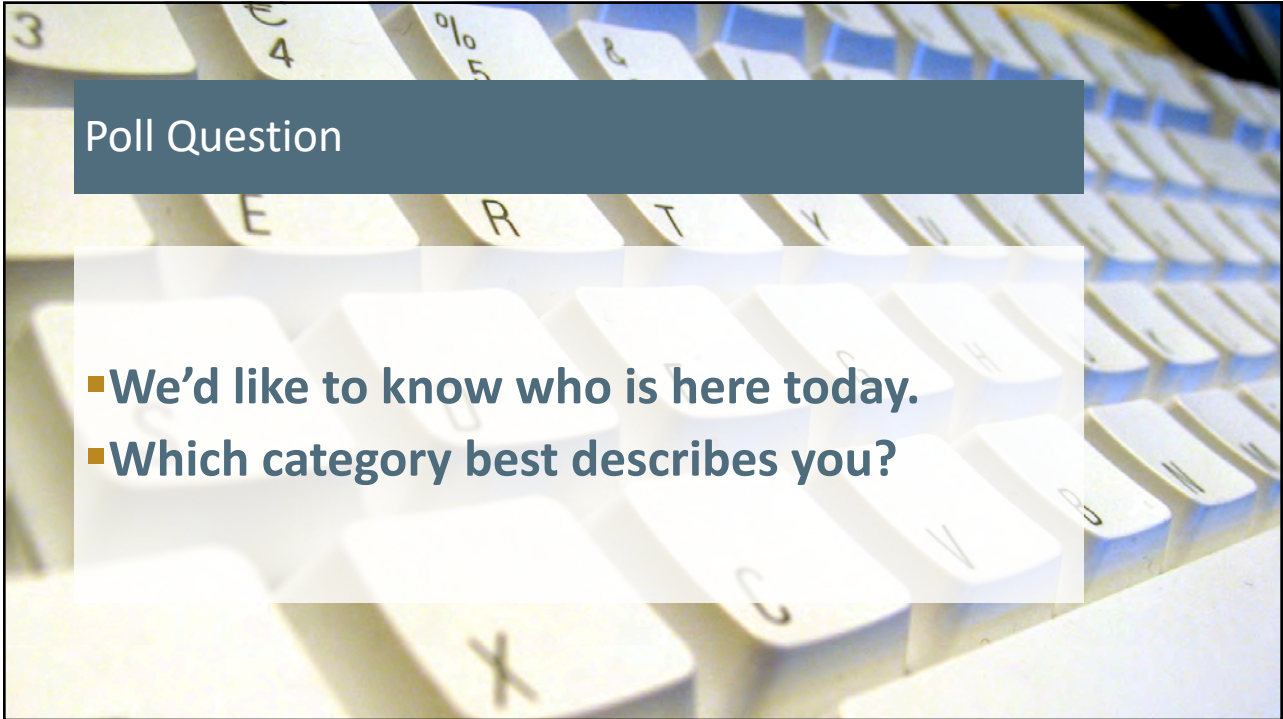
President, Global Allergy &
Airways Patient Platform



Outline


- Current State of COVID – 19
- Vaccines & Treatment
- COVID-19 & Health Inequities
- Who's Taking the Vaccine?





Poll Question

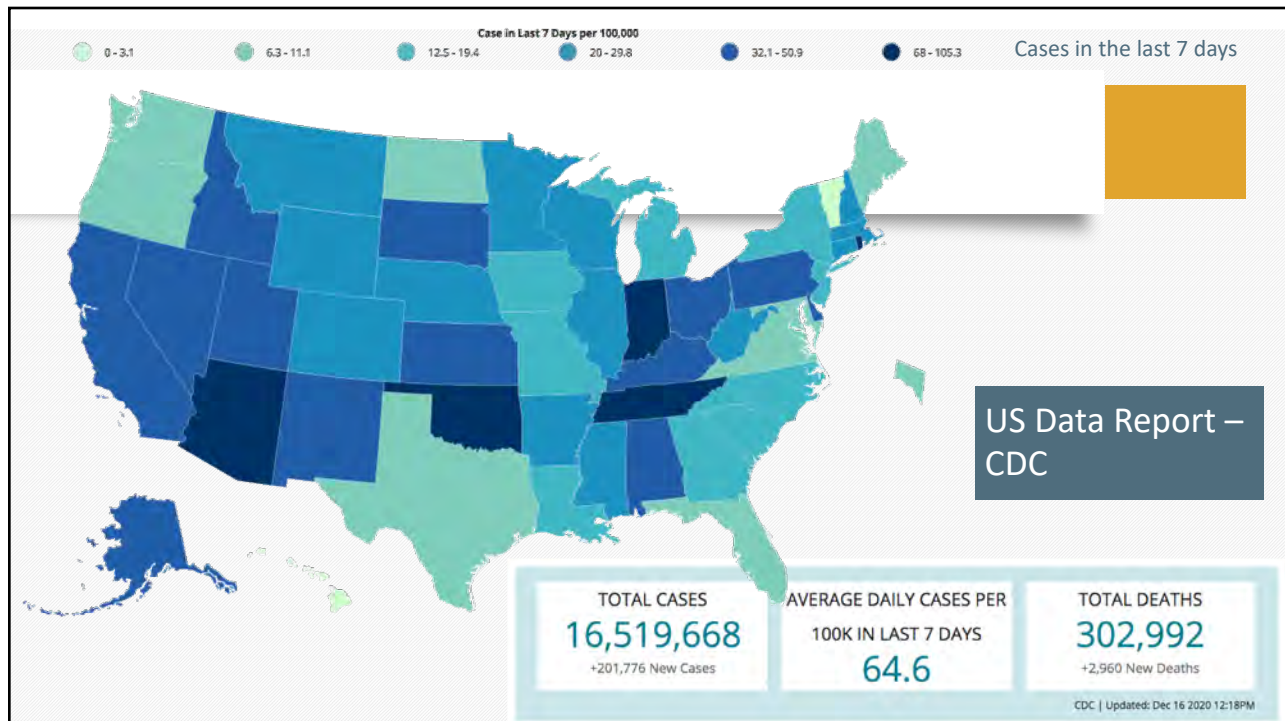
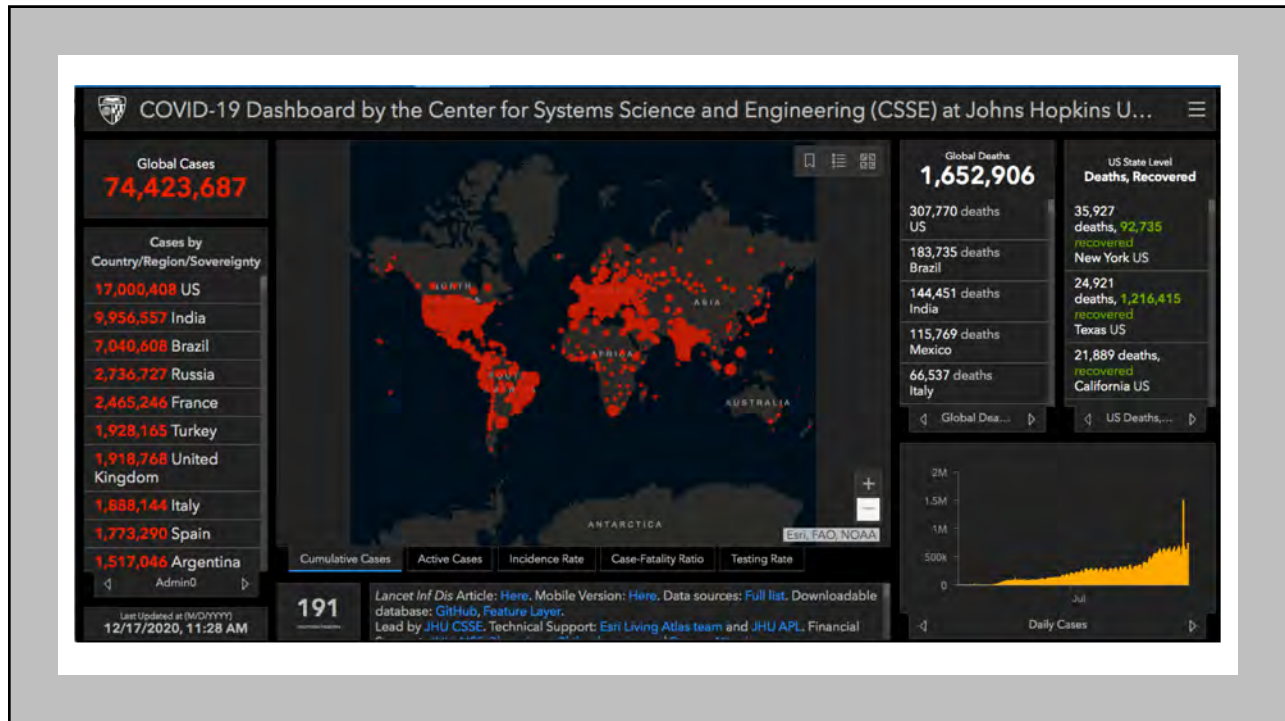
- We'd like to know who is here today.
- Which category best describes you?

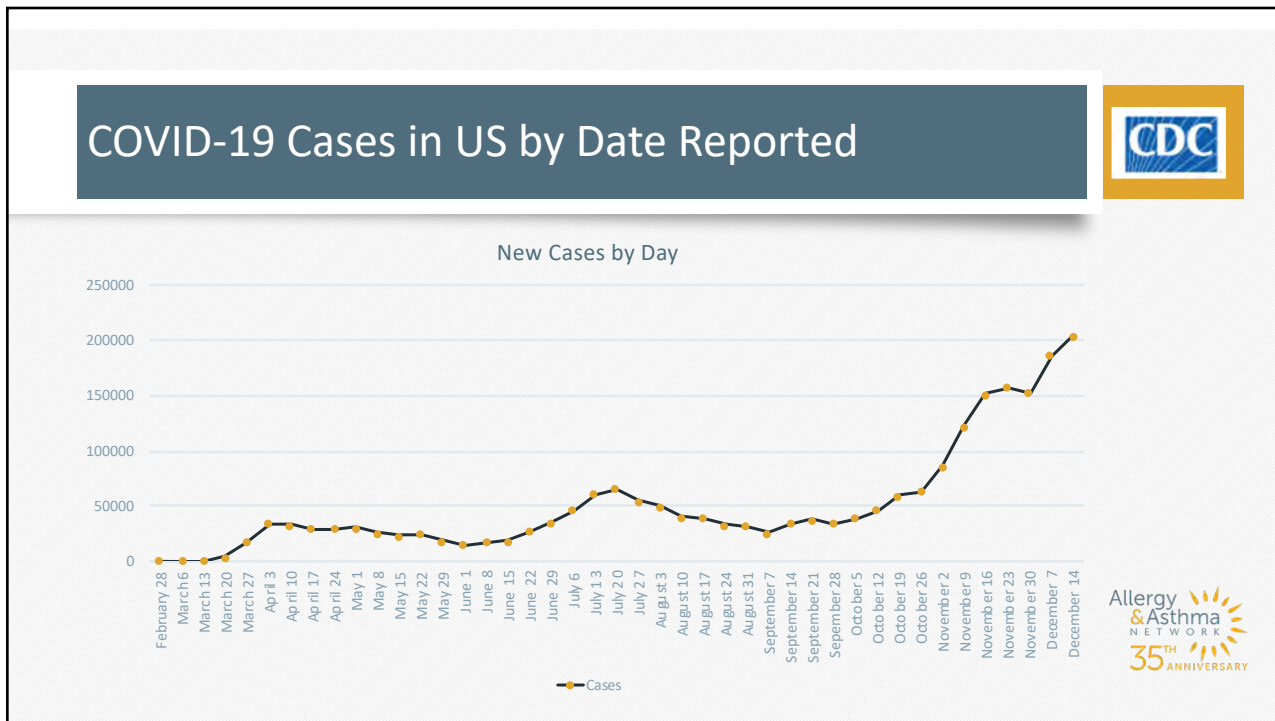
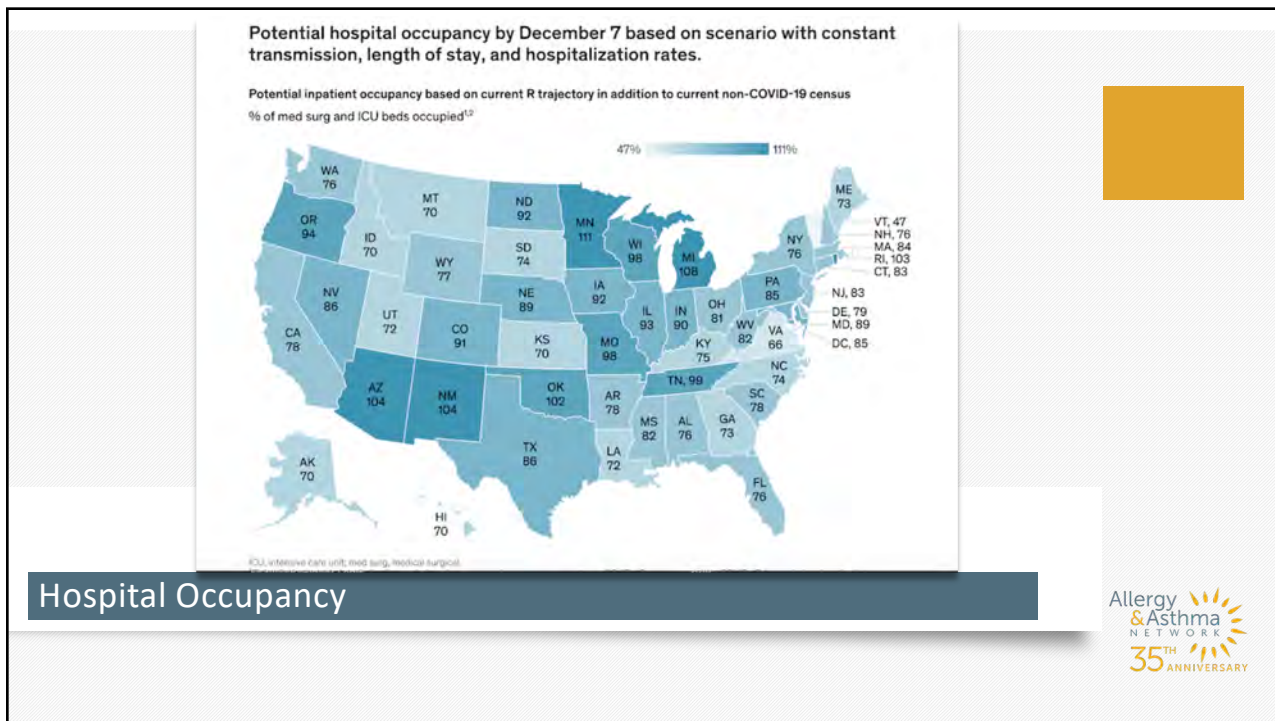


Current State of COVID-19

Tonya Winders

A dark blue rectangular area containing a stylized sun icon in the top left corner, a white horizontal bar with the text "Current State of COVID-19" in the center, and the name "Tonya Winders" in the bottom right. A solid orange square is located to the right of the white bar.





In the News

Vaccines

- Pfizer vaccine approved for ages 16 and older – on its way to all states
- Moderna vaccine – FDA vote is expected this afternoon (3:10 – 5:15 PM ET)
- Dr. Robert Redfield, director of the Centers for Disease Control and Prevention, has warned the country could reach 450,000 fatalities before Feb. 1, days short of the one-year anniversary of the first known COVID-19 death in the U.S.



In the News

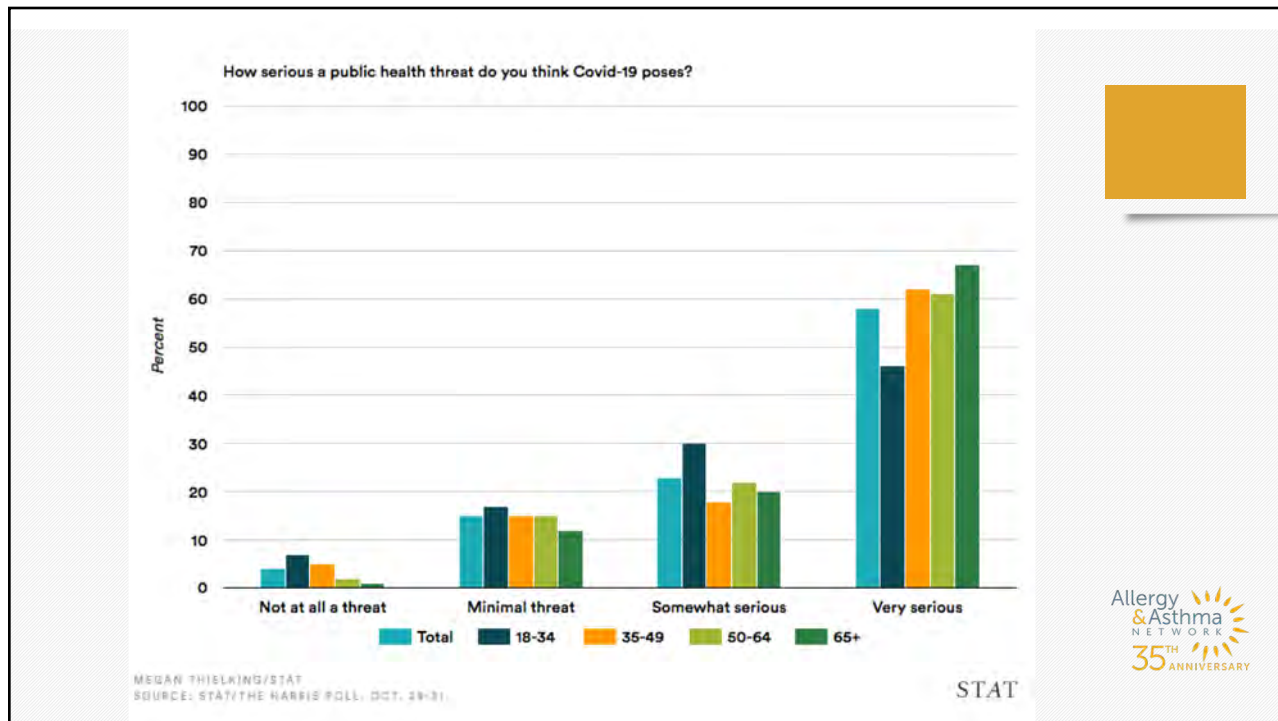
Holiday season:

- Dr. Fauci warns that the Christmas/New Year period may be even more of a challenge than Thanksgiving
 - He said nobody wanted to modify or shut down the holiday season, but "we're at a very critical time... we've got to not walk away from the facts and the data. This is tough going for all of us".
 - He and his wife are not seeing their 3 daughters for Christmas for the first time since they were born (and his birthday is on Christmas Eve!). He reports that it is painful.



Poll Question

- How serious a public health threat do you think COVID-19 poses?



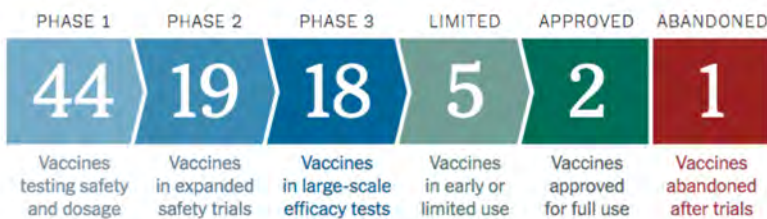


Vaccines & Treatment

Dr. Purvi Parikh

Coronavirus Vaccine Tracker

By Carl Zimmer, Jonathan Corum and Sui-Lee Wee Updated Dec. 17, 2020



NY Times Vaccine Tracker

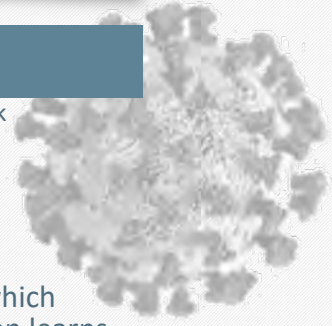
Four Main Types of Vaccine in Development

mRNA Vaccine

- Pfizer & Moderna
- 2 doses
- Teaches cells how to make a protein that triggers an immune system response, rather than injecting live or dead virus material

Vector Vaccine

- AstraZeneca, Janssen, Sputnik
- 1 – 2 doses
- Introduces a bit of coronavirus' genetic material into the cells, which your immune system then learns to identify and overcome



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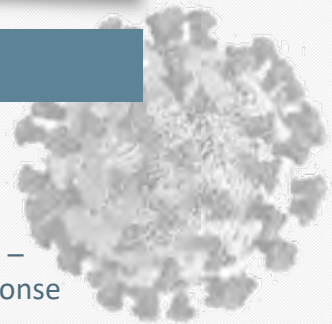
Four Main Types of Vaccine in Development

Protein Subunit Vaccine

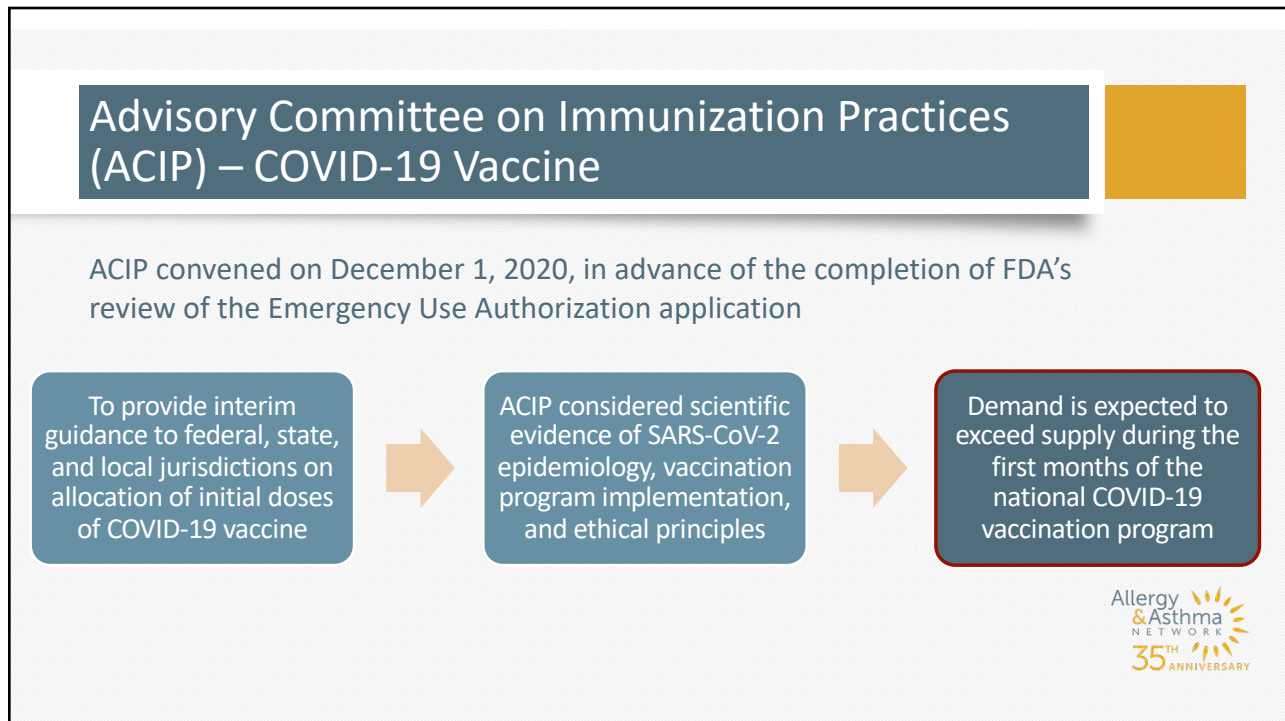
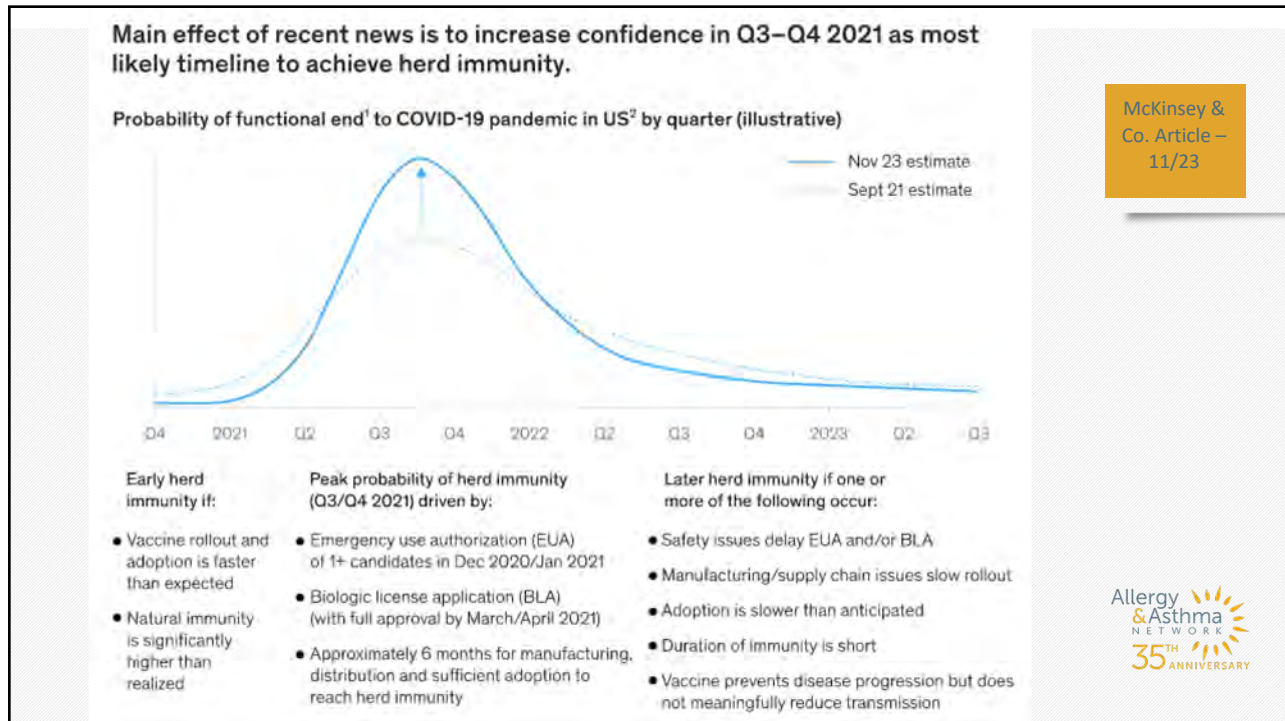
- Sanofi & Novavax
- 1 – 2 doses
- Delivers fragments of the virus to trigger an immune response

Whole, Killed Vaccines

- Sinovac
- 1 dose
- Virus is crippled or killed – triggers an immune response



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High Risk Populations

Health Care Settings

- Direct or indirect exposure to patients or infectious materials
- Critical to preserve the capacity to care for patients with COVID-19 or other illnesses

Long Term Care

- Adults who reside in facilities that provide a range of services
- Medical & personal care
- High rates of underlying medical conditions



CDC – Interim Guidance on Vaccine



Initial phase of COVID-19 vaccination program - vaccine will be offered to:

- Health care personnel
- Residents of long-term care facilities

Future recommendations based on vaccine availability

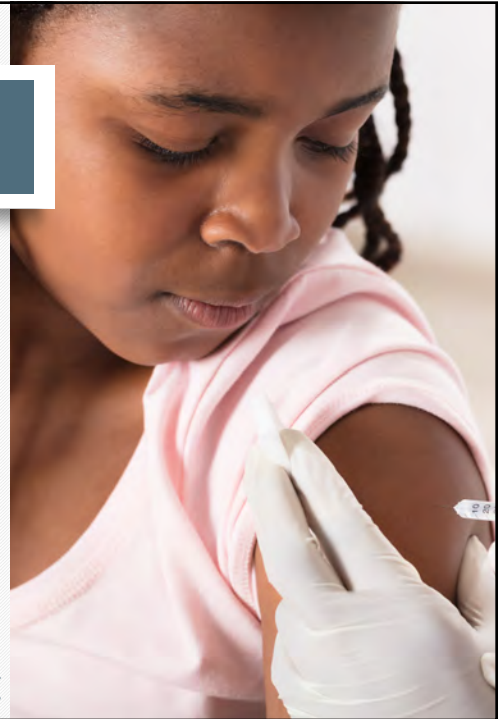
Also prioritize:

- Elderly (>70 years) who reside in multigenerational households

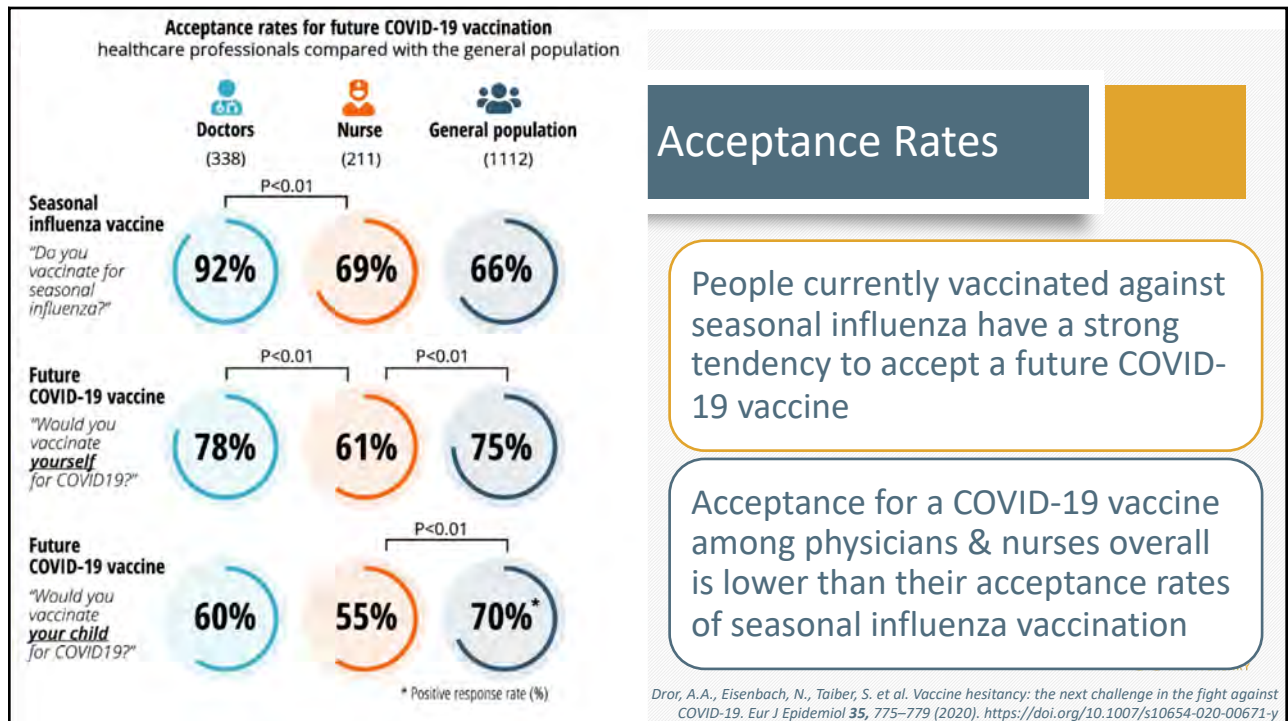


Vaccine Hesitancy

- World Health Organization: This is a major threat to global health
- Even vaccine availability does not guarantee sufficient population vaccination as evidenced by vaccine hesitancy
- Previous research indicates that vaccine compliance remains variable and inconsistent
 - Successful inoculation against this disease will require widespread public educational campaigns regarding vaccine safety and efficacy



Dror, A.A., Eisenbach, N., Taiber, S. et al. Vaccine hesitancy: the next challenge in the fight against COVID-19. Eur J Epidemiol 35, 775–779 (2020). <https://doi.org/10.1007/s10654-020-00671-y>



Concerns regarding COVID-19 Vaccine

Concern	Count
Quality control	340
Side effect	264
Associated COVID-19 illness	167
Wait until tested by others	148
Wait for next year	53
Pregnancy	12
Doubted efficiency	167
COVID-19 symptoms are mostly mild	76
Physiological immunity is better	57
Other	96

Concerns by category

- Safety: 70%
- Efficacy: 13%
- Disease is mild: 11%

Dror, A.A., Eisenbach, N., Taiber, S. et al. Vaccine hesitancy: the next challenge in the fight against COVID-19. Eur J Epidemiol 35, 775–779 (2020). <https://doi.org/10.1007/s10654-020-00671-y>

Concerns – COVID -19 Vaccine

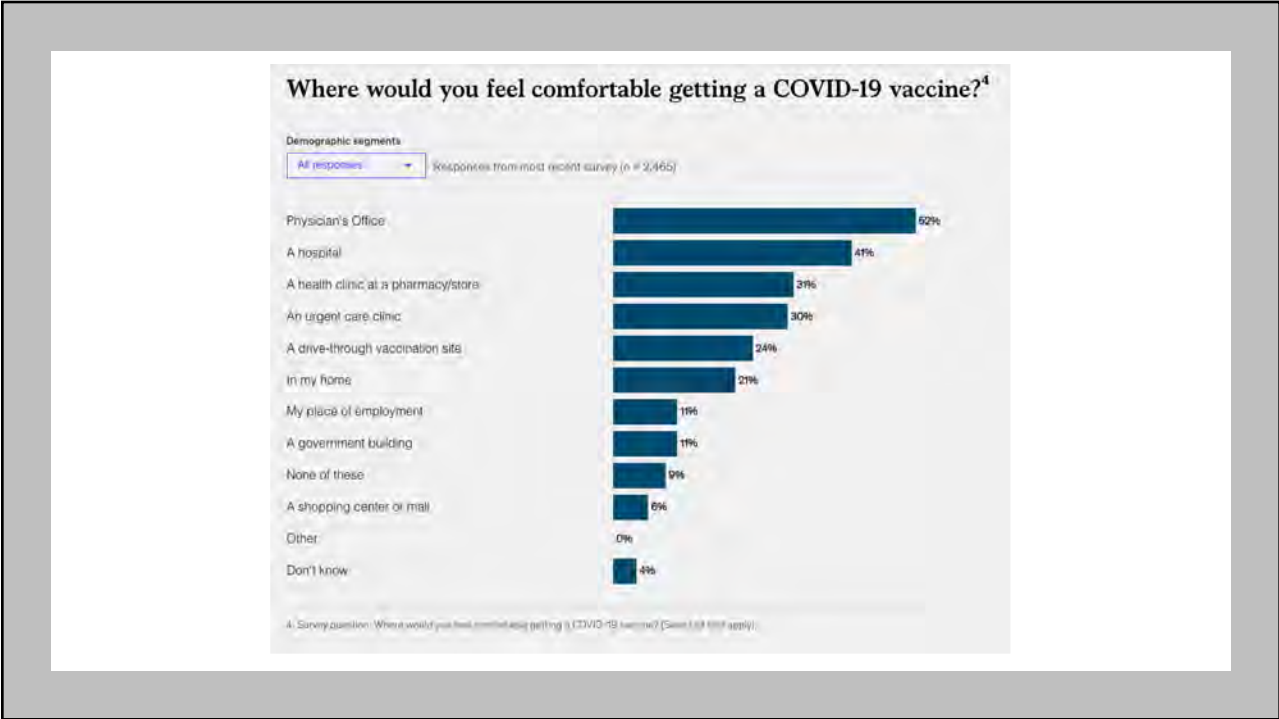
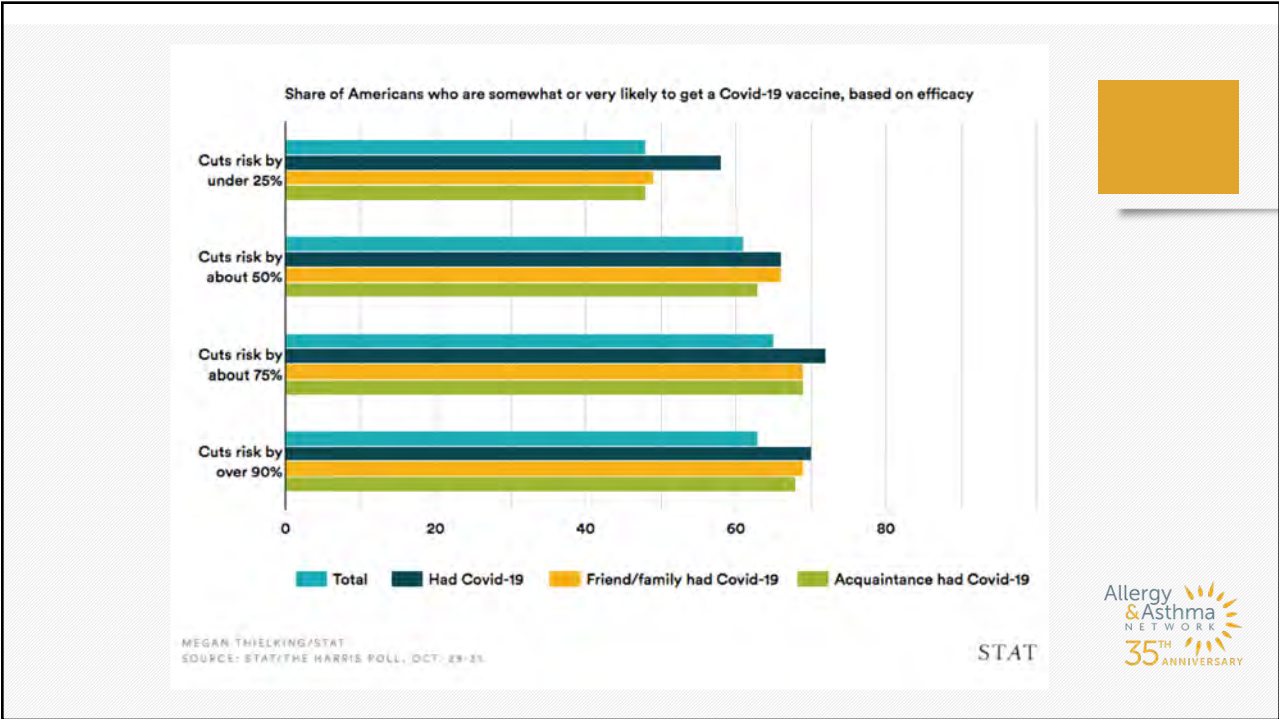
Of greatest concern to both physicians and the general population alike are fears of the vaccine’s safety, given its rapid development.

Despite a general “community immunity” achieved by high vaccination rates, even higher compliance is necessary among communities with individuals with higher disease risks.

Likely to Get Vaccine

6 in 10

- Americans are somewhat or very likely to get a COVID-19 vaccine if it will reduce their risk of becoming infected by about half
- More likely to get the vaccine, practice social distancing & wear a mask if they or someone they know contracted COVID-19



Social Media Role

As access to technology has improved, social media has attained global penetrance

Individuals can quickly share content globally without content editorial oversight

Considerable public health concerns are raised by anti-vaccination messaging on such platforms

Feeds vaccine hesitancy, including the compromise of public confidence in vaccine development



Reports of Allergic Reactions in the UK

Media reports that health officials in the UK have advised people with a history of significant allergic reactions not be given the Pfizer/BioNTech vaccine

- 2 National Health Service workers with a history of anaphylaxis reported an anaphylactic reaction to the vaccine

You cannot become allergic to a virus

- Viruses commonly cause allergy type symptoms - they can irritate the immune system in a way that mimics allergic reactions
- Cause inflammation and MIMIC an allergic reaction



Education is Key

We need to educate patients

- Where to find evidence-based information
- Provide them with accurate vaccine information so they can make an informed choice



Education = Empowerment



COVID-19 & Health Inequities

Dr. Leroy Graham

Racial Disparities in COVID-19 Pandemic

Race	Share of Population	Share of Deaths	Share of Cases
White (non-Hispanic)	61.1%	51.1%	44.5%
Black	12.3%	21.1%	18.7%
Hispanic	17.8%	21.1%	28.8%
Asian	5.4%	3.7%	2.8%
Native American	0.7%	0.9%	1.2%



Covid-19 Tracking project, NPR 9/23

The Need for Health Equity

The Path to Achieving Health Equity

What social and economic factors must be addressed on the continued path to achieving Health Equity?

HEALTH is affected by

- Discrimination/Minority Stressors
- Food Security and access to healthy foods
- Stable Income & Job Security
- Environmental Quality
- Neighborhood Conditions
- Quality Affordable Healthcare
- Educational Opportunities
- Housing

Health Equity aims to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

The Health Equity Institute
<http://healthequity.sfsu.edu>
 1600 Holloway Avenue, HSS 359
 San Francisco, CA 94132
 P: 415-405-2540

HEALTH EQUITY INSTITUTE
for Research, Practice & Policy

SAN FRANCISCO STATE UNIVERSITY

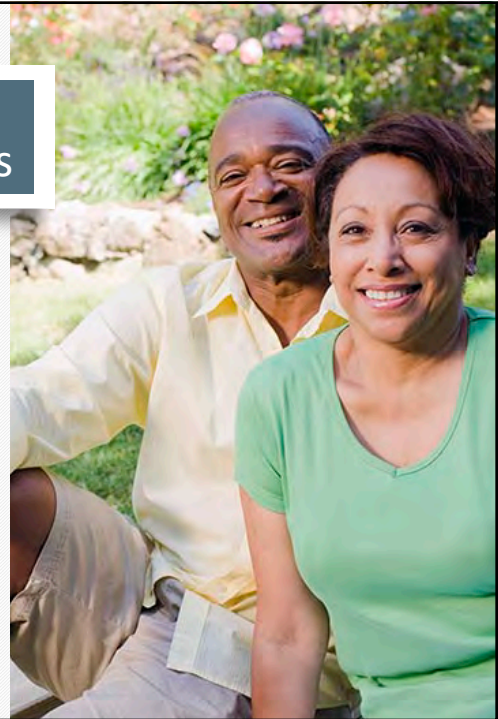
Find us on:



The impact of chronic disease and other factors on COVID-19 outcomes

Several factors and chronic diseases have been shown to be associated with severe and fatal COVID-19 infections to include:

- Adults age 65 and over
 - Lower immune function (reduced ability to effectively fight infections) and increased inflammatory response causing increased organ damage (heart, lungs, kidneys)
 - Complicating pre-existing conditions (heart, kidney or lung conditons) often made worse by a serious infection such as COVID-19
 - Lung function decreases with age often making older adults unable to breath without a high levels of oxygen and/or a ventilator due to a pneumonia as produced by Covid-19



The impact of chronic disease and other factors on Covid-19 outcomes

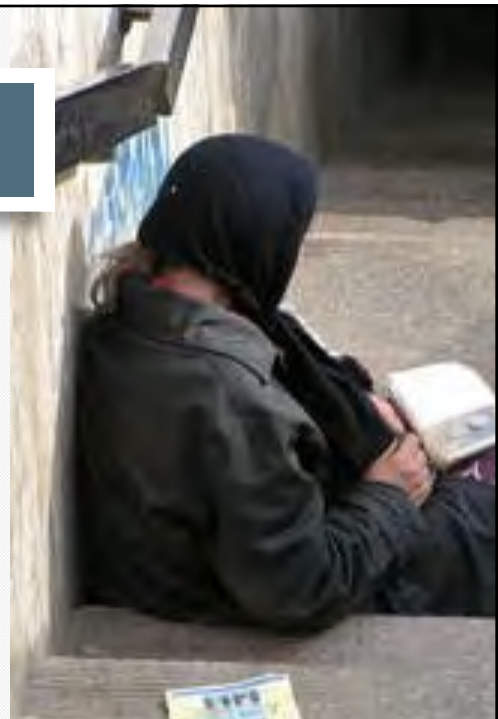
Low Socioeconomic Status (SES) and Poverty

Substandard and often overcrowded housing with increased harmful environmental exposures, limited ability to socially distance and increased risk of COVID infection

Reliance on often overcrowded public transportation with increased infection risk

More likely to be essential workers in public facing service and retail industries

More likely to have inadequate or no health insurance complicated by limitations in coverage and attempts to rescind or weaken the Affordable Care Act (ACA) in current political climate



The impact of chronic disease and other factors on COVID-19 outcomes



Weakened Immune Systems

- Individuals undergoing chemotherapy for cancer or other chronic diseases
- Individuals with primary immunodeficiencies (weakened immune systems) to include HIV/AIDS or other conditions
- Individuals undergoing cancer chemotherapy
- Those who have received organ transplants who may require medications that reduce the effectiveness of their immune systems to fight infections.



The impact of chronic disease and other factors on COVID-19 outcomes



- Poorly controlled Chronic Lung Disease to include Asthma and COPD as reduced lung function increases the chance for respiratory failure due to COVID infection
- Poorly controlled heart disease or poorly controlled hypertension as the severe lung infection and secondary infection may result in heart failure and a three-fold increased risk of death
- Poorly controlled Diabetes as this has been associated with a three-fold increase in death
- Obesity as a factor associated with poorly controlled chronic diseases and a possible “blunting” or limitation of of the body’s response to severe infection



The impact of chronic disease and other factors on COVID-19 outcomes

- Certain neurological conditions to include:

- Multiple Sclerosis
- Parkinson's Disease
- Motor Neuron Disease
- Myasthenia Gravis
- Recent CVA (stroke)

These conditions are often associated with weakened muscles that support breathing, swallowing or clearing of secretions complicating the lung infection caused by COVID. Also many of these diseases are treated with anti-inflammatory medications that may weaken the body's response to infection



Pandemic Stress

>60%

- Americans experiencing mental health concerns given longevity of pandemic stress

1.5X

- Females & Communities of Color are 1.5X more likely than males/whites to be concerned about household responsibilities

5X

- Parents are 5X more concerned about career impact & family household responsibilities than non parent employees



Practical Challenges

- These factors that can lead to asthma disparities also can lead to disparities in vaccination of communities
- We need to improve access to the vaccine

FACTORS THAT CAN LEAD TO ASTHMA DISPARITIES



• **ACCESS TO CARE** – Limited or lack of transportation can result in patients missing or rescheduling doctor appointments and forgoing or delaying medication use.



• **INCOME** – Poverty can affect access to healthcare and health insurance, forcing low-income patients to skimp on medical care, including preventive medications.



• **ENVIRONMENTAL ALLERGENS AND IRRITANTS** – People with asthma who live in urban areas with substandard housing are exposed to more asthma triggers, including mold, dust mites, cockroaches and mice, cigarette smoke and vehicular exhaust from nearby highways.



• **EDUCATION INEQUALITY** – A lack of knowledge and understanding of the disease can lead to problems such as using asthma inhalers incorrectly or not following through on treatment.



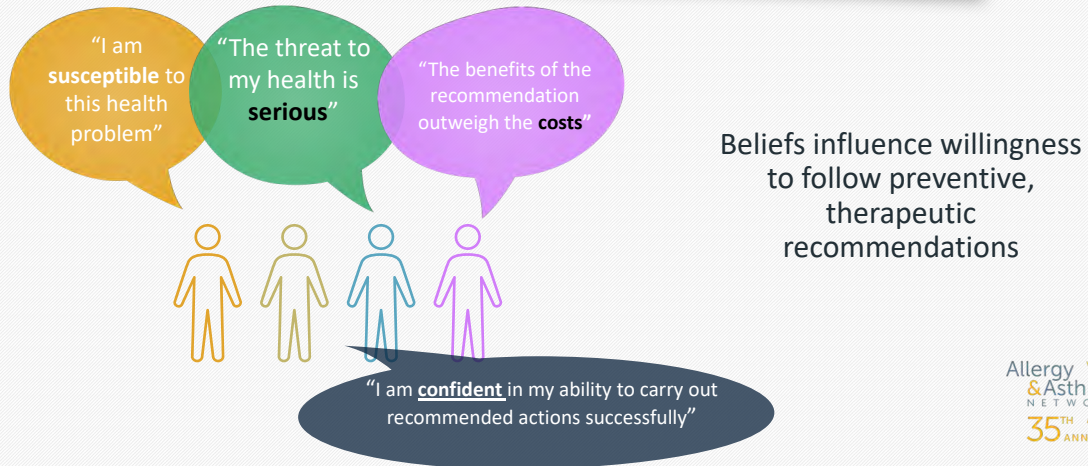
• **LANGUAGE AND CULTURAL DIFFERENCES** – People with asthma who speak Spanish as a primary language may struggle to get appropriate health services.

What Can Be DONE Now?

- Access to COVID Testing coupled to efficient and expedient result reporting and contact tracing
- Screen for comorbidities and risk factors associated with excessive COVID morbidity and mortality
 - Cardiovascular Disease/Hypertension
 - Lung Disease (Asthma/COPD/ILD)
 - Diabetes
 - Obesity
 - Older Age
 - ? Medications
- Assisted Utilization of Validated Self Assessment Tools
- Enhanced Functional Health Literacy in the context of COVID-19



Health Belief Model



Vaccine Hesitancy

- If offered a coronavirus vaccine free of charge, **fewer than half of Black people** and **66 percent of Latino people** said they would definitely or probably take it, according to a survey-based study that underscores the challenge of getting vaccines to communities hit hard by the pandemic



Black Americans: High Level of Distrust in Government

Not participating in large numbers in COVID-19 clinical trials

Most hesitant group to get a vaccine once one is available

- Skepticism is rising
- Blacks 2 ½ times more likely to contract COVID-19
- 5 times more likely to die



National Medical Association

- Represents African American physicians and patients
- Has established a task force to review the findings of vaccine trials "to help provide a bridge of communications to the Black community"
- Dr. Leon McDougle – President of NMA – he will get vaccinated himself when the task force signs off
- Said vaccine developers have generally supported efforts to diversify their trial participants.
- But they could be doing more to build long-term relationships in communities of color.



We have work to do!

Need to vaccinate a large share of US population to establish national immunity to COVID-19

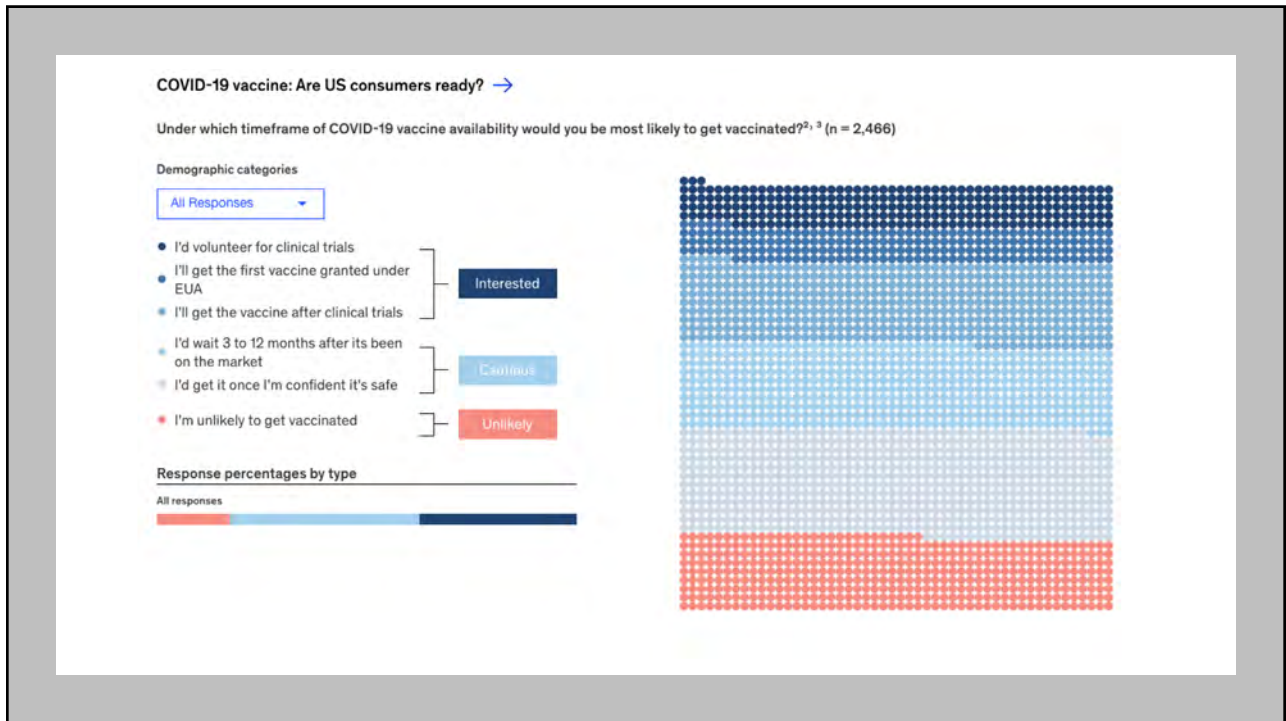
Challenges: Trust – Vaccine uptake

It will take all of us!



Who's Taking the Vaccine?

Tonya Winders



Testing Fears = Vaccine Fears

74 %

- Americans who believed they needed a coronavirus test chose not to get one or delayed getting one
- Many of those respondents saying they were concerned they might become infected with the virus in the process

60%

- Have delayed in-person care for medical issues
- 53% say they delayed it out of fear of COVID-19 exposure
- 33% plan to only resume routine care after vaccine widely available

“With a vaccine likely not making its way to the general public until spring at the earliest, the healthcare community needs to do a better job of helping Americans get back to routine care now,”
“Early diagnosis can save lives and putting off preventative care and chronic disease treatment could make the difference between life and death. Chronic diseases take a toll on the body each day. Delays in diagnosis and treatment will cause, for many people, irreversible damage, require more aggressive and less effective treatments, and contribute to a higher death rate. As Benjamin Franklin advised, 'An ounce of prevention is worth a pound of cure.'”



- Harvey W. Kaufman, MD

Senior medical director, Head of the Health Trends Research Program for Quest



3 Former Presidents are Taking the Vaccine



- **Bill Clinton**
- **George W. Bush**
- **Barack Obama:**

Yes No

- “I will be taking it, and I may take it on TV or have it filmed so people know that I trust this science,” Obama said in an interview on SiriusXM radio. “If Anthony Fauci tells me this vaccine is safe and can immunize you from getting COVID, absolutely I’ll take it.”



Director of the National Institute of Allergy & Infectious Diseases

Dr. Anthony Fauci:

- If the new coronavirus vaccine developed by Pfizer is approved by the FDA, Anthony Fauci, MD, the director of the National Institute of Allergy and Infectious Diseases, said he will take it.
- Fauci added that he trusts Pfizer and the FDA and has confidence in the vaccine's approval.
- "I'm going to look at the data," he told MSNBC on Tuesday. "But I trust Pfizer. I trust the FDA."

Yes No



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Pastor, Musician, Marriage Masterpeace, Inc.

Montell Jordan:

- I am still researching the pros and cons of taking the vaccine.
- Conflicting messaging regarding the success % (Pfizer announced 90%+ and then said there was an error and it was actually around 60%) is an issue
- Politicizing the vaccine as a Republican or Democratic "rescue" rather than a *human response* is a challenge for me.
- Past undisclosed and unfair experimentation on people of color (Tuskegee Experiment) has me concerned over transparency.
- I would be more open to a world approved vaccine opposed to an "American" created vaccine, based on racial concerns within our nation. I have trust issues.
- Government has not suggested that scientists have created the vaccine, but have ascribed credit to pharmaceutical organizations for creating the vaccine. I trust science more than the corporations... and if those factions can't agree (Pharma and Science) I can't agree to receive a vaccine the medical world hasn't come to agreement on. My "no" is not a "forever no," but this is my current stance

Yes No



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Immediate Past President – American College of Allergy, Asthma & Immunology

■ Dr. J. Allen Meadows:

- Yes, I will 100% get the immunization. The whole thought that this was "rushed to market" is false. The government "red tape" was shortened.
- Even assuming theoretical risk, I much rather take my chance with the immunization than with COVID
- I hope to get the RNA vaccine *because* it integrates into your genetic info in hopes that it will last longer. Unfortunately, I've been told I will not make the first cut of doctors to get the immunization since I am not hospital based. I am also concerned I will be required to wait hours in a COVID infested waiting room at the local health department to be immunized.

Yes No



Medical Director, Office of Equity & Diversity Children's Mercy Kansas City

Yes No



■ Dr. Bridgette Jones:

- Yes, I will get the vaccine because as a mother, wife, and daughter I owe it to myself and those I care about to protect myself if I can.
- I also owe it to my community and my patients to decrease my risk of getting the virus and spreading it to others.
- Finally, as a physician scientist who has worked along side those at the NIH and FDA, I trust the expertise and wisdom of the very dedicated staff within those agencies. I also have trust in the rigorous processes within those agencies which have been refined over to time to provide equity in how science is conducted and applied.



Physicians

Purvi Parikh – Allergist/Immunologist

Yes No

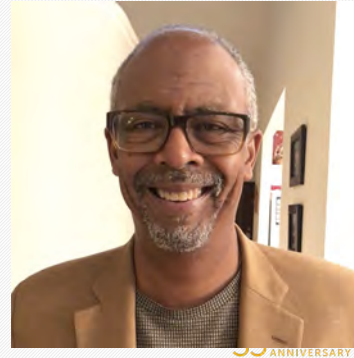
- Enrolled my parents in the Moderna trial
- Wouldn't send my loved one for something I didn't feel was safe
- Plan to take it myself



Dr. LeRoy Graham – NOML Program:

Yes No

Higher risk due to age
Comorbid conditions (hypertension, mechanical aortic valve)
Exercise, take care of myself & plan to take the vaccine.



Patient and Family

Wayne Nelson – Musician – Little River Band

Yes No Yes No

- I will be taking the vaccine when it becomes available. I feel it's important for everyone to do so in an effort to slow the spread of the virus.
- But I also feel it's important for me to take the vaccine in order to reduce the risk of somehow passing it on to Rhonda. I travel a lot and am exposed to many people in many states. Rhonda's AERD makes it imperative for both of us to do all we can to keep her virus-free.



Rhonda Nelson – AERD Patient

- I have thought long and hard about taking a COVID vaccine should it become available to me. Currently I am of the thought that I will not take the vaccine until there is more data to show how a COVID vaccine might interact with a biologic medication.
- I've now been on a biologic medication for approximately 4 months with really good results.

Allergy & Asthma Network

■ **Tonya Winders – President & CEO:**

- As a mom & a patient advocate in respiratory, I believe taking the vaccine will keep my family & my community safe.
- This is one small step I can take to stop the spread & protect the people I care about.

Yes No



Poll Question

- **Are YOU planning to get the vaccine when it's available for you?**



Questions?

*Please record your questions in the Question box on your
webinar control panel*

We will address as many questions as we can

Join us on **Thursday, January 7th** for the 19th webinar in
our COVID-19 Webinar Series -



COVID-19 in 2021: Ringing in Expectations for the New Year



COVID-19 Vaccine – Treatment, Trust & Health Inequities

Thank you for listening!
Get guidelines-based information at
allergyasthmanetwork.org