

To listen to the audio: https://cms.zoomgov.com/rec/share/-896K4vo0G5LeqPrt2v-RLMeIL_1X6a80XNK-vtczUY6w3PmFHeyRxzyK_tT0WdA (Access Passcode: @nnt&0V5)

Please stand by for real-time captions. >>

Thank you, good afternoon, everyone and welcome.

This meeting is being recorded.

-- Good afternoon, everyone and welcome to the second fireside chat. We see that numbers are growing and folks are still joining so we just want to give another minute before we get started so at let's say 4:02 we will officially get started. Thanks, panelists, just a reminder to please mute your phone and your line if you are not speaking. >>

All right I think we are slowing down just a bit so I think we can go ahead and get started again. Good afternoon I thank you for joining on today. This is the second discussion in our special series. This series is aimed at addressing questions and concerns around the new COVID-19 vaccine. Your hosts today are from the Centers for Medicare and Medicaid services as well as the Center for Disease Control and Prevention. We also have a special guest today so I will introduce them and we will get started. It Panelists, Dr. Lee Fleisher, the Chief Medical Officer for CMS and also the Director for the Center for Clinical Standards and Quality. We also have Dr. Amanda Cohn, Acting Chief Medical Officer in the Office of Vaccine policy, preparedness and health at CDC. Our special guest today is Ms. Cassandra Lowe, a certified nursing assistant and she is our representative from the frontline today. Just A little housekeeping, we will not take live Q&A on this call. You were asked to submit your questions in the registration process. Typically panelists review the questions and try their best to answer as many as we can on this chat. The recording for this call will be saved on the CMS website under the partner toolkit, along with the first recording. If you missed it last week you can catch that recording of this one will be added in another day or so. With that, I will turn it over to you, Dr. Lee Fleisher.

Thank you so much, Ashley and it is a pleasure to be here today. This is our second installment of this series and as I should mention, we will put this out and it will be recorded. Last week, we have the privilege of having Dr. Gifford from -- to present some of the questions that he had heard from having chats with some of the frontline providers. Today, we really thought it would be critical to give the voice of a frontline provider to articulate some of the same questions to make sure that our expert here, Dr. Amanda Cohen really presents those questions and the answers more importantly in a way that everyone can understand because we all speak in different tongues so to speak as we go through medical school and as we learn. We want to make sure we are articulating here. I'm going to start by, Cassandra, Thank you so much and I know Amanda

When she answers is doing this and just what motivates you when you reached out to find somebody? What -- did they do to come on today? You need to unmute.

[Silence] >> You just muted yourself again.

There it is.

That is, great.

When you asked me to do this, the thing that I really wanted to do was to make sure I had a way of keeping my residents and families safe. In order for me to do that, to get the knowledge, what I don't know, I can't tell you. So that's really what I wanted to do.

Welcome it was a pleasure to meet you the other day with Amanda and that feeling of making sure you have the knowledge and that we provided it. So what is your first question?

-- Dr. Amanda Cohn or I assume we can call you Amanda like last time?

Yes, hi, Cassandra. Let me just --

So what you want to start?

Let me just start with what Cassandra is thinking about her first question. You know just to let you know, Cassandra, I really appreciate that you are asking for knowledge because Michael is really -- my goal is not really to tell everybody if that is needed but to give you the knowledge you are looking for to make the decision on your own and in the end, that is, if this is a personal decision that everyone has to make, and I am here to help support that.

So what questions do you have for me when thinking about , what questions you have about the vaccine, about you getting the vaccine or what have you heard from your friends?

My coworkers are just scared. I mean everybody is scared. You know, you are afraid to take it and you are scared not to take it. For me, will this vaccine be all right for our underlying medical issues? You know how you go about taking one medicine and again another medicine but you can't take this one when you take that one? You know what I'm talking about?

Yeah.

So I really want to know if what I'm taking will be all right to take with the vaccine and so did some of my coworkers.

So that is just a really good question and you know all of us are different. All of our bodies are different. All of the medications we take to keep ourselves healthy are different and what I can share with you is that when we tested this vaccine, we tested it among people or

in people who were on lots of medications and did have lots of underlying illnesses that many of us have like
-- can you hear me?

Yes, we can.

Sorry, my screen just went -- [Indiscernible muffled]

Okay.

Can we get her back?

Apologies, everyone. My screen just went. I lost my Internet for minute. So the vaccine was tested in people who were like you and me and all of us however that doesn't mean that those people with the vaccine were tested and are exactly like any of us, right so there, there was a large study done similar to the studies done for other vaccines and other medications. The way that I like to think about it is we know that this vaccine is as safe in people with many different types of underlying medical illnesses as it was to not get the vaccine so people who got the vaccine have the same types of medical problems as people who didn't get the vaccine when it was tested. But in thinking about it now, and what the millions of us have to think about, the way that I think about it is that the vaccine is something that we -- it is given to you in a controlled way. So it is given in your arm. It is an immune response in your arm. The viruses much more uncontrolled. We can't, we don't know what happens with this virus and people. So I do here you. I, you know, we typically do not have problems with vaccines and people who were taking medications. We do have millions come over 100 million people take the flu vaccine every year I many of those people to take medications and the flu vaccine works fine and there are no problems. But really, my perspective is that although we are still learning about this vaccine, there is -- the disease is much scarier to me than the vaccine which I know is just pretending. It is not really the disease. Does that help? >> -- May be present.

I think she is.

For a minute and I will say as we discussed last time, I have taken my first vaccine. I am on a few medications, getting older. I am taking my second vaccine on Friday. As a front-line, I am an anesthesiologist so a frontline provider and I would agree, Amanda that it appears safe. Do we know, have we heard much from the 2 million people who have already
--

Yeah.

1 million people who have already taken it?

Yes, over 40 million people I think by the end of today it will be well of over 5 million have been vaccinated and we are following over 500,000 people and that may be higher as well who have enrolled in this program

to send text messages to every day after they get vaccinated and get reports. We are following a lot of people in the Data of the people reporting is that very few people are having any problems after the vaccine. I will warn you, the first dose, people do really well with sometimes after the second dose I would expect you're going to feel tired, have a sore arm but all of that will resolve in a couple of days. What is really important is that there has been very few reports of adverse, serious adverse events in the less than 100 out of the millions of doses and when you look at those serious adverse events, the most serious has been cases of anaphylaxis and I can talk about giving a vaccine in a person with allergies. I think that that is one of the -- one of the biggest questions I have gotten from people. It looks like Cassandra has lost her connection so --

--

That you are.

[Indiscernible muffled].

Can you hear me?

Yes.

[Indiscernible - multiple speakers]

We can hear you even if it looks like your screen maybe frozen but we have audio so we can hear you.

[Indiscernible muffled]

Great so --

So -- Cassandra I was just talking about how safe the vaccine is in persons with allergies --

[Indiscernible muffled] spin-up we are following very closely. There has been about 29 people who have had a severe allergic reaction but that is over 5 million people who have been vaccinated and we have lots of things in place. Every place where we are giving vaccines has to have the appropriate management for an allergic reaction and all of those individuals who have had an allergic reaction have been treated and fully recovered so there was a small risk for anaphylaxis, very, very low. I know people with a history of allergies are concerned and what we are seeing is that we are asking people with a history of severe allergies to be watched for 30 minutes as opposed to 15. We are just being extra cautious. After looking at the cases --

Secession might have to.

Can you hear us, Helen? Cassandra?

>> So Dr. Fleisher while we are still waiting for Cassandra to come back I was just going to say that it is still the risk of having anaphylaxis is still much lower than honestly the risk of dying of COVID which one in 1000 people in our country have already died. So it is just, it is, you know, we are, we, -- we are using this vaccine to help us get over this pandemic and there is -- there are unknowns but the unknowns are, from my personal perspective, after having really read all the information I can, the unknowns are for more you know the risk/benefit, I would far rather have the very small unknowns with the vaccine then get the disease honestly.

So let me ask you a few questions while we get Cassandra back --

Sure.

-- That are in the chat. One is there are two vaccine. We have the Pfizer and Moderna. Is there a major difference? Is one better than the other and someone said one is approved and the other is not. Which is not to my knowledge. I think they are approved the same way.

Yeah, so --

But the but estimate so those vaccines have the same -- FDA has gone through all the did on both vaccines and they are very similar vaccines. In fact there is only two different ingredients. All of the Data from my perspective shows that the vaccines are nearly identical in terms of how they work in your body. And so I would be happy to take either of these vaccines. I would recommend that you get the vaccine, the one that you are being offered. Our goal is to protect is money go people as possible as many people as possible and there is no difference between the vaccines that would tell me that older adults should get one vaccine or another type of person to get a different vaccine. Now, this may be different. There are additional vaccines that we anticipate we might have in the next 4 to 6 weeks and have not seen the Data on those vaccine jumper for the two we are already hearing about that you may be offered right now, and throughout the month of January, they are nearly identical.

Right, Cassandra, are you back? She is connecting. I have a really -- as soon as she is back hopefully she will speak up but I have a really interesting question in the chat. Someone from the Pfizer trial has allergies, asthma and Hashimoto's thyroiditis and she said the worst side effects from the shot two were fever, fatigue and slowly swollen painful lymph nodes for a day. I take that as a good sign. How would you interpret that?

No, that is exactly, you know, I would guess I don't know if you the most I get she was in the vaccinated group because that is the exact type of reaction you would anticipate having because the reaction is happening in the lymph nodes in the arm and that is where the human body is just fascinating and remarkable that

You can give this vaccine in an arm and it protects your whole body from the virus when you are exposed in the future. Because you are

creating antibodies in your lymph nodes so that is the immune response happening that you felt.

[Indiscernible muffled] not the disease?

Not the disease, right.

And Cassandra, is Cassandra back?

Hey!

Hi so what other questions do you have?

Okay another question is during the study that they went through, how many minorities were in these groups?

That is a great question. It was a little different for each study. Overall minorities, it was somewhere between 20 and 30% even over 30% in one of the studies but if you break it down into let next door Latino backgrounds or African-American backgrounds or Asian-American backgrounds, there were about 9 to 10% black participants and about 15 to 20% there were more Latina process events especially in the Pfizer clinical trial. The Moderna clinical trial had an overall balance of what I think more like 10 to 15% black and I am happy to send you those exact numbers, Cassandra but it was not -- it was higher than most vaccine trials and something they are continuing to try to enroll people with specific health conditions like later in the trials they enrolled persons who have HIV and other types of long, chronic conditions.

Can I ask you, Cassandra, are you worried about that African-Americans may have a different reaction to the vaccine? Just to understand the question?

Yes, I mean I do because I'm African-American and most of my colleagues are African-American. And so it was something that piqued our interest. You know.

Yeah. It is, yeah, it is -- we, we -- we wish that we could have -- we wished we could have enrolled a far greater diversity. This is one of the most diverse clinical trials in adults that there has ever been but we always should be doing better and could be doing better. There was a lot of effort to try to enroll in minority communities and, you know, it, it, it's just -- it, it, there is always more we can be doing to increase equity in clinical trials.

And Amanda, for any other vaccines have we seen differences based upon race or ethnicity?

No.

[Indiscernible - multiple speakers]

-- This has been studied in lots of other vaccines especially in flu vaccines and shingles vaccine and pneumococcal vaccine and we don't see increases in safety -- in problems with the vaccine. Unfortunately, as many of you know we see big differences in the impact of flu on COVID and couple pneumonia

In minority communities. So you know, we do not see differences. Information on SSDI race in all of our adverse event reports and we have seen, our adverse events, the people who report problems after the vaccine and remember people can report anything they think is a problem. It doesn't mean, you know, that the vaccine caused the problem. They are just reporting it so we can do additional looking at it. But the number of people who report problems after getting vaccinated is very similar to the race and ethnicity of who is getting the vaccine.

Okay.

Other questions, Cassandra, you might have?

Well, I'm a person that tries to do the right thing. Because I had COVID. I had it around July. And there's a lot of things I don't remember because like I said my daughter took care of me. But I know once I started feeling better, once a one of the things I wanted to know was did I give any of my patients the virus and she said as far as she knew at that time, no. That was the only thing that I did not want to happen. My children were good. My grandbabies were good. I want to know if there is any other way of putting this out for not just us but this -- theory, this vaccine is scary. We need to do more than just this because I mean I can go to the family and say family you need to take this. It doesn't seem to be that bad. I'm going to take it so will you take it? I don't see it -- what you do because one of the -- is good but it's not going to get -- [Indiscernible muffled].

Amazing question and thank you for the story. The fact that you care so much so hopefully Amanda can answer both questions. One is if you had the disease and you take the vaccine, thank you for saying that you did and number two is what is the other option? What would happen if we don't vaccinate 80% of this country?

The first thing is that I'm sorry and it sounds like you had a rough time with the disease but I'm glad, you look great now so I hope you're fully back to health and you know, getting diseased, people are doing everything they can. I'm fully believe that you did everything you could to protect yourself and this virus is so contagious and so everywhere that it is just , you know, it, you can't do enough which is why the vaccine is our way out of this. It is the only way that I see

That we feel

confident and we sit stay protected and take care of our family and residents that you take care of and the community I think vaccine is the only way out. . The thing is if you have had

COVID you are protected for certain amount of time and we believe most people are protected for 90 days and now we are starting to see

that a lot of people are protected for up to six months and that is great. But we still recommend that people get the vaccine even if they had the disease. We don't think that having the disease lasts forever and the vaccine will boost your protection. It will raise your immunity again after you have had the disease.

I think this leads right to the question which I have seen in the chat box and

Maybe your next question which is how long does the vaccine last and are we going to have to get this over and over again. We don't know that yet. We are looking at this closely. We don't know if this is going to be like a flu shot. Whether we have to get it every year or whether it will go away. I can promise you --

-- Amanda we have seen two questions in the chat box and one is it alive vaccine and I would love Amanda to talk about that and two is would you test positive for HIV after taking the vaccine and we really want to help dispel myths today. So Amanda, if you don't mind, and then we will go back to Cassandra for another question.

Sure and I apologize. My video just stopped working but I will -- I will -- so the first question about HIV, you cannot get HIV with this vaccine. You cannot get COVID with this vaccine. This vaccine is not -- these two vaccines are not like -- live vaccines. There is nothing in these vaccines -- no ingredient that is biological in that it ever was alive. This is simply part of the, it is the instruction book -- it is a little part of the instruction book surrounded by honestly little particles of fat and that is what your body thinks is the vaccine. I told my kids it is like I don't know if they know this word avatar. My kids use that in their computer stuff but it is like that. It is pretending to be the disease but it is not at all. It is really there is nothing alive in the vaccine and certainly not HIV. You know, I think that if anything, this vaccine is one of -- there is no connection at all. Now, there are vaccines down the line that you may hear about that do use like a very , a virus -- attached to a virus but not to a virus that causes disease and that, I don't want people, people may hear about that in the news . Those vaccines are being studied but the vaccines that you guys are being offered are not live and they cannot give you any virus or infection.

Okay.

Cassandra, other questions you may have?

Well me, I actually ours, I'm speaking of myself because my colleagues are scared. They made the comment that if you take it this time, I will see what happens and I might take it. Okay. For me, if I take this, and I don't know my underlying issues so is there anything out there that a person can have that this vaccine will interact with?

For the simple fact I don't know all of my illnesses that I do have and I do have some issues that I don't want to go into that right now so --

Yeah.

It's just I want to know because I want to take this for safety and I don't want this anymore. I don't want it. And I want to know if there is anything that this vaccine might potentially you know not work well with?

Yeah. There is nothing we know that this vaccine will not work well with. There is not -- the only underlying condition that we know of is if you have had anaphylaxis and you have had to use an EpiPen before, you may be at risk for having that again. There is still a lot of -- we are still trying to figure out exactly what that is but not if you were, not if you have had like you know normal sort of allergic reactions or hives or anything. It is a very, very specific type of allergic reaction and that is the only thing we know and we have vaccinated over 5 million people at this point and honestly, throughout the world, even millions more and nothing has -- nothing has been shown yet and I think that, you know the reason why I believe that is because all of the Data we are seeing in all of these people who were reporting telling us that they are healthy after getting the vaccine and the second reason I believe that is because the vaccine is so focused where it stays in your body and it goes away in like 24 hours. 24 to 48 hours, it is completely out of your system and so it is not like it can, you know, it is not like medications that stay in your system for a really long time even after you stop taking it. This vaccine works, works quickly and then it is, you know, it, it, it leaves your body.

Oh, okay.

So let me ask a few questions and I will save one last question for you, Cassandra since you have articulated so nicely some of the thoughts of your colleagues. Just one quick follow-up, Amanda so it is not food allergies. It is not you know I'm allergic to some drug. Some buddy is really as allergic to something as bee stings, which is a common reason for people to use EpiPens.

Yeah --

-- People [Indiscernible - multiple speakers]

Yes, specifically it is people, some of the people who have had allergic reactions, have had allergic reactions to other vaccines before. So certainly, that is one thing we do know. Yes, a couple of people have had anaphylaxis in this case had a severe reaction to things like bee stings. Not food allergies, not normal pet allergies, outdoor allergies, I think that I would tell somebody, if you have been told, if you have an EpiPen that your doctor

has prescribed you and millions of people have EpiPens. My daughter has an EpiPen. She is allergic to -- I would still give the vaccine in a heartbeat. She has never had you know, she has never had to be hospitalized. She has never had a severe anaphylactic reaction. If you, if you have had that type of reaction, talk to your doctor before you get vaccinated. It is still safe for you to get vaccinated. You just may want to get vaccinated in -- and you will need to let people know that you had this reaction before. You know we have had, you know, it's, it, it is still possible to get vaccinated safely even if you have had

anaphylaxis which, you know, if you -- most people in this country who have allergies could not -- have not had an influx of. Anaphylaxis. Do you know what anaphylaxis is?

Yeah.

Have you heard of that or sing that?

Yes.

Okay.

She works in a nursing home so -- make I know, I know.

Amanda, one other potential myth Buster that is in the chat is fetal cells. Any involvement with this scene in any way?

Not these two. Some vaccines, you know, either the research or far back before, there is not, these two vaccines do not involve fetal cells. Some, you know, there are lots of vaccines under development and I think there is a lot of confusing information because they are crossing over but these vaccines do not.

And this is what we have arranged with CVS and Walgreens to give nursing homes ' personnel so they take it under the pharmacy partnership at this point. There is no question that they, these are not derived from fetal cells.

Right.

[Indiscernible - multiple speakers] smack go ahead.

I was going to say the other question I have gotten a lot and I may have been asked this the other day is about causing infertility and that is also a myth. There is no evidence or no Data to suggest that there is any reason to think it causes infertility. It goes back to, the vaccine is just in your arm. It Is not in your bloodstream and it certainly is not impacting , you know, impacting the parts of your body that you need to be fertile and you know, what I tell my friends who have asked me the same question is if the disease caused infertility then something they asked me to question it but we know that the disease does not appear to cause infertility at all and so there is no reason to suspect that the vaccine causes infertility. Smack so we are near the end. Cassandra, any last questions for Amanda? Smack once you receive the vaccine, what is the highest temperature of the fever you expect to get or does it vary?

So we are really talking about the second dose?

Right.

Yes a very you people get any fever at all after the first dose.

Right.

After the second dose, you know, anywhere between 20 and 30% of people will get fevers. Most of those fevers are less than 100.5. Some are 101 and under but very, very few people have above 101 and almost all of the fevers resolved within 24 to 48 hours.

Okay. [Indiscernible muffled].

So any last thoughts, Cassandra up from your standpoint?

Well I guess I appreciate -- I just feel like we need to put this out there. This conversation,

Here, is the best way for anybody to ease their mind, you know? To go straight to the horses head is the best way to go. Because I mean, I am learning so much in these last couple of days because I was on the fence now you guys. I was. I wasn't going to do it. But talking to you and learning like I did, I am down for it, you know?

Thank you so much. We are glad that is the fun part about having these conversations. Amanda and Dr. Amanda Cohn, any last questions before I closed the program today?

No, I just admire you so much, Cassandra, not just you but all of you on the phone have been scared for the last year and it has been a very scary year. I know, you know, I can't, I can talk to you but I cannot get rid of all of, you know, I know everybody will have a small part of being scared when they get the vaccine but I hope that all of you have the same feeling that you know I haven't gotten the vaccine yet. I have not been offered it yet but I will but when my husband got it he had such a sense of release relief and such since we were getting over the hump and he was protected and I hope that all of you have the same feeling even if you do have a little bit of fear going into it so thank you.

And I want to, my sincere thanks to Sandra and to your director of nursing for helping you get on today. It is amazing and very brave for you to represent a group who are going to try to have other providers

Who participate in the care of the residents in nursing homes? As I said, I got the vaccine. I will tell you that I stayed close to home for 10 days to two weeks because I still could be infected even after the vaccine for those first

Two weeks so if you're hearing stories of people getting infected, they have to understand, there is still that risk. But I hope after the second vaccine that I actually get a reaction knowing that it is working so that I can feel that my wife and daughter who are living with me at home really can be safe and that I can continue to do the work hopefully like you not a direct provider perfect protecting the residents but in my role at CMS so I want to thank all of you. Please, send your questions in. We really want to answer them and really dispel any myths because we. Think that is most important and I will turn it back to Ashley to close the session today's make sure, thank you and thank you everyone. Just a reminder, if you have not had a chance to check the chat, there is a link where this recording will be housed. We expect it will be available

around Friday. It usually takes about a day or so to make sure all things are compliance. Also, we have a ton of questions. We see them. We just want you to know that we see them. We review them we will look through them and the team really will try to answer as many as they can in each session. Because we are planning to have

Subsequent sessions through the end of the month, your question may not have been answered in this one but we hope we can answer them in sessions with guests where it kind of makes sense so just stay tuned. We do see them and we just want everyone to know we have received them. We keep a catalog of them and we are working tirelessly to answer each and every one. So thank you all for joining and we hope to see you next week. Same time, same place and the registration link will be posted as it was for this call and we will also , you will also likely receive a notification through your association so thanks a lot for joining and have a great afternoon. >> The recording has stopped.

[Event Concluded]