Community Questions and Answers:

Collaborative Meeting

September 1st, 2021

Below are questions we have received during the Collaborative space held on September 1st, 2021. We have complied those questions and answers in this document.

If you have any questions and/or would like to follow-up, please feel free to contact us at Vax.Collaborative@doh.wa.gov.

Q: What do you think is the cause of the rising spread of COVID-19? Mask usage, physical contact, etc.

A: We are currently seeing increases in COVID-19 cases due to the Delta Variant. Around 98% of the new cases that we are seeing are due to the Delta Variant.

Q: Can you please speak more to the increases in cases among children and adolescents?

A: COVID-19 does not discriminate against age. We might acknowledge the fact that we underdiagnosed children previously because much of our data right now demonstrates the fact that when you look at overall rates of infection, we see rates in teenagers and those under the age of 18 comparable to some of the older age groups. Because the Delta variant is more transmissible, we are seeing young children come down with it. We know that children under the age of 12 are still not eligible for vaccines, but they are susceptible to the virus. The good note is that although we are seeing more disease in children, we are also not seeing the same severity of disease as we see in older individuals. But if they have medical issues, this does put them at increased risk.

Q: How many pediatric beds do we have in the state (particularly in the urban centers of King, Pierce and Snohomish County), where are we in terms of pediatric capacity, and do you expect an increased surge in your people now that school has started?

A: We do not have the data on number of beds. One of the things that people need to understand is the function of how many staff beds. If we were to look at beds, we

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would say we have plenty, but if we look at beds that are staffed by nurses or other technicians that is where we are really short. We can tell you with certainty that hospital capacity is something that is being stretched, right now stretched heavily by adult patients but is getting in that direction with pediatric patients as well.

Q: Do we have a graph that shows where the Delta variant is consistent by counties?

A: Currently we can estimate that every infection of COVID-19 is the Delta variant. It is safe to say that if you look at the cases in every county with maybe a very rare exception, they are likely related to the Delta variant. We would encourage you to use your case count index rate in the county, which gives a very good approximation of Delta variant cases.

Q: How likely is infection or transmission of the Delta variant among unvaccinated individuals who previously contracted a non-Delta variant of the virus?

A: We have seen re-infections across different variants, although rare. Natural immunity that has occurred because of infection works, but the question for us is how long does that natural immunity last and that is something we don't know that well. Because of this, we are strongly recommending to get vaccinated even if infected in the past because vaccination enhances your immunity against the variants out there or that may arrive in the future.

Q: Can someone address the recent Department of Social and Health Services (DSHS) letter that indicated that the mandate applies to contractors in buildings, etc. The Developmental Disabilities Administration (DDA) has resent the same and it indicates that their contractors (as defined) are to adhere to the same mandate. What about the Health Care Authority (HCA)? Will they also extend the mandate to their contractors as well? The mandate already applies to all healthcare workers, but the HCA also contracts with many non-direct care agencies (such as the Apple Healthplans and Administrative Service Organizations (ASOs)). Are they included in the mandate? Have the exemption forms been posted yet ? If so where?

A: Each agency is sending notice to their contractors and helping to work with the state to determine who is included in the mandate and what guidance they need to provide to contractors. HCA will likely be doing something similar. We do not have an answer for you regarding ASOs and managed care organizations, but we are working through that right now. We want to share the state forms so that other organizations or entities can review them and potentially use them as a model. We are encouraging everyone to make sure to seek their own legal advice as well as their own HR rules, but we are more than happy to share those rules on our end. For vaccine Mandate FAQs specific to certain employment (i.e. educators, contractors, state employees...etc.) visit:

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https://www.governor.wa.gov/VaccineMandateFAQ.

Q: Is there a specific reason, medical or not, to not choose to vaccinate individuals/children between the ages of 12-18?

A: Currently, people ages 12 and over can get the Pfizer-BioNTech vaccine. Youth who are 12 to 17 years of age may need consent from a parent or guardian to get the vaccine, unless they are legally emancipated. Check with the vaccine clinic about their requirements for showing proof of parental consent or legal emancipation.

COVID-19 vaccines are safe, effective, and have been used under the most intensive safety monitoring in U.S. history, which includes studies in adolescents. The CDC recommends everyone 12 years and older should get a COVID-19 vaccination to help protect against COVID-19. Although fewer children have been infected with COVID-19 compared to adults, children can be infected with the virus that causes COVID-19, get sick from COVID-19, and spread COVID-19 to others. Widespread vaccination is a critical tool to help stop the pandemic. Additional information for children and teens can be found on the CDC's website.

Q: Do health care providers who are providing only virtual care need to be vaccinated? Also, we are hearing that some providers that serve the most vulnerable people are going to lose up to 50% of their staff due to the mandate. Are there any considerations around mitigation of this loss?

A: If someone is a licensed provider or operating in a health care setting in the state, the requirement does apply to them. Even if they are a licensed provider in Washington state and providing telehealth services, the requirement does apply to them. As far as the workforce shortage, we are aware and concerned about the workforce issues. We are seeing this as something that is vital to maintain the health of Washingtonians and try to get through the pandemic for now, but we are working on as many solutions as we can to help with workforce shortage issues before the October 18th deadline. For more FAQ asked concerning the vaccine requirement, you can view this document: https://www.governor.wa.gov/VaccineMandateFAQ.

Q: What does off label mean?

A: Once the vaccine is approved by the FDA, they send out vaccine information sheets on who the vaccine is recommended for. Providers would typically be able to have the option of recommending it to patients that might not be listed on that information sheet

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sent out by the manufacturer. This is something that providers who are not enrolled in the COVID vaccine program can do based off their own clinical judgment. It gives the provider a little bit of flexibility with clinical judgement.

Typically, off label means giving an FDA-approved drug in a manner not listed on the label. For COVID vaccines, off label means using a vaccine in a manner different than what the COVID-19 vaccine provider agreement allows.

Q: Who are the immunocompromised people eligible for a booster?

A: The Centers for Disease Control and Prevention (CDC) recommends an additional dose of the Pfizer-BioNTech or Moderna COVID-19 vaccines only to certain immunocompromised groups, including patients who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress their immune system
- Received a stem cell transplant in the last two years or are taking medicine to suppress their immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome or Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Been receiving active treatment with high-dose corticosteroids or other drugs that may suppress your immune system

You can find more information on additional doses for immunocompromised people in CDC's interim clinical considerations for COVID-19 vaccines.

Immunocompromised people are eligible for an additional dose, not a booster. This is because sometimes people who are moderately to severely immunocompromised do not build enough (or any) protection when they first get a vaccination. When this happens, getting another dose of the vaccine can sometimes help them build more protection against the disease. In contrast, a "booster dose" refers to 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). HHS has developed a plan to begin offering COVID-19 booster shots to people this fall. Implementation of the plan is subject to FDA's authorization and the CDC's Advisory Committee on Immunization Practices (ACIP) recommendation. An explanation of the differences is available at the bottom of this page: CDC COVID-19 Vaccine Booster Shot.

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Q: Why do these immunocompromised people need an additional dose ahead of the rest of the population?

A: The immunocompromised population that is eligible for an additional dose are more likely to get severe illness from COVID-19 and are at a higher risk for prolonged infection, shedding of the virus, and transmitting the virus.

Sometimes people who are moderately to severely immunocompromised do not build enough (or any) protection when they first get a vaccination. When this happens, getting another dose of the vaccine can sometimes help them build more protection against the disease. This appears to be the case for some immunocompromised people and COVID-19 vaccines. CDC recommends moderately to severely immunocompromised people consider receiving an additional (third) dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) at least 28 days after the completion of the initial 2-dose mRNA COVID-19 vaccine series.

Q: What is defined as a high dose of corticosteroids?

A: High dose steroids are generally referenced when someone has complete suppression of their immune system.

Q: It has been a huge challenge with our dispersed populations to follow up with a 2nd dose of the same vaccine as their first dose, can we PLEASE get approval to provide boosters to folxs with whatever we have in hand vs trying to have both Moderna and Pfizer available to match their original vaccination?

A: That is one of the conversations being talked about and one of the barriers that is being brought up in conversation. I think we will see some flexibility like we are seeing in the additional doses where the recommendation is to try to use that same mRNA vaccine that was originally used but if not possible, then the other one is recommended. We will have more information once the recommendations are in place.

Q: When will you be able to estimate when the booster doses will be available and recommended? Will those of us who are not immunocompromised ever need such a booster?

A: The CDC recommends:

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- people 65 years and older and residents in long-term care settings should receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series
- people aged 50–64 years with underlying medical conditions should receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series
- people aged 18–49 years with underlying medical conditions may receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series based on their individual benefits and risks
- people aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.

Many of the people who are now eligible to receive a booster shot received their initial vaccine early in the vaccination program and will benefit from additional protection. With the Delta variant's dominance as the circulating strain and cases of COVID-19 increasing significantly across the United States, a booster shot will help strengthen protection against severe disease in those populations who are at high-risk for exposure to COVID-19 or the complications from severe disease.

CDC will continue to monitor the safety and effectiveness of COVID-19 vaccines to ensure appropriate recommendations to keep all Americans safe. We will also evaluate with similar urgency available data in the coming weeks to swiftly make additional recommendations for other populations or people who got the Moderna or Johnson & Johnson vaccines. For more information please visit the CDC COVID-19 Booster Shot webpage.

Q: Can you explain the differences between the additional and booster shot?

A: An additional dose is for patients who completed the initial vaccines series but didn't have a strong enough immune response. A booster dose is for patients when it's likely that their immunity after the initial vaccine series waned over time.

	Who gets it	When to get it
Additional dose	People who are immunocompromised and received an mRNA COVID-19 vaccine.* See the Centers for Disease Control and Prevention's	At least 28 days after the patient's second dose of an mRNA vaccine.

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	(CDC) interim clinical considerations for a list of immunocompromising conditions.	
Booster dose	CDC now recommends that people aged 65 years and older, residents in long-term care settings, and people aged 50-64 years with underlying conditions should receive a booster shot of Pfizer-**BioNTech's** COVID-19 Vaccine. Other groups may receive a booster shot based on their individual risk and benefit. Please refer to question above and visit the CDC COVID-19 Booster Shot webpage. Evaluations will be completed with similar urgency available data in the coming weeks to swiftly make additional recommendations for other populations or people who got the Moderna or Johnson & Johnson vaccines.	At least 6 months after completing their Pfizer-BioNTech primary series.

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