

**General Membership**

**Virtual Meeting**

Tuesday November 17, 2020

1. **Welcome:** Elaine Rosenblatt 60 in attendance!
2. **Treasurer report-** Current balance $26,542.09
3. **Announcements— Sally Zirbel-Donisch** is stepping down after many years on the board but will stay active in the coalition. **Diane McHugh** is retiring from the board opening the community position for Elaine Rosenblatt who announced her retirement from UW Health this past week.
4. **Elaine’s personal contact information**- email: [Elainer49@gmail.com](mailto:Elainer49@gmail.com) and cell phone: 608-213-4958
5. **DCIC email**: [dcicimmunize@gmail.com](mailto:dcicimmunize@gmail.com)
6. **Speaker: Dr Jim Conway: The Challenges of Rapidly Developing COVID-19 Vaccines**[**Recording**](https://drive.google.com/file/d/1g8YNwVI50BhnKZXNIjy3LzHz-wAwbCeD/view)

(James H. Conway, MD FAAP, Professor of Pediatrics University of Wisconsin – Madison, School of Medicine & Public Health, Pediatric Infectious Diseases Fellowship Program Director, Director, SMPH Oﬃce of Global Health, Associate, Director, UW-Madison Global Health Institute Medical Director-UW Health Immunization Program)

* Coronavirus timeline:
  + Cluster of atypical pneumonia cases noted 12/29/19
  + 1st case outside of China noted in Thailand on 1/13/2019
  + WHO declared a public health emergency of international concern on 1/30/2020
  + WHO declared COVID -19 pandemic on 3/11/2020
* 5-15% of Upper Respiratory Infections caused by coronavirus every year. About 60% of children and 90% of adults have antibodies against coronavirus but unfortunately people lose immunity and reinfection is common.
* Ideal Vaccine Candidate:
  + Effective: long lasting and prevents shedding and transmission
  + Safe: minimal side effects with no longer term side effects
* Challenges to COVID-19 Vaccine
  + Natural Immunity is short lived
  + Assessing vaccine efficacy, ethical issues with clinical trials
  + Anticipating progressive mutations
  + What is the optimal route of delivery
  + Enhanced disease after vaccine
  + Durability of immunity? Need for boosters?
  + Testing population (typical healthy white male) vs. target population (people of color and people with comorbidities)
  + How do we bypass the process that usually takes years to develop
  + Mass manufacture & delivery
  + Targeted & equitable distribution
* Reasons for Optimism
  + GLOBAL effort: widespread sharing of information, collaboration between companies
  + Many potential candidates with lots of money being put in
  + National competition
  + Novel approaches to vaccine development
  + Due to prior efforts for a coronavirus vaccine, companies did not have to start from scratch
* Currently 164 Pre-Clinical Vaccine Candidates Registered
  + 48 candidate vaccines in clinical trials
  + 21 candidates phase 1 human trials
  + 16 candidates phase Phase 2 trials
  + 11 candidates in phase 3 trials
  + 1 licensed vaccine in Russia & 1 vaccine approved for limited use in Chinese military
* US provided funding to Pfizer, Moderna, University of Oxford/AstraZeneca, Janssen, Novavax
  + Pfizer:
    - 90% efficacy
    - 5 dose vials, stable 6 hours post reconstituting
    - Ship & store -70oC to -80oC, stable at 2-8oC up to 24 hrs., 6 hrs. post diluting
  + Moderna:
    - 94.5% efficacy
    - 2 doses, 28 days apart
    - 10 dose vials, 6 hours post vial puncture
    - Stable for 6 months at -20oC, 2-8oC for 30 days, 12 hrs. at room temperature
  + Oxford
    - 2 doses, 28 days apart
    - Trials temporarily halted for 2 months after unexpected serious adverse reactions, now restarted
  + Johnson & Johnson (Janssen):
    - 2 doses, 56 days apart
    - Studies held due to illness in subjects, now restarted
  + Novavax
    - 2 doses, 21 days apart
  + Sanofi/Pastuer (GSK)
    - 2 doses, 21 days apart
* FDA monitors each phase of clinical trials & approves to move forward to next phase
  + Phase 1: right dose, is it safe, does it work to develop immunity
  + Phase 2: what are the most common side effects, what is immune response
  + Phase 3: does it work to prevent disease
* Operation WARP speed added efficiency to vaccine approval process
  + Allocation & Distribution: who should receive vaccine and when
    - Phase 1: High risk health care providers, first responders, people living in long-term care/assisted living and people 65 & older
    - Phase 2: Teachers and people who work with children, critical essential workers, people with comorbidities of all ages, in high risk setting such as homeless shelters, jails and staff working in these settings, older people who didn’t fit in first category
    - Phase 3: young adults, children, workers in industries and occupations important to the functioning in society
    - Phase 4: Everyone else
* Vaccine hesitancy and vaccine refusal: don’t expect acceptance by all.
* In the meantime: stay home if sick, hand hygiene, maintain physical distance, wear masks & **Get Immunized Against Influenza!**

1. **Updates**
   1. **Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic** Link: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>
   2. Flu Clinic Updates:
      * SSM Health (Bobbie Rogers): Offering flu vaccine through PCP, drive-thru clinics, specialty departments, mandatory for employees.
      * UW Health (Teresa Kuntzsch): 77,000 vaccines administered, ahead of last year. Administered through clinics and pharmacies, drive-thru opportunity for patients and employees that did not require appointments. Concerns, seeing numbers dropping per week. Looking at high risk populations, race and ethnicity that we may need to reach out to in a different way. Looking to market to underserved population and offer Saturday clinics.
      * GHC (Gwen Long): Ahead of previous years by a small percent. Due to COVID had to slow down a little. Encouraged all who entered the clinic to vaccinate. Childhood immunizations are caught up.
      * Associated Physicians (Anne Wagaman): Taking opportunity at patient visits to vaccinate. Saturday flu clinics for pediatric patients. Trying to have more clinics with less people coming in order to facilitate proper cleaning between patients.
      * Public Health (Kate Louther): Major initiative drive thru-clinic at Alliant. Purchased 6,000 doses. Plan to provide vaccine to gap people, uninsured and Badgercare, opened eligibility criteria. Provided over 1, 800 vaccines. No appointment needed. Vaccinating anybody that can be vaccinated for the flu working in partnership with UW Students. Providing flu vaccine in collaboration with Edgewood students to JP Hair Design. Partner with medic clinics. Also providing flu vaccine to Medical respite centers. Employees mandated to have flu shot-condition of employment. Encouraging folks to go to providers, pharmacies.
      * MMSD (Dawn Sebranek): Continued messaging sent to students/families and staff regarding influenza and childhood vaccines.
      * ETF (Brian Stamm): 41 different drive-thru clinics offered this year. 4, 584 vaccines given to normal internal employees. No data for overall membership. Data is trending a little higher than last year. 115, 000 doses projected to be administered.
      * UPH Meriter: (Stacy Bong) Each clinic offered a variety of options, Saturdays (themed on Halloween), drive-thru clinic, vaccinated about 80% of their patient panel. Definitely saw in increase with a little slowing down recently.
      * UPH Meriter: Also working with Mt. Zion
      * Sanofi Pasteur (Christine Gruetzmacher): Coming to market with 80,000 doses of flu vaccine. This is an increase of about 10%. Thinking ahead to next season to make sure every dose is going to someone’s arm. As a company working to increase usage and decrease waste.
   3. Future Topics: Please let us know if you have topics you would like to see covered at a membership meeting

For those of you who were unable to watch Vaccinate the Heartland: Here is the VFV YouTube link: <https://youtu.be/lBvtAPvjmUE>

**2021 General Membership Meetings:**

February 16, 2021, May 18, 2021, August 17, 2021, November 16, 2021