COVID-19 and Black Folk: Changing the Game, Changing the Outcome

Virtual Conference
February 11th
5 PM ET

Presented by
Dr. LeRoy Graham
Dr. Purvi Parikh
Dr. Monica Hooper
Sandra Finley
Welcome
Current State of COVID-19
Vaccine Update
Questions We Need Answered
Q & A
Closing Remarks
What we will cover:
• How Black patients, families and caregivers are adversely impacted by COVID-19 and why it's happening.
• The challenges of COVID-19 vaccines -- how we can build trust in the vaccine within the Black community.
• What questions Black people want answered about COVID-19 and the COVID-19 vaccines.
Purvi Parikh, MD, clinical assistant professor of medicine at New York University School of Medicine, and COVID-19 vaccine clinical investigator

Monica Webb Hooper, PhD deputy director of the National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health

Sandra Finley patient advocate, Patient Advisory Group member and COVID-19 survivor
Current State of COVID-19 and What People are Talking About

Dr. LeRoy Graham
US Data Report - CDC

TOTAL CASES
26,761,047
+107,489 New Cases

AVERAGE DAILY CASES PER 100K IN LAST 7 DAYS
36.1

TOTAL DEATHS
460,582
+2,820 New Deaths

Average Daily Cases per 100,000 in Last 7 Days
### Racial Disparities in COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Race</th>
<th>Share of Population</th>
<th>Share of Deaths</th>
<th>Share of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>61.1%</td>
<td>51.1%</td>
<td>44.5%</td>
</tr>
<tr>
<td>Black</td>
<td>12.3%</td>
<td>21.1%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17.8%</td>
<td>21.1%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.4%</td>
<td>3.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.7%</td>
<td>0.9%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>
Black Americans: High Level of Distrust in Government

- Not participating in large numbers in COVID-19 clinical trials

- Most hesitant group to get a vaccine once one is available
  - Skepticism is rising
  - Blacks 2 ½ times more likely to contract COVID-19
  - 5 times more likely to die
Questions we need answered:

• “How many “people like me” took part of the clinical trials?”
• “Will the vaccine keep me from getting COVID-19?”
• “Why do I still need need to take precautions -wear a mask, distance myself from others and wash my hands after getting the COVID-19 vaccine?”
• “If I get COVID-19 between my 1st shot and the scheduled 2nd shot what do I do?”
• “Describe the reactions some people are having from getting the vaccine and why?”
• “Should pregnant or nursing moms get the vaccine?”
Polling Question #1

Have you gotten the COVID-19 vaccine yet? (choose only one)

A. Yes

B. No, but I plan to get it

C. No, I don’t plan on getting the vaccine
Polling Question #2

If you don’t plan to get the COVID-19 vaccine, what is the reason why? (choose all that apply)

A. Safety

B. I don’t get vaccines

C. I don’t want to be a guinea pig, but I will get it later
VACCINE OVERVIEW

Dr. Purvi Parikh
Overall US COVID-19 Vaccine Distribution and Administration
Are Vaccines Effective?

Vaccines save lives.

Scientists widely consider immunization to be one of the greatest public health achievements of the 20th century

- Flu vaccination reduces the risk of flu illness by between 40% and 60% among the overall population. – CDC
- Two doses of inactivated polio vaccine (IPV) are 90% effective or more against polio; three doses are 99% to 100% effective. - CDC
NY Times Vaccine Tracker
Coronavirus Vaccine Tracker

By Carl Zimmer, Jonathan Corum and Sui-Lee Wee  Updated Feb. 10, 2021

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>AUTHORIZED</th>
<th>APPROVED</th>
<th>ABANDONED</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>27</td>
<td>20</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Vaccines testing safety and dosage
Vaccines in expanded safety trials
Vaccines in large-scale efficacy tests
Vaccines in early or limited use
Vaccines approved for full use
Vaccines abandoned after trials
Types of COVID-19 Vaccines

**mRNA vaccine**

- Synthetically produced RNA fragments of the virus are used to give the body those instructions that enable it to produce a protein that mimics a subset of the virus.

- This is recognized by the immune system, which reacts and produces antibodies and T cells. If the real coronavirus appears, the defence system is equipped and can prevent infection.

**Vector vaccine**

- Consists of a genetically modified chimpanzee cold virus, with which genetic material from Sars-CoV-2 is introduced into human cells as a vector.

- Same concept used in the Ebola vaccine
Vaccine Overview

Moderna
mRNA-1273

- First to fix formulation
- mRNA vaccine
- Two doses – 4 weeks apart
- 94.5% effective
- Slightly more effective in younger groups than in elderly

- Caused side effects in more people
- Mainly included:
  - Pain at the injection site
  - Flu-like symptoms
  - Subsided quickly

- Stored at -20 degrees for up to six months
  - Easier to store for non-hospital settings

- FDA factsheet:
  https://www.fda.gov/media/144638/download
Vaccine Overview

**BioNTech/Pfizer**

- First to clear approval
- Already used on a massive scale
- mRNA vaccine
- Two doses – 3 weeks apart
- 95% effective
- Gives protection to older population

- Side effects limited
- Mainly included:
  - Pain at the injection site
  - Flu-like symptoms
  - Subsided quickly – 1 to 2 days

- Must be shipped and temporarily stored at -70 degrees

- At normal refrigerator temperatures - has a shelf life of 5 days

- FDA factsheet: [https://www.fda.gov/media/144414/download](https://www.fda.gov/media/144414/download)
Vaccine Overview

**AstraZeneca**

*ChAdOx1 nCoV-19*

- Can be produced in large quantities
- Does not require special cooling
- 90% effective when a ½ dose was administered followed by a full dose
- Two doses – one month apart

- No serious side effects
- Approved in UK
- Booster at 3 months

- FDA factsheet not yet available
Vaccine Overview

Gamaleja-Institute Moskau

Sputnik V

- Vector vaccine
- Innovative process
- More than 95% effective
- Often requires multiple doses

More information:

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30923-3/fulltext
Vaccine Overview

Sinopharm
China
CNCB-vaccine

- Does not use genetic engineering
- Classic method of triggering an immune response by killing the virus
- 79% effective in trials

✓ International confidence in Chinese vaccines is lacking
✓ Few test results have been published
✓ Approved in China and UAE
Vaccine Overview

**Johnson & Johnson**

Ensemble / Ensemble 2

- Not yet approved – expected soon
- Viral vector vaccine
- 97% effective - study participants developed antibodies
- Studied as single and two-dose vaccine

- Booster shots may be required over time similarly to the pneumococcal vaccine
- Ongoing clinical trials

- FDA factsheet not yet available
## Key features of the COVID-19 Vaccine Frontrunners

<table>
<thead>
<tr>
<th></th>
<th>Pfizer/BioNTech</th>
<th>Moderna</th>
<th>AstraZeneca/Oxford</th>
<th>Janssen (Johnson &amp; Johnson)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BNT162b2</td>
<td>mRNA-1273</td>
<td>ChAdOx1-S/AZD1222</td>
<td>Ad26COVSI</td>
</tr>
<tr>
<td><strong>Type of vaccine</strong></td>
<td>mRNA in lipid nanoparticles</td>
<td>mRNA in lipid nanoparticles</td>
<td>Non-replicating adenovirus vector</td>
<td>Non-replicating adenovirus vector</td>
</tr>
<tr>
<td><strong>Dosage</strong></td>
<td>2 doses 21 days apart</td>
<td>2 doses 28 days apart</td>
<td>2 doses 28 days apart</td>
<td>1 or 2 doses 56 days apart</td>
</tr>
<tr>
<td><strong>Antibody detection</strong></td>
<td>7 days after booster</td>
<td>14 days after booster</td>
<td>14 days after booster</td>
<td>14 days after booster</td>
</tr>
<tr>
<td><strong>Efficacy</strong></td>
<td>95%</td>
<td>95%</td>
<td>70%</td>
<td>N.A.</td>
</tr>
</tbody>
</table>
### Key features of the COVID-19 Vaccine Frontrunners

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<tr>
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<th>Janssen (Johnson &amp; Johnson) Ad26COVSI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Storage Requirement</strong></td>
<td>-70°C ± 10°C</td>
<td>-20°C</td>
<td>2 - 8°C</td>
<td>2 - 8°C</td>
</tr>
<tr>
<td><strong>Shelf life once thawed</strong></td>
<td>5 days</td>
<td>30 days</td>
<td>180 days</td>
<td>180 days</td>
</tr>
<tr>
<td><strong>Phase III Trial Enrollment</strong></td>
<td>43,000 (ages 16-85)</td>
<td>30,000 (age 18+)</td>
<td>11,500 (age 18+)</td>
<td>Single dose – 60,000 Two dose – 30,000 (age 18+)</td>
</tr>
<tr>
<td><strong>Percentage high-risk population in phase III trial</strong></td>
<td>40.90%</td>
<td>42%</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Goal</td>
<td>Allocation Criteria</td>
<td>Four Allocation Phases</td>
<td></td>
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</table>
| Reduce severe morbidity and mortality & negative societal impact due to the transmission of SARS-CoV-2 | Risk of:  
- (1) acquiring infection,  
- (2) severe morbidity & mortality,  
- (3) negative societal impact &  
- (4) transmitting infection to others | |
Vaccine Roll-out
National Academy of Sciences

Phase 1
• 1a: "Jumpstart Phase"
  • High-risk health workers
  • First responders
• 1b:
  • People of all ages with comorbid conditions – high risk
  • Older adults living in congregate or over-crowded conditions

Phase 2
• K-12 teachers, school staff & childcare workers
• Critical workers in high-risk settings – higher risk of exposure
• People of all ages with comorbid conditions – moderate risk
• People in homeless shelters or group homes
• People in prisons, similar facilities
• All older adults not included in Phase 1

Phase 3
• Young adults
• Children
• Workers in industries & occupations important to the functioning of society

Phase 4
• Everyone residing in the US who did not have access to the vaccine in the previous phases

Equity is a cross-cutting consideration:

In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.
COVID-19 Vaccine

- Landmark in the pandemic response for Americans
- Appears to be equally protective across age groups
- Appears to be equally protective across racial & ethnic groups
- Severe systemic events were reported in less than 2%

Summary of Allergic Reactions
Following release of Pfizer Vaccine (published January 6th)

104 cases of allergic reactions

21 cases of anaphylaxis after administration of 1,893,360 first doses

- 10 times the anaphylaxis rate of the flu vaccine
- 17 cases occurred in persons with a documented history of allergies or allergic reactions
- 7 of these had a history of anaphylaxis
Summary of Allergic Reactions
Following release of Pfizer Vaccine (published January 6th)

Allergic symptoms onset after vaccine

- Median of 13 minutes (2-150 minutes)
- 71% onset within 15 minutes

Non-anaphylaxis symptoms:

- Pruritis
- Rash
- Itchy & scratchy throat
- Mild respiratory symptoms
Reports of Possible Allergic Reactions

- Very strong safety profiles
- Reports of possible allergic reactions
  - Raised public concern
- Recommendations:
  - All patients be observed for 15 minutes after injection
  - Staff must be able to identify and manage anaphylaxis

Allergic Reactions

Confirmed allergic reactions to vaccines are not frequently attributed to active ingredients

- But to inactive ingredients:
  - Includes egg protein, gelatin, formaldehyde, thimerosal or neomycin
  - PEG – polyethylene glycol, polysorbate

Current vaccines are not formulated with any food, drugs or latex

# Risk Stratifying Patients for Allergies Before Vaccination

Followed by skin allergy testing if deemed to be at “higher risk”

<table>
<thead>
<tr>
<th>4 Screening Questions:</th>
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<tbody>
<tr>
<td>Do you have a history of a severe allergic reaction to an injectable medication?</td>
<td></td>
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<tr>
<td>Do you have a history of a severe allergic reaction to a prior vaccine?</td>
<td></td>
</tr>
<tr>
<td>Do you have a history of a severe allergic reaction to another allergen (e.g. food, venom or latex)?</td>
<td></td>
</tr>
<tr>
<td>Do you have a history of a severe allergic reaction to polyethylene glycol (PEG) a polysorbate or polyoxyl 35 castor oil containing injectable or vaccine?</td>
<td></td>
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</table>
Guidance:
Do not administer vaccine to individuals with a known history of a severe allergic reaction to any component of the COVID-19 vaccine.
Management of Possible Reaction to COVID-19 Vaccine

• Should the second dose be administered?

• Need to verify that an allergic reaction occurred
  • Follow up with an allergist
  • Pre-treatment with antibiotics not recommended
    – masks symptoms, doesn’t treat anaphylaxis

• If allergy testing is positive, avoid the second dose

• Vaccines have good efficacy with one dose – but approved based on two doses

Polling Question #3

Do you personally know anyone who has gotten Covid-19?
(choose all that apply)

A. Yes

B. No

C. I have had COVID-19
Polling Question #4

Do you personally know anyone who has died from COVID-19?
(choose only one)

A. Yes

B. No
Meet Sandra. She and her husband are COVID-19 Survivors
Disclaimer

The views expressed during this presentation do not necessarily state or reflect those of NIH or the U.S. Government.

Just an FYI.
COVID-19 Mortality: Biological Vulnerabilities

- Hypertension
- Obesity
- Chronic lung disease
- Diabetes
- Cardiovascular disease
- Chronic kidney disease
- Cancer
- Older age
- Male sex
The United States is seeing increasing rates of vaccine hesitancy which will impact clinical trial research and vaccination campaigns to combat COVID-19

Background: Factors for Vaccine Hesitancy

Risk Perception and Vaccine Decisions

Confidence
Trust in the effectiveness and safety of vaccines, the system that delivers vaccines, and the motives of those who establish policies on necessary vaccines.

Complacency
Perception that risks of vaccine preventable disease are low and vaccines are not a necessary preventative

Convenience
The extent to which vaccines are available, affordable, accessible,

COVID-19 Vaccines and Acceptance

African American/Black adults are much less likely to say they would get a vaccine than other Americans

- 42% of African American/Black adults (10% increase since Sept.)
- 61% of White adults (9% increase since Sept.)
- 63% of Latinos (7% increase since Sept.)
- 83% of Asian Americans (11% increase since Sept.)

Trend holds even for those who regularly get a flu vaccine. Of these:

- 33% of African American/Black Adults would not seek COVID-19 vaccine
- 15% of White Adults would not seek COVID-19 vaccine

“Recruiting Black volunteers for vaccine trials during a period of severe mistrust of the federal government and heightened awareness of racial injustice is a formidable task.”

New York Times, October 7, 2020

KFF/The Undefeated Survey on Race and Health
Disparities in US Vaccination Levels (1 of 2)

1. AP Analysis: Racial disparity seen in US vaccination drive (apnews.com)
### Disparities in US Vaccination Levels (2 of 2)

#### White people in most states vaccinated at expected levels

Data available from a number of states and a few cities show white people eligible for the vaccine have typically been getting vaccinated.

- % vaccinated who are white
- % 75+ years who are white
- % of health care workforce who are white

When the race of those receiving COVID-19 vaccinations was known in states, white people accounted for:

- **West Virginia**: 4% of data missing race details
- **Vermont**: 13% of data missing race details
- **Indiana**: 6% of data missing race details
- **Nebraska**: 15% of data missing race details
- **Colorado**: 22% of data missing race details
- **Oregon**: 16% of data missing race details
- **North Carolina**: 0% of data missing race details
- **Ohio**: 16% of data missing race details
- **Tennessee**: 34% of data missing race details
- **Florida**: 16% of data missing race details
- **Virginia**: 52% of data missing race details
- **Mississippi**: 22% of data missing race details
- **Maryland**: 6% of data missing race details
- **New Jersey**: 20% of data missing race details
- **Delaware**: 35% of data missing race details
- **Texas**: 46% of data missing race details
- **Alaska**: 30% of data missing race details

When the race of those receiving COVID-19 vaccinations was known in cities, white people accounted for:

- **Philadelphia, Pennsylvania**: 16% of data missing race details
- **Chicago, Illinois**: 7% of data missing race details

Data collected through January 25. Some people vaccinated do not report race or ethnicity; those were left unassigned. States vary in whether they include or exclude Hispanic individuals in racial categories. We handle the racial categories in the comparison data in the same way within the state for consistency. Data reported from each state are those who have received at least one vaccine dose.


Data as of January 25, 2021
NIH CEAL Initiative

Address Misinformation within Racial/Ethnic Communities
Engage Trusted Voices and Community-Engaged
Facilitate Enrollment in COVID-19 Clinical Trials
Invest within the Community

Understand factors that contribute to the disproportionate burden of COVID-19 in underserved communities

Research Teams

Academic Partners
Community-Based Organizations
Healthcare Systems
Faith-Based Organizations
State & Local Government
Pharmacy Networks
Addressing COVID-19 Disparities with Community Engagement

CEAL sites identified by:
- Disproportionately affected communities
- Existing community-engaged research

Alabama, Arizona, California, Florida, Georgia, Louisiana, Michigan, Mississippi, North Carolina, Tennessee and Texas

Current 11 NIH CEAL States
Leveraging Partnerships within the Local Community

Exemplars: Ensuring our partners, organizations, and networks, can rapidly respond to community needs

Fostering Inclusion: Distribution of vaccine trial fliers and COVID safety practices in English/Spanish to families

Community Needs Assessment: Geographically map community touchpoints to promote COVID-19 prevention, mitigation and risk messaging

Engaging and Building Awareness: Providing masks, and information about COVID-19 and vaccine trials to community members during voter registration drive
# CEAL Teams Outreach Progress

<table>
<thead>
<tr>
<th>METRIC</th>
<th>TOTALS TO DATE</th>
<th>SPECIFIC ACTIVITIES (EXAMPLES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEAL outreach staff in direct communication with (potential) participants or community members as part of the CEAL effort</td>
<td>3,559</td>
<td>• Text messaging campaigns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• COVID-19 educational materials distribution at COVID-19 community testing sites</td>
</tr>
<tr>
<td>Program participants or community members who received program COVID-19 educational messages/materials</td>
<td>3,168,384</td>
<td>• Webinars</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Symposia</td>
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<tr>
<td></td>
<td></td>
<td>• Town halls</td>
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<tr>
<td></td>
<td></td>
<td>• Focus groups</td>
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<tr>
<td></td>
<td></td>
<td>• Vaccine trial flyer distribution</td>
</tr>
<tr>
<td>Communications activities (media programs, community forums or meetings)</td>
<td>7,978</td>
<td>• Social media campaigns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Media interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community meetings</td>
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Understanding Multilevel Factors Related to Urban Community Trust in Healthcare and Research

Monica Webb Hooper 1,*, Charlene Mitchell 1, Vanessa J. Marshall 1,2, Chesley Cheatham 1,2, Kristina Austin 3, Kimberly Sanders 1,4, Smitha Krishnamurthi 1,4 and Lena L. Grafton 5

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2 University Hospitals Cleveland Medical Center; Seidman Cancer Center, Cleveland, OH 44106, USA
3 The Gathering Place, Beachwood, OH 44122, USA
4 Cleveland Clinic Taussig Cancer Institute, Cleveland, OH 44195, USA
5 NEOMED-CSU Partnership for Urban Health, Cleveland State University, Cleveland, OH 44115, USA

* Correspondence: monica.hooper@case.edu; Tel.: +1-216-368-6895

Received: 15 July 2019; Accepted: 2 September 2019; Published: 6 September 2019
Themes related to Community Distrust

- African American participants exhibited greater distrust compared to Whites
  - Healthcare as “big business”
  - Perceived disparities in the quality of care
  - Poor patient-clinician communication
  - Skepticism about biomedical research

N = 130; 80% African American adults
“We don’t care how much you know...

Until we know how much you care.”
Passive is Good, Active is Better

How do we increase trustworthiness?

National Institutes of Health
Community Engagement Alliance
Responding to Healthcare Distrust among Underserved Communities: Step Two

Healthcare, biomedical research distrust
Patient-Provider communication

Passive is Good, Active is Better

<table>
<thead>
<tr>
<th>Physicians/Clinical Researchers</th>
<th>Support Services Healthcare Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Why does it seem that my doctor does not listen to me?”</td>
<td>“Why don’t doctors tell you the cost of the visit so you can decide if you want the procedure beforehand?”</td>
</tr>
<tr>
<td>“Why do doctors spend so little time with patients?”</td>
<td>“Why does the bill arrive months after the visit?”</td>
</tr>
<tr>
<td>“Why has the healthcare system changed so much?”</td>
<td>“How does Medicare work?”</td>
</tr>
<tr>
<td>“Why do doctors prescribe so many pills that do not seem necessary?”</td>
<td>“Why do I have to pay a co-pay at every follow-up visit?”</td>
</tr>
<tr>
<td>“Are doctors receiving ‘kick-backs’ from drug companies to push pills on people?”</td>
<td>“Are there programs to assist patients with payment of medical bills?”</td>
</tr>
<tr>
<td>“How can we be sure that researchers are not using us as guinea pigs?”</td>
<td>“What is a patient navigator?”</td>
</tr>
<tr>
<td>% (n)</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>I was able to ask the questions I wanted to know.</td>
<td>77.2% (119)</td>
</tr>
<tr>
<td>If a family member or friend were thinking about joining a medical study, I would recommend that they participate.</td>
<td>69.9% (100)</td>
</tr>
<tr>
<td>The people I talked to were trustworthy; I believed I could trust what they said.</td>
<td>79.7% (114)</td>
</tr>
<tr>
<td>As a result of the community program, I trust healthcare systems.</td>
<td>58.1% (83)</td>
</tr>
<tr>
<td>As a result of the community program, I trust medical researchers.</td>
<td>50.4% (72)</td>
</tr>
<tr>
<td>Compared to before joining the study, I think I would take part in a clinical trial.</td>
<td>51.8% (74)</td>
</tr>
</tbody>
</table>
Find it on YouTube:
family covid interview monica hooper
3 Former Presidents are Taking the Vaccine

- Bill Clinton
- George W. Bush
- Barack Obama:

  - “I will be taking it, and I may take it on TV or have it filmed so people know that I trust this science,” Obama said in an interview on SiriusXM radio. “If Anthony Fauci tells me this vaccine is safe and can immunize you from getting COVID, absolutely I’ll take it.”
Dr. Purvi Parikh – Allergist/Immunologist

- Enrolled my parents in the Moderna trial
- Wouldn’t send my loved one for something I didn’t feel was safe
- I took the Vaccine

Dr. LeRoy Graham – NOML Program:

- Higher risk due to age
- Comorbid conditions (hypertension, mechanical aortic valve)
- Exercise, take care of myself & I took the vaccine.
After participating in this session about COVID-19, did the information presented change your mind about getting the COVID-19 vaccine?

A. I had already decided to get the vaccine and the information presented supports my decision.

B. Changed my mind, I will get the vaccine

C. Did not change my mind, I will **NOT** get the vaccine
Q & A
Know the Difference | COVID-19 vs. Flu vs. Allergies

Nearly 1/2 of all COVID-19 deaths in the U.S. are among people of color. Allergy & Asthma Network’s Not One More Life project aims to empower you with practical information and guidance so you can take charge of your health.

It’s important to know how you can tell the difference between COVID-19 symptoms, the flu and seasonal allergies and what can put you at risk for COVID-19.

Reduce Your Risk:
Remember the 3 Ws

WASH
your hands frequently
Use soap and warm water for 20 seconds

WATCH
your distance
Keep 6 feet apart & avoid large crowds

WEAR
a mask over nose & mouth
Prevent spread of COVID-19 & protect others

For 80% of people, COVID-19 symptoms are mild, and feel like the flu. So what’s the difference?

Symptoms

COVID-19
• Spread person-to-person
• Fever (100.4°F or higher)
• Sore throat
• Headache
• Fatigue (tiredness)
• Muscle or body aches (or chills)
• Runny or stuffy nose
• Cough
• Shortness of breath or difficulty breathing
• Nausea or vomiting
• Diarrhea
• Loss of taste & smell

FLU
• Spread person-to-person
• Fever
• Sore throat
• Headache
• Fatigue (tiredness)
• Muscle or body aches (or chills)
• Runny nose or stuffy nose
• Cough
• Shortness of breath or difficulty breathing

ALLERGIES
• Not spread person-to-person
• Itchy nose, sneezing
• Itchy, watery eyes, redness
• Itchy, sensitive skin, rash or hives - swelling
• Wheeze, chest tightness
• Runny or stuffy nose
• Cough
• Shortness of breath or difficulty breathing

Prevention

COVID-19
• Wear a mask over your nose & mouth
• Wash your hands frequently
• Watch your distance: avoid close contact with others - keep six feet apart and avoid crowds
• Avoid touching your eyes, nose & mouth
• Avoid exposure whenever possible
• Use hand sanitizer with at least 60% alcohol, if needed

FLU
• Wash your hands frequently
• Watch your distance: avoid close contact with others - keep six feet apart and avoid crowds
• Avoid touching your eyes, nose & mouth
• Avoid exposure whenever possible
• Get the flu vaccine

ALLERGIES
• Avoid your allergy triggers
• If you’re not sure what your triggers are, ask your doctor about allergy testing
• Medicate for allergies before pollen season or potential exposure

Treatment

COVID-19
• Stay home and rest, except to get medical care
• Call your doctor if you think you were exposed
• Call ahead before going to the doctor
• Request a COVID-19 test
• Stay away from others

FLU
• Stay home and rest, except to get medical care
• Contact your doctor early if you’re at high risk
• Antiviral drugs may be an option for people at high risk for complications and people with lung conditions
• Most people don’t need to go to the emergency room

ALLERGIES
• Take prescribed or over-the-counter allergy medications
• Antihistamines
• Nasal sprays
• Allergy shots
• Allergy tablets
• Nasal wash/rinse

Trusted Messengers project presented by

Allergy & Asthma Network
Sanofi
**Know the Difference**

**Risk for Hospitalization**
Compared to people without these conditions

- 1.5X: Asthma
- 3X: High Blood Pressure OR Obesity OR Diabetes
- 4X: Chronic Kidney Disease
- 4.5X: Severe Obesity OR 2 other conditions
- 5X: 3 or more conditions

Black Americans, Hispanics & Native Americans face higher COVID-19 risks, compared to White, Non-Hispanic persons

- **2.6X–2.8X**: Higher risk of getting COVID-19
- **4.6X–5.3X**: Higher risk of hospitalization
- **1.1X–2.1X**: Higher risk of death

The risk of being hospitalized increases for people with underlying conditions (including asthma, obesity, diabetes, chronic kidney disease, severe obesity, coronary artery disease, history of stroke and COPD). If you have any of these risk factors, please take extra precautions and make sure your healthcare provider knows about any underlying issues.

Source: Centers for Disease Control (CDC)

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**What to do if you are sick with COVID-19:**

- Stay home and separate yourself from other people.
- Wear a face mask when around other people.
- Call your doctor.
- Cover your coughs & sneezes, or cough into your elbow.
- Wash your hands often.
- Clean & disinfect high-touch surfaces daily.

Allergy & Asthma Network’s **Not One More Life Trusted Messengers** project aims to address health inequities and increase access to important health information and screenings for those who are at greater risk from COVID-19. This project is made possible through funding from the global biopharmaceutical company Sanofi.
Introducing an online place—just for us

• Our success will come from our ability to act as one team over the next 6 months
• To help support that, we’re inviting you to be part of a private Facebook group, called Black People Like Me
• This new online community will let us explore thoughts and feelings about the work that we’re doing together
• It can also become a trusted resource, allowing you to ask questions of experts and take part in conversations with others just like you
Integrating Inspirational Imagery and Quotes

• Over the past month we have been collecting quotes and images that you find inspirational. From these we have developed the below artwork.

The image above includes photos of our moderator’s, Laonis Quinn, son who passed from Asthma. Laonis explained her story and provided the above quote by Maya Angelou.

Anissa Prescott expressed that she finds the Pan-African flag inspirational and Purvi Parikh provided the above quote.
We request that you stay creative, social, and engaged. Continue to post drawings, photos, and/or quotes to our Facebook page that give you inspiration. We will use these posts to create more artwork as a way to celebrate our progress.
Thank you for joining today!

• Please complete the program evaluation and the post-test
• Save the date for the next conference: March 11, 2021
• Join AAN Asthma360 Registry today
• Learn about NOML TM Program
• Log on to Facebook Page for BPLM participants -
• Questions/Answers and Powerpoint will be posted on AAN website