Good afternoon, everyone. On behalf of the Indiana Department of Health and Qsource, I would like to welcome you to the first of three town hall sessions. Today's event is titled, Overcoming COVID-19 Vaccine Hesitancy. My name is Tammy Geltmaker, and I'm the Program Director for Qsource. Our agenda today includes opening remarks, our featured presentation, an opportunity for question and answer, as well as closing remarks.

As you may know, Qsource is the Quality Innovation Network-Quality Improvement Organization, or QIN-QIO for Indiana. We convene, teach, and inform healthcare providers. We engage and empower patients and inspire the entire health care continuum by sharing knowledge and spreading best practices. Thank you for taking time to join us. We appreciate all that you do to improve quality and achieve better outcomes in health and health care at lower costs for patients and communities we serve.

As referenced earlier, today’s Town Hall is one of several webinars that will be hosted by Qsource. Each town hall is made available for on demand learning to share with your peers. Today's presentation will also be made available.

Before we begin, I want to run through a few housekeeping items. We have the phone lines muted at this time, and we will not be opening the phone line during today's webinar. However, we do have the chat/question feature. The question and chat box is located on the right side of your screen. Mitzi Daffron will be monitoring the chat feature as we move through the presentation today. So, if you have a question or comment, please feel welcome to post it in chat, and we'll respond to you either in the chat or on the call. Now, we do encourage you to please monitor the chat function frequently for information, resources, and answers to questions.

Before we begin, we would like to start with a polling question. Please let us know if you have had your COVID-19 vaccination, and don't forget to hit the submit button when you respond. Mitzi, can you share the results of the poll? Sure. Looks like 74% have, 26% have not, and we will be doing some other polls throughout the presentation today, to get a little bit more information as we go along. So, thanks for a lot of you responding. So, thank you very much for that. Thank you.

So, it is my pleasure to introduce today's speaker, Ms. Pam Pontones, Deputy Health Commissioner and State Epidemiologist for the Indiana Department of Health. Pam has served at the Indiana Department of Health for more than 26 years. She began her career as a microbiologist in 1990 and transitioned to epidemiology in 1999, serving as the Enteric Epidemiologist, Field Epidemiology Director, and Director of Surveillance and Investigation. Since 2009, Pam has served as State Epidemiologist and as Director of the Epidemiology Resource Center overseeing programs including infectious disease epidemiology, vector borne and zoonotic diseases, syndromic surveillance, behavioral risk factor surveillance system, and public health geographic. She also served as an agency spokesperson for infectious diseases and other health issues. In February 2017, she was appointed deputy state health commissioner, assuming oversight for the Office of Public Health Performance Management and the agency's quality improvement efforts. She's also an adjunct faculty member for the IU, Richard M Fairbanks School of Public Health, and has been a member of the Council of State and Territorial Epidemiologists since 2010. Pam is also accompanied today by several of her colleagues from the Indiana Department of Health, who will serve as panelists during the Q&A portion of today's town hall.

Joining her are Dr. Shireesha Vuppalanchi, Medical Director for Long Term Care, a board-certified career hospitalist with 18 years of experience. She has worked as an epidemiologist for Indiana Department of Health and COVID Long-term Care Response Team, and is now serving as the Medical Director for Long term Care to provide guidance to facilities and address their clinical questions. And Ann Alley, Director of the Chronic Disease Primary Care in Rural Health Division, has overseen state and federal programs for the past 15 years that address various chronic diseases, cancer, asthma, rural health, and behavioral health primary care integration to a network of 40 community health centers, and 35 critical access hospitals. Most recently, Ann has led the vaccine distribution effort for federally qualified health centers and other community health centers. Matt Foster, Assistant Commissioner has been with the Indiana Department of Health since 2018. Matt oversees the Indiana Department of Health Consumer Services and Health Care Regulation Commission, which has six divisions including long term care, acute and continuing care, as well as dozens of other programs. Before taking his current position, he served as Director of long term care for Indiana Department of Health, and before that, as litigation chief at the Office of Legal Affairs. At this time, without further ado, I would like to turn it over to our speaker. Thank you all.

Thank you all very much, and good morning, and it's a pleasure to be able to meet with you this morning and share some information, and certainly, welcome all of our panelists with me this morning. We have a terrific team, and, again, we're happy to be here with you this morning. Thank you, Tammy, for inviting us to speak with all of you today, so we'll go ahead and get started. So, I wanted to, just start off by, by sharing a little bit of where we are now, with vaccine, in the state of Indiana. We'll talk a little bit about many of the safety features of these vaccines, how vaccines were trialed, reviewed, and authorized. And then some common myths and facts that we can share with you to address potential concerns. Or maybe some messaging that you've heard before, about that, about vaccines, but we really want to share with you the facts about the vaccines, and especially hear your questions or any concerns that you have. So we'll go ahead in and talk a little bit about where we are in Indiana. So on March 25th, we hit a huge milestone in that we surpassed over one million Hoosiers now fully vaccinated in the state of Indiana. And by fully-vaccinated, we mean they have completed either both doses of the two dose series or the one dose Johnson & Johnson, and at least two weeks since that last dose have passed. So, we continue to add more folks to that fully vaccinated number every single day. And in fact, right now, I'm actually speaking from our FEMA site in Gary, Indiana, where we have thousands of folks enrolling and registering. Getting their vaccine. We have now more than 530 vaccination sites operational statewide, with the goal of really being able to provide access to anyone in the state of Indiana, to get vaccine easily and efficiently. We have received over three million doses from the CDC and more than two point seven million doses administered. And that number continues to climb every single week.

Next slide. Our most recent allocations include 38,000 doses of the Johnson & Johnson one dose vaccine, over 108,000 doses of the Pfizer two-dose vaccine, and over 64,000 doses of the Moderna two-dose Vaccine. And we have vaccine shipments arriving in our state every week of all three of those different vaccines.

Next slide. In terms of eligibility, all Indiana residents ages 18 and over are eligible now to receive the vaccine. So, there is no more age rollout. We have gotten down to the age of folks for which the vaccines are actually authorized - 16 and 17 year olds can get Pfizer vaccine. That is the only vaccine that is authorized by the FDA for those particular age groups. And you can see where we are giving Pfizer vaccine at our different sites by going to our Vaccine Sitemap and choosing a site that has Pfizer listed at that particular site, all other, and with the other two vaccines both Moderna and Johnson & Johnson, you must be 18 or older to receive those vaccines. When you arrive for your vaccine at one of our vaccination sites, you are asked to bring proof of age, such as a driver's license, birth certificate, letter from your doctor, or something like that, that does show proof of age. When you register, you will attest to your age as well. You may have heard before, the four month grace period that we used to have with our vaccines when we were doing our age rollout. But there is no four month grace period at this point since we are down to the youngest age groups that we can be for which the vaccines are authorized. So you must be 16 years old at the time of vaccination for Pfizer, and then 18 years of age or older for vaccination with Moderna or Johnson & Johnson. For anyone under the age of 18, a parent will consent in the Zotec registration system and will come either in person or provide written authorization that the teenager can show when arriving for the vaccine. We do not require proof of Indiana residency any longer. We are open to anyone who comes, as long as they meet the 16 and older or 18 years of age and older age criteria. At our vaccination sites, we still prioritize Hoosiers but we do not require proof of residency.

Next slide. So we'll talk a little bit about the start of our rollout just to let you know where we are.

Next slide. So, when our vaccine first began coming into or we anticipated the arrival of vaccine first coming into Indiana, our chief medical officer, Dr. Lindsay Weaver worked with many different partners, including infectious disease physicians, pharmacists, local health departments, hospitals, physicians, community partners, to form groups, advisory groups, to help us determine the safety, efficacy and which vaccines best rollout into which of our populations. In other words, how should we best allocate vaccine, which is a scarce resource, and especially when it first started with the number of folks who would be wanting vaccine. So we have a vaccine allocation advisory group. We have an ethical advisory group. We have a vaccine data review advisory group, communication advisory group, data advisory group, and then an implementation committee. We really wanted different perspectives from all different angles to advise us on how to equitably distribute vaccine that was in a limited supply for folks who needed it most. Equity has been at our central focus of our vaccine rollout and a very data driven approach from start in December, to where we are now. So, really inviting a number of external professionals and partners to the table to say, please help us walk through this. Getting a variety of perspectives and community representation as well. So that, again, we can best allocate with safety and data at the forefront guiding us.

Next slide. We had two main goals with our vaccination rollout. First priority was to save lives and reduce hospitalizations to ensure, first off, when we first had vaccine rolling out, that we had adequate health care resources available, that our hospitals, our healthcare system staff, were able to maintain quality care to folks who needed it. We saw first and foremost, early on, when our advisory groups reviewed the data, that age was a top factor for COVID-19 risk for severe illness and death. So we took a very age based approach, and that is what governed our rollout. Starting last December, we saw that individuals ages 80 and older represented 3.8 of our population percent of our population, but more than 19% of hospitalizations and over half of the deaths that were being reported. Individuals ages 60 and older represented over 93% of all deaths and 64% of hospitalizations. Individuals aged 40 and older accounted for 98% of all COVID-19 deaths. So, our groups and our team felt that an age-based approach was the most equitable and really helped us target who is at the greatest risk for severe illness, potentially hospitalization and death. Our second goal was timing. We knew that we were going to have to work in accordance with the federal government, with the allocations of vaccine that were coming into our state weekly. So, we had to balance our priority group rollouts with the vaccine availability in our state at any one time. So, we could rollout perhaps, to an age group in a week or maybe two weeks, maybe a little bit longer based on the availability of vaccine that we had at the time. The last thing we wanted to do was say “Yes, come get the vaccine” and then we didn't have enough, and had to cancel appointments. That was one of our standards that we did not want to violate, was that we did not want to cancel appointments. We wanted to make sure that the availability was working in sync with our priority rollout.

Next slide. So, we started with Phase 1 A, which was to reinforce and support our healthcare infrastructure. And this first group included all paid and unpaid personnel serving in healthcare settings that had potential for exposure to patients or infectious material, Those health care settings included, but were not limited to, hospitals, long-term care facilities, outpatient facilities, home health care, pharmacies, dialysis centers, EMS, frontline public health, folks making frontline public health interventions, and then our COVID-19 testing and immunization teams.

Next slide. We then moved on with our next phases in accordance with our age-based rollout to protect the vulnerable. Looking at individuals who were at particular risk of illness and death associated with COVID-19 disease based on the latest evidence-based data and criteria available. So then we started looking at for our age-based rollout and folks with underlying medical conditions that would potentially increase their risk for more severe illness and death and hospitalizations. We also wanted to look at elevated transmission of risk based on their working or living circumstances. So looking at our congregate facilities, including correctional facilities, group homes or shelters and individuals whose in-person work was essential to maintaining the staffing of settings where social distancing was not possible and transmission risk was high. Our final phase was general public vaccination, which we rolled into about mid-March with our 16 and older open to everyone vaccination, where we are right now.

Next slide. So, we currently have vaccine being distributed in many different ways. As I mentioned before, we started with hospitals using Pfizer Vaccine because they had the capability for the ultra-low storage that vaccine requires. Local health departments received Moderna vaccine to start a vaccine distribution and their community’s pharmacies who were part of the Federal Pharmacy Program both at the retail side and also helping us distribute to our long term care facilities federally qualified health centers and community health centers which Ann Alley is helping roll out vaccine with. At this particular point, we have 10 mobile vaccination units that we are offering through our Division of Emergency Preparedness here at the Department of Health. In partnership with Indiana National Guard, we are hosting mass vaccination clinics both at the state level and at the local level through local health departments. And then certainly working in partnership with EMS to get vaccine to homebound Hoosiers, people who cannot leave their homes to get vaccinated, actually taking vaccine to them. EMS has been a tremendous partner, also, with our mass vaccination sites, to make sure that we can address any potential reactions that might develop. The Indiana National Guard has also been a phenomenal partner to help us in our long-term care facilities and our mass vaccination clinics to get vaccine into the most arms that we can as quickly as possible.

Next slide. So, wanted to update you on what folks can do once they are fully vaccinated. According to the CDC guidance, fully vaccinated individuals can gather indoors with other fully vaccinated people without wearing a mask. They can also gather indoors with unvaccinated people from one other household, such as relatives who live together without masks unless they have someone in their group with an increased risk of severe illness. If fully vaccinated individuals are exposed, they do not need to quarantine or get tested unless they would develop symptoms or unless they live in a group setting. So, we're starting to see some of the freedom of movement that is now appropriate for folks who have been fully vaccinated. And CDC guidance will be updated and ongoing as we see more people get vaccinated.

Next slide. What has not changed is that even individuals who are fully vaccinated should still take steps to protect themselves and others. Such as wearing a mask, social distancing, at least six feet apart from others, and avoiding crowds in poorly ventilated spaces, particularly in public when associating with people from more than one household. Or they are visiting with an unvaccinated person at high risk of severe illness still avoiding larger size gatherings, because we are still trying to vaccinate as many people as we can, and we're trying but still have a lot of folks who have not yet been vaccinated. CDC is still recommending at this time to delay domestic and international travel. But if you do travel to follow the CDC requirements and recommendations, and CDC did just recently update their recommendations for fully vaccinated people who travel domestically within the US, do not need to be tested before or after travel, and they do not need to quarantine after travel. Folks who are fully vaccinated should still watch for symptoms of COVID-19 if they've been exposed, because there is a small percentage of people who may not develop antibody to the vaccine. Even though they are very, very good, there's still a small percentage who may not, so still watching for signs and symptoms is very important. And then various workplaces may have their own policies that you would need to follow if you're fully vaccinated.

Next slide. So we'll talk a little bit about some of the communications and news that you can use in making your own decisions and helping to inform others who may have concerns about a COVID-19 vaccine.

Next slide. So, why? Why would you want to get vaccinated? First of all, it's really important to protect yourself, your family, and your community, as much as possible. And one of the big concerns and most gratifying statements that we've heard from folks is that the vaccine, once people are fully vaccinated, really helps them feel better about getting together with family and friends. Again, especially folks that they've not been able to see. Getting back to hugging grandchildren, getting back to visiting parents, being able to meet with family and celebrate with family. And we hear that again and again. It's also everyone's part so that we can achieve that community immunity, that herd immunity, whereby, if enough people are vaccinated, we can stop transmission of the virus within a population. One of the saddest, certainly, aspects of this pandemic is the fact that it has killed over half a million people in the United States alone, and over 12,000 in Indiana. And the vaccine is extremely, extremely effective at preventing severe infections and subsequent hospitalizations and deaths. And we know that in some people who do recover there can be long-term side effects from COVID-19, what we call a long term COVID effect or long haulers can suffer severe effects for quite a while, even after their symptoms of infection have gone. Folks have suffered lost time from work, from school, from family, and friends, and vaccine can get us back on that road to being where we want to be, and back to the freedom of what we know and love. Many people will get vaccinated on the advice of their health care provider or trusted community partners. So, having that information, factual information at hand to be an influencer in your community, your family, your friends, is very, very helpful,. And also advising patients if you see patients strictly one-on-one, seeking for medical advice. Having that information that is factual and current at hand is extremely helpful.

Next slide. Pam, I believe we may actually have a polling question at this time. I believe we have a polling question, we would like to ask the attendees “If they have been vaccinated, why did you choose to receive the vaccination? OK. Mitzi would you like to review our polling results? Sure. So kind of overwhelmingly you all responded that you know you did it to protect yourself or your family or your community and for your community. I would guess that for a lot of you, that includes the people that you work with, you know, maybe in a nursing home, the residents that you interact with every day. So, that's, that's the big one. And the second one is just, I think I would have those same responses, if I had gotten to participate in the poll, but, getting back to the freedom of what we know and love. Just feeling more comfortable, getting out, and, as Pam mentioned, interacting with family and friends. I believe we have a second polling question maybe for some of you that have not gotten vaccinated yet, and if we can pull that up, we'll let you take a look at that one. OK, I can't get more evenly dispersed than that, I don't think. Thankfully, not many, had an issue with getting an appointment. We may have to come back to that at some point, but, no, this is, I think, pretty much what we have been hearing. You know, some concerns about side effects, and, you know, maybe lost time at work, concern about the safety. And I know Pam is going to talk a little bit about these, and then, you know, this is probably the more recent one that we've been hearing. We're going to kind of sit back and see how other people do with this, and them not saying, I'm not going to get vaccinated, but I'm going to wait and see how, how other folks do with it. So, thank you all very much for participating in that. And I believe we're ready to go back to Pam.

OK, thank you Mitzi. Pam, I'll go ahead and take us to the next slide. 30:28 Awesome, thank you. So, I really wanted to share quite a bit with you about safety and side effects. And, I think those were some of the concerns and those are understandable, all given the scope and the severity of the pandemic last year. 30:46 Early on in the pandemic, it became apparent that getting an effective, safe vaccine out to folks who needed it most and then eventually to everyone, was top priority and really garnered worldwide investment and commitment from countries all across the globe. The mRNA vaccines, Pfizer and Moderna don't actually take as long to make in larger amounts than some of our traditional vaccines. mRNA technology for vaccine is not new. It's actually been going underway for about the past 10 years. But the COVID-19 vaccines were the first to use it. There were actually other vaccines that were being planned for this technology, but the pandemic changed that. And, it was seen early on, that is, as these vaccines were being developed, they could be made in large amounts faster than some of the traditional methods of producing vaccine. That is the number 1 reason why that the time from the start of the vaccine development to distribution was shorter. And one of the questions that we get is, well, this was rushed. How come this was so much shorter? There had to be some shortcuts. What was cut, was the red tape and the bureaucracy and the process, not the safety. So, we're looking at it during the manufacturing, during the planning, where could we really streamline to be able to move faster? And so it was in the planning, and also when we, the clinical trials were set up and they, the phase three clinical trials for all three vaccines included tens of thousands of people. They actually built on networks of folks who had trialed other drugs to volunteer to be included in trials previously. In addition, there were a lot of people interested in participating in trials, because of the urgency of getting vaccine out. People were very willing to participate in trials. So, it didn't take us long to enroll folks in trials, as is what usually happens. The third reason, why the timeline was shorter is that the decision was made to actually manufacture the mRNA vaccines while the clinical trials were still underway. Normally, you do a trial. You review the data. You say that the vaccine is safe and effective. Now, go make it. This time, because of the urgency, we said, we're going to do trial. We're going to review data. Go ahead and make vaccine, we’ll review the data. If the data show the vaccines are safe and effective, we'll get it out there immediately because now we have it made. If the data show that the vaccine is not working, it's not safe, then we'll destroy it. Fortunately, the data showed that the vaccines were extremely effective, very, very safe. So that once the FDA gave the green light and went ahead, and you see their authorization, vaccine could get out the door and immediately, the FDA and the CDC prioritize the review, the authorization, and the recommendation of COVID-19 vaccine the same way as any other vaccine that is developed and reviewed and approved. So, nothing was different about the review, authorization and recommendation process. What was streamlined was the timing and the process of manufacturer and enrolling folks in the clinical trials.

Next slide. So, I want to run through that safety review process with you to show you the various steps. All three vaccines, Pfizer and Moderna, the mRNA vaccines, and Johnson & Johnson vaccine were tested by, analyzed by, and reviewed by diverse groups of people. It's a large trial of tens of thousands of people, goes through all of the data, analyzes all of the data and says, “Yes, we're satisfied with this data, the data show our vaccine is safe and effective.” They will then send their data with a request for emergency use authorization to the FDA. An FDA independent panel called the Vaccine and Related Biologics Review Committee will review the trial data from the manufacturers and make a recommendation to the FDA to say, “Yes, we are confident that this vaccine is safe and effective, 36:10 go ahead and issue an emergency use authorization.” The FDA will do that on the advice of that panel, but we're not done. The CDC Advisory Council on Immunization Practices will also review that safety data to determine how best to give vaccine and which populations should receive it first, or which populations will benefit the most. Then it is issued to the CDC director, the CDC signs approval. Vaccine is then distributed and we're still not done. Post vaccine. The FDA and the CDC will carefully monitor any adverse reactions and side effects that people report. And you can do this by enrolling in V-Safe, which you are encouraged to do, and you will get information once you receive your first vaccine dose, which is a text messaging system that CDC uses, to contact you daily for the first few days after receiving your dose to see what, if any, side effects that you have, or reactions that you may have experienced, to help them build knowledge of the vaccine as it goes into larger populations.

Next slide. So talking a little bit about how the mRNA vaccine safety data look, the Pfizer and Moderna vaccines are 94 to 95% effective against infection. Severe reactions are very, very rare, meaning the anaphylaxis type reactions, that the severe kind of immediate reactions that people can have are very rare. About 11 cases per million doses of Pfizer and at between 2 and 3 cases per million doses of Moderna. So, the only contraindications to mRNA vaccine is a severe reaction to a prior dose. And that's it. Anyone who had a severe reaction to the first dose of an mRNA 38:18 vaccine should not receive a second dose, but the CDC guidance now states that those individuals can receive the one dose Johnson & Johnson Vaccine and then be considered fully immunized. 38:33 Precaution to receiving the mRNA vaccine is any past immediate allergic reaction to any other injectable therapy. Those individuals would be advised to wait 30 minutes following that dose to see if any reactions would develop. Anyone else, I would wait a standard 15 minutes and anyone who has allergies to anything else, such as food allergies, pet dander, bee stings, environmental, or oral medications. Immunocompromised or autoimmune conditions do not have any contraindication or precaution. Individuals who do receive vaccine are advised to wait 15 minutes, which is standard for any vaccine. And then if they've had an immediate allergic reaction to other injectable therapies to wait 30 minutes. These vaccines have no egg products, latex, antibiotics, or preservatives that would trigger any reactions, and you can see more about the safety of the mRNA vaccines at the link shown on your slide. Again, 94 to 95% effective against infection. This is an extremely effective vaccine. It is common, though, to experience some side effects from the vaccine. Most commonly, people may experience local reactions at the injection site, such as pain, swelling, redness, very common. Some people may experience some systemic effects, like headache, fatigue, body, or muscle aches. Feeling like I need to, I need to rest. And that is temporary. That will resolve within about 1 to 3 days and is a sign that your immune system is actually working to build immunity to the disease. What we would not expect to see would be symptoms like cough, sore throat, difficulty breathing. At that point, it's best to get tested and rule out COVID-19.

Let's go to the next slide. Can we go to the next slide? Ah! Apologies, Pam, but the slide is not wanting to advance for me. There we go. Awesome. So we'll talk a little bit about the Johnson & Johnson or Janssen vaccine. You'll hear both names because Janssen is the vaccine arm of the Johnson & Johnson Company. Its efficacy and its Phase three trial, which included 43,000 people, showed that it was 72% effective at preventing mild to moderate illness, 86% effective at preventing severe illness and 100% effective at preventing deaths. I think 93% hospitalization. Only one case of anaphylaxis was reported. So, a very safe, very effective vaccine and it gets a little bit of a bad rap because people look at the numbers from Pfizer and Johnson and Moderna, and say, well, this is not as good. It is extremely good. What we really want to prevent is severe illness, hospitalization, and deaths. You consider that this vaccine is actually much more effective than flu vaccines that we get every year and very effective at preventing illness. Advantages to Johnson & Johnson is that you're one and done. One dose, you're good. So, you have fewer side effects since there is not a second dose. Some folks getting the Pfizer and Moderna vaccines may have a little bit, may have a few more side effects following that second dose. The ease of use is very good. It can be stored at standard refrigerator freezer temperatures for up to two years, and refrigerated temperatures for up to three months. So, it's much easier to reach our mobile populations and folks who just want one dose. So, it is not an inferior vaccine. The best vaccine to get is the vaccine that you can get soonest.

Next slide. So, we'll wrap up with some myths versus facts and, and we hear concerns from folks. And, understandably, one, wanted to make sure that, that, folks do realize one question that we get a lot, is, that do COVID-19 vaccines, Can they give you COVID-19? And the answer is no, they cannot give you COVID-19, because they do not contain any live virus. They contain instructions to make a piece of the surface protein that your body will, then building antibodies to. So they cannot give you COVID-19. If I've already had COVID-19, I don't need vaccine, right? No. You still do need vaccine, due to the severe health risks associated with COVID-19 and the fact that re-infection is possible. You should get vaccinated, even if you've already had COVID-19. In addition, we're not completely sure how long someone is protected against future exposure after their first illness. We're not sure how long that immunity lasts.

Next slide.

Questions that we also get quite a bit is can COVID-19 vaccine change my DNA, or interact with my DNA in any way, and the answer is, No. They do not do that at all. All the mRNA vaccines do is to teach ourselves how to make a protein that can trigger an immune response and get us to make antibodies. The mRNA from the COVID-19 vaccines never enter the nucleus of the cell, where the DNA is kept so that the mRNA can never interact with our cell’s DNA, in any way. Some folks may have concern that COVID-19 19 vaccines may affect their fertility or future pregnancy and there is no evidence at all that the COVID-19 vaccines will affect a pregnancy or fertility. In fact, it is recommended that pregnant women do get vaccinated because they are at higher risk of severe infection. But in addition, antibodies that a pregnant woman makes due to vaccine will cross the placenta to protect the baby and also can be found in breast milk to protect the baby as well.

Next slide. Pam, I believe this is the next slide, is that correct? Yes. Sorry, I didn't see it flip, sorry about that. After getting the COVID-19 vaccine, I will test positive on a viral test. COVID-19 vaccines will not do that because the way you test positive on a viral test is if you actually are infected and have virus in your body and the COVID- 19 vaccines do not have live virus. So, you will not test positive on a viral test which detects current infection. You may test positive though on an antibody test, which is what we want to see because that indicates that you have made antibodies to the vaccine. We talked a lot about the vaccine development process. Yes, it was faster but absolutely followed the same review and safety processes for all vaccines with the COVID-19 vaccine clinical trials. The review and authorization process are all the same. What was compressed was the amount of time needed to enroll people in the trials. The time needed to manufacture vaccine as well.

Next slide. If I'm not at risk for severe illness, do I need vaccine? Yes, because you can still become infected and spread infection to others, and we can't always tell who may become severely ill and who may not. Certainly, there are folks who have underlying conditions that will increase their risk for severe infections. But that's not always the case. Very healthy people with no underlying conditions can have a severe course of illness. Once I receive the COVID-19 vaccine, I don't need to wear a mask. If you are fully vaccinated, which is completing your series, or the one dose Johnson & Johnson, and two weeks later, you are considered fully vaccinated. You don't need to wear a mask around other fully vaccinated individuals. Or if you have one household of unvaccinated folks, but still need to wear a mask socially distance and proactive effective hand hygiene and public, and around multiple groups of people, more people will need to be vaccinated before we do achieve that community immunity.

Next slide. So wanted to wrap up with where you can find factual up to date information on the COVID- 19 vaccines. Visit Ourshot.in.gov. That site is updated daily with the latest information on eligibility, frequently asked questions, and a ton of information related to vaccine, including our vaccine sitemap with locations of where you can register and get vaccinated. There is a Google Translate button at the bottom of the page for different languages.

Next slide. Here's a screenshot. This is the landing page, and the bar going across the middle, kind of the top third there. You can find a site to get vaccinated and register.

Next slide. Tammy, I believe you're on mute. We do have one final polling question. OK, did you schedule your vaccination through Ourshot.in.gov? There you go. I'm guessing the reason that we had, uh, quite a few “Nos” because in this group, I would expect that maybe your organization or your facility actually had set up clinics for you. But good information. Thank you for participating in that. Awesome. Can you, can you hear me now? Yes, you're good. OK, OK.

All right, next slide. So, some of the vaccine resources on Ourshot.in.gov include our vaccination voices. It's testimonials from folks who have received vaccine. It's Our Shot, Hoosiers Campaign logos, social media graphics in various languages and a vaccine fact sheet available in multiple languages.

Next slide. How to be prepared? What to bring when you get your vaccine.

Next slide. Latest vaccine news and resources.

Next slide. And, finally, what I would just want to end with is that the race is on vaccine versus variant. As you have probably heard, that we have several variants now circulating in the US, that can compromise vaccine efficacy and treatment modalities, like monoclonal antibody therapies. In fact, I just got a headline now, literally, seconds ago, that the B117 variant, which originated in the United Kingdom, is now the dominant strain in the United States. I literally got that just a few minutes ago. So, it is more important now than ever for folks to get vaccinated at their first opportunity. We want to make sure we stay ahead of the variants. The vaccines are very effective against the variants. But, the sooner we can get folks vaccinated, the better, and the sooner that we can all get back to what we know and love, and experienced the freedoms that we're used to having. So, with that, I'm going to close and open it up for questions, and thanks too to Matt and our panelists, go ahead. Thank you, Pam. Just a reminder that the question and chat box is located on the right side of your screen. Mitzi, do we have any questions submitted? Well, if you can believe it, we have none. I actually do have a question maybe to get us started, and please put your questions out there. I know there are a lot of questions around the vaccines. Please feel free to put them out there, and, and we'll get those answered by our panel. But I think something that came to my mind is, we're talking about the vaccine hesitancy and everything. But are we, Indiana, sufficiently stocked, I guess, with vaccine that we feel comfortable right now, that we're not going to have any issues with, you know, second doses are, are running out or anything like that? So, right now, we are getting, it depends. We do get weekly allocations of all three vaccines, and at this point, any vaccine dose that we get into the state, we get into arms. And that, in a variety of ways that I discussed earlier, we do not stockpile doses. We any, any vaccine that we get, we get out, but it is based on population of state. So, when we get allocations from the Federal government, it is based on State population for all three different vaccines. So, whatever is available from manufacturers, it gets distributed from the federal level down to states based on that. Anything that we're getting, we get out to hospitals, local health departments, our mobile clinics, our vaccination mass vaccination sites, in the different federally qualified health centers, clinics, as we talked about. OK, thank you, I do have one question. Um, I'm not entirely sure, um, Sue. If you can give me a little bit more information, I'll ask the question. What is a vaccination site? And I'm not quite sure if that is, know, how do you how do you find that or you know, what? Types of facilities? Oh? Is it pneumonia vaccination? OK. Have it OK. Here we go. I'm not sure. So, if you can give me some more information, that would be good, but I do have a couple of other questions from Trudi. Have any deaths been recorded in the United States or the world from the vaccines? There, to my knowledge, there have not been deaths that have been specifically linked to a COVID-19 Vaccine. Now, what we do track is, is if anyone receives a COVID-19 Vaccine and they died shortly after receiving it. And if that is reported through the CDC vaccine adverse event reporting system, then we will investigate it. By far and away, there's an underlying condition that maybe somebody experienced right after they got vaccinated, they, that, that happened. But, we do look at, and CDC will look at, any potential, uh, factor that may have, has led to, to that. Or where someone may have experienced effects that might have been. But, to date, no, there have not been any cases in which I'm aware that it said did that, it was related directly to vaccine. Dr. Vuppalanchi, have you heard of anything? Not any cases directly that were attributed because of the vaccine. And there is also a separate system called Vaccine Safety Data Link. That that is like nine now huge organizations all over the country. That collects data on a pass away on who got vaccine. And they have been monitoring all sorts of events in the vaccinated population. And they have not found anything that was occurring more frequently in the vaccinated group than otherwise. So, so far, nothing really that was strikingly attributed to the vaccines. Great, thank you. OK, but they're coming in fast and furious now, so I know that we're getting close to time, but if you all have a few extra minutes, we'll maybe try to get through some of these. Um, so, Pamela actually has a question and it sounds like she is receiving some information, um, about deaths related to the vaccine. And her question is when someone dies after receiving the vaccine, is it from underlying conditions? My problem is they never report that condition, just that they received the shot and died. So, most so, in what we've seen so far, that's been reported, they in this is tracked again. They folks have had underlying conditions that have pre-disposed, or they've been, they have had health issues prior to that time where they might have received a dose. And then they had a medical event that they, because they did have that dose, it is recorded just to make sure, is that is that answering the question? I think, I think so, OK. Pamela says, yes, OK, good deal. So, a couple of questions that are related to each other. What is the latest data on how long the vaccine is effective? And when do you think we will receive a booster shot similar to the annual flu vaccine, OK. So, in terms of boosters, and I wouldn't anticipate that the flu vaccine is going to be rolling out in the fall the same as it always has. I'm not sure if I have not heard any plans yet to combine COVID-19 vaccine with flu vaccine. Right now, Pfizer, Moderna, and Johnson & Johnson are trialing booster doses in anticipation of needing those to address variance or boost immunity in general. And we should be getting the results of those trials back. I will, last, I heard, I think, probably, this summer, is sometime, mid-summer, is, I think, the latest I've heard on those. But not clear, at this point, when those boosters would be recommended, is that going to be this Fall? Is that going to be every year, or every two years, five years? I'm really looking at continuing phase three trials and folks who've had vaccine measuring their antibody responses every so often, every few months, to see if they are still protected. And about the fully vaccinated, as of, now, we do not have a time limit. At a point, we are, at which point, we are saying that this is not effective anymore, CDC is still watching on how long is it effective, need a boost, and at some point, but I think the first and foremost thing right now is that many, very many people need to get vaccinated. So, if we get to herd immunity, the transformation will stop at that point. The chance of variants is low. The chance of need for booster seasonal. The chance of needing another shot is low. So, I think if we can motivate more and more people to take the vaccine now and get to the masses to take, you know, get immunized, then will have less chance of needing another shot and more and more chance of getting back to normalcy quickly. And I, Dr. Vuppalanchi, she has a great point - vaccination prevents mutation. The only way the disease can mutate is if they are being transmitted. 1:03:33So, if we cut the transmission, we cut the mutations that produce variants. So, the more people, the more quickly we can get vaccine into arms, the better off we are.

Another question. How can we ease young adult hesitation to get the vaccine? I'm hearing concerns about long term effects. So, yeah. Nice. I want to thank all of our local partners and I'm so proud of Indiana for recognizing the value of our local partners and getting out the messages about vaccines and Qsource certainly is aiding that effort. And just to give you some report back from the field, one of our FQHCs, federally qualified health centers, suggest targeted messaging for younger patients, those under 45 years of age. They say, they ask a provider to strongly recommend you get the COVID-19 vaccine. Even young people are getting very sick. Although young people are less likely to die, some do die, and others have symptoms that interfere with their everyday life for months after getting sick, like feeling fatigued and being unable to focus. They also suggest, if you have a specific story to share, share it. And specifically share any stories of young people who have had COVID for a long time. Or have had ill effects from COVID who accidentally infected older folks. Their loved ones, that's a good thing to specify in a story format. And then they also, say, send an outreach campaign targeted at younger patients before eligibility opens up to them with some well, which is not the case in Indiana now, but with targeted information about why you are recommending they get the vaccine specifically. I also would like to point out, another thing, younger population might or might not get severe disease when they get infected, but maybe something called a multi-systemic inflammatory syndrome. Some people get that a few weeks later, and that can be very severe. So if you are vaccinated, the chance of getting that is very low.

OK, I'm still getting questions, we'll, we'll try to, And Pam and team, If you need to jump off, we can send out responses after, Um, but are people that contracted the virus still recommended to get vaccinated, and, if so, how soon after contracting the virus? So, so, yes, they are definitely recommended to get vaccine, they, just because they've been infected, we still want them to get vaccinated. They can get vaccinated after they have been safely released from isolation. So, if they have been infected, they will isolate for 10 days at a minimum after their symptom onset fever free for 24 hours at least. And symptoms resolving or improving before they would be released from isolation. Once that happens, they can go get vaccinated. Someone who test positive, but who has no symptoms, would isolate for 10 days after the date of that positive test. And, again, after that release from isolation, then they could go get vaccinated. And there is a comment. Pam, could you repeat what you said about the UK? And I'm guessing maybe about the variants? Yes, so what I had said earlier, there are several, what we call variants of concern, that are circulating here in the United States. The B117, or UK variant is the most common. And I just saw a few minutes ago a headline that that variant is now the dominant strain of SAR CoV2 in the US. That, thanks. You're welcome, and that strain can be associated, is associated with greater transmissibility, and is associated about 50 to 60% more transmissible and can be associated with more severe illness. Vaccines are effective against that strain, so, it is important now, more than ever, for folks to get vaccinated.

Unfortunately, I'm going to have to jump off that, certainly, Matt and, Dr. Vuppalanchi, Ann, if you can stay on and, if you would like to, to send me questions that I can e-mail back answers to, I would be happy to do so. Absolutely. So, maybe Ann and Matt, Dr. Vuppalanchi, she clarified her question and, she said that it was mentioned that younger people could get Pfizer vaccinations at a P vax site, and, is wondering what that would be. Like, the Pfizer vaccine, yet 16 and 17 year olds only can get Pfizer vaccine. The Moderna, and the Johnson & Johnson, are not authorized for those groups. So, if they're 16 and 17, they need to look for a site that says, you know, Pfizer Vaccine is being administered. That's what is identified as feedbacks on the website. And I believe, on the website when you go to schedule a vaccine that tells you what vaccine that that site has. Is that correct? Yes. OK, a little flurry there at the end, but it appears we have addressed questions. Um, you can see Pam's contact information there on the screen. And Tammy, I'll let you take us home.

OK, well a big thank you to our speaker, to our panelists and all the participants who joined today. The Indiana Department of Health and Qsource, our teams are here to help you. Please contact us, if you have any questions, you see as Mitzi said, Pam’s contact information on the screen. If you have questions about what you've heard today, or if you're looking for any sort of assistance, or improvement with any sort of initiatives that you're working on. We do ask that you please take a few moments to take the post event survey today. The link is available in the chat, I believe, and will also pop up as you leave the webinar. Please copy and paste that link into your web browser. 1:10:38 Your feedback is very important to us. It's very valuable because it helps us shape future events like today's town hall. If you missed the opportunity, please note that a link will be sent out later this afternoon. One more slide to show you. And another way that you can connect with us again is on the slide through Facebook, Twitter, and LinkedIn, as additional ways to contact us. Once again, thank you all for joining us. We look forward to perhaps having you join us on our future town hall later this month. And everyone, have a great afternoon. Thank you.