

## BOERWINKLE VACCINE Q&A

Recorded Dec. 18, 2020

### 1. Will UTHealth students be able to get the vaccine?

So in short, yes, UTHealth is committed to getting the vaccine to all of the faculty, staff and students. We'll begin by prioritizing frontline health care workers, and then we'll think about some degree of risk and try to estimate who's at higher risk and who's at lower risk here at the School of Public Health. I've asked all of our faculty to identify individuals who are currently working out in the field with people who might be considered to have a high, very high, frequency of COVID, or populations probably is a better word, with the high frequency of COVID. In the school, we have a major commitment to health care and the homeless, as just one example. And I've asked that our students and our staff and faculty that are working in that population be prioritized. But again, the short answer is yes. Our students are obviously very important to school and they will be offered the vaccine.

### 2. How will I know it's my turn to get the vaccine?

The university will be contacting individuals. So first there was a questionnaire sent out, and it's important that all individuals fill out that questionnaire. I'm talking to you on Friday, December, the 18th. And that questionnaire needed to be completed today. Basically by this evening. And then, that puts all individuals into a queue. And then the university will be reaching out to individuals at the time when it's their time to be vaccinated, and it's both, there's two parts to it: it's your time, and also what location you should go to to be vaccinated.

### 3. In terms of vaccine priority will the school follow the lead of the city the campus is located in, or are we planning to vaccinate all of our students, faculty and staff on the university schedule regardless of which campus they're at?

So, again, let's let's back up and we're committed to vaccinating faculty, staff and students of all campuses, not just the Houston campus. And it's an active discussion of the logistics of the vaccine. As you know, right now, it appears that UTHealth will be receiving the Moderna vaccine. That's important because that's a vaccine that's easier to transport. And so the way that I have explained this is for individuals who are considered at increased risk--elevated risk. They may be asked to come to Houston, to access their vaccine when it's their time. But we are also working to partner with health care, and academic institutions at and near each of our regional campuses so that individuals who are not in that very highest tier--that I mentioned earlier, for example, those working with the homeless community--those individuals that can basically work with their local healthcare, local campus, either employee health or student health and receive their vaccine without traveling to Houston.

### 4. If I get the vaccination early on in the first round, can I be sure that I'll get the second dosage three weeks later at the correct time? Can you tell us about the logistics of this process?

So, unequivocally I can say the answer to your question is yes, there's a very sophisticated system in place, nationally, that keeps track of: who you are, when you received a vaccine, which vaccine did you receive. For example, at the moment the two players are the Pfizer vaccine and the Moderna vaccine. There's actually a statewide database that's managed by a unit called IMMTRAC, and IMMTRAC keeps track of not only did you get vaccinated that first time, but which vaccine you received. And therefore automatically, the national vaccine distribution infrastructure knows that you received the first dose,

and then we'll be sending the place where you received that first dose, automatically we'll send the second dose, and then you will be pinged and reached out to again to schedule that second dose approximately 21 days after the first dose. And there's usually a window around there that you can schedule. If something happens that you might miss that you will be re-pinged to make sure you don't miss it because it is important that you receive both doses. And it's also important that we--that you--keep track and I, myself, I'll take personal responsibility to know, "which vaccine did I receive?" to make sure I'm receiving the same vaccine that second time. You don't want to be caught in a situation where you receive the Moderna vaccine the first time, but you went to another location that had the Pfizer vaccine the second time. So you'll go back to that same location to receive the same type of vaccine.

5. I know there are concerns about there not being enough vaccines. Is there a shortage? If so, how long will the shortage last?

There will not be a shortage for UTHealth and the UT's partners to vaccinate all of our faculty, staff and students. We're making sure of that. Dr. Colasurdo is in regular communication with the vaccine distribution infrastructure here in Texas. And I can assure you there is plenty of vaccine for all of our faculty, staff and students.

6. If UTHealth has vaccines for all students, faculty and staff, is it ethical to give the vaccine to those who are not frontline workers or in health care? For example, those giving the vaccine to those who work in low risk, low exposure areas like an office or home.

It is ethical, and I'll tell you why. The one reason is, don't underestimate the importance of the work our faculty, staff and students are doing to monitor and control this pandemic. So it's true that many of our faculty, staff and students are not frontline healthcare workers, but the work they're doing for example, in the analysis of city, county and state data is actually steering the course of this pandemic in real time. And the second is an important concept that we need to always keep in mind. At this point we know the vaccine is effective in reducing disease. That doesn't necessarily mean that an individual who has the vaccine, who does not have COVID the disease, still may have the virus. And so people who are vaccinated may still be transmitting the virus. And so it's important that our students who are interacting with each other, interacting out in the community with their work, that they're vaccinated in this early phase, so again to help control this pandemic.

7. When do you think the vaccine will be widely available to the public?

So, the early recommendations came from the National Academy of Science and Medicine and, you know, creating tiers and then it came out of the CDC. You know, it, it's hard to know how to define "the public" as we move from 1A, which is primarily healthcare workers, and also those in nursing home both staff and residents, into one B. You know the population is actually growing, not quite exponentially, but this is going to be large, particularly if you think of the number of individuals, for example, in Texas who are over the age, 65, or have a health, have a comorbidity, that's 8 million people approximately. And so as we move from 1A to 1B, we're going to go from a very focused effort and primarily in healthcare and also in nursing homes, for example, to a much broader [group] where we're going to be giving the vaccine in primary care settings for example, perhaps the CVSs, Walgreens and those, those grocery stores that have pharmacies within them will also be distributing the vaccine. And then coming looping

back to the question I think that's going to occur much faster than people think that when we move from 1A and to 1B. My hope is that it's going to occur in January.

8. Once the vaccine is available to the public, what populations will have access to it first? Who determines the groups and their priority? How is priority for each group identified?

So right now, and it's true also within, by the way, within the university and even within the school we're trying to do this by who is at highest risk. And the two parameters that have been mentioned are age, age is the number one sort of predictor of a bad outcome, and the other comorbidities. I'm actually quite optimistic that the logistics of delivering the vaccine is going to be greatly simplified by just sticking to age. You know, all of us have some way of documenting our age. It's going to be very difficult for your local Walgreens, for example, to document whether you have hypertension or asthma and I think it's going to be just hard to operationalize very sophisticated definitions that maybe theoretically are good ideas, but now we have to think about the realities of boots on the ground, how we're actually going to administer this vaccine. So again it will be based on risk, that's for sure. And then the question is how do we define risk, and the simplest ways we roll this out to really the millions of people across a state as large as Texas is likely it'll be guided by age.

9. Do you think the grouping or prioritization will be well enforced as vaccines are distributed?

Enforced? Enforced as kind of a negative word. I see these concepts such as age or comorbidities as guidelines. And yes, I think the guidelines will be followed. The guidelines will be followed by those administering the vaccine, and the guidelines will be followed by those of us who are members of the citizenry. It's not complicated for example when there is a call for a community for those aged 65 and older to go and receive the vaccine. I also think along these lines, maybe this is a good place to mention at the moment that the vaccine is not being administered to children. There just have not yet been the safety and efficacy studies in large clinical trials in children. And I'm mentioning that because it's going to be, I think a natural phenomenon that families will go to, for example, your local CVS, Walgreens or an HEB. And so don't be surprised when you get there, that even though you're in the group, the parents are in the group that has been called at this time. It'll be only the parents that are vaccinated, not the children.

10. How are those distributing the vaccine making sure that equity is addressed so that the most vulnerable populations are getting equal access to the vaccine?

Yeah, it's a great question and I can assure you that the healthcare professionals and the policy people are committed to both transparency and equity. And it comes back to this concept of risk, identifying high risk communities, and being able to target vaccine distribution programs to those communities. I can tell you the school is having very active discussions right now with Harris County Public Health, City of Houston Public Health and helping them identify communities that if there were to be a mobile vaccine effort, like there is to the flu, and that decision hasn't been made by the way, but if there were to be a mobile vaccine effort by our county public health and city public health leaders, the school is able to help them identify communities that have borne a disproportionate burden of COVID over the last nine months. And they'll be able to take those mobile units into those communities.

11. I recently heard the argument: “Why would I take my chances with a vaccine that has no long term studies when my chances of survival are so high?” I had a hard time providing a concise answer to this. What would you say?

So first you know the vaccine has been shown to be safe and effective. That's a fact. And then the question is, what is the safety of the vaccine over a very long time. And the truth is, at the moment, we don't know. But what we do know is that the virus, and the disease COVID has an enormous effect over a very long time. We know that already. And even those that are asymptomatic today, we already know that there's long term health consequences. In fact, I'm actually very worried about the current cohort of young individuals, and I'll define young as less than 29 years old. We're going to see long term cardiovascular complications, kidney complications, perhaps behavioral and cognitive complications as a result of having the virus. Even though the individuals thought they were asymptomatic for COVID, we still know for example there's long term cardiovascular complications.

12. If I get the vaccine, is it still possible to get COVID, be asymptomatic, and pass it on to others?

Sure, there's a lot of, sort of, nuances to the question. People that get the vaccine, we know are protected from the disease COVID. So when you hear that the vaccine is safe and effective, it's effective at preventing and protecting you from COVID the disease, we still don't really know whether people who have the vaccine are protected from COVID-19 [the virus]. It's very possible that for a brief period of time, that they may have the virus in their respiratory system and be able to spread it to other individuals. And so that's the reason why, even after you take two doses of the vaccine, for example, and you're protected from COVID the disease, you're still going to need to wear a mask, you're still going to need to avoid large gatherings, you're still going to need to have good social distancing, and other good public health practices. You don't want to be the person who's protected yourself, but you're acting irresponsibly, or selfishly, and you're spreading the virus to other people, including your family and loved ones. And so it's really not a get out of jail free card or a passport really to go wherever you want or do whatever you want.

13. Is there anything you want us to know?

No, I think you know, it's been good to share some time with you and to be able to talk about this exciting part of the saga of COVID. I don't think people realize that we're living scientific history. You know, because of basic science, we've been able to, in a relatively short amount of time, be able to develop a very safe, very effective vaccine that uses a brand new technology. We've never really had an RNA vaccine at this scale. And I have to say I'm very surprised, pleasantly surprised, how safe and how effective it really is. So all of us really are living part of history and science, and part of history and medicine. So it's weird to say but it's an exciting time.