

Presented by the Faith in Vaccine (FiV) Partners

September 30, 2021

















Learning Objectives

- To equip faith leaders with the information and resources they need to build vaccine confidence in their communities
- To know where to find accurate and relevant, scientific information about COVID-19 and vaccine developments
- To help develop personalized and collaborative plans for communicating about vaccination urgency within our congregations and communities



- Welcome and Introductions
- ► Role of the Faith Community in COVID Vaccination
- ► COVID-19 Basics
- COVID-19 Case Data
- COVID-19 Vaccine Basics
- COVID-19 Vaccination Data
- ► COVID-19 Breakthrough Cases
- COVID-19 Vaccine Myths and Misinformation
- Increasing COVID Vaccine Confidence
- Commitment to Action



Role of the Faith Community in COVID-19 Vaccination



Why Faith Leaders?

CONFIDANTS COMMITTED TO THE GREATER GOOD



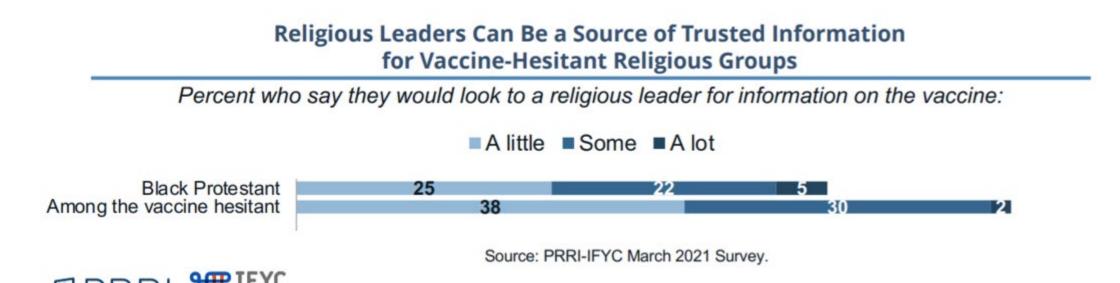
TRUSTED VOICES / CIVIC RESPONSIBILITY TRUSTED SPIRITUAL COUNSELORS





Why Faith Leaders?

• 70% of Black Protestants that were vaccine hesitant reported that they would look to religious leaders for vaccine information at least a little

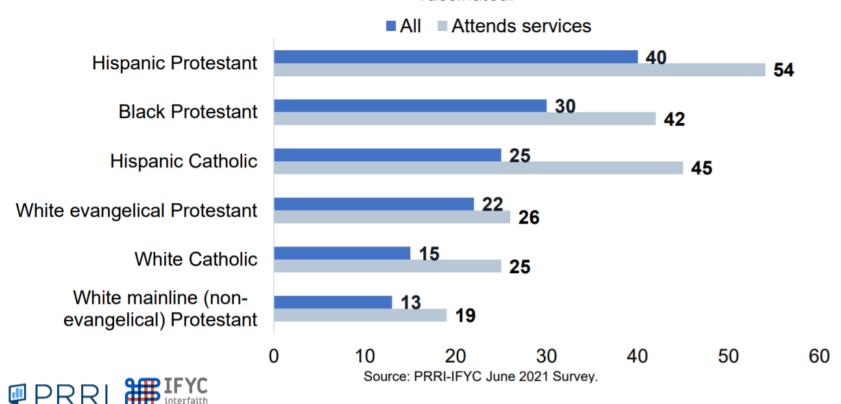




Role of Faith Communities

Faith-based Interventions are Working, by Religious Affiliation and Church Attendance

Percent of vaccinated who say faith-based approaches made them more likely to get vaccinated:

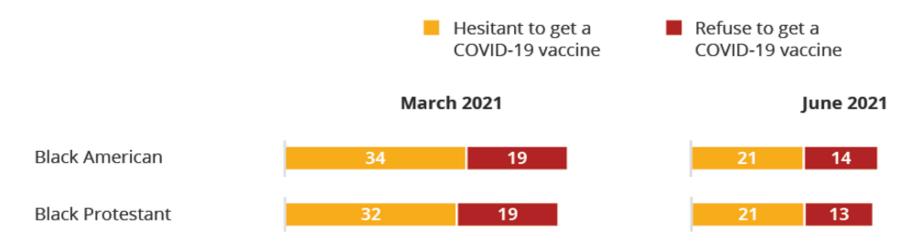




Vaccine Acceptance, Hesitancy, and Refusal

- Generally, acceptance of the vaccine grew significantly from March to June 2021
- Black Protestants have shown similar rates of hesitancy and refusal to Black Americans broadly.
- Black Americans and Black Protestants had notable decreases in vaccine refusal (decrease of 5-6%) compared to other demographic groups.

FIGURE 1.5 Groups Among Whom Half or More Were Vaccine Hesitant or Refusers in March Percent who are:



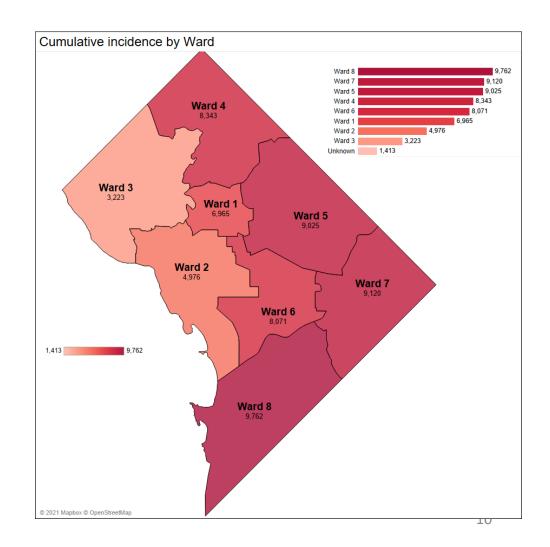


Local COVID-19 Infection Rates and Vaccine Rates

Residents in Wards 7 and 8 have had the highest rates of new COVID-19 infections and the lowest rate of vaccinations.

There is a lack of confidence in the vaccine for a variety of reasons, including:

- Misinformation
- Confusion over what constitutes a "valid" source of information on COVID-19 and the vaccine
- Mistrust of Government
- Applying faith only in the sense of God providing supernatural protection from the virus

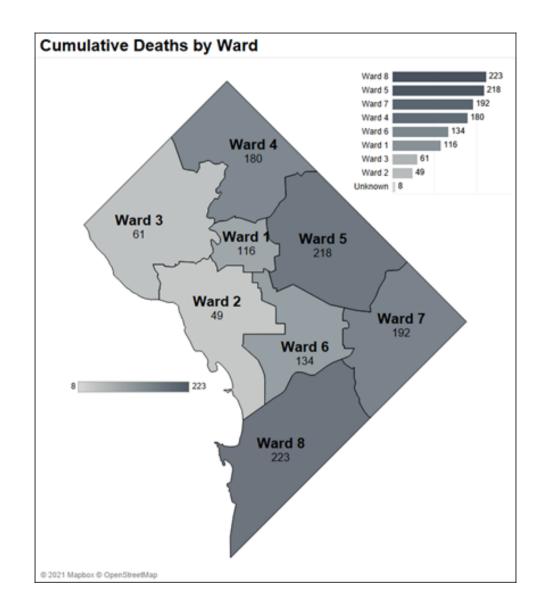




COVID-19 Impact, by Ward

(coronavirus.dc.gov data from 9/19/21)

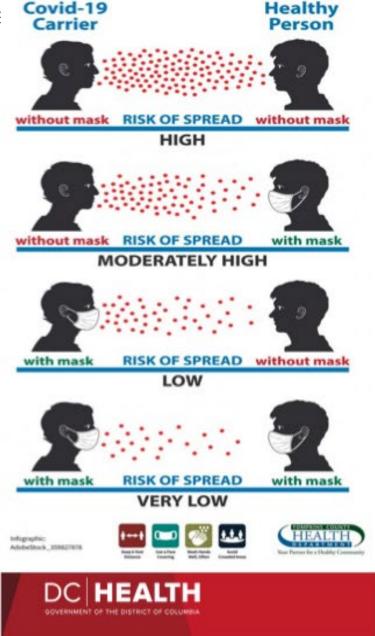
• TOTAL DEATHS = 1174





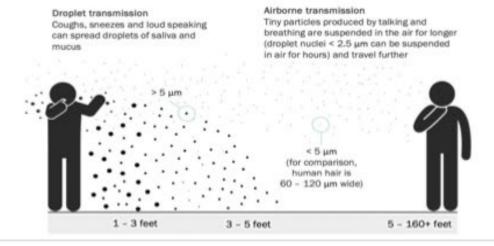
COVID-19 Basics





COVID-19: HOW IT SPREADS

- The main way the virus spreads is person-to-person
- People who are 6 feet or closer to the infected person are most likely to get sick.
- COVID-19 can sometimes spread through the air over longer distances, especially in stuffy and crowded indoor settings
- COVID-19 can also spread from surfaces (by touching surfaces or objects that the virus is on and then touching your mouth, nose, or eyes), but this is uncommon





Health Impacts of COVID-19 Disease

- Symptoms of mild to moderate illness: Fever or chills, cough, sore throat, difficulty breathing/shortness of breath, fatigue, headaches, muscle aches, vomiting, diarrhea, loss of taste or smell.
- Critical illness: Respiratory failure, septic shock, and/or multiple organ dysfunction that requires hospitalization, intensive care, and/or ventilator. And may result in death.
- 1 in 500 Americans have died from COVID (>673,000), including 1,174 DC residents
- Everyone is at risk of developing severe COVID-19 disease. There is an increased risk among groups including: older, adults, adults with certain health conditions, pregnant women, racial/ethnic minorities.



Post-COVID Conditions (*AKA* Long COVID, Long-Haul COVID)

- A person of any age who has had COVID-19 can later develop a post-COVID condition even patients who have had mild or asymptomatic SARS-CoV-2 infection.
- New or ongoing symptoms that last weeks or months after first being infected:

Difficulty breathing or shortness of breath	Dizziness on standing (lightheadedness)
Symptoms that get worse after physical or mental activities	Difficulty thinking or concentrating (AKA "brain fog")
Cough	Chest or stomach pain
Headache	 Fast-beating or pounding heart
Joint or muscle pain	Pins-and-needles feeling
Diarrhea	Sleep problems
• Fever	Tiredness or fatigue
Rash	Mood changes
Change in smell or taste	Changes in menstrual period cycles



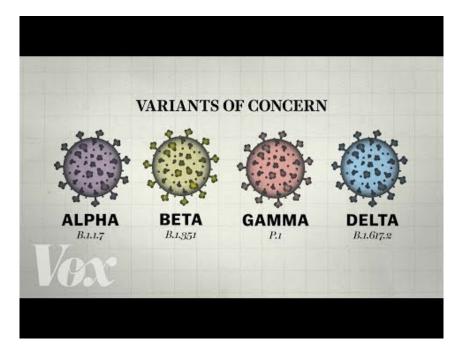
Variants

- Viruses are constantly changing, so new coronavirus variants are expected to occur.
- As the virus spreads, it has new opportunities to change and may become harder to prevent and treat.
- The COVID vaccines are effective at protecting vaccinated individuals from the variants that have emerged todate.

The best way to slow the emergence of new variants is to get vaccinated. Vaccination slows the spread of infection and gives the virus less opportunity to change and adapt.

https://www.youtube.com/watch?app=desktop&v=Ha6yUxze

https://www.youtube.com/watch?app=desktop&v=Ha6yUxze1vkhttps://www.cdc.gov/coronavirus/2019-ncov/variants/variant.html



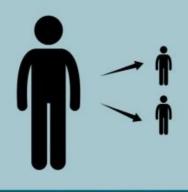


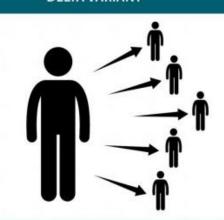
Alpha vs Delta Variants

The Delta variant spreads more easily than previous variants—it may cause more than **2x** as many infections

ORIGINAL COVID-19 STRAIN

DELTA VARIANT





Vaccines protect you from hospitalization, severe infections, and death



cdc.gov/coronavirus

CS-322041-AA 08/25/202



DC COVID-19 Case Data

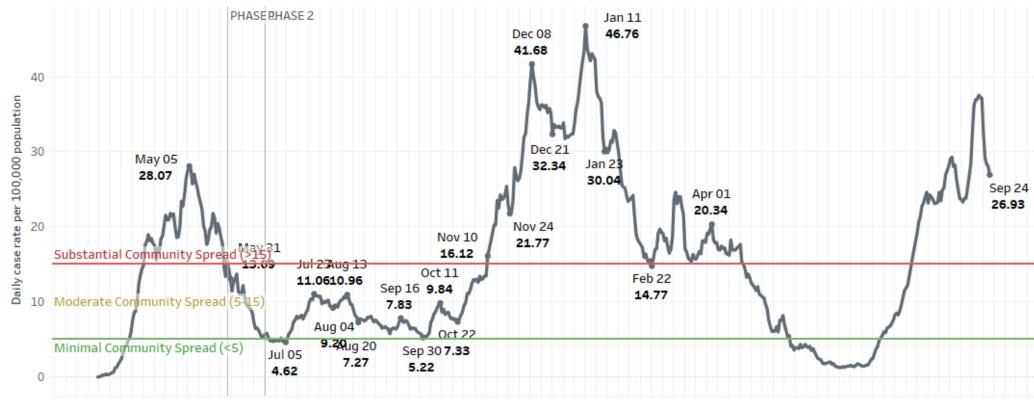


District of Columbia COVID-19 Daily Case Rate

per 100,000 population (7-day average)

Weekly Case Rate: 172.0

per 100,000 population



Mar 23, 20 May 4, 20 Jun 15, 20 Jul 27, 20 Sep 7, 20 Oct 19, 20 Nov 30, 20 Jan 11, 21 Feb 22, 21 Apr 5, 21 May 17, 21 Jun 28, 21 Aug 9, 21 Sep 20, 21

Date of Public Report

Data Source: DC Health. Data subject to change on a daily basis

Data Notes: The line represents a seven day average of the daily case rate per 100,000 population. The number of daily cases is subject to the timeliness of test results reported from laboratories and may not always reflect the number of new positive tests on a given day. Weekly case rate is the total number of new cases per 100,000 persons in the past 7 days. Data reflect ongoing data quality improvements.



DC's COVID-19 Cases, by Race/ Ethnicity

(coronavirus.dc.g ov data from 9/19/21)





DC COVID-19 Cases, by Age

	Total		Patient Sex							
			Female		Male		Unknown			
	N	Percent	N	Percent	N	Percent	N	Percent		
All	60,898*	100.00%	31,833	100.00%	28,828	100.00%	237	100.00%		
Patient Age (yrs)										
Missing	75	0.12%	23	0.07%	47	0.16%	5	2.11%		
0-18	9,542	15.67%	4,764	14.97%	4,735	16.43%	43	18.14%		
19-30	16,751	27.51%	9,318	29.27%	7,356	25.52%	77	32.49%		
31-40	12,177	20.00%	6,250	19.63%	5,877	20.39%	50	21.10%		
41-50	7,421	12.19%	3,736	11.74%	3,662	12.70%	23	9.70%		
51-60	6,560	10.77%	3,226	10.13%	3,318	11.51%	16	6.75%		
61-70	4,611	7.57%	2,325	7.30%	2,277	7.90%	9	3.80%		
71-80	2,295	3.77%	1,252	3.93%	1,037	3.60%	6	2.53%		
81+	1,466	2.41%	939	2.95%	519	1.80%	8	3.38%		

Data as of 9/27/21



COVID-19 Impact in DC – Deaths by Race/Ethnicity (DC Health data from 9/19/21)

Black residents make up 76% of COVID deaths (coronavirus.dc.gov)





DC COVID-19 Case Data Take-Aways

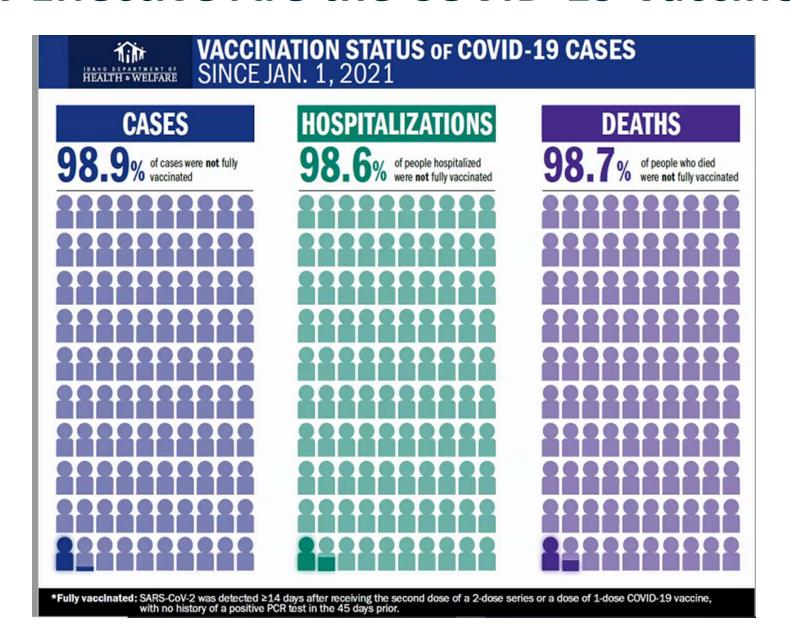
- In order from most to least, wards 8, 5, and 7 continue to have the most COVID-19 cases.
- Non-Hispanic, Black people continue to be the largest proportion of cases.
- The majority of cases are diagnosed in young adults ages 25-34 years old.
- Similar trends for wards 8, 5, and 7, and non-Hispanic Black ethnicity/race follow for deaths from COVID-19.



COVID-19 Vaccine Basics



How Effective Are the COVID-19 Vaccines?





COVID-19 Vaccines

There are 3 vaccines available in the United States:

mRNA vaccines (2-dose):

Pfizer – Full approval for 16 years+ by the Food and Drug Administration (**FDA**)

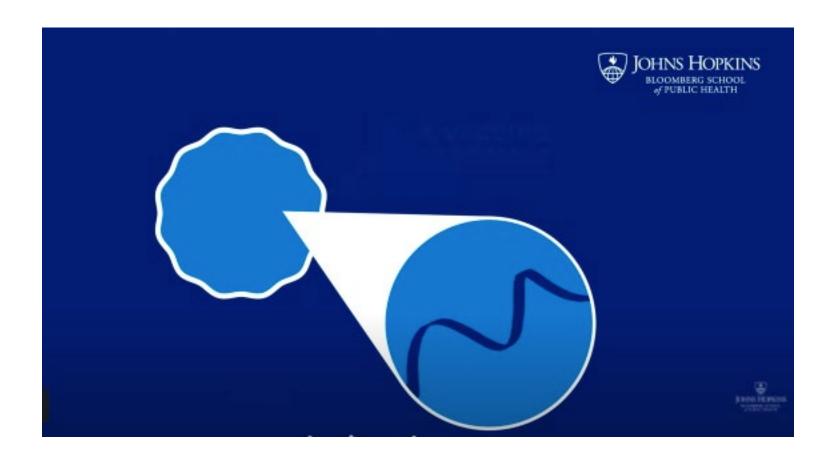
Moderna – Emergency use authorization (EUA) from FDA

Viral vector vaccine (1-dose)

Johnson & Johnson/Janssen – EUA from FDA



How Do the mRNA Vaccines Work?





How They Work: mRNA and Viral Vector Vaccines

- mRNA and Viral Vector vaccines both:
 - Cause our cells to produce the spike protein which cues our immune system's response
 - —Once our immune systems recognize the coronavirus spike protein, it can quickly destroy it when it enters the body and before the actual virus invades the body to the level that causes sickness or death.
- mRNA and the viral vector proteins do not enter the nucleus of the cell, which is where our genetic material (DNA) is kept.



COVID-19 Vaccines and Variants

World Health Organization (WHO) Sample List of Variants of Interest:

WHO label	Pango lineage*	GISAID clade	Nextstrain clade	Additional amir acid changes monite	Earliest documented samples	Date of designation
Alpha	B.1.1.7 #	GRY	20I (V1)	+S:484K +S:452R	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351	GH/501Y.V2	20H (V2)	+S:L18F	South Africa, May-2020	18-I)ec-2020
Gamma	P.1	GR/501Y.V3	20J (V3)	+S:681H	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2§	G/478K.V1	21A	+S:417N	India, Oct-2020	YOI: 4-Apr- 2021 VOC: 11-May- 2021



COVID Vaccines vs. New Variants



Dr. Rhea Boyd, MD, MPH

American Pediatrician & Community Health Advocate

Director of Equity & Justice for the California Children's Trust.



Vaccine Basics Take-Aways

- The COVID vaccines protect against COVID-19, and against severe illness and death among those that do develop COVID-19.
- Vaccines are effective against all variants to date.
- Widespread vaccination will slow the emergence of new variants



Common Side Effects of the Vaccine

- Pain at injection site
- Fever
- Feeling tired
- Headache
- Chills
- Muscle aches
- Joint pains



Most symptoms go away within 1 or 2 days.



COVID Risks > Vaccine Risks

Myocarditis

- COVID-related: 150 per 100,000
- COVID vaccine-related: 4.06 per 100,000

Death

- COVID-related: 672,000
- COVID vaccine –related: 7,653 unconfirmed reports of death (0.0020%) among people who received a COVID-19 vaccine.
- Pre-Term Birth: 10% (nationally)
 - National rate: 10%
 - Among women that get COVID: 11%
 - Among women that have received the COVID vaccine: 9.4%
 - Resources to share: https://youtu.be/Ao8ZiiJf0Sc (Dr. Melissa Clark)



How Did the Vaccines Get Developed So Fast?

- Scientists weren't starting from scratch
- Clinical trials efficiencies (not shortcuts)
 - Recruitment
 - Timing of phases (overlap)
 - Effectiveness data as a result of widespread infection
- Preferential FDA review (jumped the queue)
- Manufacturing efficiencies



More on the Clinical Trials

Pfizer/BioNTech

- 45,302 enrolled
 - **43,125** received 2nd dose
- **150** clinical sites
 - **39** U.S. states
- Racial/ethnic distribution
 - **13%** Hispanic
 - 10% African American
 - **6%** Asian
 - 1% Native American
- **40%** ages 56-85

Moderna

- **30,000** enrolled
 - **25,654** received 2nd dose
- **89** clinical sites
 - **32** U.S. states
- Racial/ethnic distribution
 - **20%** Hispanic
 - 10% African American/Black
 - **4%** Asian
 - **3%** All others
- **64**% ages 45 and older



Safety Data for COVID-19 Vaccines

Approx. 212 million Americans have received at least one dose of vaccine; including:

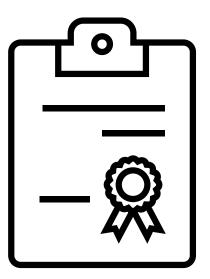
- At least 13 million non-Hispanic Black individuals (among those who reported race)
- At least 22 million Hispanic or Latinx individuals (among those who reported their ethnicity)

Vaccines have undergone and will continue to undergo the most <u>intensive safety monitoring</u> in U.S. history



COVID-19 Vaccine Safety Take-Aways

- The health risks of COVID-19 are greater than the health risks of the vaccines.
- The vaccines are safe and have been held to FDA's same rigorous safety and effectiveness standards as all other types of vaccines in the United States.
- People of color were involved in the vaccines' clinical trials and millions of Americans of color have since received the vaccines.
- Vaccines continue to undergo the most <u>intensive safety</u> <u>monitoring</u> in U.S. history.





Vaccination to End the Pandemic

• We know:

- More vaccinated people = fewer opportunities for COVID to spread
- Fewer opportunities for COVID to spread = fewer opportunities for new variants

We are still learning:

- -How many people have to be vaccinated against COVID-19 before the population can be considered protected (i.e. herd or community immunity).
- How much does being vaccinated reduce the likelihood of an infected person spreading the virus to others



DC COVID-19 Vaccination Data





TOTAL DOSES ADMINISTERED WITHIN DC **ESTIMATED % RESIDENTS PARTIALLY** OR FULLY VACCINATED**

ESTIMATED % RESIDENTS FULLY VACCINATED**

68.5%

ESTIMATED % OF BREAKTHROUGH CASES***

0.96%

977,703

80.8%

Coverage (%) of fully vaccinated DC Residents 12 years of age and over by Ward

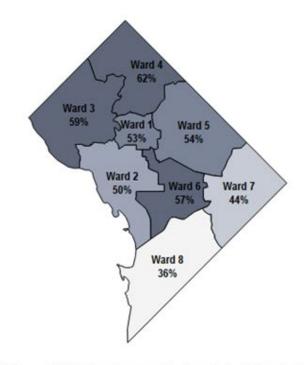
Vaccine Coverage in DC (12 years +)



Count or coverage: Coverage (%)

Mapped: 364,300

Ward - Age Group



© 2021 Mapbox © OpenStreetMap

Metric Definition: Number of residents who completed the vaccine regimen for COVID-19. Coverage is defined as the number as a proportion of the number of residents in each neighborhood, as reported by the total population reported in 2018 Ward population estimates, including residents who may be ineligible to receive the vaccine.

Data Considerations: The proportion of fully vaccinated residents does not translate to population immunity. Residents who are partially vaccinated may have a some level of immunity, immunity may change over time, and non-residents may not be included in the population. Vaccine administration data is reported by facilities and may not be complete. Individuals who receive single dose regimens such as J&J are considered fully vaccinated. These numbers do not include DC residents who have received vaccination outside of DC. Charts and table consists of data from DC Health and summary bar was calculated from combination of data sources and can not be compared. "Total doses administered within DC and estimated rates of fully/partially vaccinated DC residents are calculated using both administered doses inside and outside of DC, which includes doses administered by some federal entities and other jurisdictions outside DC. ***Estimated % Breakthrough cases is calculated using the number of DC residents who were identified as being a breakthrough case (SARS-CoV-2 RNA or antigen detected on respiratory specimen collected >= 14 days after completing primary series of FDA authorized COVID-19 vaccine (J&J, Moderna or Pfizer) out of the total number of DC residents who were vaccinated (and were reported to DOCHS2.0).



Vaccine Coverage in DC, by Race TOTAL DOSES
ADMINISTERED WITHIN DC

OR FULLY VACCINATED**

ESTIMATED % RESIDENTS FULLY VACCINATED**

CASES***

977,703

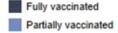
69.8%

59.2%

0.96%

ESTIMATED % OF BREAKTHROUGH

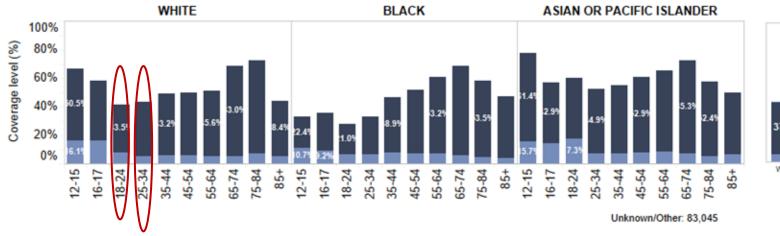




Portiolly or Fully Vocci

Partially or Fully Vaccinated

Race



37.9%	33.0%	43.1%
WHITE	BLACK	ASIAN OR PACIFIC

ISLANDER

OVERALL

		12-15	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
WHITE	Partially Vaccinated	1,076	486	2,692	5,032	3,308	1,807	1,293	1,027	674	241	17,636
	Fully Vaccinated	3,376	1,277	11,910	36,487	25,762	14,461	11,565	12,352	6,326	1,734	125,250
	Fully/Partially Vaccinated	4,486	1,757	14,800	41,538	28,886	16,214	12,855	13,419	7,004	1,973	142,932
BLACK	Partially Vaccinated	1,537	624	2,154	3,770	3,197	2,656	3,047	1,691	670	291	19,637
	Fully Vaccinated	3,220	1,780	6,712	14,927	16,106	16,526	22,302	18,064	7,684	3,167	110,488
	Fully/Partially Vaccinated	4,822	2,434	8,900	18,849	19,382	19,329	25,573	19,832	8,371	3,435	130,927
ASIAN OR PACIFIC ISLANDER	Partially Vaccinated	95	49	800	790	510	282	172	104	32	19	2,853
	Fully Vaccinated	373	150	1,974	4,893	3,386	1,876	1,175	943	342	128	15,240
	Fully/Partially Vaccinated	476	198	2,807	5,661	3,876	2,163	1,344	1,052	374	149	18,100

Source: DC Health; Data are subject to change

Metric Definition: The number of DC residents who have been fully vaccinated across age groups, gender, race, and ethnicity. This information is carefully tracked to determine targetting and equity of vaccine rollout and administration. ""Estimated % Breakthrough case is calculated using the number of DC residents who were identified as being a breakthrough case (SAAS-CoV-2 RNA or antigen detected on respiratory specimen collected >= 14 days after completing primary series of FDA authorized COVID-19 vaccine (J&J, Moderna or Pfizer) out of the total number of DC residents who were reported to DOCIIS2-0).

Data Considerations: Coverage is defined as the number as a proportion of the number of residents in DC, as reported by the total population reported in the ACS 2019 census and CDC Bridged population estimates, including residents who may be ineligible to receive the vaccine. Demographic data are self-reported, and obtained from electronic health records. Demographic data are self-reported, and obtained from electronic health records can be incomplete, especially for race and ethnicity. These information may be updated from supplementation data. The chart above does not include non-residents which may have been vaccinated in DC, or residents who have not completed the vaccine regimen, or completed the regimen outside of DC. Individuals who records series regimens under the properties. Authority of the control of the control of the number of the



TOTAL DOSES ADMINISTERED WITHIN DC OR FULLY VACCINATED**

ESTIMATED % RESIDENTS FULLY VACCINATED** ESTIMATED % OF BREAKTHROUGH CASES***

59.2%

59,107

68,271

42.645

49,033

0.96%

977,703

69.8%

9.103

12,776

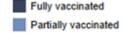
4,178

5,719

Coverage (%) by Age Group - DC Residents

Fully Vaccinated

Fully/Partially Vaccinated



Age Group

38,921

42,947

43,604

49,647

18,313

20,200

Partially or Fully Vaccinated





Source: DC Health; Data are subject to change.

Metric Definition: The number of DC residents who have been fully vaccinated across age groups, gender, race, and ethnicity. This information is carefully tracked to determine targetting and equity of vaccine rollout and administration. ***Estimated % Breakthrough cases is calculated using the number of DC residents who were identified as being a breakthrough case (SARS-COV-2 RNA or antigen detected on respiratory specimen collected >=14 days after completing primary series of FDA authorized COVID-19 vaccine (J&J, Moderna or Pfizer) out of the total number of DC residents who were vaccinated (and were reported to DOCIIS2.0).

71,840

84,402

27,000

34,676

Data Considerations: Coverage is defined as the number as a proportion of the number of residents in DC, as reported by the total population reported in the ACS 2019 census and CDC Bridged population estimates, including residents who may be ineligible to receive the vaccine. Demographic data are self-reported, and obtained from electronic health records can be incomplete, especially for race and ethnicity. These information may be updated from supplementary data who have not completed the vaccine regimen, or completed the regimen outside of DC. Individuals who receive single dose regimens such as J&J are considered fully accinated. Numbers...

321,257

375,004



DC COVID-19 Vaccination Data Take-aways

- Ward 7 and 8 have the smallest proportion of fully vaccinated residents.
- Black youth ages 12-34 trail amongst those who are fully vaccinated.
- Overall, adults ages 18-24 are the lowest proportion of fully vaccinated residents in DC.
- As seen from the case slides, this age group starts to parallel for the majority of new cases in DC.



DC COVID-19 Breakthrough Cases and Data



Breakthrough Infections



This photo shows two children, both infected with smallpox. They were both infected the same day, from the same source. The one on the left was unvaccinated, the on on the right was vaccinated as an infant.



What Is a Breakthrough Case?

 The positive detection of COVID-19 in an individual who is fully vaccinated

- Breakthrough cases are expected, as no vaccines are 100% effective at preventing illness in vaccinated people
 - Smallpox = 95% effective

DC Vaccine Breakthrough Cases - Incidence

ESTIMATED 7-DAY AVERAGE OF FULLY VACCINATED CASES (PER 100,000)

ESTIMATED 7-DAY AVERAGE OF NOT FULLY VACCINATED CASES (PER 100,000)

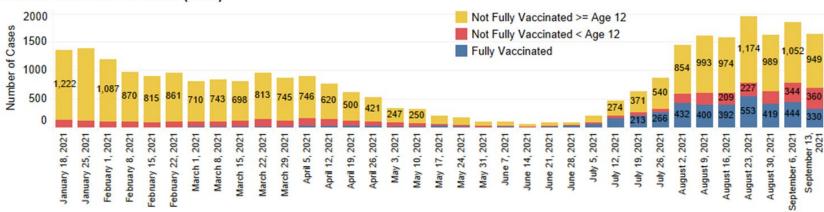
14.7

50.5

Case Rates Case Chronology Demographic Profile Time since fully vaccinated Symptomatic Hospitalized / Deceased

Cases Hospitalizations Deaths

Number of COVID-19 Cases (2021)



Test Date (weeks)

	Cases since Jan 18th 2021	Percent of cases since Jan 18th 2021	Cases in Last 7 days	Percent of cases in last 7 days
Fully Vaccinated	4,030	13.7%	330	20.1%
Not Fully Vaccinated < Age 12	3,784	12.9%	360	22.0%
Not Fully Vaccinated >= Age 12	21,625	73.5%	949	57.9%
Total	29,439	100.0%	1,639	100.0%

Metric Definition: Number of COVID-19 breakthrough cases who are DC residents. The number of cases and the percentage of cases out of all those vaccinated who are reported in DOCIIS2.0 are presented by vaccine type. This information is tracked to identify any trends or dustering in patient characteristics, the administered vaccine, or the infecting virus. This could provide early signals regarding sub-optimal primary immune response in certain groups or conditions, wanting immunity, compromised vaccine due to inadequate cold-chain or other issues during shipping, storage, or administration or viral mutations for viral mutations for viral mutations for viral mutations for viral mutations or variants that may improve vaccine effectiveness

Data considerations: COVID-19 Breakthrough cases are DC residents who have SARS-CoV-2 RNA or antigen detected on respiratory specimen collected ≥14 days after completing the primary series of an FDA-authorized COVID-19 vaccine (J&J, Moderna or Pfizer).

COVID-19 breakthrough cases reported included have vaccination records reported to DC Health's immunization registry DOCIIS2.0 as well as confirmed positive SARS-COV-2 RNA or antigen tests reported to DC Health...

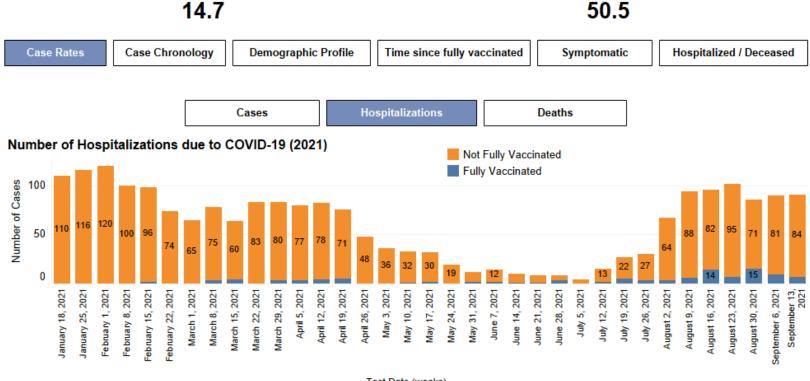


DC Vaccine Breakthrough Cases - Impact

ESTIMATED 7-DAY AVERAGE OF FULLY VACCINATED CASES (PER 100,000)

ESTIMATED 7-DAY AVERAGE OF NOT FULLY VACCINATED CASES (PER 100,000)

• Fully vaccinated residents represent 5% of hospitalizations for COVID compared to 95% of not fully vaccinated residents (92.3% for the last 7 days as of 9/20/21.)



Test Date (weeks)

	Hospitalizations since Jan 18th 2021	Percent of Hospitalizations since Jan 18th 2021	Hospitalizations in last 7 days	Percent of Hospitalizations in last 7 days
Fully Vaccinated	107	5.0%	7	7.7%
Not Fully Vaccinated	2,048	95.0%	84	92.3%
Total	2,155	100.0%	91	100.0%

Metric Definition: Number of COVID-19 breakthrough cases who are DC residents. The number of cases and the percentage of cases out of all those vaccinated who are reported in DOCIIS2.0 are presented by vaccine type. This information is tracked to identify any trends or clustering in patient characteristics, the administered vaccine, or the infecting virus. This could provide early signals regarding sub-optimal primary immune response in certain groups or conditions, waning immunity, compromised vaccine due to inadequate cold-chain or often issues during shipping, storage, or administration or viral mutations or variants that may impact vaccine effectiveness

Data considerations: COVID-19 Breakthrough cases are DC residents who have SARS-CoV-2 RNA or antigen detected on respiratory specimen collected ≥14 days after completing the primary series of an FDA-authorized COVID-19 vaccine (J&J, Moderna or Pfizer).

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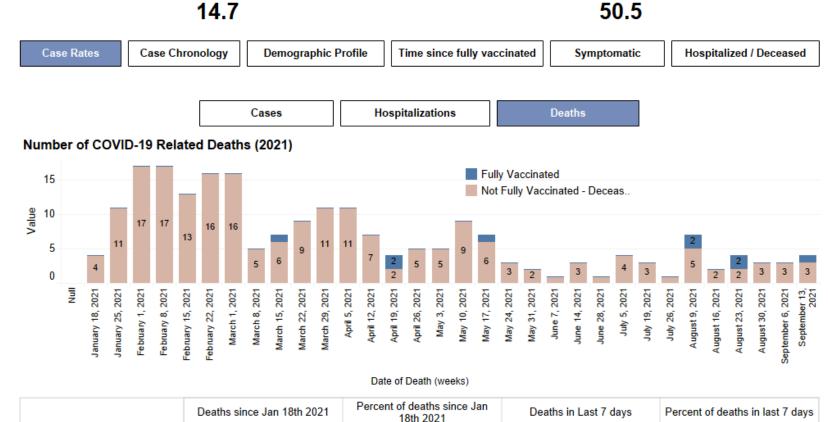


DC Vaccine Breakthrough Cases - Impact

ESTIMATED 7-DAY AVERAGE OF FULLY VACCINATED CASES (PER 100,000)

ESTIMATED 7-DAY AVERAGE OF NOT FULLY VACCINATED CASES (PER 100,000)

- Fully vaccinated residents represent 4.2% of deaths from COVID since January 18, 2021; 96.8% of deaths are among not fully vaccinated residents
- There have been 9.0 deaths due to COVID among fully-vaccinated DC residents since January 18, 2021



Fully Vaccinated 9.0 4.2% 1.0 25%

Not Fully Vaccinated 206.0 95.8% 3.0 75%

Total 215.0 100.0% 4.0 100%

Metric Definitions: Number of COVID-19 breakthrough cases who are DC residents. The number of cases and the percentage of cases out of all those vaccinated who are reported in DOCIIS2.0 are presented by vaccine type. This information is tracked to identify any trends or clustering in patient characteristics, the administered vaccine, or the infecting virus. This could provide early signals regarding sub-optimal primary immune response in certain groups or conditions, waning immunity, compromised vaccine due to inadequate cold-chain or other issues during shipping, storage, or administration or viral mutations or variant that may impact vaccine effectiveness

Data considerations: COVID-19 Breakthrough cases are DC residents who have SARS-CoV-2 RNA or antigen detected on respiratory specimen collected ≥14 days after completing the primary series of an FDA-authorized COVID-19 vaccine (J&J, Moderna or Pfizer).

COVID-19 breakthrough cases reported included have vaccination records reported to DC Health's immunization registry DOCIIS2.0 as well as confirmed positive SARS-COV-2 RNA or antigen tests reported to DC Health...



DC COVID-19 Breakthrough Case Data Take-Aways

- Fully vaccinated individuals constitute ~14% of COVID-19 cases in DC, just over 4% of the hospitalizations and under 4% of the deaths since January 18, 2021.
- While breakthrough cases are on the rise for vaccinated individuals, hospitalizations and deaths remain low.



Booster Shot vs. 3rd Dose

Booster Shot

- Another dose of a vaccine that is given to someone who built enough protection after vaccination, but then that protection decreased over time (this is called waning immunity)
- Booster shots are given for most vaccines (Tetanus every 10 years). The booster shot essentially helps the immune system to remember the infection
- There are current developments regarding plans for COVID-19 booster shots, subject to FDA's authorization and ACIP's recommendation

3rd Dose

 Useful for moderately to severely immunocompromised individuals who do not build enough (or any) protection when they first get the vaccination

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html



Good Data vs. Misinformation Take-Aways

- Anecdotal data is not reliable; while it may be true, it may not be representative of the norm
- Counter misinformation with facts

 Refer persons to reputable (e.g. data-based, peer reviewed) resources

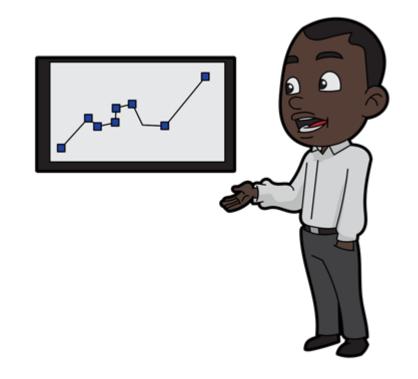


How Can You Stay Up to Date on DC's Data?

Data is available at:

coronavirus.dc.gov/data

- Case data updated daily
- Vaccination and breakthrough case data updated weekly on Thursdays at 4pm

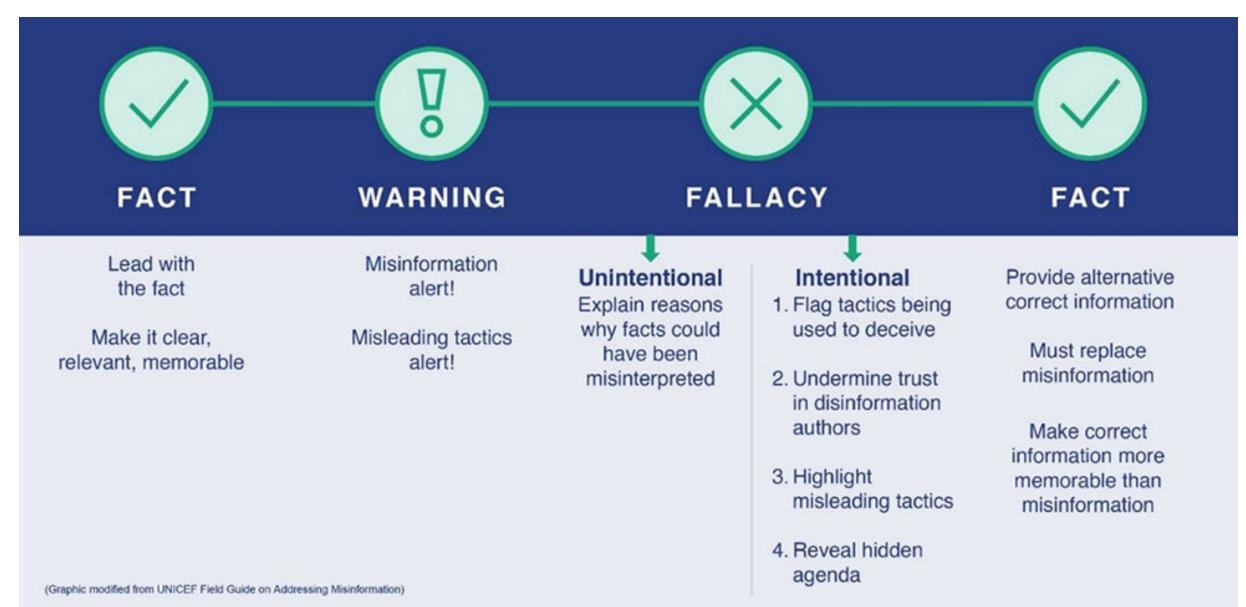




COVID-19 Vaccine FAQ, Myths and Misinformation



Myths and Misinformation





Q: IS THE VACCINE SAFE FOR PREGNANT WOMEN? A: THE COVID VACCINE IS SAFE FOR WOMEN WHO WANT TO GET PREGNANT

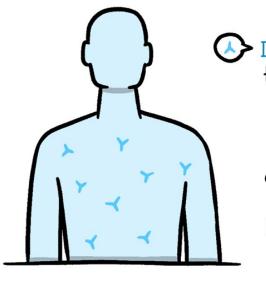
- "The Centers for Disease Control and Prevention (CDC) recommends **urgent action** to increase Coronavirus Disease 2019 (COVID-19) vaccination among people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who might become pregnant in the future"
 - Antibodies produced by vaccines do not attack the proteins of the placenta
 - There is no evidence that the COVID-19 vaccine causes any problems with pregnancy or causes infertility



Q: SHOULD I GET VACCINATED EVEN IF I'VE ALREADY HAD COVID-19? A: YES, THE VACCINE CAN BOOST IMMUNITY

- Vaccination gives a strong boost to any protection you have from a past COVID-19 infection
- It is not yet known how long you are protected from getting sick again after COVID-19 infection.

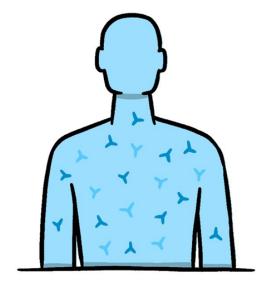
Do people who've already had the virus still need to be vaccinated?



Natural Immunity

Immunity can weaken over time and be strengthened with vaccinations.

Even if a person has contracted and recovered from COVID-19, their immunity can be boosted by a vaccine.



Natural Immunity + Vaccine



Q: CAN I CATCH COVID FROM THE VACCINES? A: NO, THE VACCINES PROTECT YOU FROM COVID-19

- None of the vaccines contain the actual live virus that causes COVID-19
- Vaccines are 98.9% effective in preventing COVID-19 in fully vaccinated

FACT:

COVID-19 VACCINES WILL NOT GIVE YOU COVID-19

None of the COVID-19 vaccines currently in development in the United States use the live virus that causes COVID-19. The goal for each of them is to teach our immune systems how to recognize and fight the virus that causes COVID-19.



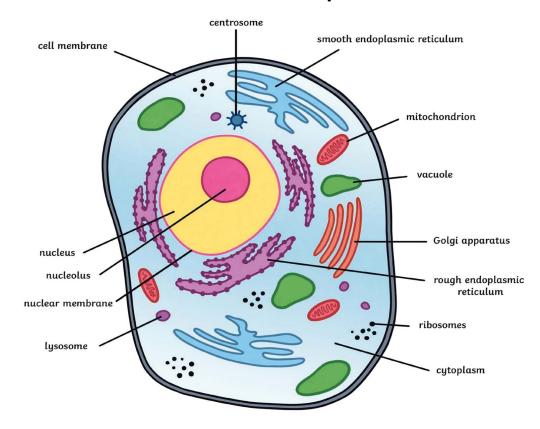
SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION



Q: WILL THE VACCINE INTERACT WITH MY DNA? A: THE VACCINE DOES NOT INTERACT WITH DNA

- The COVID-19 vaccines cannot enter the nucleus of our cells where our DNA is stored
- mRNA is naturally broken down within the cell after a short period of time







Increasing COVID-19 Vaccine Confidence



Rights vs. Responsibilities

• With rights come responsibilities – individual rights impact the wider community

• Civic responsibility is inherent in everything we do as leaders and people of faith—food distribution, clothing drives, health fairs, etc.



WHERE IS YOUR FAITH?

"I'm putting my trust in God."

"I've been exposed to people and not gotten it—so God is protecting me."

We have to trust God in ALL things, not just SOME things—that includes trusting God to work through the vaccine.



Views on Religious Exemptions

- A slim majority of Black *Americans* (51%) favor religious exemptions to COVID-19 vaccine requirements
- A majority of Black *Protestants* (57%) favor allowing people to opt out of vaccinations on religious grounds.
- More than four in ten Black Protestants (45%) support religiously based vaccine exemptions in public schools



Considerations for Religious Exemptions

- No legal obligation to sign any request for COVID-19 Vaccine Religious Exemptions
- Be consistent with your church/denomination's stance on the vaccine
- Consider the ethics—is the vaccine refusal truly faith based?
- Take time to have a conversation with your parishioner to more fully understand their concerns
- Be aware of mail order/online exemption "mills"



SCRIPTURES TO CONSIDER:



Genesis 4:9

"We are our brother's keeper"



James 1:5

"If any of you lacks wisdom, let him ask God...."



3 John 1:2

"Beloved, I wish above all things that thou mayest prosper and be in health..."



Mark 12:31

"...Love your neighbor as yourself."



John 16:13

"...when He, the Spirit of truth is come, He will guide you into all truth...."



Corinthians 10:24

"Let no one seek his own good, but the good of his neighbor."



John 9:7

"Then He told him, 'Go, wash in the Pool of Siloam' (which means "Sent"). So, the man went and washed, and came back seeing."



Communicating and Engaging with...

YOUR CONGREGANTS

Your congregants need opportunities and a safe space to discuss their concerns about the vaccine and receive accurate information:

- Conduct surveys to assess knowledge, barriers, and sentiments.
- Host information forums with physicians, etc. to help answer questions/address survey results.
- Share best practices from other congregations.
- Enlist your Outreach/Health/Youth/Young Adult ministries

OTHER PASTORS

All Pastors are not necessarily in support of the vaccine. Talk to each other directly and find out why:

- Share informational literature and request feedback.
- Share stats impacting the areas they serve.
- Share your testimony.



Share Your Vaccine Journey

- Why did you take the vaccine?
- What was involved in your decision?
- How does taking the vaccine relate to your faith?

Why am I getting vaccinated?

I believe it's what God is telling me to do. I believe and follow the science behind the virus and the vaccine. And, as a Pastor/Leader it's my duty to show that the vaccine is our best chance of tackling the virus communally. I believe that the vaccine is efficacious and that it's safe. That's why I'm getting the vaccine.



Rev. Dr. Kendrick E. CurryPennsylvania Avenue Baptist Church



#GetVaccinatedDC



Sharing from the Pulpit

• TREAD CAREFULLY





Sharing Publicly – Beyond the Pulpit

- At the salon
- At the barber shop
- At family gatherings
- Other places?





Commitment to Action



Breakout Sessions

Group 1: Youth

Group 2: Outreach and Health

Ministries

Group 3: In/Out of Pulpit

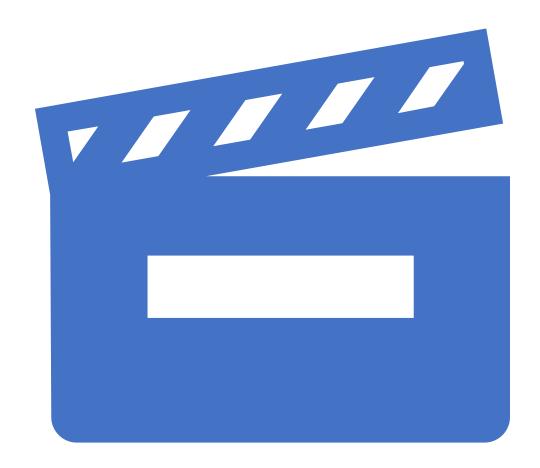
Group 4: Scripture





READY? SET? ACTION!

 Preparing to share and leading by example





More Resources



Supplemental Information



Scan for FAQ's about the COVID-19 vaccine



Scan for information about COVID-19 disease and vaccine development



Resources to Share



Short video about emergency use authorizations



Resources to Share

Short video: How vaccines work
- with Dr. Corbett and Dr. Fauci





Resources to Share

Short video:
Why get
vaccinated if
you can still get
COVID?





DC Residents 12 years of age and over

TOTAL DOSES
ADMINISTERED WITHIN DC

ESTIMATED % RESIDENTS PARTIALLY OR FULLY VACCINATED** ESTIMATED % RESIDENTS FULLY VACCINATED** ESTIMATED % OF BREAKTHROUGH CASES***

977,703

80.8%

68.5%

0.96%

Vaccine
Coverage in
DC (12 years
+), by
neighborhood

Coverage (%) of fully vaccinated DC Residents 12 years of age and over by Health Planning Neighborhood

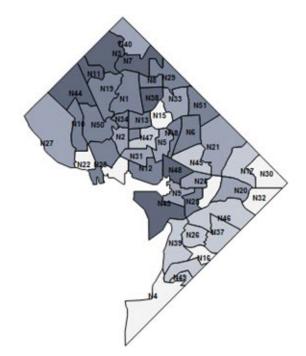
Neighborhood

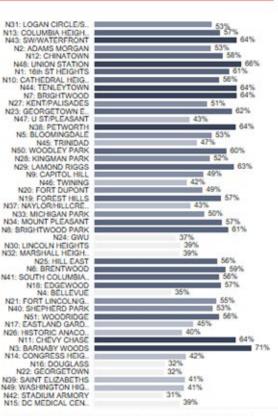
Ward

Count or coverage: Coverage (%)

Mapped: 363,082 Not mapped: 10,787

Ward - Age Group





© 2021 Mapbox © OpenStreetMap

Metric Definition: Number of residents who completed the vaccine regimen for COVID-19. Coverage is defined as the number as a proportion of the number of residents in each neighborhood, as reported by the total population reported in the ACS 2019 census tract estimates, including residents who may be ineligible to receive the vaccine.

Data Considerations: The proportion of fully vaccinated residents does not translate to population immunity. Residents who are partially vaccinated may have a some level of immunity, immunity may change over time, and non-residents may not be included in the population. Vaccine administration data is reported by facilities and may not be complete. Individuals who receive single dose regiments such as J&J are considered fully vaccinated. These numbers do not include DC residents who have reconstructed outside of DC. Charts and table consists of data from DC Health and summany bar was calculated from combination of data sources and can not be compared. "Total doses administered within DC of and estimated and so of fullylpartially vaccinated DC residents are calculated using both administered doses inside and outside of DC, which includes doses administered by some federal entities and other jurisdictions outside DC. "Estimated % Breakthrough cases is calculated using the number of DC residents who were identified as being a breakthrough case (SARS-CoV-2 RNA or antigen detected on respiratory specimen collected >=14 days after completing primary series of FDA authorized COVID-19 vaccine (J&J, Moderna or Pfizer) out of the total number of DC residents who were vaccinated (and were reported to DCCISS2.)



Vaccine Coverage in DC, by Ethnicity TOTAL DOSES
ADMINISTERED WITHIN DC

977,703

ESTIMATED % RESIDENTS PARTIALLY OR FULLY VACCINATED**

69.8%

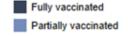
ESTIMATED % RESIDENTS FULLY VACCINATED**

59.2%

ESTIMATED % OF BREAKTHROUGH CASES***

0.96%

Coverage (%) by Ethnicity - DC Residents



Ethnicity

Partially or Fully Vaccinated



46.7%	38.2%

NOT HISPANIC

OR LATINO

HISPANIC OR

LATINO

OVERALL

Unknown/Other: 54,377

		12-15	16-17	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
HISPANIC OR LATINO	Partially Vaccinated	697	295	1,155	1,713	1,310	799	517	256	86	28	6,856
	Fully Vaccinated	2,203	893	4,309	9,296	8,209	5,136	3,596	2,305	882	262	37,091
	Fully/Partially Vaccinated	2,942	1,194	5,493	11,050	9,511	5,938	4,135	2,556	974	287	44,080
NOT HISPANIC OR	Partially Vaccinated	2,336	1,027	4,965	8,750	6,375	4,277	4,145	2,563	1,199	562	36,199
LATINO	Fully Vaccinated	6,113	2,952	18,773	52,725	42,650	31,462	34,162	31,028	14,455	5,157	239,477
	Fully/Partially Vaccinated	8,544	3,995	24,011	61,628	48,927	35,832	38,517	33,733	15,663	5,697	276,547

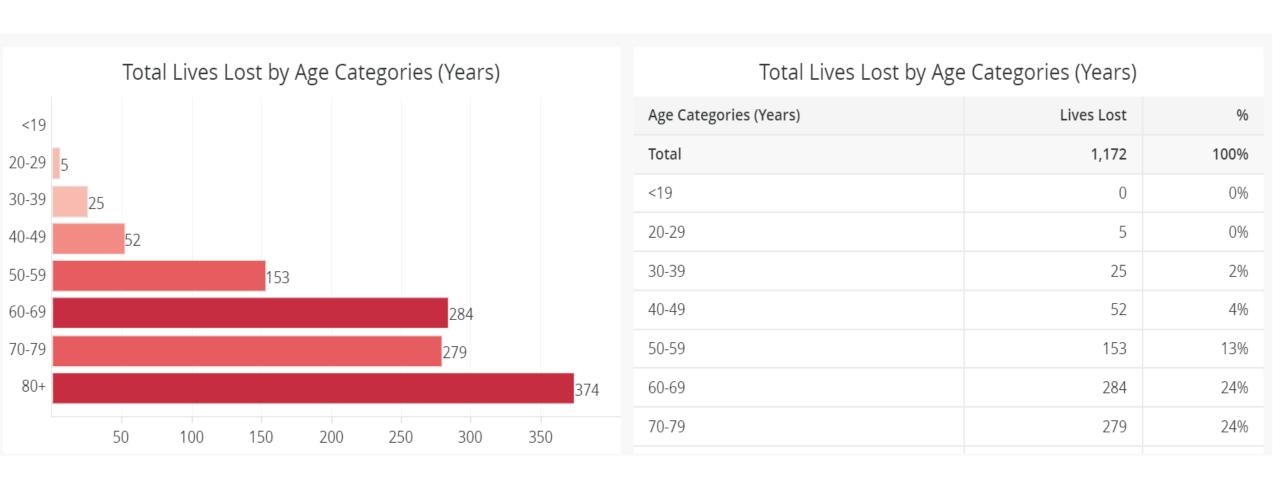
Source: DC Health; Data are subject to change

Metric Definition: The number of DC residents who have been fully vaccinated across age groups, gender, race, and ethnicity. This information is carefully tracked to determine targetting and equity of vaccine rollout and administration. ""Estimated % Breakthrough cases is calculated using the number of DC residents who were identified as being a breakthrough case (SARS-CoV-2 RNA or antigen detected on respiratory specimen collected >=14 days after completing primary series of FDA authorized COVID-19 vaccine (J&J, Moderna or Pfizer) out of the total number of DC residents who were vaccinated (and were reported to DOCIIS2.0).

Data Considerations: Coverage is defined as the number as a proportion of the number of residents in DC, as reported by the total population reported in the ACS 2019 census and CDC Bridged population estimates, including residents who may be ineligible to receive the vaccine. Demographic data are self-reported, and obtained from electronic health records can be incomplete, especially for race and ethnicity. These information may be updated from supplementary data. The chart above does not include non-residents which may have been vaccinated in DC, or residents who have not completed the vaccine regimen, or completed the regimen outside of DC. Individuals who receives single dose regimens such as J&J are vaccinated. Numbers.



COVID-19 Impact – DC Deaths by Age





Resources to Track Misinformation

• CDC: https://www.cdc.gov/vaccines/covid-19/health-departments/addressing-vaccine-misinformation.html

 Stronger: Your quick guide to detecting misinformation, disinformation, lies, and conspiracy theories about vaccines. https://stronger.org/resources/how-to-spot-misinformation

 Misinformation Alerts from the Public Health Communications Collaborative: https://publichealthcollaborative.org



Evaluation Survey

Your feedback is invaluable to us!

https://forms.gle/CE7gAMTJPPghQCAP9

THANK YOU!

