COVID-19 VACCINE UPDATE



PARTNERSHIP

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24 March 2021

COVID-19 Vaccine Forum: A Conversation with The Immunization Partnership Doctors for Change

DISCLOSURE AND DISCLAIMER

- > No financial conflicts of interest
- > This presentation is for educational use only and does not constitute legal advice
- Please consult with legal counsel if you have questions regarding a legal matter



THE IMMUNIZATION PARTNERSHIP

Vision

A community protected from vaccinepreventable diseases

Mission

> To eradicate vaccine-preventable diseases by educating the community, advocating for evidence-based public policy, and supporting immunization best practices





PANDEMIC MARDI GRAS

Jeff Fitlow, Our Favorite Krewe of Saints Houses in Galveston,
HOUSTONIA (Feb. 10, 2022),
https://www.houstoniamag.com/traveland-outdoors/2021/02/krewe-of-saints-parade-of-homes-ingalveston.



LATE BREAKING





TEXAS COVID-19 ELIGIBILITY TIMELINE

- > March 29th: All Texans age 16+
- > March 15th: Phase 1C
- March 3rd: School and Day Care Staff
- December 28th: Phase 1B
- December 14th: Phase 1A



TEXAS COVID-19 ELIGIBILITY

DSHS to launch Texas Public Health Vaccine Scheduler to identify upcoming vaccine clinics hosted by DSHS or a participating local health department and be notified when new clinics and appointments become available.



BY THE NUMBERS





TEXAS COVID-19 ELIGIBILITY

- > 11% of Texans age 16+ are fullyvaccinated against COVID-19
- > Texas ranks 45 out of 50 states in fullvaccination rate



COVID-19 DEVASTATION

	Global	U.S.	Texas
Cases	125.54	29.99	2.76
	million	million	million
Deaths	2,739,249	544,922	47,527



Case Count

Updated March 24, 2021, 2:35 P.M. E.T.

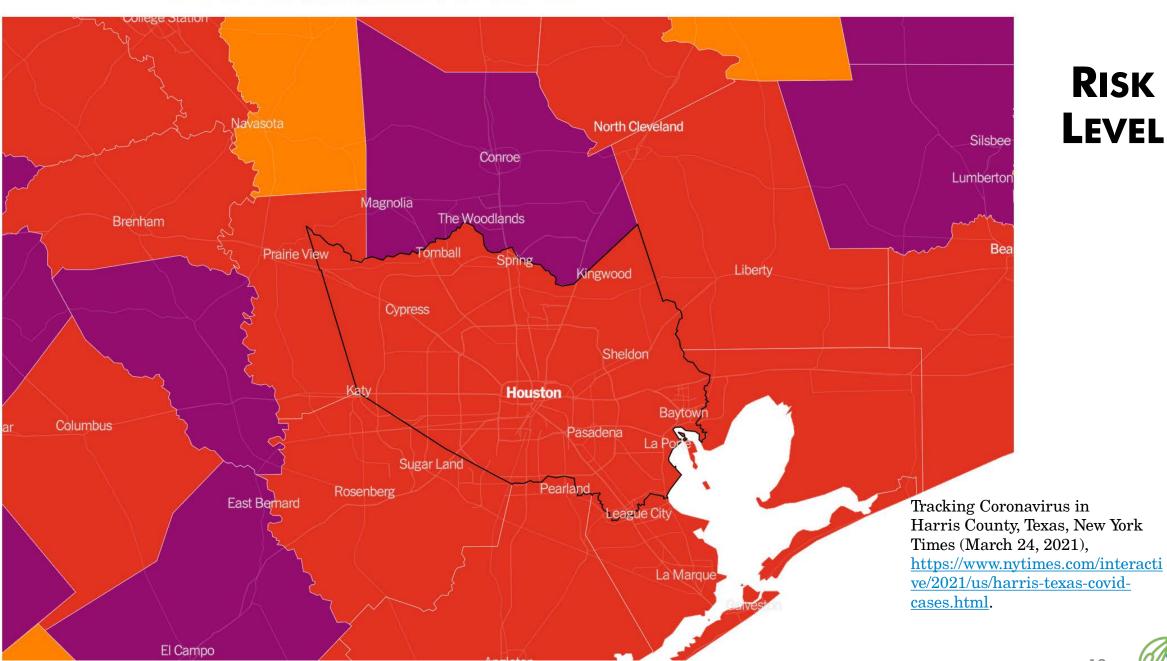


	TOTAL REPORTED	ON MARCH 23	14-DAY CHANGE
Cases	2.7 million+	4,395	-33% 🛶
Deaths	47,856	85	-38% →
Hospitalized		3,964	-28% →

Day with reporting anomaly. Hospitalization data from the U.S. Department of Health and Human Services; 14-day change trends use 7-day averages.

New York Times,
Texas
Coronavirus Map
and Case Count
(March 24, 2021),
https://www.nyti
mes.com/interact
ive/2020/us/texas
-coronaviruscases,html. 11



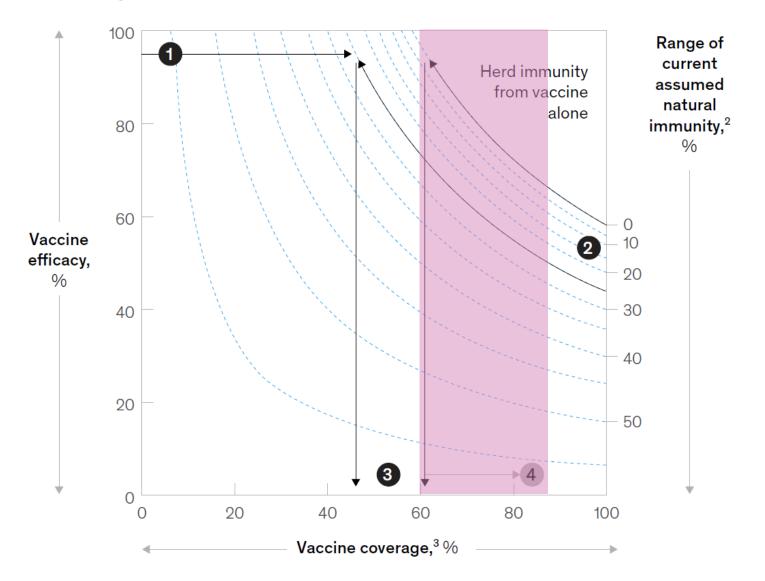


■ LOW ■ MEDIUM ■ HIGH ■ VERY HIGH ■ EXTREMELY HIGH





COVID-19-immunity scenarios¹



Vaccine efficacy and coverage are both important; recent data on efficacy brings clarity to likely coverage targets.

McKinsey & Co., COVID-19 and the Great Reset: Briefing Note #33 2 (November 25, 2020),

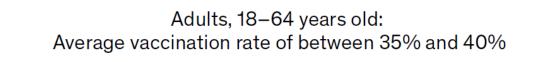
 $\frac{https://www.mckinsey.com/\sim/media/McKinsey/Business\%20Functions/Risk/Our\%20Insights/COVID\%2019\%20Implications\%20for\%20business/COVID\%2019\%20Nov\%20for\%20VID-19-and-the-great-reset-Briefing-note-33-November-25-2020.pdf.}$

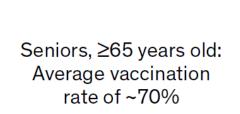
- 1 Two new vaccines have shown efficacy of ~95%
- 2 US seroprevalence (natural immunity) is widely believed to be between 0-25%²
- 3 The intersection of these values for efficacy and seroprevalence suggests that required coverage for the US is ~45-65%
 - 4 The model assumes that vaccines are distributed to adults and children. The new vaccines may not be indicated for children. If only adults are vaccinated, coverage may need to be 30% higher (ie, 58–85% vaccine coverage)



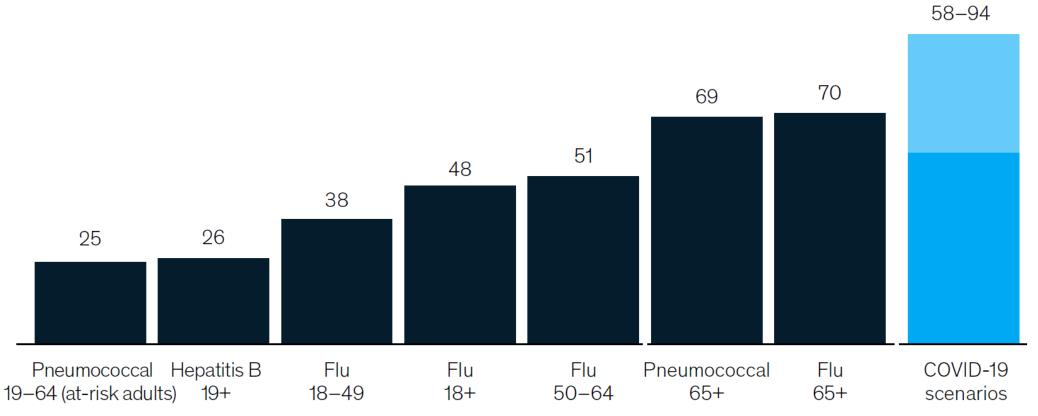
Overall COVID-19-vaccine rates may be lower than flu or pneumococcal rates for seniors,

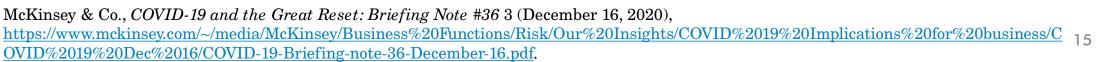
% of US population vaccinated by disease and age group



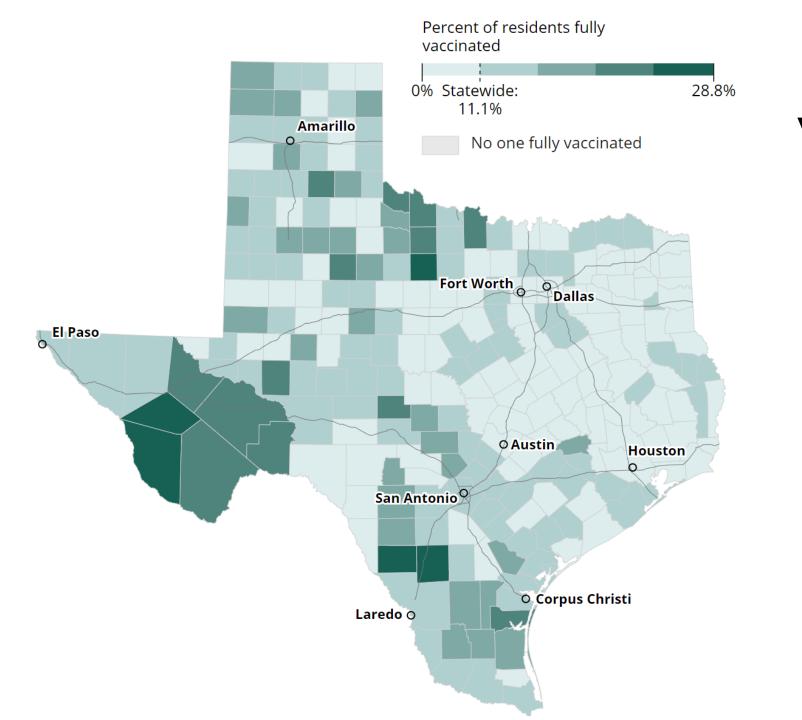


COVID-19vaccination uptake needed in adults, ≥18 years old, to reach herd immunity





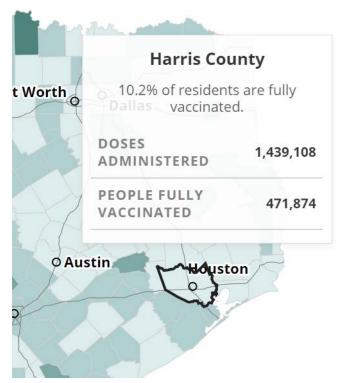


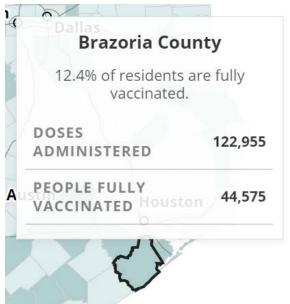


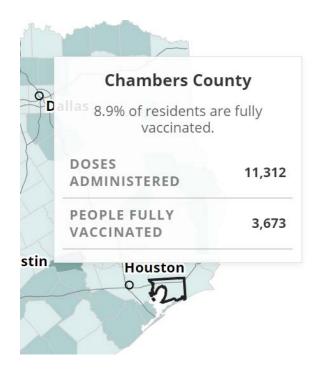
PERCENT FULLY VACCINATED BY COUNTY

New coronavirus cases and hospitalizations are at lows not seen since October, TEXAS TRIBUNE (March 23, 2021), https://apps.texastribune.org/features/2020/texas-coronavirus-casesmap/.

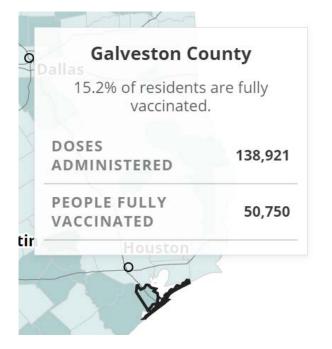






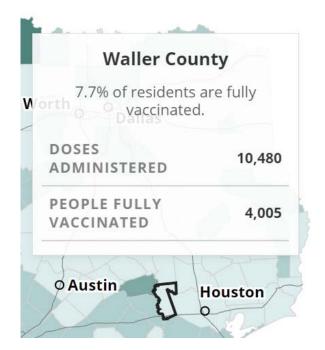


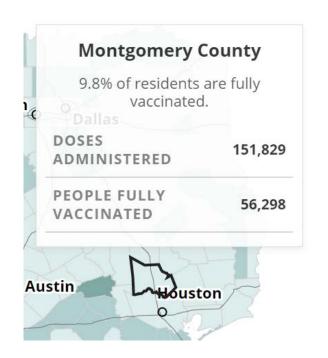
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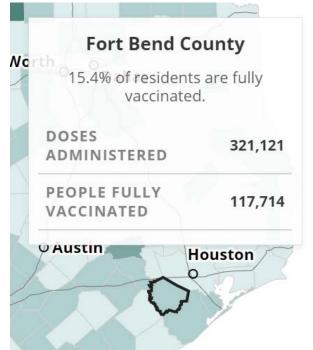
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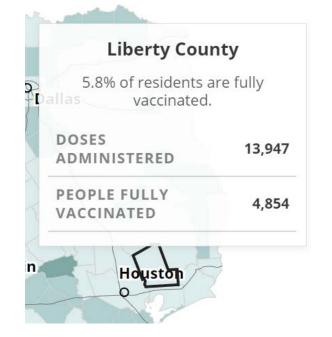






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PANDEMIC VACCINE TASK FORCE RECOMMENDATIONS





PROVIDE SUPPORT TO COVID-19 VACCINE PROVIDERS

- Improve the functionality, interoperability, and efficiency of ImmTrac2, the state immunization registry, to aid in equitable and efficient COVID-19 vaccine distribution and administration.
- > Texas must develop plans with COVID-19 Vaccination Hub Providers and Multispecialty Group Practices to administer COVID-19 vaccines in underserved areas.
- COVID-19 vaccine providers should provide Texans more options to access and register for a vaccine appointment.



ENSURE HEALTH EQUITY

- COVID-19 vaccine information and resources must be culturally appropriate and provided in multiple languages.
- Texas should implement the COVID-19 Community Vulnerability Index (CCVI) data into the state's distribution and allotment software.
- The state should coordinate funding for programs that reduce health disparities in immunizations.



DECREASE COVID-19 IMPACT ON HIGH-RISK TEXANS

- High-risk Phase 1A and Phase 1B Texans must continue to receive priority access to full COVID-19 vaccine dosing regimens after Phase 1C expansion.
- Increase mass vaccination opportunities outside of the COVID-19 Vaccination Hub Providers system.
- Family members of Phase 1A and Phase 1B Texans should be considered high-priority once adequate vaccine supply is available.

ENSURE TRANSPARENCY IN VACCINE ALLOCATION AND DISTRIBUTION

- The COVID-19 Expert Vaccine Allocation Panel (EVAP) must hold public meetings and accept public testimony as they develop vaccine allocation strategies and recommendations to the Texas Commissioner of Health.
- > Adhere to FDA dosing regimens for COVID-19 vaccines.
- Collaborate with trusted community partners to share clear, consistent, and customized public health messages ensure Texans understand the importance of receiving their COVID-19 vaccines.



ACTION STEPS





PICK UP THE PHONE

- Call the Texas House Committee on Public Health at 512-463-0806 and say, "Please set a hearing next week for HB 325, an important COVID-19 immunization registry bill."
- Call the Texas Senate Committee on Health and Human Services at 512-463-0360 and say, "Please set a hearing next week for SB 468, an important COVID-19 immunization registry bill."

SEND AN EMAIL

- Email members of the Texas Senate Committee on Health and Human Services with, "Please vote SB 239 out of committee. It is an important COVID-19 bill to disseminate critical information about immunizations during a disaster."
- HHS Committee members: https://senate.texas.gov/cmte.php?c=610

- HB 325 (Howard) & SB 468 (Zaffirini & Seliger), Relating to the immunization data included in and excluded from the immunization registry (aka ImmTrac Opt-Out)
- > SB 239 (Powell), Relating to the provision of educational materials regarding disease prevention during a disaster
- > SB 1353 (Miles), Relating to the biennial legislative report on immunizations issued by DSHS
- > SB 636 (Seliger), Relating to requirements for and the transparency of epidemiological reports and certain immunization exemption information and reports (aka Parents' Right to Know)



- > SB 371 (Powell), Relating to matching private grants given to enhance additional research activities at public institutions of higher education
- > SB 264 (Menéndez), Relating to the establishment of the Texas Research Consortium to Cure Infectious Diseases (TRANSCEND); authorizing the issuance of bonds
- SJR 17 (Menéndez), Proposing a constitutional amendment providing for the establishment of the Texas Research Consortium to Cure Infectious Diseases (TRANSCEND) and authorizing the issuance of general obligation bonds to fund collaborative research on and development of infectious disease treatments and cures for humans



- HB 2312 (Guerra), Relating to an immunization rate tracking system for employees and residents of certain long-term care facilities
- > SB 882 (Kolkhorst), Relating to the disclosure of certain information regarding the occurrence of communicable diseases in residential facilities
- > HB 495 (Wu), Relating to notice of the health of children attending and adults employed by a child-care facility
- > SB 139 (Johnson), Relating to notice of the health of children attending a child-care facility



- > HB 516 (Beckley), Relating to the vaccination against bacterial meningitis of public school students
- HB 591 (Turner) & SB 138 (Johnson), Relating to the vaccination against bacterial meningitis of public school students
- > HB 677 (Cortez), Relating to the administration of a medication, immunization, or vaccination by a pharmacist
- HB 678 (Cortez) & SB 2136 (Blanco), Relating to the administration of a medication, immunization, or vaccination by a pharmacist



- > HB 797 (Howard), Relating to allowing home and hospice agencies to administer certain vaccines
- > SB 816 (Buckingham), Relating to the possession and administration of certain vaccines by a home and community support services agency or its employees
- > HB 3108 (Lucio), Relating to the patients to whom a pharmacist may administer an influenza vaccination
- HB 2797 (Dean), Relating to prices charged by freestanding emergency medical care facilities during a declared state of disaster; providing administrative penalties



- HB 1409 (Guillen), Relating to the distribution of emergency health resources by the state
- > SB 1788 (Gutierrez), Relating to the distribution of emergency health resources by the state
- HB 2902 (Rodriguez), Relating to the creation of a task force to study factors contributing to disproportionate COVID-19 outcomes
- HB 2316 (J. Turner), Relating to a COVID-19 vaccine public awareness campaign
- HB 2316 (Martinez Fischer), Relating to increasing the criminal penalty for using certain materially false or misleading statements in the commission of the offense of fraudulent use or possession of identifying information





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