

Gabriel Maisonnave: When you live in a minute so i'm in Tennessee doesn't put that on the interpretation you'll hear ellingworth a funny oh.

Gabriel Maisonnave: No dogs young and be well.

Molly Davis: Good afternoon, everybody Thank you so much for joining us today i'm molly Davis wf DVDs assistant general manager.

Molly Davis: welcome you to the fourth installment of our series of virtual Community conversations today's topic what you need to know about coven 19 vaccines, we know this is a subject on a lot of people's minds.

Molly Davis: And we are really, really happy to have some wonderful experts here who can tackle some of your questions.

Molly Davis: These events have been so important to us, especially during the pandemic for helping us maintain.

Molly Davis: and engagement with you our listeners and our Community, we are so appreciative to you for being here, your support and your engagement makes all of this possible.

Molly Davis: We also want to be sure that we say a big thank you to our sponsors of this event, we are so appreciative of you for supporting us in this endeavor.

Molly Davis: Thank you, you too great outdoor provision company the Hispanic league brokerage retirement community and even concepts employee benefits Thank you so much for supporting this.

Molly Davis: Now I want to turn it over to wf DVDs assistant news director bethany Jason is going to lead us through this conversation Thank you so much bethany.

Bethany Chafin: Thanks for those remarks molly and I just want to say i'm so happy to be with you all who are tuning in and i'm happy to also have an opportunity to introduce our panelists who are with us today.

Bethany Chafin: First, we have Dr mandy Cohen, she is a secretary of the north Carolina Department of Health and human services.

Bethany Chafin: She was appointed to this role in January of 2017 by governor Roy Cooper and you have likely seen and heard a lot from her over the past year or so.

Bethany Chafin: because she and her team have been expertly guiding the state throughout this pandemic are so happy to have her with us.

Bethany Chafin: Also, from nc dhhs we're happy to have Dr Michelle logs who serves as assistant director for consumer support services and Community stakeholder engagement.

Bethany Chafin: For the division of mental health and developmental disabilities and substance abuse services, Dr laws is also dhhs historically marginalized populations covert response team lead.

Bethany Chafin: She has a long history of working to improve health outcomes and eliminate health disparities are so happy she's with us.

Bethany Chafin: We also have Dr Julia van and she is the Guilford county public health director she's been with the department, since early 2019.

Bethany Chafin: and Dr vans expertise has helped expand services in areas such as communicable disease.

Bethany Chafin: Refugee health and she has certainly helped to facilitate extensive Community partnerships throughout her work, thank you for being with us.

Bethany Chafin: And we also have Wake Forest Baptist health infectious disease expert Dr. Christopher Old. Dr. Old has a career's worth of experience.

Bethany Chafin: In planning for and responding to emerging infections he's a member of Wake Forest Baptist Telescope Task Force.

Bethany Chafin: And he serves as an advisor on COVID-19 for various local government entities and businesses, so thank you to our wonderful panel.

Bethany Chafin: We're so happy to have you here with us and have this conversation, so we appreciate it and I'd like to begin with this question and I'm going to first address it to Dr. Cohen.

Bethany Chafin: Lately we've seen that North Carolina's COVID-19 numbers have been trending downward which is great news.

Bethany Chafin: Do we know exactly what we might be able to attribute this to wondering, perhaps, is this that we've simply gotten past a holiday surge or is this perhaps you know that maybe we're beginning to see the very early stages of the impact of a vaccine rollout.

Dr. Mandy Cohen: Well, first Thank you so much for having me and my.

Dr. Mandy Cohen: Team Member Dr. Michelle Law with me today and, while others have this really important conversation, and we are pleased to see our trends heading in the right direction, but I would caution us.

Dr. Mandy Cohen: Because those numbers are still pretty high, I think we almost get a little desensitized because it's been such a long year of high numbers of COVID-19 cases.

Dr. Mandy Cohen: Where we're seeing them trend down we're seeing our hospitalizations trend down, which is a great thing.

Dr. Mandy Cohen: You know, in North Carolina through this whole year we never overwhelmed our healthcare system, which is a really remarkable achievement considering what we saw in states, even just next door to us.

Dr. Mandy Cohen: When we would get calls to say send us ventilators we never needed to do anything like that in North Carolina it's great.

Dr. Mandy Cohen: Now I do think we saw a spike at the beginning of January that was our highest peak of the whole pandemic after the holidays, as you mentioned.

Dr. Mandy Cohen: And I do think we're coming down after that that point in time, with the holidays and all of that travel and getting together really does matter.

Dr. Mandy Cohen: So the three W's are as important as ever, I do think that by us, focusing our vaccine efforts on those who are over the age of 65 that is starting to help from a perspective of the impact of who could.

Dr. Mandy Cohen: Die from COVID-19 it's exactly why we started with those over 65 people over 65 actually represent 83% of the deaths from COVID-19 in North Carolina 83% are over the age of 65 that's where vaccinating right now.

Dr. Mandy Cohen: Unfortunately back deaths is a what's called a lagging indicator and actually

takes a really long time for us to see.

Dr. Mandy Cohen: Some of the actions were taking really show up in lower death rates so actually in the last few weeks we've seen some of our highest death rates and I think that's a.

Dr. Mandy Cohen: holdover from what we were seeing over the holidays so i'm hopeful, as we get more into February and certainly into March I think that's when we'll first start to see the impact of our vaccine efforts wonderful Thank you so much.

Bethany Chafin: I know a lot of people are closely watching waiting for their group to come up especially group three a lot of people are anticipating that i'm wondering, you know what needs to happen before we move on, so vaccinating the next group of individuals in North Carolina.

Dr. Mandy Cohen: yeah great question so again as a reminder of who are vaccinating right now we're vaccinating all healthcare workers.

Dr. Mandy Cohen: All folks who are living in nursing homes or other long term care facilities, as well as if you work in those facilities our vaccinating those who are 65 and older.

Dr. Mandy Cohen: Next up our frontline essential workers, those are folks that have to leave their home to go to work and are in some particular industries.

Dr. Mandy Cohen: Our teachers our firefighters are police officers are clergy that's who are coming up next in the next group.

Dr. Mandy Cohen: But we still have a high demand from those who are over 65.

Dr. Mandy Cohen: But we're watching it Dave Dave day to day and we're seeing other states are now moving on to some of their frontline essential workers so i'm hopeful within the next couple of weeks.

Dr. Mandy Cohen: That will be able to move there as well, it doesn't mean will stop vaccinating those who are 65 and up, but just open it so that more books can get access to vaccine.

Bethany Chafin: Right Thank you so much, I actually have a question from a listener named Elizabeth.

Bethany Chafin: she's asking why individuals with intellectual and developmental disabilities, as well as additional risks, like her, adult son um who has down syndrome.

Bethany Chafin: might be so low or farther down on the vaccine list, and I, we can open that up to anyone, but Dr Cohen, if you have any comments on that we could start with you.

Dr. Mandy Cohen: Sure, well, as I mentioned, the reason we started with those who are 65 and up.

Dr. Mandy Cohen: And those in our nursing homes is that's where we are seeing those who are the highest risk of death, I already mentioned 83% of our deaths, unfortunately, come from that segment of the population, so that's why we started with 65 and now.

Dr. Mandy Cohen: The next group, as I mentioned, are those frontline essential workers it's just a few industries that really can't stay home and are so critical to keeping our.

Dr. Mandy Cohen: Our worlds running of our kids in school, our streets safe and so those are the folks who are our next and then folks with those chronic diseases are right next, and so you know it's really hard.

Dr. Mandy Cohen: to prioritize this this precious and scarce resource and you know i'd love to be able to get vaccine to everyone, all at once, and in fact our vaccine providers are able to administer way more vaccines, then we have.

Dr. Mandy Cohen: they're probably able to to administer three times as many vaccines, as what we get from the Federal Government, so our limitation at this point.

Dr. Mandy Cohen: is not on the operations it's really just on the supply of vaccines it's really, really limited that's so hard and I know it's really frustrating.

Dr. Mandy Cohen: For folks so what you know what i'd say is we're we are advocating every day to the federal government send us Gore, we are ready, we can take on more vaccine.

Dr. Mandy Cohen: And so you know we're going to try to move quickly through our frontline essential workers and that's what we will get to those with.

Dr. Mandy Cohen: Some of those chronic diseases that also put them at higher risk before we're able to get to sort of the general population folks wonderful.

Dr. Michelle Laws: Man Dr Cohen, we are capturing some of the ID populations right So what about the idd populations in group homes, and I see it.

Dr. Michelle Laws: eligible homes, they are in group one as long term care facilities and then we're also capturing some of the idd intellectually.

Dr. Michelle Laws: developmentally disabled populations in the shared housing, with two or more individuals receiving https it's also considered.

Dr. Michelle Laws: ltc long term care and eligible and group one as well, and then we, we know that we're capturing a large percentage or a significant percentage of our idd population in it in group to in the 65 and older so it's not like we're not.

Dr. Michelle Laws: vaccinating that population at all thank you so much, and.

Bethany Chafin: I do want to apologize, I believe that question came from Deborah rather than Elizabeth Thank you Deborah for sending us that.

Bethany Chafin: i'd like to ask you all about something that i've been very curious about and this process, you know we hear a lot about the protection that a vaccine can provide in terms of.

Bethany Chafin: You know symptoms and disease and avoiding hospitalization and death, hopefully, what do we know at this point about how a vaccine could affect transmission rates for Cobra at 19 and I can open that up to anyone, but maybe we could start with Dr old perhaps.

Dr. Christopher Ohl: Well, it gets that that question that keeps coming up about herd immunity and how much herd immunity, we need and depending who you talk to, and when you talk to him, you get a different number.

Dr. Christopher Ohl: So you need a certain amount of the population to to become immune.

Dr. Christopher Ohl: To protect the whole entire population as a whole and the number of being bantering about right now for coven was the considerations of new variances around 80 to 85% so that's a lot of people, however, if you think of it as like a virus going on a mud run.

Dr. Christopher Ohl: And the thicker the mud is, the harder it is for that virus to get through it and the more people who get vaccinated the thick of the mugs can get to a point where it reaches almost the tipping point so so The short answer is it's too early now.

Dr. Christopher Ohl: But I think somewhere around when we get up into March and April has vaccinations really get ramped up.

Dr. Christopher Ohl: And we start getting people who are out on the front lines more who are involved a little bit more in transmission, we might see an effect, so I agree with Dr Cohen, the drop in numbers right now that we're saying is is not a result of vaccine.

Dr. Christopher Ohl: yeah, and so they have to hang in there, a couple three more months for that.

Bethany Chafin: Thank you so much, I do want to remind those of you who are viewing this conversation, if you do want to ask a question, you can use the Q amp a.

Dr. Christopher Ohl: function into.

Bethany Chafin: That works, a little bit better than the chat function, so we appreciate you sending us what you want to know so i'm going to address another question to Dr Cohen her time with us is a little bit more limited today.

Bethany Chafin: But I wanted to ask you know a lot of our listeners leading up to this event, have been.

Bethany Chafin: sending us scenarios, you know they're saying talking about varying levels of of you know, those who have received vaccine within their family say grandparents now have been vaccinated with both doses, but.

Bethany Chafin: You know, parents have not and grandchildren have not and they're wondering what it is safe to do now so i'm wondering how do we navigate.

Bethany Chafin: The next months when you know different people in our population are going to all be at a different place as far as whether they have been vaccinated or not.

Dr. Mandy Cohen: yeah what a great question and I know many families are going through this right now, as it should be grandparents are getting vaccinated.

Dr. Mandy Cohen: i'm so grateful for that, because they are at the highest risk and as of right now there are no vaccines that are authorized for any children under the age of 16.

Dr. Mandy Cohen: We know that they're doing ongoing clinical trial, so that that will be some time to come.

Dr. Mandy Cohen: So it is going to be are going to be in this period of time where they're going to be some folks who are vaccinated.

Dr. Mandy Cohen: And some that aren't so our recommendation is for folks to continue with the three w's right the wearing of face covering waiting six feet apart washing hands.

Dr. Mandy Cohen: And the reason is a couple of you know, one is that that the vaccines are not perfect, we know this, even with 95% which is way.

Dr. Mandy Cohen: More effective and then I will say I even thought we could get to with a vaccine which is fantastic.

Dr. Mandy Cohen: That means that they're still not perfect and you still can get get coven and we do want to protect each other, particularly as we're trying to get to.

Dr. Mandy Cohen: That Dr wallach mentioned that that herd immunity, or whatever that higher level of vaccination is here in North Carolina.

Dr. Mandy Cohen: I think you're going to see a stick with the three w's particularly third through the the next winter months and into the spring.

Dr. Mandy Cohen: So that we can protect each other, because there is still way too much virus here in North Carolina and not enough people who are in.

Dr. Mandy Cohen: immunized at this point, so the three w's are going to be with us those mastery with you and making sure that we're following those protocols.

Dr. Mandy Cohen: In terms of protecting each other it's going to be something we're going to be doing for for a number of months now, I hope we will be able to lighten up on on some of those as we get into the summer and we understand things even more, however.

Dr. Mandy Cohen: I would caution everyone to say that we are still learning about this virus, every day we know this virus is changing, that there are some variance in the virus which may.

Dr. Mandy Cohen: have different impacts may make that virus more contagious could make you sicker if you get it, those that kind of things we're still learning so it's important to keep checking back for good information.

Dr. Mandy Cohen: back to our department back to the the scientists that are advising us on as we go through there because things are going to change as we learn more, as we have this whole year through responding to this pandemic.

Bethany Chafin: Thank you, well, we have a representative from both the state and the county level, we have paid who's asking is supply being distributed and even way.

Bethany Chafin: between different States and is North Carolina getting its fair share from the Federal Government, so I wonder, Dr Cohen, if you could start with that and then Dr van maybe if you could talk about allocations, as far as Guilford county goes and what you've been seeing.

Dr. Mandy Cohen: Sure i'll start with how we at the state get our vaccine from the Federal Government, the Federal Government allocates to the state based strictly on population.

Dr. Mandy Cohen: So we do feel like we're getting our fair share but, again, the supply is incredibly limited there are not enough vaccines to go around.

Dr. Mandy Cohen: But we are getting our fair share in North Carolina and then we at the state level we tell the federal government where to ship those vaccines and the way we are doing it is basically to say.

Dr. Mandy Cohen: We are doing similar what the Federal Government is doing we're just looking at population of the county.

Dr. Mandy Cohen: And then we are distributing and based on the population of the county we are giving slightly more vaccine to counties that have a higher proportion.

Dr. Mandy Cohen: Of those who are over 65 right because that's who we're vaccinating right now and a higher proportion of serving.

Dr. Mandy Cohen: Historically marginalized communities, the our African American Communities Hispanic latinx American Indian because we already know we are behind in terms of vaccinating our African American population has been.

Dr. Mandy Cohen: So we need to make improvements, there are data.

Dr. Mandy Cohen: is now very clear on on our dashboard down to the county level, we are not doing as well, and we have a lot of work to do to make sure we are equitably distributing this vaccine.

Dr. Mandy Cohen: To our underserved population, so we are giving more vaccine to counties with larger African American populations larger Hispanic populations, but largely it is based on population and then we do support some of.

Dr. Mandy Cohen: Additional events and I bet they'll talk about that in the greensboro area that are really reaching our underserved communities, so when we see those kinds of events, we want to support them at the state level.

Dr. Mandy Cohen: Though I will say it's really hard to support all of their fantastic events all over the state, we wish we could support if we had more vaccine.

Dr. Mandy Cohen: is just really hard right now, because we just don't have enough but that's how we are doing it it's largely population.

Dr. Mandy Cohen: A little bit focused on how many folks over 65 how many folks in underserved communities are you supporting in the county and making sure we're really thinking about our underserved communities, thank you.

Dr. Iulia Vann: Dr pan yes sure, and I can pick it up from from here to talk a little bit about the the county distribution so just like Dr Cohen mentioned, we are getting good weekly allocation, based on the population.

Dr. Iulia Vann: guilford county is the third largest county in North Carolina so that allocation is proportionate to our population.

Dr. Iulia Vann: We also receive an equitable distribution of the doses based on those criteria did Secretary Cohen mentioned.

Dr. Iulia Vann: Because we do have a higher number of people living in guilford county that are 65 and older and then we also have.

Dr. Iulia Vann: A larger population of historically marginalized populations.

Dr. Iulia Vann: The week before we've also received close to 5000 additional doses for our large scale vaccination process, especially the one at the Coliseum to greensboro Coliseum.

Dr. Iulia Vann: That we're running in partnership with cones that we were able to between the two of us between Cohen, health and guilford county.

Dr. Iulia Vann: We were able to distribute more than 10,000 doses, the week prior, but we also know that there are several other places in the state that need additional doses, so we know that these additional allocations will be.

Dr. Iulia Vann: rotated through the to the state for that equitable approach within our own department, because we do know that we need to be equitable and because we need to.

Dr. Iulia Vann: reach our historically marginalized populations from the very beginning we've started having a very intentional approaching the weighted we're.

Dr. Iulia Vann: scheduling those doses into waited we're making the appointments and the vaccine available to those communities, so we know the distribution to demographic distribution of our county and those demographics.

Dr. Iulia Vann: And we said from the very beginning, did at least 35% of those appointments will be made for our black and brown communities like next communities in refugee communities.

Dr. Iulia Vann: And we have been extremely intentional and focused on that and I think that, through

that effort, working with our faith based community our other Community based organizations, we were able to.

Dr. Iulia Vann: reach some of those goals in the the week said, we have been looking into transit we have with last week, having approximately 37.7% of our appointments in those marginalized community.

Dr. Iulia Vann: That we have across Guilford County so we're continuing to do this work, and we are continuing to prioritize some of those appointments to make sure that we're intentional intentional and equitable.

Bethany Chafin: Wonderful data loss, I wonder if you could pick up on this conversation and comment on, you know what we're hearing about the fact that we have some work to do to reach some of these historically marginalized communities and.

Bethany Chafin: You know what kind of outreach is being done at the state level as well, but also, you know what are you hearing what are some concerns what what is the the dialogue like right now.

Dr. Michelle Laws: Thank you, and I want to say it is an honor to be here with the panel isn't in this is my first time sharing a panel with my.

Dr. Michelle Laws: boss, Dr Cohen, so it is an honor to share this platform and and also want to recognize the work that we do through the historically marginalized population work group that the Secretary.

Dr. Michelle Laws: Really asked at the beginning of this pandemic that was set up, so that we could be intentional about how we were looking at Kovats impact on.

Dr. Michelle Laws: Historically marginalized populations is led by Deputy Secretary been money, who he along with myself and many others other members of that team.

Dr. Michelle Laws: spent quite a bit of time trying to engage historically marginalized populations that we identified.

Dr. Michelle Laws: By race and ethnicity so African American and black Hispanic and Latinx American Indian populations and also immigrant refugee populations and.

Dr. Michelle Laws: Our behavioral health populations as well, some of the things that we've been doing is having quite a you know a lot of listening sessions with these different stakeholder groups, the secretary participates in Roundtable discussions with specific hmp population subgroups within.

Dr. Michelle Laws: Our state and also, in addition to the listening sessions, really.

Dr. Michelle Laws: Allowing space and opportunities for people who are working in these communities Community based organizations faith based organizations.

Dr. Michelle Laws: To to let us know to alert us as to what's working and what's not, and so what we've heard some of the things that's not working is or that we haven't we didn't do.

Dr. Michelle Laws: A great job with on the front end and that was um you know we have to balance in terms of the vaccine see versus equity and it wasn't pitting it against each other, but it was really.

Dr. Michelle Laws: trying to get as many people vaccinated as we possibly could and at the same time recognizing after we saw the first distribution or go out that equity also needed to be built into that on the front end so we heard loud and clearly from stakeholder groups.

Dr. Michelle Laws: You know where we are now, is where we should have started and so that's some

of the things that we're hearing we're hearing that those that were greatest in you know, have the greatest impact and we're disproportionately impacted by.

Dr. Michelle Laws: It race and ethnicity, in terms of cases and in terms of fx should have sort of been baked in on the front end, along with the speed.

Dr. Michelle Laws: Well, as you can imagine um you know our goal was to get people vaccinated and to make sure that that we were hopefully that's what we sort of focused on.

Dr. Michelle Laws: hitting those populations, as we were focused on the speed factor and so that's one of the things we're hearing is that you know equity should have always driven and it's not like it didn't drive.

Dr. Michelle Laws: But we learned some lessons along the way, about how how we needed to be more intentional we're also hearing on the ground that Community based organizations and faith based organizations.

Dr. Michelle Laws: They need the resources they want to be partners they're raising their hands, there you know.

Dr. Michelle Laws: saying we want to be partners, we want to be vaccine sites, we want to be worked with our local health departments in our medical.

Dr. Michelle Laws: Facilities we we want to help you do this heavy lifting and get those underserved populations vaccinated but it takes resources and so we're hearing different barriers and challenges that we're working through and exploring and kind of thinking through.

Dr. Michelle Laws: What does equity look like, on the other side of the pandemic we're hearing that and and we knew this some of us, myself included, who who've worked in the.

Dr. Michelle Laws: Health disparities or equity space for a while um you know kind of we could we predicted what what was going to happen in terms of kovats impact, who it was gonna hit the hardest, we knew that people coming into this pandemic.

Dr. Michelle Laws: that were already in packed it disproportionately in terms of economic the economic impact in terms of access to.

Dr. Michelle Laws: You know those that fill in the medicaid gap, for example, so the uninsured so in terms of access, we knew that these populations rural populations.

Dr. Michelle Laws: So covert shined a light on the fault lines of our system or public health system or you know medical health system in rural communities and the like, and so we're also hearing how are you all going to address.

Dr. Michelle Laws: Those social determinants impacts and we all already are, with a lot of the work that we're doing through.

Dr. Michelle Laws: Insecure 360 through our Community health workers getting people connected to services in the like so Those are some of the things that that i'm hearing from the communities that we've been engaging.

Bethany Chafin: Thank you so much, I appreciate that we have just a few more minutes with Dr Cohen, so.

Bethany Chafin: i'd like to address this to you first and then we can open it up to our other panelists as well, but you know a lot of questions about the safety of the sex scene.

Bethany Chafin: And the fact that it uses, you know, Mr day it's kind of a new type of vaccine, as far as a public rollout and even though it's been researched, for a long time.

Bethany Chafin: You know, we don't have some of that long term data, and you know what can you tell individuals who have questions about they know that it's effective against coppa 19 but they're curious about some of the possible long term side effects.

Dr. Mandy Cohen: yeah I think those are great questions so a couple of things, one is that that science had a head start here, so I know vaccines were came to market.

Dr. Mandy Cohen: quickly and the fact that we have vaccines rolling out to more than a million people in North Carolina.

Dr. Mandy Cohen: With within a year of this pandemic started is really remarkable and the reason is because our scientists had been working on this kind of a platform and this kind of vaccine for many, many years.

Dr. Mandy Cohen: And had been working towards this point, which is great, and then we did many trials.

Dr. Mandy Cohen: Clinical trials and research to make sure that we understood how this vaccine would work and what would the side effects, be in the short term and the medium term and long term.

Dr. Mandy Cohen: And so those trials continue to go on for folks to understand what are the longer term impacts.

Dr. Mandy Cohen: Of the vaccine and the good thing that we are hearing is that we aren't seeing seeing serious side effects, and that is great to hear.

Dr. Mandy Cohen: folks are getting pain at the injection site they're feeling crummy like.

Dr. Mandy Cohen: For about 24 hours, so you do you know, there are some side effects, but they do seem to be very short term and like I said, the effectiveness of these vaccines is more than we actually thought being 95% of.

Dr. Mandy Cohen: Effective and i'd encourage folks to you know know that there are more vaccines that are coming to be approved by the Federal Government, and so we hope to have even more vaccines for folks to.

Dr. Mandy Cohen: be able to take because, again, because our supply is so limited right now.

Dr. Mandy Cohen: Having more vaccines out there will be great they get rigorously tested evaluated by scientists looked at all the side effects continue.

Dr. Mandy Cohen: To look at the the side effects as we go on, and now we have more than a million people in North Carolina who have gotten the vaccine.

Dr. Mandy Cohen: So you know we really have a quite a large large large number of people now who have experienced this vaccine so.

Dr. Mandy Cohen: encourage everyone to do their homework go to your spot your shop.nc.gov you have a lot of informed scientific information.

Dr. Mandy Cohen: As well as testimonials from a lot of different folks about their vaccine experience, and I think just getting good information is really what it's about there are a lot of places to do that particularly go to your spot your shot nc.gov for good information wonderful.

Bethany Chafin: Thank you so much for joining us Dr Cohen, we really appreciate your time, we know it's very precious these days so.

Dr. Mandy Cohen: Thank you for having me and Michelle do a great job for the second half here but Thank you everyone.

Bethany Chafin: Take care.

Bethany Chafin: doctor Oh, I wonder if you had anything to add to that in terms of again, you know the long term data, you know what's out there, or not out there, what are we hoping to learn in the future about em RNA vaccines like Pfizer and Moderna.

Dr. Christopher Ohl: So so Pfizer us and Moderna's vaccines are somewhat unique as far as the fact that in the world of licensure but they've been worked with and phase one and two trials for some time, so and those group of people, we have we have information that goes back more than a few years.

Dr. Christopher Ohl: Big you know this back so these vaccines actually were in development to be used for the flu, because every year, we have to change the flu vaccine right and and.

Dr. Christopher Ohl: A large amount of it we actually grow the virus and eggs which is like 1960s technology, and so what we were trying to do is get a bag of vaccine, where you could insert the genetic material that encodes the proteins that are antibodies frankly.

Dr. Christopher Ohl: And so they they have this vehicle, which was a lip editor a fat kind of emulsion and they were working with flu and then, when COVID came around I said well let's just pull out the flu and put in the COVID.

Dr. Christopher Ohl: material and that's how we got our vaccine out so quickly and so we've had some information about it.

Dr. Christopher Ohl: You know, as Dr Cohen, also said, I mean there's been over a million people in North Carolina who've who've had the vaccine I just pulled the stats up for today it's 32.3 million across the country.

Dr. Christopher Ohl: And all of these people are followed, so that if there's an adverse event to the vaccine we reported in something called veeers, which was the vaccine adverse event reporting system.

Dr. Christopher Ohl: And then that goes straight to the FDA the FDA keeps an eye on this, we can actually anyone who's an investigative ID Doc like me or.

Dr. Christopher Ohl: Could can interrogate that database and look to see what's going on that's how we learn that there was a small signal of of allergies.

Dr. Christopher Ohl: To the both messenger RNA of vaccines, but there and I am Pfizer's.

Dr. Christopher Ohl: But we know that, now that it's probably somewhere around one in 10 million people who have that allergic response because we've had so many people who've gotten the vaccine and we can watch them.

Dr. Christopher Ohl: So fortunately it didn't turn out to be a bigger problem, other than that we've seen no safety signals that imply that there might be long term adverse effects.

Dr. Christopher Ohl: And this is particularly important for pregnant women because it's a discussion that pregnant women should have with her obstetricians about whether or not to get vaccinated.

Dr. Christopher Ohl: And the American college of obstetrics and gynecologists says that from their point of view it's a safe vaccine for pregnancy.

Dr. Christopher Ohl: And that the benefit of being vaccinated to protect yourself against coven while pregnant out ways.

Dr. Christopher Ohl: any potential side effects that she might have and I happen to agree with that and we have registries now, so that when pregnant women get vaccinated their information is counted and Emily keep an eye on it so more evolving information, but it looks like all good news here.

Dr. Christopher Ohl: Wonderful Thank you so much.

Dr. Michelle Laws: And I mean i'm in the event that there are you know I often say just playing Google home down home folk who.

Dr. Michelle Laws: Who, who often challenge us to make our information on our dashboard whenever i'm presenting information from DHS.

Dr. Michelle Laws: You know, invariably i'll get someone that will say look, can you just break that tab for me so one of the things that I say to people i'm.

Dr. Michelle Laws: In among some of our CEOs and just communities and when they asked about the speak, because that was a concern, and particularly of the African American communities.

Dr. Michelle Laws: That and and and other historically marginalized populations, I don't know that was too fast for me.

Dr. Michelle Laws: i'm just stuck just want to you know piggyback on what Dr all set in terms of people working on it, I often tell them that it's not like the old days when you have.

Dr. Michelle Laws: A scientist that's that staying in the lab by him or herself, you know, day in and day out there working.

Dr. Michelle Laws: Think about it, I often say in this way, if someone came to me and i'll you always use myself as an example and they say that allows you can build a multi million dollar home um, but you have to use the money that's in your bank account.

Dr. Michelle Laws: It would take me at least a decade to build a multimillion dollar home if all I can use no loans, no extra help that and.

Dr. Michelle Laws: All the money that's in my it that I have in my savings or 401k or whatever right.

Dr. Michelle Laws: But if they come to me, and they say got the laws, you can build a multimillion dollar home and we're giving you that money, and if you run out why they're building it with i'll give you some more so that you can get your home up.

Dr. Michelle Laws: I could probably i'm from Chapel hill born and raised live here now still I could probably find a builder in Chapel hill who, if I said, money is not an object could build me a multimillion dollar hole quicker than.

Dr. Michelle Laws: than a decade for sure right, and so I tell people that this vaccine, not only did you already have people in the labs working on on on this, Mr a vaccine um but you also had.

Dr. Michelle Laws: The resources to pull together the best minds at the same time working on this vaccine and that's sort of what contributed, you need money you need lots and lots and lots of money to bring something.

Dr. Michelle Laws: to fruition the way in which we saw this and the other thing I want to say is is the fear, it was a real fear among African American women.

Dr. Michelle Laws: Given in particularly given the eugenics project in North Carolina and other states that this was some way and effort to cause them to become infertile.

Dr. Michelle Laws: And to create problems with them being able to have children in the future, and so i'm glad Dr old mentioned.

Dr. Michelle Laws: address the issue in terms of pregnant women because we've had to allay that concern, as we work to decrease hesitancy among our agency populations and their other beliefs and so forth yeah.

Bethany Chafin: Thank you so much, Dr last I appreciate it, Dr van i'd like to ask you, we have a question from James who says, are there any concerns about vaccine waste at back to the vaccination sites if so how is possible ways to being addressed.

Dr. Iulia Vann: Are there any vaccination.

Bethany Chafin: I think the question is, are there any concerns about wasting any doses, and at the end of the day, or the end of the week, even and, if so, you know how, how are we approaching that to make sure that we use as much of it as possible.

Dr. Iulia Vann: yeah absolutely, so I think that it's very clear to us that every single drop in every single dose of the vaccine is extremely important.

Dr. Iulia Vann: So the way that deplaning goes into effect, accounts for every single dose to be utilized.

Dr. Iulia Vann: At the beginning of the day, we have a very clear idea of how many people are coming through our vaccination clinics and we only bring on site those amount of doses.

Dr. Iulia Vann: So far we have not had we've had very limited number of people that have not showed up for their their vaccine so.

Dr. Iulia Vann: There have been almost no doses, did we have wasted from the allocation that we receive so we're spending a lot of time and effort and resources to make sure that the transport is.

Dr. Iulia Vann: up to standard did the storage is up to standard, as well as the number of appointments that we have one day in one day to expand all the doses, that we have there on site.

Bethany Chafin: Wonderful Thank you so much, and just a quick follow up you know now that a lot of individuals are scheduling their second appointments or having those scheduled for them.

Bethany Chafin: We did have a lot of questions about how closely people need to adhere to that schedule and from your side of things, I wonder if you could explain, you know what people need to know about getting that second dose.

Dr. Iulia Vann: yeah so absolutely first of all, the second dose is being scheduled when that individual is within our clinic so try to make it as simple as possible.

Dr. Iulia Vann: While they're sitting for their post vaccination observation we're having we have TEAM members that are helping with that second dose.

Dr. Iulia Vann: Appointment so when they leave the site they know exactly which data in which time that they need to come back to their set for their second dose.

Dr. Iulia Vann: We also make it very simple we're not moving our clinics around.

Dr. Iulia Vann: So if they received a dose in a specific location, they know that they're going to also come back for their second dose at that same location, without having to worry where is that vaccination clinic going to be.

Dr. Iulia Vann: Three weeks from now or four weeks from now just trying to have it as consistent as possible.

Dr. Iulia Vann: We also want to make sure that, even if we know that there has been some additional guidance from the CDC with some flexibility for those 21 or 28 days for the vaccine, we want our Community Members to be mindful of their second dose.

Dr. Iulia Vann: appointment and we would like, for them to be able to stay as closely as possible to that appointment date because it all goes back to that planning and that wasting kudos wasting because we want to only bring.

Dr. Iulia Vann: As many doses on site, as we need to for that particular day so we've had a few situations in which our Community members showed to our sites.

Dr. Iulia Vann: earlier than they were supposed to, and we did not have that dose on site for them, and we also receive both products Moderna and Pfizer so we want to make sure that we have the right dose for them out of the product that is being utilized.

Dr. Iulia Vann: At that time, we have made it very simple if anybody would want to reschedule or cancel their second dose because of various different reasons, they can call our.

Dr. Iulia Vann: line and they can make adjustments to that, depending on the timeframe that they're under based on the product to debut so they can call the 336-641-7944 number, and they can go through the.

Dr. Iulia Vann: automated process and choose option to to reschedule their appointment if they need to and they're still within those guidelines, one thing that question it's important to to clarify that.

Bethany Chafin: Well, thank you for your answer, you know Johnson and Johnson has now applied for emergency use authorization for their vaccine and i'm curious, and this can go out to all of you.

Bethany Chafin: And you know what does this rollout look like when we introduce a third vaccine into the mix and we have had a question from Charlotte who asks you know, in the future, will we get a choice in vaccine.

Bethany Chafin: Dr old start with you yeah let me.

Dr. Christopher Ohl: Take the choice one first.

Dr. Christopher Ohl: short answer, no.

Dr. Christopher Ohl: cuz it it all depends on what your vaccine centers getting and and how the second dose is administered between the two messenger RNA vaccines maternal Pfizer there really isn't that much difference between them and, and so, if it was me i'd be happy with either of them.

Dr. Christopher Ohl: And I wouldn't make a choice now once we start getting into some of the nuances of the new vaccines and i'm going to go a little bit on a limb.

Dr. Christopher Ohl: Because we haven't seen the FDA report or the CIPS report yet from the CDC which tells us where to use these.

Dr. Christopher Ohl: But these vaccines are going to be a little bit different Johnson and Johnson's, for instance, is rather than use the little fat particle to put the messenger RNA and it uses.

Dr. Christopher Ohl: A virus that that infects humans, but doesn't cause disease ever and it's not competent to do living kind of replicating but so it's just the vehicle they get the.

Dr. Christopher Ohl: messenger RNA and to the person and then, and then it makes the proteins there, so the efficacy of that vaccines, a little bit less than pfizer's and madonna's vaccine, depending on the group you look at in the 80% somewhere.

Dr. Christopher Ohl: And there are other vaccines coming out.

Dr. Christopher Ohl: soon.

Dr. Christopher Ohl: And we'll have to have to see how those all spec up in the ways, but the question people should be asking themselves is is it good enough, and particularly with the variants coming around.

Dr. Christopher Ohl: The thing we really want these vaccines to do is prevent severe disease prevent hospitalizations and prevent deaths and that's the number one thing we should ask to these vaccines.

Dr. Christopher Ohl: Second, of all with like a slow transmission and so you have to take the two those two things into account, so there are other things Johnson and Johnson's vaccine doesn't have to be frozen, which means you can move it around easier and all these logistical challenges that we have.

Dr. Christopher Ohl: in getting vaccine to the vaccine site isn't as bad and you only need one dose and that helps lot without having to plan or get the second Sam.

Dr. Christopher Ohl: So we'll have to see how the ACP that's the CDC group but visors on immunization practices weighs in on that, and so you might see something like.

Dr. Christopher Ohl: The messenger RNA vaccine for people over 65 but for a 32 year old grocery store worker, you might see Johnson and Johnson are asked radicals vaccine.

Dr. Christopher Ohl: So it could get parsed out like that, so I really don't think that people need to spend the time to start doing all their homework and research to figure out which one they want I think we're going to have help from from our science organizations and telling us that Thank you.

Bethany Chafin: Dr last.

Dr. Michelle Laws: yeah so I want to, I want to just add a perspective from in terms of health, equity and what what i'm hearing from hmp populations from around the state.

Dr. Michelle Laws: So i'm you know, on the Is there going to be a choice and and and, notwithstanding all excellent points and important points that Dr hall's pointed out.

Dr. Michelle Laws: You know.

Dr. Michelle Laws: We don't have border restrictions and boundary restrictions at this particular time, when we rolled out Madonna and and Pfizer, and so we got reports of people saying hey we're having all these people come from.

Dr. Michelle Laws: You know people were driving across from one county to the next to get access to the vaccine and so there's a fear that that's going to happen.

Dr. Michelle Laws: If we don't get though with the kind of guidance that Dr old talked about in terms of segmenting the population and.

Dr. Michelle Laws: And assigning specific vaccines to those populations, and so there is there is there's a hope that people get to choose, but then there's also a concern that that.

Dr. Michelle Laws: will also worsen or exacerbate these issues of inaccurate, because when you have populations that are mobile don't have transportation they can't hop in a car and drive two counties over, especially with some of our larger.

Dr. Michelle Laws: counties and access so.

Dr. Michelle Laws: I want to just you know put that on the table for us to keep to monitor and then also you know.

Dr. Michelle Laws: there's the other side of it, where people are concerned that, because the Johnson and Johnson's advocacy or effectiveness is lower.

Dr. Michelle Laws: That that's going to be reserved for historically marginalized populations that all the whites in North Carolina will have gotten the two doses high ethical you know.

Dr. Michelle Laws: 95% effective Pfizer and and maternal so we're hearing those concerns and we're having to counter that with factual and you know with with correct information and allay those.

Dr. Michelle Laws: concerns.

Dr. Michelle Laws: But people think, for some reason.

Dr. Michelle Laws: That the one dose.

Dr. Christopher Ohl: Lower effectiveness.

Dr. Michelle Laws: is inferior and that that's what's going to be available to marginalized populations so.

Dr. Christopher Ohl: yeah that's that's why I say he's the question you need to ask is it good enough to protect me and and the absolute number, sometimes it has.

Dr. Christopher Ohl: And you know you bring up another point to, I think, which is important, with equity of vaccination is that we really have to be conscious of the.

Dr. Christopher Ohl: They have and have not, I have been vaccinated I have not been vaccinated because when it whenever there's a very scarce resource.

Dr. Christopher Ohl: You know that that could happen, and you know I think those of us who've been vaccinated and in those groups need to be cognizant.

Dr. Christopher Ohl: And we should be in all of this as an all for one phenomena, including all of the historically marginalized populations.

Dr. Christopher Ohl: And, and we don't say okay I got my ticket to go, and you know, Dr Cohen, and talks about it anyway it's not safe enough to do that now anyway, but we have to, we have to be aware, we have to lift all boats and bring everyone up.

Dr. Christopher Ohl: And and that's a really important thing to keep in mind.

Bethany Chafin: Thank you for saying that Dr van would you like to add anything.

Dr. Iulia Vann: yeah I just want to add the fact that we noted into super fluid.

Dr. Iulia Vann: world of coville, we need to try to do as much planning as possible as early as possible, so we've already started having these conversations with our own internal TEAM members and how we're going to really roll out additional vaccines and additional.

Dr. Iulia Vann: products, we do know that the allocations are really not going to.

Dr. Iulia Vann: favor one product over the other so we're going to continue to receive whatever becomes available, just like we do now, some weeks we receive pfizer's and weeks we'd receive modernists and weeks we receive both.

Dr. Iulia Vann: So we know that the the new products, the Johnson and Johnson into other ones will probably.

Dr. Iulia Vann: follow a very similar pattern but we're asking ourselves the same the same questions, how are we going to roll it out and we're thinking about all of the benefits that the Johnson and Johnson, for example, product are going to bring to our Community members having that one a dose.

Dr. Iulia Vann: And not worrying about coming back for a second oh so what are some of those Community members that may benefit from that one of those that may be less.

Dr. Iulia Vann: Mobile let's say or some of the Community Members said, we can go into their homes, for example, to administer the dose because we don't have to worry about the logistical challenges with.

Dr. Iulia Vann: The other two products that are very sensitive to the temperature changes so we're thinking about all of the different benefits that the new additional products will bring in how we will be able to take advantage of that.

Dr. Iulia Vann: Rather than thinking about the downfalls of them and, just like Dr old said is just a benefit of having just another product in making sure that we're vaccinating our Community members.

Dr. Iulia Vann: As soon as possible with these new products coming on board so we're looking forward to that emergency use authorization and additional information from these new products that are coming on and.

Dr. Michelle Laws: I had another factor that I hope we can get in before the end and that's the behavioral health impact because not everyone is able to make.

Dr. Michelle Laws: The decisions that you know that we know are important for better health outcomes and for optimal health outcomes and so um you know research is underway and has been done since the onset of the pandemic about the behavioral health implications are consequences of.

Dr. Michelle Laws: The convict pandemic and we know CDC reported that published a report or study that found 40% of Americans reported since the onset since covert began.

Dr. Michelle Laws: A decline in their mental health, whether it's an increased depression, anxiety ptsd suicidal ideation and the like, and then also in JAMA recently an article.

Dr. Michelle Laws: You know, found that doctors are twice as likely to die by suicide as their own patients, and this is this is looking at and rethinking the article title rethinking wellness or something like that in mid rise and coven emotional distress so look found some.

Dr. Michelle Laws: impacts on the mental health of doctors medical interns experiencing a five fold increase in depression within six months of residency.

Dr. Michelle Laws: 40% of nurses in their stuff in this particular study reported in JAMA you know experiencing extreme lack of.

Dr. Michelle Laws: empathy that was highly correlated with burnout and then greater than 60% of pharmacists also reporting suffering from emotional exhaustion and other factors, and then, in addition, in another article.

Dr. Michelle Laws: You know, there was an article that looked at again cycle, you know the prevalence of depression among the American us adult poppy or the US adult population and found that.

Dr. Michelle Laws: The depression symptoms was more than three fold higher during Kobe compared to when it was before the pandemic and specifically among individuals with low our social resources.

Dr. Michelle Laws: lower economic resources, greater exposure to stressors such as job loss evictions loot you know, having to work that double duty of parenting and.

Dr. Michelle Laws: working from home reporting greater burden of emotional and psychological effects, and so, when you add all that, in the midst of people having to make decisions about.

Dr. Michelle Laws: going out and getting vaccinated that's also something that we need to, I think.

Dr. Michelle Laws: You know, put resources around in terms of educating and making sure people have access to peer support specialist if they're dealing if they have you know lived experience with.

Dr. Michelle Laws: behavioral health conditions, making sure that our Community health workers are are at out there, reaching and connecting people to start with this, because some people are not just going to.

Dr. Michelle Laws: come up come on their own and say raise their hand and say I need to get vaccinated because they're dealing with all this other stuff and we know that that can affect so health seeking that's affecting their health, seeking behavior, I just wanted to throw that.

Bethany Chafin: Thank you for those comments and.

Bethany Chafin: Incredibly, true and important to remember, and you know, on the subject of looking out for one another, we have heard from listeners who who are trying to do just that, and you know.

Bethany Chafin: So in our last few minutes i'd like to maybe offer some advice or maybe some practical ways people can help out, for example, you know, one of our listeners.

Bethany Chafin: I believe it was Teresa yep she is curious about how to help loved ones and this works for anyone, a friend, you know.

Bethany Chafin: And in another county who might need help, as an older individual and might need some help scheduling things and getting to their appointment, maybe I wonder if.

Bethany Chafin: Anyone could please tell us about some of the resources or just you know advice you would give for people who are wanting to.

Bethany Chafin: really be Community minded and think about others right now and helping out.

Dr. Iulia Vann: I can definitely start to little bit there so first of all, I think that one of the main points that we need to talk about is.

Dr. Iulia Vann: In order for everybody to help they need to continue practicing the three w's and making sure that those mitigation strategies are put in place wearing a mask washing your hands being six feet apart that's how you can help them, then when we're going into more specific.

Dr. Iulia Vann: actions on how you can help your Community our health department is always looking for volunteers in the Community to help with our kids vaccination clinics with.

Dr. Iulia Vann: response, we do have information on our website, it is WW dot Guilford Healthy Guilford Calm and there's a place there for.

Dr. Iulia Vann: More information about how you can volunteer with us, so please go to our website reach out to us and we'll be more than happy to see how we can work together and how you can help your community in these really hard times.

Bethany Chafin: Thank you, Dr Brown, yes, we heard from a retired nurse, who was asking how she could get involved with vaccination clinics and things like that, so I appreciate it, and anything anybody else would like to add to that.

Dr. Michelle Laws: yeah so i'm dropping in the chat some resources.

Dr. Michelle Laws: Help for NC, which is a service that was stood up again to help people deal with the mental health and.

Dr. Michelle Laws: substance use the behavioral health implications of the covert pandemic so let's hope for instance 1-855-587-3463.

Dr. Michelle Laws: We also have a hope for healers again recognizing some of the impacts on our frontline healthcare professionals and then.

Dr. Michelle Laws: And that's that numbers, also in the chat to share with the attendees and that number is 919226 2002 and then we have the Colbert call Center and people can call.

Dr. Michelle Laws: To get questions answered about access to the vaccine about navigating our web site or not even in especially people who don't have access, there's still a broadband.

Dr. Michelle Laws: access issues in our rural areas, and so they can call this number and get information, but I agree with that the band, you know the vaccine is just one part of.

Dr. Michelle Laws: Our prevention and encoded mitigation response, we have to continue to practice, the three w's until we get on the other side of this pandemic.

Bethany Chafin: Thank you so much, this has been an hour, full of wonderful information, very important for our listeners, and we do want to let our listeners know that we will be following up on.

Bethany Chafin: You know some of the ideas you've given us, they will be shared with the news team, and we will certainly be looking into these important issues throughout the rest of this pandemic and.

Bethany Chafin: want to thank our panelists for taking time out of their very busy schedules, to be with us and to share their expertise we really appreciate you all.

Bethany Chafin: And we'd also like to thank our sponsors for this virtual Community conversation.

Bethany Chafin: You heard them at the outset, but I'll let you know again they were great outdoor provision company the Hispanic league brokerage retirement community and even concepts employee benefits.

Bethany Chafin: and also a big thank you to our Spanish interpreters Angie and Mercado you can also watch any of our previous virtual Community conversations online on our website at wf dd.

Bethany Chafin: org and keep those questions coming to us, you can always submit them again on

our website at wfdd.org and thank you so much we appreciate it.

Dr. Michelle Laws: Thank you for having us thank you, thank you for.