New Hampshire Coronavirus Disease 2019 Weekly Call for Education and Childcare Partners
December 16 2020

Ben Chan
Elizabeth Talbot
Beth Daly
Lindsay Pierce

Q&A Session: To ask a question use the Q&A feature in Zoom
• Hover over bottom of Zoom screen to find “Q&A”
• This is a public call, do NOT share confidential/sensitive information
• Ask general questions, individual consultation should be directed to the Bureau of Infectious Disease Control at 603-271-4496 (ask for a public health staff members)
COVID-19 Epidemiology Update

Dr. Benjamin Chan
Quarantine: for People Exposed to COVID-19

Safest (Most Protective): Full 14 Days

10-Day With No Testing - acceptable alternative

7-Day With Testing (Test-Out for Essential Workers ONLY)

Quarantine at home

Released from quarantine, but monitor for symptoms and take precautions

Released from quarantine after receiving negative test results (must be RT-PCR molecular test), but monitor for symptoms and take precautions

Day 0  Day 5  Day 7  Day 10  Day 14

Date of most recent exposure  Earliest day to get a test
If you live with someone who has COVID-19 and cannot avoid continued close contact

I live in a household where I cannot avoid close contact with the person who has COVID-19. I am providing direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.

You should avoid contact with others outside the home while the person is sick, and quarantine for 10 days after the person who has COVID-19 meets the criteria to end home isolation.

**Date the person with COVID-19 ends home isolation + 10 days = end of quarantine**

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**Person is sick/has COVID-19: Start Isolation**

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**LAST DAY OF ISOLATION**

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**10 DAY QUARANTINE**

*Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.*
Updates on Website

- **Schools** (recently updated materials)
  - Checklist for Schools Identification of Close Contacts (December 14, 2020)
  - NH DHHS Educational Institution Novel Coronavirus 2019 (COVID-19) Frequently Asked Questions (December 9, 2020)
  - NH DHHS: COVID-19 School Toolkit (December 9, 2020)

- **Vaccination** (documents added)
  - Interim Guidance for NH State-Managed COVID-19 Vaccination Clinics (December 13, 2020)
  - NH DHHS COVID-19 Vaccine Frequently Asked Questions (FAQs) for Healthcare Providers and Public Health Partners (December 13, 2020)
  - Translated versions of NH COVID-19 Vaccination Allocation Guidelines for Phase 1a

- **Providers** (updated and added)
  - added the titles to the HANs to make them easier to navigate
  - added Weekly Call for Healthcare Providers and Public Health Partners – Presentation section
    - December 10, 2020
  - DHHS Frequently Asked Questions for Providers (December 10, 2020) - updated
New Buttons on Website

Novel Coronavirus 2019 (COVID-19)

NH DHHS Special Notices Regarding Potential Community Exposure

COVID-19 Dashboards
- Case Summary
- Interactive Analytics
- Schools Dashboard
Vaccine Planning Updates

Dr. Beth Daly
Dr. Elizabeth Talbot
Vaccine Planning Update

• Pfizer vaccine arrived in NH this week
  o 12,675 doses of vaccine allocated to NH for week 1
  o Directed to hospitals and LTCF
  o Detailed Health Alert and associated guidance online

• Moderna vaccine expected in NH week of Dec 21st
  o EUA approval and ACIP recommendations expected end of this week
  o Expecting ~37,000 doses between Pfizer and Moderna
    – Subject to Change
  o Determining allocations for vaccine now
  o Will issue another Health Alert with guidance once approved

• Weekly allocations thereafter
# Vaccine Allocation Plan

**///Subject to Change///**

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| Phase 1a “Jumpstart Phase”  
- High-risk health workers  
- First Responders  
- Older adults living in residential care settings (e.g. LTCF)  | K-12 teachers and school staff and childcare workers  
- Workers in industries essential to functioning of society and at substantially higher risk of exposure  
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk  
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities or in recovery, and staff who work in such settings  
- People in correctional facilities, and staff who work in such settings  
- All older adults not in Phase 1 | Young adults  
- Children  
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2 | Everyone residing in the United States who did not have access to the vaccine in previous phases |

**Equity is a crosscutting consideration**

In each population group, vaccine access should be prioritized for geographic areas identified through CDC or New Hampshire’s Social Vulnerability Index or another more specific index.
Phase 1a

**At-Risk Health Workers**
- **Most risk:** Front line clinical staff who provide direct patient care and support staff with risk of exposure to bodily fluids or aerosols.
- **Moderate risk:** Staff who have indirect or limited patient contact.

**Older Adults in Residential Care Settings**
- Residents of long term care facilities (LTCF), skilled nursing (SNF), and assisted living facilities (ALF).

**First Responders**
- **Fire and EMS:** All private, public, and volunteer fire and emergency medical services (EMS) personnel.
- **Law Enforcement:** All certified or sworn law enforcement officers in NH, whether employed full- or part-time.* Includes Federal law enforcement not covered by federal allocation.
- **COVID-19 Responders:** Personnel with the NH COVID response with potential patient (or SARS-CoV2) contact, including laboratorians and specimen collection personnel.

*Does not include officers working in correctional facilities, which are included in a later phase.*
When / How Will School Nurses Get Vaccinated?

- School nurses fall under Phase 1a as high-risk ambulatory care provider
- Ambulatory care providers will be vaccinated at state-run fixed sites set to open by the end of December
- You will be invited to register when it is your time. There is no list or registration form right now.
- Expected to complete Phase 1a by mid-to-end of January 2021
- School staff and teachers will be vaccinated in a later phase. Children expected afterward.
Safety Review for Your Community Communications
Pfizer/Moderna Have/Will Have EUA

Pfizer/BioNTech (BNT162b2): 2 doses given ≥ 21 days apart
Modern (mRNA-1273): 2 doses given ≥ 28 days apart

Both vaccines were tested in tens of thousands of adults from diverse backgrounds, including older adults and communities of color

Clinical trial data show that both vaccines are safe and effective at preventing COVID-19, with duration protection unknown

Source: NASEM
Safety of the Pfizer/BioNTech Vaccine

• Based on 43k people in trial (21k who got 2 doses)
  o 92% followed >1m, 51% followed >2m
• Most common adverse reactions were
  o Localized injection site reactions (84.1%)
    • Pain, redness, and swelling
  o Systemic reactions including fatigue (62.9%), headache (55.1%), muscle pain (38.3%), chills (31.9%), joint pain (23.6%), fever (14.2%)
  o Both localized and systemic reactions were more common in participants 18-55 years of age compared to people >55
Other Symptoms and Outcomes

• Other symptoms reported vaccine > placebo group
  o Lymphadenopathy: 64 vaccine vs. 6 placebo
  o Bell’s Palsy: 4 vaccine vs 0 placebo
    - Rate of Bell’s palsy in the vaccine group was similar to the expected background rate in the general population

• People who got the vaccine NOT more likely to die
  o 2 in vaccine group were adults >55 who died from cardiac arrest and arteriosclerosis
  o 4 in placebo group died from MI, hemorrhagic stroke, and unknown causes

• No vaccine enhancement observed
Who Can and Can’t Get the Vaccine?

• Don’t give to people with h/o severe allergic reaction (e.g., anaphylaxis) to previous dose of Pfizer-BioNTech vaccine, or who have had severe allergic reaction to any ingredient in the vaccine.

• Can give, but observe 30 min people with severe allergies to other vaccines, medicines, foods, chemicals, environmental exposures, etc.

• Can give to women who are pregnant or breastfeeding as long as not another reason they cannot be vaccinated.
Ongoing Attention to Safety

- Clinical trial follow up 2 years
- Existing systems and data sources are used to monitor safety of vaccines after they are authorized or licensed, such as:
  - Vaccine Adverse Event Reporting System (VAERS)
  - Vaccine Safety Datalink (VSD)
  - Clinical Immunization Safety Assessment (CISA)
  - Biologics Effectiveness and Safety System (BEST)

- New: CDC’s v-safe program: opt-in text messaging system to actively seek AEs QD for 1w, then QW then Q3M for year

- Active large database searching for usual vaccine AEs (e.g., Guillain-barre, ?Bell’s palsy) for months following campaign
Typical Questions and Their Talking Points
COVID-19 vaccination is a safer way to build protection

- Getting the virus that causes COVID-19 may offer some natural protection, known as immunity. But experts don’t know how long this protection lasts.
- The risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity.
- COVID-19 vaccination will help protect you by creating an antibody response without the risk of severe illness.
The facts:

COVID-19 mRNA vaccines will not give you COVID-19.

- **None** of the COVID-19 vaccines in use or under development use the live virus that causes COVID-19
- People can experience normal side effects, such as fever, after vaccination. These side effects are signs that the body is building immunity
- It takes a few weeks for the body to build immunity after vaccination. A person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection
The facts:

**COVID-19 mRNA vaccines will not cause you to test positive.**

- The mRNA vaccines won’t cause you to test positive on PCR or antigen tests

- There is a possibility you may test positive on some antibody tests, which are used to test for previous infection.
  - This indicates that the vaccine likely triggered an immune response in your body and that you may have some level of protection against the virus
The facts:
People who have had COVID-19 may benefit from vaccination.

- People should get the vaccine even if they have already had the virus. This is because a person can become infected with the virus more than once.
- We do not know how long someone is protected from getting sick again after recovering.
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