00:00:00.000 --> 00:00:00.610
Geltmaker, Tammy

00:00:38.390 --> 00:00:57.220
Geltmaker, Tammy
Good afternoon everyone on behalf of the Indiana Department of Health and Qsource, I would like to welcome you to today's event titled concerns Considerations, COVID-19, and Vaccines. The second of four office hour sessions in our Building Community Immunity: One Shot at a Time series.

00:00:57.880 --> 00:01:02.020
Geltmaker, Tammy
My name is Tammy Geltmaker, and I am a Program Director for Qsource.

00:01:04.000 --> 00:01:14.010
Geltmaker, Tammy
Our agenda today includes opening remarks, our featured presentation, an opportunity for Q&A and closing remarks at the end.

00:01:20.400 --> 00:01:37.110
Geltmaker, Tammy
Qsource has more than 45 years of experience working with health care providers and currently operates in 11 states in Indiana. Qsource serves as the Quality Innovation Network - Quality Improvement Organization or as many of you may know us as the QIN-QIO.

00:01:37.790 --> 00:01:48.830
Geltmaker, Tammy
We convene, teach, and inform health care providers, engage, and empower patients, and inspire the entire health care continuum by sharing knowledge and spreading best practices.

00:01:50.260 --> 00:01:52.170
Geltmaker, Tammy
Thank you for taking time to join us.

00:01:52.780 --> 00:02:03.030
Geltmaker, Tammy
We appreciate all you do to improve quality and achieve better outcomes in health and health care and at lower costs for the patients and communities we serve.

00:02:04.220 --> 00:02:18.830
Geltmaker, Tammy
As referenced earlier, today's Q&A session is one of four webinars that will be hosted by Qsource. Each session is made available for on demand learning to share with your peers. Today's presentation will be made available as well.

00:02:22.020 --> 00:02:53.190
Geltmaker, Tammy
Before we begin, I want to run through a few housekeeping housekeeping items. We have your lines and microphones muted at this time. However, it is our goal to make this an interactive call and will be opening both during today's webinar when the Q&A portion begins. In addition, we do have the question chat feature. That feature is located on the right side of your screen. Don Gettinger will be monitoring the chat feature as we move through the presentation today.

00:02:53.750 --> 00:03:00.670
Geltmaker, Tammy
So if you have a question or comment, you can post it in the chat. We will respond to you either in chat or on the call.

00:03:02.260 --> 00:03:10.330
Geltmaker, Tammy
We do encourage you, however, to please monitor the chat function frequently for information, resources, and answers to questions.

00:03:13.490 --> 00:03:18.810
Geltmaker, Tammy
We would like to get an idea of who's joining us today by asking just a few polling questions.

00:03:20.060 --> 00:03:26.510
Geltmaker, Tammy
Polling question number one in terms of COVID-19 vaccine, are you fully vaccinated?

00:03:27.150 --> 00:03:47.690
Geltmaker, Tammy
Partially vaccinated with the two-dose series and plan to get the next shot. Partially vaccinated with the two-dose series thinking of not taking the second shot considering getting vaccinated. Skeptical about the vaccination or you plan not to take the vaccine, please choose one. Will give you just a few seconds to take the pole.

00:04:37.460 --> 00:04:40.430
Geltmaker, Tammy
Amanda, I'm unable to see the polling results.

00:04:42.990 --> 00:04:47.310
King, Amanda
Sure, in terms of COVID back in terms of COVID-19 vaccine.

00:04:47.360 --> 00:05:05.830
King, Amanda
I mean the results. You can see them in your chat if you view them in teams. Fully vaccinated, we have 14 responses and no other responses. We did have one person in the chat. This is their first shot is complete.

00:05:08.820 --> 00:05:10.140
Geltmaker, Tammy
OK, thank you.

00:05:16.120 --> 00:05:24.490
Geltmaker, Tammy
So we have a second polling question. This polling question I would like to know your reason for joining the office hour today.

00:05:25.250 --> 00:05:30.420
Geltmaker, Tammy
Perhaps you have questions or concerns about COVID variants, vaccines, or others.

00:05:31.760 --> 00:05:37.040
Geltmaker, Tammy
Perhaps you want to just gather some talking points so that you can motivate others to get vaccinated.

00:05:37.690 --> 00:05:40.160
Geltmaker, Tammy
Or perhaps there's another reason why you joined our call.

00:05:40.980 --> 00:05:47.160
Geltmaker, Tammy
And if you have another reason that is not listed on the screen, please feel welcome to enter that in the chat.

00:05:48.680 --> 00:05:51.410
Geltmaker, Tammy
And we'll give you just a few seconds to take this polling question.

00:06:23.010 --> 00:06:48.170
King, Amanda
Tammy, for those that joined the Office Hours today, 8% stated they have questions or concerns about COVID variants or vaccines and 85% stated they wanted to gather talking points so they can help motivate others to get their vaccination. And then we had 8% that said other, but we didn't get any of those responses in the chat. Unfortunately, we can't select a blank response. Sorry folks.

00:06:48.490 --> 00:07:00.730
Geltmaker, Tammy
OK, thank you Amanda. So please feel welcome if you have other reasons for joining the call, we would love to hear those. So, feel welcome to type those into the chat as we move along.

00:07:01.480 --> 00:07:23.470
Geltmaker, Tammy
So we do have one final polling question that we're interested in knowing the setting in which you work. Are you from long term care, home health, or maybe represent another setting? Please feel welcome to type if you represent another setting that is not listed, please feel welcome to type that into the chat.

00:07:50.830 --> 00:08:03.380
King, Amanda
And Tammy, we have 14 responses. 57% of those are in long term care and then 43% of those are in other. You're seeing some responses come into the chat now.

00:08:03.460 --> 00:08:09.690
King, Amanda
Uh, some QI. Oh, and some others are still typing. Thank you all for sharing.

00:08:12.840 --> 00:08:15.940
Geltmaker, Tammy
Yes, thank you so much for your participation in the polling questions.

00:08:19.810 --> 00:08:24.860
Geltmaker, Tammy
It is now my pleasure to introduce today's speaker Dr. Shireesha Vuppalanchi.

00:08:25.640 --> 00:08:55.980
Geltmaker, Tammy
Dr. Vuppalanchi is a board-certified career hospitalist with 18 years of experience. She has provided care in small, rural, underserved areas, a tertiary care referral center and is now practicing medicine and a part time capacity to focus on a career in public health. She has worked as an epidemiologist for Indiana Department of Health COVID Long Term Care response team and is now serving as the medical director for Long Term Care to provide guidance to facilities and answer clinical questions.

00:08:57.250 --> 00:09:09.180
Geltmaker, Tammy
Dr Vuppalanchi is also joined by Pam Pontones, who will be serving as a panelist during the Q&A portion of today's call. She has served at the Indiana State Department of Health for more than 26 years.

00:09:09.910 --> 00:09:16.410
Geltmaker, Tammy
Since 2009, Pam has served as the state epidemiologist and as director of the Epidemiology Resource Center.

00:09:17.130 --> 00:09:32.650
Geltmaker, Tammy
In February 2017, she was appointed Deputy State Health Commissioner assuming oversight for the Office of Public Health, Performance Management, and the Agencies quality improvement efforts. She also serves as an agency spokesperson for Infectious Diseases and other health issues.

00:09:33.320 --> 00:09:36.660
Geltmaker, Tammy
At this time I would like to turn it over to Doctor Vuppalanchi.

00:09:42.240 --> 00:09:43.300
Vuppalanchi, Shireesha
Thank you Tammy.

00:09:44.540 --> 00:09:47.510
Vuppalanchi, Shireesha
Good afternoon everyone. Thank you for joining the call today.

00:09:48.140 --> 00:09:50.770
Vuppalanchi, Shireesha
Tammy, would you be

00:09:51.780 --> 00:09:54.150
Vuppalanchi, Shireesha
sharing my presentation and moving the slides.

00:09:57.010 --> 00:09:57.470
Geltmaker, Tammy
Yes, ma'am.

00:09:57.860 --> 00:10:14.380
Vuppalanchi, Shireesha
OK so I thank you everybody for joining the call today and answering the question. So now I know my audience and I'm happy to hear that all of you are vaccinated. Everybody that answered is fully vaccinated

00:10:15.720 --> 00:10:30.760
Vuppalanchi, Shireesha
almost. One has like been partially vaccinated. Hopefully is planning to take the second one majority. Or if you want to know what you can tell others that are hesitant. So, I hope to give you enough talking points

00:10:31.110 --> 00:10:45.100
Vuppalanchi, Shireesha
Uh, that you can share with others up and motivate them to get vaccinated in your line of work or your friend circle in your social circle. I think the more people get vaccinated the better.

00:10:45.510 --> 00:11:04.140
Vuppalanchi, Shireesha
 So most important thing is knowing your audience like where they're coming from. What is their source of information? Why they're hesitant, then you can tell them you know how it is, you know.

00:11:05.310 --> 00:11:13.240
Vuppalanchi, Shireesha
Fully correct or not correct or how it can be countered? What is the real truth you can share the concern and interest the concern and hopefully

00:11:13.330 --> 00:11:20.940
Vuppalanchi, Shireesha
Uhm, and you know they can be convinced that it is the right thing to do is to get vaccinated.

00:11:21.330 --> 00:11:51.260
Vuppalanchi, Shireesha
At any point, if you have a question that I didn't cover, or if you come up with anything later, please feel free to email me. I'm available to provide you answers to any kind of concerns. If I didn't cover anything, so we all know about COVID-19, it comes in multiple forms. Lot of times we hear respiratory complaints as the predominant effect, but it goes beyond respiratory system and.

00:11:51.310 --> 00:12:01.420
Vuppalanchi, Shireesha
In effect, pretty much every system in the body, as you can see, I'm not going to go into details of all these things, but I will focus on three things.

00:12:01.470 --> 00:12:04.910
Vuppalanchi, Shireesha
Things that are

00:12:04.960 --> 00:12:34.910
Vuppalanchi, Shireesha
from and noted as part of the, you know some of the serious side effects, so you can actually see that risk and benefit analysis COVID it can cause the same exact problems in much more seriousness and much more frequently than from the vaccine, so you can tell the people that you know you're worried about the risk of getting some problem from the vaccine, but you know that you can

00:12:34.980 --> 00:12:39.020
Vuppalanchi, Shireesha
actually get it from COVID as well. Next slide please.

00:12:41.110 --> 00:12:52.720
Vuppalanchi, Shireesha
So COVID-19 can cause myocarditis. It is the incidence of myocarditis isn't COVID patients is 16 times higher than the background rate of myocarditis.

00:12:54.040 --> 00:12:55.080
Vuppalanchi, Shireesha
Next slide, please.

00:12:57.470 --> 00:13:02.060
Vuppalanchi, Shireesha
So myocarditis is inflammation of the heart muscle.

00:13:02.110 --> 00:13:09.060
Vuppalanchi, Shireesha
So that's manifest usually as chest pain. Sometimes shortness of breath and can cause congestive heart failure.

00:13:09.420 --> 00:13:19.010
Vuppalanchi, Shireesha
Uhm, there is evidence of myocardial damage in the blood and the EKG and echocardiogram magnetic resonance. This particular study

00:13:19.060 --> 00:13:49.490
Vuppalanchi, Shireesha
talks about 38 cases. How come of my acquired is in COVID with age distribution and how they treated. You can see that five of the 33 that we know of the progress is they died. So, myocarditis in COVID can be very serious and other people that recover can have a longstanding congestive heart failure and other possible heart manifestations later.

00:13:49.750 --> 00:14:08.790
Vuppalanchi, Shireesha
The treatment of these people involved not just steroids, but some of them needed blood pressure maintaining medication called oppressors. That means that the heart was so weak that it was not able to function, and those people needed medication to keep the heart going while in the hospital.

00:14:09.280 --> 00:14:16.980
Vuppalanchi, Shireesha
Uh, 28 of the 33 that we know of the prognosis have recovered and have gone home, but some of them would end up with

00:14:17.040 --> 00:14:21.180
Vuppalanchi, Shireesha
chronic heart problem later. Next slide please.

00:14:23.560 --> 00:14:52.950
Vuppalanchi, Shireesha
And, uh, clotting and bleeding desertion in COVID are very common and we see a lot of embolism, and like blood clots in the lungs and in the legs and unusual locations inside the vascular supply in the abdomen like and sometimes have problem with the circulation to the legs and in need for amputation because not enough blood supply. And you know

00:14:53.890 --> 00:15:11.700
Vuppalanchi, Shireesha
basically, leg is undergoing gangrene and those kinds of problems and it also can cause bleeding. So COVID is a very highly thrombogenic condition and caused severe bleeding and clotting problems. Stroke’s very common in COVID. Next slide please.

00:15:14.860 --> 00:15:24.390
Vuppalanchi, Shireesha
So this slide shows the clotting risk from COVID and clotting risk from vaccine. Clearly

00:15:24.450 --> 00:15:34.830
Vuppalanchi, Shireesha
a vaccine has much less risk of clotting then actually COVID. Multiple parameters were looked at like platelet count.

00:15:35.190 --> 00:15:41.190
Vuppalanchi, Shireesha
Uhm, blood clots in the legs and arteries.

00:15:41.430 --> 00:15:47.400
Vuppalanchi, Shireesha
I am the same condition that we heard with, you know, J&J, CSVT.

00:15:47.640 --> 00:15:56.950
Vuppalanchi, Shireesha
Uh, strokes, heart attacks and those kinds of things. They were much less with vaccine then with COVID. Next slide please.

00:15:58.870 --> 00:16:06.380
Vuppalanchi, Shireesha
Neurological manifestations in COVID are common. Lot of times we see confusion. Sometimes we see seizures.

00:16:07.640 --> 00:16:20.960
Vuppalanchi, Shireesha
This particular study linked up. They looked at 80 visits and hospitalization about 1.6% of the COVID patients had stroke and stroke is a very serious condition.

00:16:22.530 --> 00:16:34.490
Vuppalanchi, Shireesha
And some of them have, you know, loss of consciousness, trouble focusing, and some of these manifestations stay beyond the duration of the hospitalization, even later.

00:16:35.740 --> 00:16:36.590
Vuppalanchi, Shireesha
Next slide, please.

00:16:38.160 --> 00:16:43.100
Vuppalanchi, Shireesha
And long COVID this is a real problem even in mild to moderate

00:16:43.160 --> 00:17:13.280
Vuppalanchi, Shireesha
Uh, COVID cases. We see a lot of fatigue, loss of taste, smell, headache, shortness of breath, dry cough, all these things affect quality of life, and some people have sleep problems and they just don't have enough energy that can go on for a couple of months. Some I have heard even up to a year having these kinds of problems so that affects the quality of life. So, if we can prevent COVID from happening

00:17:13.590 --> 00:17:17.750
Vuppalanchi, Shireesha
we are preventing long COVID from happening as well. Next like please.

00:17:19.340 --> 00:17:33.890
Vuppalanchi, Shireesha
I mean, some people with long COVID have multi organ effects and those who had severe COVID and had multi system problems, they can have effects later from COVID for months together.

00:17:34.340 --> 00:17:44.170
Vuppalanchi, Shireesha
Uh, so autoimmune conditions were newly reported after having COVID as well and there is a multisystem inflammatory syndrome in children.

00:17:44.230 --> 00:18:03.270
Vuppalanchi, Shireesha
Right, uh, but even like some of the children who didn't have many manifestations during the disease, a few weeks later go through inflammatory syndrome, like whole bodies affected and end up getting hospitalized and being in the hospital for a few days, sometimes again leading

00:18:03.820 --> 00:18:30.410
Vuppalanchi, Shireesha
your care sometimes heart support like pressers and those kinds of things, and that's not easy for children to deal with because they're going to be scared. But you know why? They don't want to be in the hospital, not feeling well. There is blood draw and all those kinds of things, and those can be prevented if we can protect our children from getting COVID. So, if we, if we ourselves are immunized and not.

00:18:30.520 --> 00:18:46.520
Vuppalanchi, Shireesha
Uhm, at risk for getting home when there is less chance of passing it to the kids. So, it since the kid’s vaccines are not yet authorized, the way to protect them is by actually getting the people who are eligible to get vaccinated.

00:18:46.570 --> 00:18:53.860
Vuppalanchi, Shireesha
Yeah, that way we reduce community transmission and protect our children. Next slide please.

00:18:55.650 --> 00:19:01.210
Vuppalanchi, Shireesha
So these are, uh, MIS-C in our state, total of 106 confirmed cases.

00:19:02.720 --> 00:19:19.970
Vuppalanchi, Shireesha
And that can be mild to severe. We see quite a lot of severe in needing hospitalization, and these kids can again have some long COVID symptoms. Also not feeling right and failure to thrive and those kinds of things. Next slide please.

00:19:21.750 --> 00:19:23.780
Vuppalanchi, Shireesha
So when people say

00:19:23.830 --> 00:19:31.760
Vuppalanchi, Shireesha
the vaccines are not being effective. I would like to ask what do you mean they are not effective?

00:19:32.540 --> 00:19:39.330
Vuppalanchi, Shireesha
Uh, they might say like, oh, you know, we said there were like protecting 95%. Now we are saying 80%.

00:19:40.100 --> 00:19:45.270
Vuppalanchi, Shireesha
I think we need to measure effectiveness in two dimensions, one is.

00:19:46.190 --> 00:19:49.580
Vuppalanchi, Shireesha
Preventing serious illness and hospitalization.

00:19:50.610 --> 00:19:56.070
Vuppalanchi, Shireesha
The vaccines don't seem to be doing tremendous job of keeping people

00:19:56.320 --> 00:19:59.950
Vuppalanchi, Shireesha
Uh, you know from getting severe illness.

00:20:01.070 --> 00:20:12.090
Vuppalanchi, Shireesha
Fully vaccinated are much less risky, much less risk for being hospitalized or needing ICU stay are having a death.

00:20:13.610 --> 00:20:14.610
Vuppalanchi, Shireesha
Next slide, please.

00:20:16.740 --> 00:20:47.560
Vuppalanchi, Shireesha
This is a very powerful slide. Uh, it shows number of hospitalizations related to COVID and ICU stay and death in the week of August 20 to 29. The ones in the blue represent the not fully vaccinated individuals and the ones in the orange are fully vaccinated. Each of the person represents 10 Hoosiers. As you can see, majority of the hospitalizations are not in the fully vaccinated.

00:20:48.910 --> 00:20:59.190
Vuppalanchi, Shireesha
So this is troubling because all these could have been totally prevented. I mean, we do a lot of things to prevent

00:20:59.810 --> 00:21:05.050
Vuppalanchi, Shireesha
death in, you know, over long lifetime, eating right exercising.

00:21:05.350 --> 00:21:37.480
Vuppalanchi, Shireesha
Uhm, doing mammograms, Pap smear, colonoscopy. All those things to improve length of life and compared to that COVID actually all you need to do is get immunized and many of these deaths can be prevented. So, when you see somebody in the hospital being so sick it just is very sad to see that they are there in ICU connected to four or five things and being on a ventilator and getting blood draws and.

00:21:37.560 --> 00:21:45.790
Vuppalanchi, Shireesha
Half of the people needing rehab later on being weakened, taking months to recover all that could have been prevented.

00:21:46.570 --> 00:22:06.720
Vuppalanchi, Shireesha
Only if they took the vaccine, and this is also problem because there are so many people with COVID in the hospital. The hospital is now having to put elective procedures on hold. That might be somebody who has cancer who needs a surgery but the staff

00:22:07.340 --> 00:22:24.800
Vuppalanchi, Shireesha
he's now having to take a look. You know they there is a finite number of beds and there is staffing shortages everywhere, so we need to put some of the things on hold so we can actually take care of the people who are in the hospital. So that might affect

00:22:24.870 --> 00:22:43.530
Vuppalanchi, Shireesha
somebody who has a heart attack normally would go to the nearest hospital, but the hospital is full so they would have to go to another hospital that is probably 2 hours away. In the meantime, part of the heart muscle is dying. The sooner you intervene for stroke, heart attack, and some conditions

00:22:44.150 --> 00:22:45.430
Vuppalanchi, Shireesha
the better recovery.

00:22:46.220 --> 00:22:48.300
Vuppalanchi, Shireesha
So because

00:22:49.290 --> 00:22:59.330
Vuppalanchi, Shireesha
you know it's people chose not to take the vaccine there in the hospital. They are suffering, that's sad and someone else is having an adverse outcome because

00:22:59.940 --> 00:23:04.200
Vuppalanchi, Shireesha
we couldn't take care of them because our hospital is too full of COVID patients.

00:23:04.880 --> 00:23:12.290
Vuppalanchi, Shireesha
It right now about 2% my hospital has or 2% of people with COVID are fully vaccinated.

00:23:12.960 --> 00:23:26.560
Vuppalanchi, Shireesha
Rest are all unvaccinated. You know very much like this and somebody might say hey, you know there are some fully vaccinated also in the hospital, some in the ICU. Some have died also. That can happen because

00:23:27.320 --> 00:23:57.720
Vuppalanchi, Shireesha
the fully vaccinated usually have like mild breakthrough infection, but if they have underlying conditions, like if they have weak heart, any small problem in the horror in the system is going to cause problems related to something else, so they're congestive heart failure is going to be worse at the kidneys are not working right like how they used to before and they end up in the hospital. And of course, those are at high risk for decompensation.

00:23:57.820 --> 00:24:26.980
Vuppalanchi, Shireesha
No matter what small insult they have to the body, it, whether it be a cold, it can be a small urinary infection, small respiratory infections, or mild COVID. Despite being vaccinated so those people are at high risk for decompensation no matter what, but majority of the fully vaccinated actually have very mild covariant. They have a breakthrough infection most of the times people don't have their break infection, but those that have

00:24:27.050 --> 00:24:33.540
Vuppalanchi, Shireesha
Uh, uh, you know milder course in general with respect to COVID. Next slide, please.

00:24:36.510 --> 00:24:43.930
Vuppalanchi, Shireesha
So who is getting COVID? If you look at this graph, the big circle represents number of fully vaccinated.

00:24:44.950 --> 00:25:14.350
Vuppalanchi, Shireesha
The blue circle next to it is the number of people that are, you know, fully vaccinated getting the infections. Sorry, this slide is not very clear, but there is another smaller circle that shows number of ICU cases and even very tiny number that is fully vaccinated deaths. So, it shows to you like pictorially like the magnet. Or how many people are fully protected.

00:25:14.430 --> 00:25:17.920
Vuppalanchi, Shireesha
Compared to that, how many people have breakthrough infections?

00:25:18.870 --> 00:25:19.750
Vuppalanchi, Shireesha
Next slide, please.

00:25:21.760 --> 00:25:27.550
Vuppalanchi, Shireesha
So seems Delta came up. You know, these are the statistics.

00:25:28.800 --> 00:25:35.680
Vuppalanchi, Shireesha
Fully vaccinated people are more protected still against infection, hospitalization, and death.

00:25:36.260 --> 00:25:38.210
Vuppalanchi, Shireesha
Uh, next slide please.

00:25:41.010 --> 00:25:47.010
Vuppalanchi, Shireesha
So COVID deaths are preventable. As I said, like we do a lot of things to prevent

00:25:47.530 --> 00:25:51.820
Vuppalanchi, Shireesha
Uhm deaths and prolong life. I improve the UM.

00:25:53.030 --> 00:25:56.740
Vuppalanchi, Shireesha
life expectancy with COVID vaccination.

00:25:58.020 --> 00:26:11.040
Vuppalanchi, Shireesha
We can increase the life expectancy quite a lot, because if somebody has died from COVID that life is shortened by a lot just because they did not take the vaccine.

00:26:11.100 --> 00:26:20.150
Vuppalanchi, Shireesha
In a minute the graphs here show clear divergence the ones and orange ones at the bottom.

00:26:20.480 --> 00:26:32.390
Vuppalanchi, Shireesha
Uh, are the fully vaccinated and the blue ones are the unvaccinated? You can see that the number of cases in unvaccinated or a lot higher than the fully vaccinated. Same thing with the deaths.

00:26:33.260 --> 00:26:34.240
Vuppalanchi, Shireesha
Next slide, please.

00:26:36.380 --> 00:26:43.430
Vuppalanchi, Shireesha
So Delta Variant and this was not very significant couple of months ago, but now predominantly.

00:26:43.480 --> 00:26:55.240
Vuppalanchi, Shireesha
Any other circulating virus in the in the country is Delta. Why is Delta important because it's highly contagious? Even fully vaccinated

00:26:55.710 --> 00:27:06.340
Vuppalanchi, Shireesha
Uhm, with mild infection, can spread it to others. Luckily, they don't spread it for as long. They don't shed it for as long as the unvaccinated. The viral load in the

00:27:06.560 --> 00:27:17.960
Vuppalanchi, Shireesha
Uhm, nasal cavity nearest is 1000 times compared to the previous version, so that's why it's so much more contagious and each person with the Delta infection can infect up to 8 or 9.

00:27:18.020 --> 00:27:19.740
Vuppalanchi, Shireesha
Yeah, UM people.

00:27:21.230 --> 00:27:28.400
Vuppalanchi, Shireesha
And, uh, a higher risk of emergency care. UM, and needing hospitalization as well.

00:27:29.780 --> 00:27:38.220
Vuppalanchi, Shireesha
Luckily, the current vaccines are still effective against preventing severe illness, even preventing infections in general.

00:27:38.300 --> 00:27:41.110
Vuppalanchi, Shireesha
Uh, fairly effective

00:27:41.560 --> 00:27:49.720
Vuppalanchi, Shireesha
Uh, at preventing mild illness. Laws vary greatly effective against CVD owners, hospitalization, and death.

00:27:50.430 --> 00:28:13.500
Vuppalanchi, Shireesha
Uh, current therapeutics, including REM, disappear Decadron and monoclonal antibody therapy. They're all still effective for Delta because it is highly contagious, and we are seeing some breakthrough cases. Masking is now needed. Part of that could be because it's been several months since some groups have been vaccinated, like healthcare professionals.

00:28:14.550 --> 00:28:27.580
Vuppalanchi, Shireesha
So there might be some waning immunity that is part of some of the breakthrough that we are seeing, and there is talk about the boosters, so that might be coming soon. We'll know more from FDA and ACIP later in the week.

00:28:28.830 --> 00:28:29.700
Vuppalanchi, Shireesha
Next slide, please.

00:28:31.610 --> 00:28:42.500
Vuppalanchi, Shireesha
So Delta window can spread easily in the indoor spaces. If you mask, you're limiting the spread of the virus. Next slide please.

00:28:46.060 --> 00:29:10.430
Vuppalanchi, Shireesha
So we are seeing a greater number of children and adolescents being hospitalized now since the Delta came there and before you know children and don't have authorized vaccine yet, it should be coming soon. But however, we could have prevented all those things if we protected our children by masking and taking the vaccine. Next slide please.

00:29:12.630 --> 00:29:19.760
Vuppalanchi, Shireesha
So this shows us the rates of hospitalizations in states with lower rates of vaccination with high rates of vaccination.

00:29:20.130 --> 00:29:26.740
Vuppalanchi, Shireesha
So, uhm, so high rates of vaccination are protecting the children in those states. Next slide, please.

00:29:29.480 --> 00:29:31.870
Vuppalanchi, Shireesha
One second, sorry, would you take a sip of water?

00:29:39.170 --> 00:29:41.290
Vuppalanchi, Shireesha
So comedy vaccination?

00:29:41.800 --> 00:29:50.430
Vuppalanchi, Shireesha
Uhm, indefinitely. Benefits are also much more than the rest. Then we'll look at those in the following slides. Next slide, please.

00:29:52.130 --> 00:29:57.970
Vuppalanchi, Shireesha
So this slide shows for every million doses of the vaccine.

00:29:59.490 --> 00:30:03.440
Vuppalanchi, Shireesha
How many side effects serious side effects happened?

00:30:04.170 --> 00:30:05.770
Vuppalanchi, Shireesha
And how many lives?

00:30:06.620 --> 00:30:13.720
Vuppalanchi, Shireesha
What I'm saying, and so if you look at the Janssen vaccine in the 30 to 49 years.

00:30:15.000 --> 00:30:20.950
Vuppalanchi, Shireesha
6 to 7 GBScases, 8 to 10 TTS cases, but

00:30:22.340 --> 00:30:31.420
Vuppalanchi, Shireesha
20 hospitalizations prove it sorry, 900 hospitalizations prevented, 140 ICU admissions prevented, and 20 deaths prevented. So.

00:30:32.640 --> 00:30:46.400
Vuppalanchi, Shireesha
you're talking the same million people getting the vaccine versus not taking the vaccine, so with the vaccine, so many lives are saved in the cost of very few numbers of people getting

00:30:48.090 --> 00:30:50.320
Vuppalanchi, Shireesha
some kind of complication. Excuse me, sorry.

00:30:53.830 --> 00:30:54.480
Vuppalanchi, Shireesha
Excuse me

00:31:04.540 --> 00:31:06.210
Vuppalanchi, Shireesha
Sorry about that. Next slide please.

00:31:08.540 --> 00:31:27.580
Vuppalanchi, Shireesha
So this show us the same kind of information in a different format on the right side you see how many numbers of Gamburyan TTS cases were observed with million doses on the left side in the blue, how many hospitalizations and deaths were prevented.

00:31:28.440 --> 00:31:35.110
Vuppalanchi, Shireesha
Next slide please. This is a very similar one for M RNA vaccines with myocarditis.

00:31:36.260 --> 00:31:37.230
Vuppalanchi, Shireesha
Next slide, please.

00:31:39.070 --> 00:32:00.300
Vuppalanchi, Shireesha
And COVID-19 in pregnancy I frequently hear people are concerned about taking the vaccine because they're pregnant. You know everything we have to look in terms of risk and benefit. So, if you were to get COVID, how safe are you going to be? What kind of problem are you going to encounter, what it says? What is the risk from taking the vaccine?

00:32:01.670 --> 00:32:22.990
Vuppalanchi, Shireesha
So COVID-19 in pregnancy can be much more severe than otherwise in meeting for hospitalization, ICU need for ventilators and the baby outcomes were also measured and pre-term and poor outcomes were higher with COVID in pregnancy than without COVID.

00:32:24.410 --> 00:32:28.830
Vuppalanchi, Shireesha
And there is a data tracker link over here at the CDC.

00:32:28.890 --> 00:32:35.830
Vuppalanchi, Shireesha
The UM it. It talks about how many pregnancies have been tracked during COVID and how many

00:32:36.180 --> 00:32:45.950
Vuppalanchi, Shireesha
Uh, outcomes of a you know during COVID. How they were and you know you can compare those people are interested. Next slide please.

00:32:48.860 --> 00:32:50.890
Vuppalanchi, Shireesha
COVID-19 vaccines in

00:32:50.950 --> 00:33:11.250
Vuppalanchi, Shireesha
Uh, in pregnancy they are, you know, attract. Actually uh, if whoever has taken vaccine there, followed with V-safe, VSD, and VAERS and those kinds of things. And really the analysis so far does not show any adverse outcomes related to pregnancy.

00:33:11.690 --> 00:33:15.430
Vuppalanchi, Shireesha
Uh, with the vaccines so far. Next light please.

00:33:17.090 --> 00:33:41.050
Vuppalanchi, Shireesha
So uhm, yeah. There was a new MMWR. Uh, last week that showed that they didn't find any safety concerns or any increase of the miscarriage for people who have taken COVID vaccine during pregnancy. In fact, it is protective because it decreases the risk of getting COVID and antibodies are protective for the baby. Next slide, please.

00:33:42.600 --> 00:33:53.160
Vuppalanchi, Shireesha
COVID-19 vaccines do not affect fertility. You know, there is misconception floating around in the community that it might cause problems there.

00:33:53.220 --> 00:33:53.650
Vuppalanchi, Shireesha
I think it will.

00:33:54.840 --> 00:34:07.760
Vuppalanchi, Shireesha
The V safe has been in place and they have reported 4800 people having a positive test after receiving first dose of vaccine. Never seen so basically.

00:34:08.090 --> 00:34:20.180
Vuppalanchi, Shireesha
A vaccine affecting the fertility is not true. It definitely does not affect fertility, and we have seen pregnancy is happening in people who have been vaccinated.

00:34:22.190 --> 00:34:53.440
Vuppalanchi, Shireesha
Yes, thank you so, uh, these are other misconceptions that are going around in the community. Vaccine does not change. The DNA does not have a microchip. People being worried about microchip, it's just not the case. You know, each while is injected, you know between 5 and 10 people based on what kind of vaccine it is and there is no microchip that's suspended in the liquid in any way.

00:34:53.700 --> 00:35:09.170
Vuppalanchi, Shireesha
It is a kind of, you know, not a valid concern. I mean this agent arising if anything this tracking us. It's probably Facebook or other social media. We see targeted messaging and those kinds of things. So, vaccine does not have a microchip.

00:35:11.210 --> 00:35:12.090
Vuppalanchi, Shireesha
Next slide, please.

00:35:14.420 --> 00:35:21.780
Vuppalanchi, Shireesha
So flu vaccine, UM, so flu vaccine can be given along with COVID vaccine.

00:35:22.140 --> 00:35:42.770
Vuppalanchi, Shireesha
Uh, it's better to get it done over with if you have somebody who is not going to come the second time, there is no problem in the beginning when their vaccines rolled out, they wanted to make sure that there is no problem. They gave some time interval like 2 weeks between the vaccinations, but now that's not the case. Now we have enough data

00:35:42.810 --> 00:36:01.100
Vuppalanchi, Shireesha
Ah, from all the experience from the millions of doses that have been given. It’s safe to give other vaccines at the same time. It's important to take the flu vaccine right now, because when the flu season and the flu and COVID can coexist.

00:36:01.470 --> 00:36:11.950
Vuppalanchi, Shireesha
Uh, because somebody can have two infections at the same time and the burden on the heart, you know, and that and the rest of the body to tolerate is going to be much harder if somebody has.

00:36:12.460 --> 00:36:30.400
Vuppalanchi, Shireesha
Uhm yeah, you know. Both infections at the same time, so it's recommended for all ages. All people, six months at a higher. Those who need two doses. If it is like the babies give the first dose as soon as it's available for the rest of the people, try to get it done.

00:36:30.920 --> 00:36:42.860
Vuppalanchi, Shireesha
Uh, by the end of October this season we might see other respiratory bugs as well. We have already heard of RSV infection clusters, some parainfluenza clusters so

00:36:43.130 --> 00:36:51.940
Vuppalanchi, Shireesha
Uhm, it's important to prevent what we can and flu. We have vaccine and COVID. We have vaccine next slide please.

00:36:53.550 --> 00:37:04.420
Vuppalanchi, Shireesha
Yeah, the MU variant something that is coming up now. There are only a few cases right now. Very low prevalence it less than .1%.

00:37:04.750 --> 00:37:35.000
Vuppalanchi, Shireesha
Uh, we must keep in mind that a Delta was not prevalent couple months ago, but now it accounts for nearly all the cases like 99%. So, the way to prevent new variant from circulating or other variants from developing is more people getting vaccinated even about like 80 percent 75 to 80% of the population is fully vaccinated. Then the transmission in the community is very low. We must take into account.

00:37:35.290 --> 00:37:52.670
Vuppalanchi, Shireesha
Uh, and then the children are not yet eligible, but they are still susceptible, so majority of the adults, if they're vaccinated, that's when will become 75 to 80% of the total population being fully vaccinated and stopping the transmission in the community.

00:37:53.850 --> 00:37:54.590
Vuppalanchi, Shireesha
Uhm?

00:37:55.330 --> 00:38:18.170
Vuppalanchi, Shireesha
Yep, so when somebody is hesitant to take the vaccine because they are low risk, I would ask how about all your contacts? Is everybody low risk? Do you have your elderly family or a neighbor that is immunocompromised or you have children that could get?

00:38:18.750 --> 00:38:31.650
Vuppalanchi, Shireesha
Uh infection and potentially have MIS-C, so it's not just for you, it's helpful, definitely for you, but it's also helpful for your all your contacts and for the community.

00:38:33.190 --> 00:38:34.050
Vuppalanchi, Shireesha
Next slide, please.

00:38:36.500 --> 00:38:46.780
Vuppalanchi, Shireesha
So in the terms of vaccine, you know what's your reason? If you have thought of like this is my reason for not taking the vaccine.

00:38:47.440 --> 00:38:55.140
Vuppalanchi, Shireesha
Would you rethink reconsider because you have new information and so you know would you do it for someone else?

00:38:55.790 --> 00:39:25.130
Vuppalanchi, Shireesha
And what's your source of information? Go to scientific websites to gather information. Do not hear from a friend or a word of mouth or a Facebook somebody’s opinion. Opinions is not the way to get scientific information. You need to depend on scientific sources. CDC, our website, ID website, and other prestigious universities have plenty of information as well. So very important.

00:39:25.940 --> 00:39:39.150
Vuppalanchi, Shireesha
Get information from the right sources. If you have questions that I didn't cover, please feel free to ask now. And if you think of something later, I'm available. My email address is on the slide, so.

00:39:39.400 --> 00:39:58.270
Vuppalanchi, Shireesha
Uh, please email me anytime. I'll be happy to research if I don't know the answer and get you the answer, and I thank you again for joining and your interest to gain some talking points to do to improve vaccination in your contacts.

00:40:00.320 --> 00:40:00.790
Geltmaker, Tammy
OK.

00:40:01.700 --> 00:40:10.690
Geltmaker, Tammy
Thank you Dr. Vuppalanchi. Uhm, I believe we're ready for some questions. Don, do we have any questions submitted through the chat?

00:40:03.640 --> 00:40:04.310
Vuppalanchi, Shireesha
Thank you.

00:40:13.980 --> 00:40:39.530
Heavrin, Ben
Tammy this is Ben. I'll jump in via audio Dr Vuppalanchi. My name is Ben Heavrin with Qsource and wanted to say thank you very much for sharing your expertise here. Many of us work in long term care and there seems to be much discussion right now about vaccine boosters specifically targeting early populations such as the elderly and there would be overlap and long-term care.

00:40:40.280 --> 00:40:53.270
Heavrin, Ben
Any guidance, advice, any foreshadowing you might be able to provide for our team? It seems that a month ago signal for booster vaccination was a lot different than perhaps what we're hearing from our trusted authorities now.

00:40:55.320 --> 00:41:25.620
Vuppalanchi, Shireesha
Yes, uh, you know we have to always work on that information we have thus far. So we are gathering more and more data and we are seeing slightly veining efficacy and we are going to be getting into colder months with other respiratory infections coming up and we have seen from Israel that people have gotten booster. They're prevention and antibody levels and a vaccine efficacy has jumped sky.

00:41:25.690 --> 00:41:35.070
Vuppalanchi, Shireesha
Hi, within a week and they were like fully protected within two weeks so when we went is recommended, I would highly encourage that.

00:41:35.120 --> 00:41:40.810
Vuppalanchi, Shireesha
Like, uh, you know to go take the booster as indicated by ACIP recommendations.

00:41:42.510 --> 00:41:43.280
Heavrin, Ben
Thank you.

00:41:45.070 --> 00:41:47.270
Vuppalanchi, Shireesha
Thank you for the question, good question.

00:41:50.520 --> 00:42:05.070
Gettinger, Don
Hey Tammy, this is Don Gettinger UM, no specific questions in the chat, although it was asked if we're going to be able to get the slide deck and that will be shared. It's shared right now on the chat, but some people are having trouble so we're working on that.

00:42:05.580 --> 00:42:15.170
Gettinger, Don
Uh, it was mentioned though that slide 35 kind of talking about what the vaccine doesn't do. One of the participants thought that would be very helpful to share with his staff.

00:42:22.250 --> 00:42:26.300
Geltmaker, Tammy
OK, alright thank you Don. Do we have any other questions on the call?

00:42:24.390 --> 00:42:24.950
Gettinger, Don
Yes.

00:42:28.410 --> 00:42:30.450
Vuppalanchi, Shireesha
I think we have Pam on the call Tammy.

00:42:30.510 --> 00:42:35.430
Vuppalanchi, Shireesha
We, uh, will ask her to give us some updates and provide comments.

00:42:36.950 --> 00:42:38.110
Geltmaker, Tammy
Wonderful thank you.

00:42:45.460 --> 00:42:47.120
Pontones, Pamela
Hi there, can everyone hear me?

00:42:50.850 --> 00:42:51.390
Vuppalanchi, Shireesha
Yes.

00:42:51.470 --> 00:42:51.980
Geltmaker, Tammy
Yes.

00:42:52.360 --> 00:43:15.890
Pontones, Pamela
OK, just wanted to make sure. Hi everyone, this is Pam Pontones, Deputy Health Commissioner and State Epidemiologist here at the Indiana Department of Health. Thank you so much Sir. Esha I I appreciate the opportunity to join in going back to the booster question and I'm not sure how many of you are following the process for authorization on this.

00:43:17.630 --> 00:43:45.120
Pontones, Pamela
FDA verbeck the vaccine and related Biologic Products Commission is meeting on Friday the 17th to review data to determine if that they will recommend that the FDA issue and emergency use authorization for both Pfizer and Moderna booster doses.

00:43:46.020 --> 00:44:06.080
Pontones, Pamela
We have heard that Pfizer may come out a little bit earlier than we hear. You know, maybe not. We've heard all kinds of different things, but Friday appears to be the day that they will at least discuss the data and FDA will determine if any UA for boosters will be authorized.

00:44:06.810 --> 00:44:30.910
Pontones, Pamela
Uhm, the at that point, the CDC Advisory Committee on Immunization Practices will meet, probably and again, this is a big, probably Saturday the 18th to make recommendations as to who will get those booster doses when they will, you know what interval the boosters should be given.

00:44:31.490 --> 00:44:57.850
Pontones, Pamela
Uh, we are anticipating and again, this is just anticipation that folks over the age of 65, certainly including folks in long term care facilities, would be at long with health care. Workers would be at the top of the list, but we have not seen anything like that for sure. We are waiting for the ACIP recommendations that would come out this weekend.

00:44:58.640 --> 00:45:29.180
Pontones, Pamela
We have also heard that Pfizer will be submitting data in October to the FDA for review for administration of vaccine two kids ages 5 through 11 and that they would be then in November, perhaps submitting data for review for EUA and children ages six months through four years. So that's the latest that we've heard.

00:45:30.680 --> 00:45:37.330
Pontones, Pamela
But certainly a lot more to come, probably on Friday, Saturday we will be watching very closely.

00:45:37.890 --> 00:46:07.430
Pontones, Pamela
Uh, with the decisions that are being made attending calls and will get out information for you as quickly as we possibly can. You may have heard also about the day of September 20th being a day for distribution of boosters that was simply a planning assumption that we heard from federal government for states to work toward. So not sure of the exact day that boosters

00:46:07.470 --> 00:46:12.140
Pontones, Pamela
will be released, but that was our target to be ready for them.

00:46:23.060 --> 00:46:31.590
Geltmaker, Tammy
Thank you so much Pam for that update. Any other questions for Doctor Vuppalanchi or for Pam?

00:46:33.360 --> 00:46:34.750
Vuppalanchi, Shireesha
Somebody has hand up.

00:46:36.730 --> 00:46:37.960
Tony Ughetti
Hi can you hear me?

00:46:39.600 --> 00:46:40.080
Vuppalanchi, Shireesha
Yes.

00:46:40.650 --> 00:47:06.740
Tony Ughetti
Hi Tony Ughetti representing Greencroft Goshen health care Goshen IN. I just wanna say to Pam and Doctor Vuppalanchi, everyone working alongside you. Thanks so much for programs like this and for everything you've done throughout the pandemic. For those of us who are out here in the field dealing with it minute- to-minute, day-to-day, your transparency and your partnership with us, it's just so valuable and so appreciated. So, I wanted to make that comment.

00:47:09.040 --> 00:47:38.800
Pontones, Pamela
Well, thank you. Thank you so very much. We really appreciate hearing that. It's definitely a work in progress. Our priority is to provide as much factual transparent information in as near real time as we possibly can to help all of you who are working with patients and working on the ground. We certainly also thank all of you very much for all the work that you do every day

00:47:39.540 --> 00:47:46.470
Pontones, Pamela
to help in our COVID response with patients, with long Term Care residents, everyone that you serve. Thank you very much.

00:47:47.430 --> 00:48:02.180
Vuppalanchi, Shireesha
And I agree with all of you are doing a phenomenal job. This is difficult time and it is going on and on. And thank you for persisting to do the right thing and caring for our residents and taking care of your staff.

00:48:02.560 --> 00:48:32.820
Vuppalanchi, Shireesha
Uhm, burnout is real, but being there and providing support and giving them the information, gathering the information, and taking it to them, that's wonderful. And thank you for joining today to learn what else you can use as information to take it to them. Just remind your people, you know your workforce, that we, most of us, went into healthcare because we are compassionate. We care about.

00:48:33.110 --> 00:48:43.000
Vuppalanchi, Shireesha
Plus, you know, sometimes things we do for ourselves, but there are things that we do for others as well, so I think it's time to think big and, you know, help out our community.

00:48:49.610 --> 00:49:18.530
Pontones, Pamela
One other thing I would like to add, this is Pam, is to please be thinking and let Tammy know of what other topics you would like us to address in two weeks on the next office hour call. We will have I hope a lot more information on boosters and childhood that you know timing of COVID vaccine, and we also will have more information on.

00:49:18.730 --> 00:49:32.320
Pontones, Pamela
 influenza vaccine and how that is rolling out as well. But really whatever you would like to hear more information, please let Tammy know and we'll be sure to include that in the next office hour presentation.

00:49:41.170 --> 00:50:08.580
Geltmaker, Tammy
Thank you for adding that Pam. Absolutely we want to make these office hours calls as meaningful as possible. So, you know, we really appreciate feedback from those who attend. We want to make sure that we're sharing information that's meaningful and also on topics that are important and timely, so we do appreciate that. Don, Pam, or Doctor Vuppalanchi, any other

00:50:10.130 --> 00:50:23.260
Geltmaker, Tammy
questions that we either see in chat or any other hands raised? My apologies, I'm not able to see it because I have the PowerPoint on my screen so, but I want to make sure I'm not leaving anyone out who has another question.

00:50:25.770 --> 00:50:30.540
Gettinger, Don
I do not see any in chat at this time. I don't see any hands raised, but uhm.

00:50:31.420 --> 00:50:36.320
Gettinger, Don
If you have a question, you're welcome to unmute yourself and ask that verbally or put it in chat.

00:50:45.720 --> 00:50:52.390
Geltmaker, Tammy
OK, just give us one more minute there. One more pause in case someone does have a question.

00:50:58.550 --> 00:51:04.680
Vuppalanchi, Shireesha
Go ahead and include our emails in the chat, so if somebody wants to email us later.

00:51:05.560 --> 00:51:06.580
Vuppalanchi, Shireesha
That will be helpful.

00:51:07.350 --> 00:51:08.970
Vuppalanchi, Shireesha
Seems like some.

00:51:10.690 --> 00:51:14.130
Vuppalanchi, Shireesha
Had trouble to accessing the slides.

00:51:19.370 --> 00:51:30.720
King, Amanda
Yeah, and my recommendation is to download the file as a PDF file and we will, actually, that will be distributed later today or first thing in the morning to those that attended today as well.

00:51:30.910 --> 00:51:31.560
King, Amanda
Uhm?

00:51:32.640 --> 00:51:33.000
Vuppalanchi, Shireesha
Perfect.

00:51:41.640 --> 00:51:50.650
Geltmaker, Tammy
OK. Well, I do want to give a big thank you to our speakers to Doctor Vuppalanchi and to Pam Pantones.

00:51:51.710 --> 00:52:21.240
Geltmaker, Tammy
And as well as the participants, thank you. As I said earlier in the call, we really want to make these as interactive as possible, so we really do appreciate your participation. You know from completing the polling questions to asking questions and just, you know, kind of sharing your thoughts about things right now. So, we really do appreciate that. We are here to help you. Please contact us. Also Doctor Vuppalanchi mentioned you may also contact them.

00:52:21.530 --> 00:52:24.910
Geltmaker, Tammy
with any questions that you have about what you've heard today.

00:52:26.370 --> 00:52:28.840
Geltmaker, Tammy
Or if you need any sort of, you know, technical assistance.

00:52:29.730 --> 00:52:48.430
Geltmaker, Tammy
Uh, we also ask that you take a few moments to complete the post event survey. I believe that may be placed in the chat and we will also be sending that out via email later on today. As we mentioned, your feedback is so very valuable to us. We really do,

00:52:49.720 --> 00:53:01.330
Geltmaker, Tammy
you know, we really do appreciate the information that you share in those evaluations because it really does serve as the content and shapes a future learning and action events.

00:53:05.620 --> 00:53:14.250
Geltmaker, Tammy
Also, in addition to reaching out via email, here are some additional ways that you can connect with us via Facebook, Twitter or LinkedIn.

00:53:15.220 --> 00:53:18.020
Geltmaker, Tammy
So we really want to connect with you.

00:53:19.850 --> 00:53:25.540
Geltmaker, Tammy
Once again, I want to thank all of you for joining us and wish you all a great afternoon.

00:53:27.390 --> 00:53:28.070
Vuppalanchi, Shireesha
Thank you.

00:53:31.520 --> 00:53:33.040
Pontones, Pamela
Thanks so much everyone.

00:53:40.300 --> 00:53:41.190
Pontones, Pamela