



Rev. Dr. Augustus
Henderson,
Northern Virginia Baptist
Association Moderator



Donna M. Ivey,
Northern Virginia
Baptist Association
Chair COHW



Northern Virginia Baptist Association, Inc. (NVBA)
Commission on Health and Wellness
presents

A composite background image for the presentation. It shows a surgical mask on a wooden surface, a vial of coronavirus vaccine labeled "Coronavirus vaccine COVID-19", and a person wearing a surgical mask and gloves. The text "TRUTH OR CONSEQUENCES" is overlaid in large, white, outlined letters. At the bottom, a purple banner contains the text "WHAT YOU NEED TO KNOW ABOUT COVID-19" and "VIRUS, VARIANTS & VACCINES" in white, bold letters.

TRUTH OR CONSEQUENCES

*WHAT YOU NEED
TO KNOW ABOUT
COVID-19*

VIRUS,
VARIANTS &
VACCINES

Program

Greetings Robin Williams & Rev. Dr. Augustus Henderson

Opening Prayer ~ Fawn Thompson

Video etiquette ~ Dr. Kat Rosemond

Overview & Purpose of the Commission on Health & Wellness -Chair

Introductions of Speaker ~ Donna Sharp, RN

Rev. Bryan Paige~ Poll Questions

Dr. David Gordon- Virus & Variants

Q & A

Dr. David Gordon- Vaccine

Q & A

Donna Sharp, RN – Health Department Information

Q & A – Donna Sharp & Fawn Thompson

Closing Prayer – Dr. Kat Rosemond

Use the chat feature to ask questions or to talk back to us.

Zoom Meeting ID: 249-965-2932



Click here to open the
Chat feature



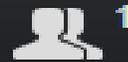
Unmute



Start Video



Invite



Participants ¹



Share



Chat



Record

Leave Meeting

Commission of Health & Wellness COHW Team

<http://www.novabaptist.org/health-update/>

- **Purpose**

- In collaboration with the NVBA, the Commission on Health and Wellness promotes the physical, mental, environmental, social, and financial health of individuals, member churches, and the community at large.

- **Objectives**

- To provide pastors and health ministry leaders in the local church with pertinent tools and resources to promote health education and training to improve health outcomes.

- **Vision**

- To assist local churches with resources to reduce the incidence underlying health conditions such as: heart related chronic conditions such as hypertension, heart attacks, strokes, Type 2 diabetes, cancers and obesity.

Commission of Health & Wellness Chair & Team

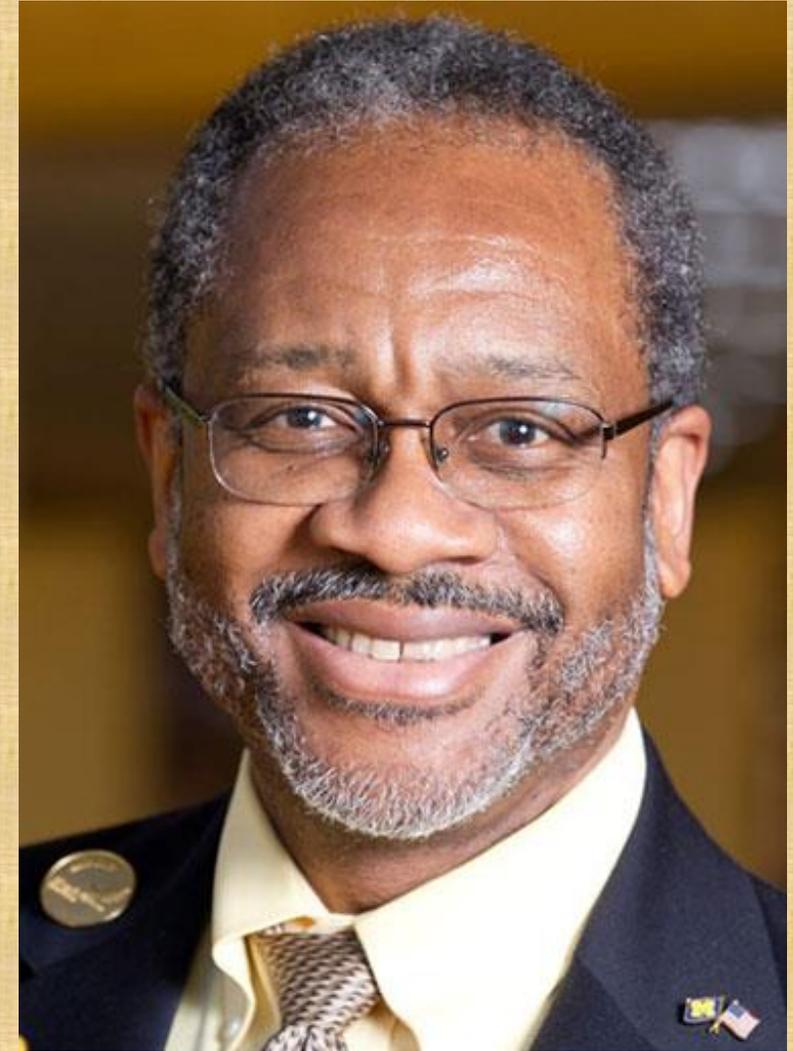
<http://www.novabaptist.org/health-update/>

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David Gordon, M.D. is the CEO of Take CHARGE of Your Health, LLC. He also continues to work as a Professor of Pathology (Active Emeritus) at the University of Michigan Medical School in Ann Arbor, Michigan, where he has been on faculty since 1991. As such he continues to educate medical students and young doctors about numerous diseases, and his specialty is cardiovascular diseases.

Dr. Gordon's past leadership roles have included being the Associate Dean for Diversity and Career Development at the University of Michigan Medical School, Dean of the former School (now College) of Health Professions and Studies at University of Michigan-Flint, Dean of the College of Health Professions at the University of Akron (Ohio), and most recently serving as the Associate Medical Director for the Hamilton Community Health Network, the largest federally qualified health center in Genesee county (Michigan). In this last role, he expanded his experience working to improve the health of various individuals, particularly for poor patients, and for individuals returning from incarceration. All of these experiences have reinforced the great need for patient education and advocacy on an individual basis, and thus he started Take CHARGE of Your Health.

Dr. Gordon received his undergraduate degree in chemistry, from Amherst College, graduated from Harvard University Medical School, did one year of internal medicine internship at the University of Massachusetts (Worcester), before getting his pathology training at the University of Washington (Seattle) where he joined the faculty. He was recruited to the University of Michigan in 1991 and his focus has remained cardiovascular diagnosis research and teaching. **He also worked for Pfizer Inc. (1997-2001) on cardiovascular drug discovery.** He has published numerous papers and continues to help others with cardiovascular research efforts. He is medically licensed through the state of Michigan.



Dr. David Gordon

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care system should not
be challenging.

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health education, coaching and advocacy, to fit
your health needs.

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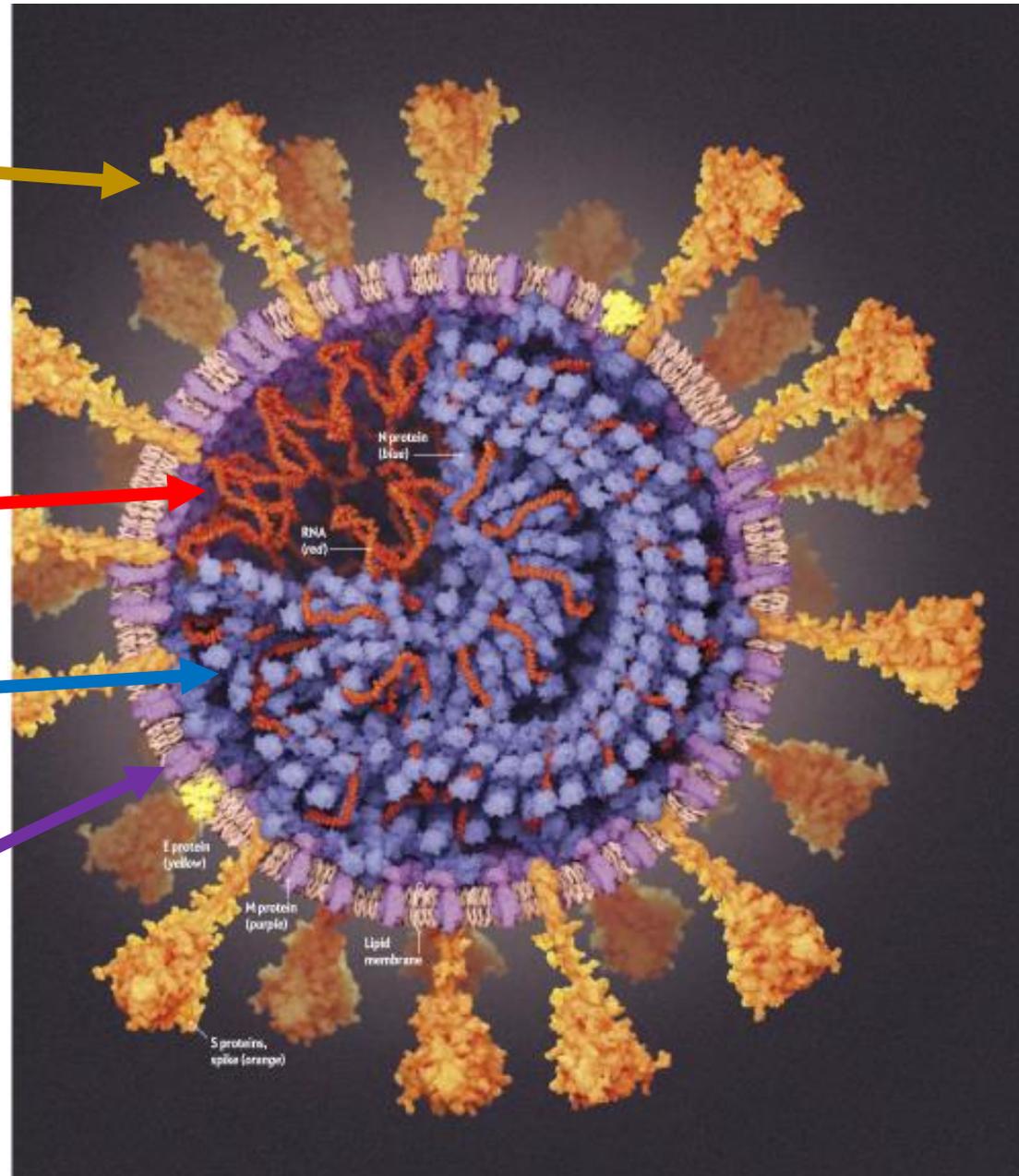
Coronavirus (SARS-Cov-2; COVID-19)

Spike proteins used to attach to and enter cells

Genetic material (RNA)

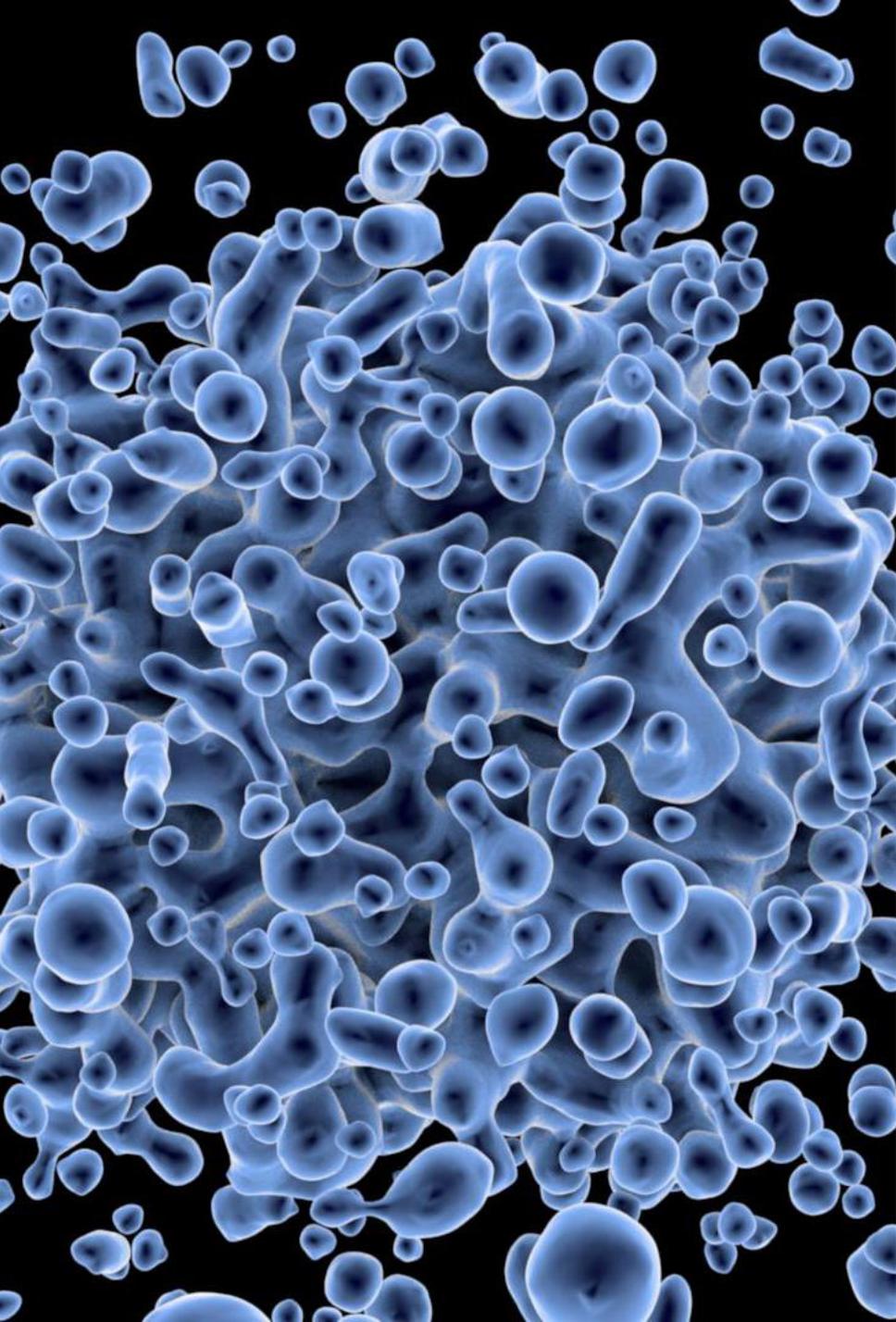
Attached proteins which take over the cell's chemical machinery

Virus membrane (oily covering)



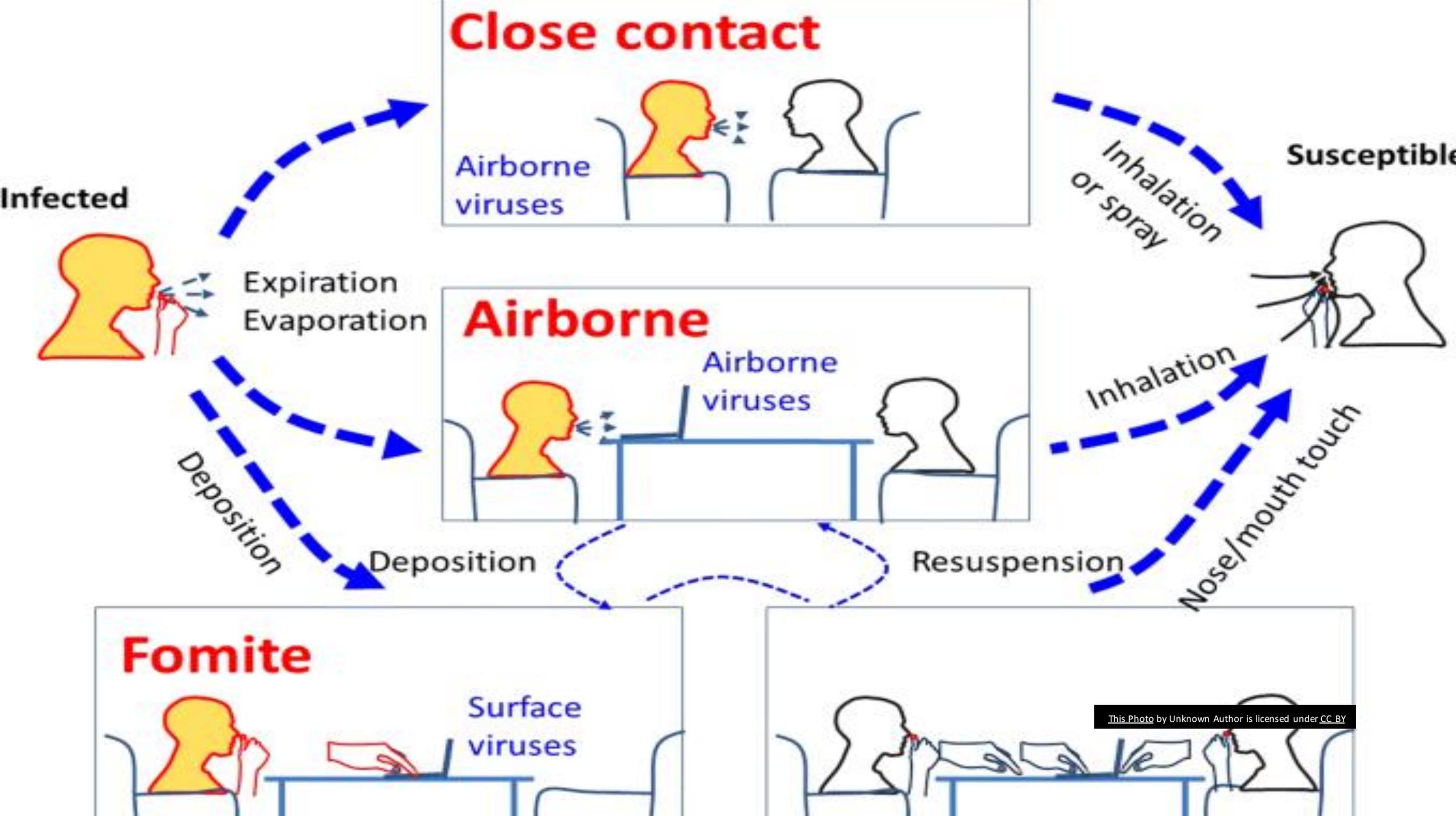
Size: .06-.14 microns = 7 thousand times smaller than a millimeter! Too small to see, even with a regular microscope!

Scientific American 2020



Factors which promote the spread of COVID-19:

- Spread mostly through oral and nasal aerosols and droplets from infected persons.
- May be spread by other means (e.g. contaminated surfaces touch by infected individuals).
- Since most people are asymptomatic with this infection (no fever, headaches, diarrhea) and may have a delay of days **before** they become symptomatic, infected people can unknowingly spread this disease to numerous individuals before they recognize what is happening.



A virus **variant**
has been
recently
identified in
England but
now also in
the U.S.

- Appears to **be more infectious** than the original strain
- Does not appear to cause more damage than the original strain
- Preliminary data suggests that newly approved vaccines (Pfizer and Moderna) are effective against this strain.
- Other variants/mutations are likely to occur over time and will have to be monitored for their effectiveness.
- Yet another variant has recently been identified in South Africa
- Some drugs (e.g. monoclonal antibodies) may be less effective against these variants.
- Viruses mutate all the time, and we need to be prepared to generate different treatments and possibly different vaccines, (e.g. flu vaccines are continually updated)



Treatment of COVID-19 (= "Caronavirus" = "SARS Cov-2")

- Currently **no drugs** identified which are highly effective at destroying the virus (unlike antibiotics for bacteria). Scientist are desperately trying to create or identify some.
- Some specially engineered antibodies (monoclonal) and steroids may help.
- Treatment is therefore **preventative** and **supportive**
- **Vaccinations will hopefully be effective, but only if enough people get vaccinated.**
- Try not to get the virus in the first place (**face masks, social distancing, disinfecting and washing hands frequently**)
- Supportive care for those who get the virus (may need to be hospitalized and even put on a respirator). Different people are affected differently.



How to Put On a Mask



1 Wash your hands.



2 Fit the mask across the bridge of your nose and under your chin.



3 Loop the fasteners behind your ears or tie them behind your head, depending on your mask's style.



4 Henceforth, consider the mask's surface contaminated inside and out. Don't touch it. Don't adjust it. (And wash your hands if you do.)

How to Wear a Mask

The mask should fit without gaps and fully cover your nose and mouth. Take special care to ensure a snug fit across the bridge of the nose. If your mask doesn't have a flexible wire built in, you may be able to MacGyver a pipe cleaner, a tie for a coffee bag or another object into the role. Are there special precautions bearded individuals should take? Koehler doesn't think so. "None of us are getting a perfect seal around our nose anyway," she says. "It shouldn't make that big of a difference."

If the mask is on correctly, air will pass through it rather than around it. Your breath will probably make it feel kind of humid and "swampy" inside.



Scientific
American 2020

When to Take a Mask Off

There are not a lot of data on how long a mask can be effectively worn. According to the World Health Organization, a face covering should be replaced when you have breathed through it enough for it to become damp. That is likely to happen only after several hours: For a trip to the grocery store, one mask will probably do. If you will be out longer, bring a spare if possible.

How to Take a Mask Off and Clean a Reusable Mask

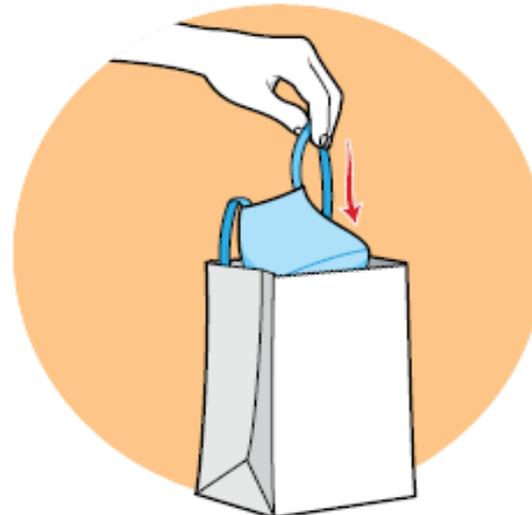
Placing a cloth mask in a paper bag immediately after taking it off has two purposes: the container isolates the mask from accidental handling, and the paper allows it to dry out. **Before wearing the covering again, let it sit in a warm spot—still in that paper bag—for two or three days. (The science here is nascent, but one study found that the coronavirus reaches undetectable levels on fabric after two days. After a week, levels were undetectable on the insides of surgical masks, although they remained detectable on the outsides.)** Koehler recommends setting the paper bag on a sunny windowsill or in the natural oven of your car because the virus becomes inert faster at higher temperatures. Alternatively, if you have your own laundry facilities, you can pop a used mask straight into the washing machine with the regular laundry. A bag for washing delicates will keep mask ties from making a knot of the whole load. **You can also wash a mask by hand: soak it in bleach suitable for disinfection for five minutes and then rinse it thoroughly.** Face coverings should be decontaminated after each use—so have a few on hand if you are going out more often than your decontamination schedule allows.



❶ Don't touch the front!



❷ Untie the ties or remove the loops and lift the mask off your face by the ties or loops only.



❸ Place the mask in a closed container. If you will not be using it again, aim for a lidded trash can. For reusable masks, a paper bag works when it is folded closed.



❹ Wash your hands.

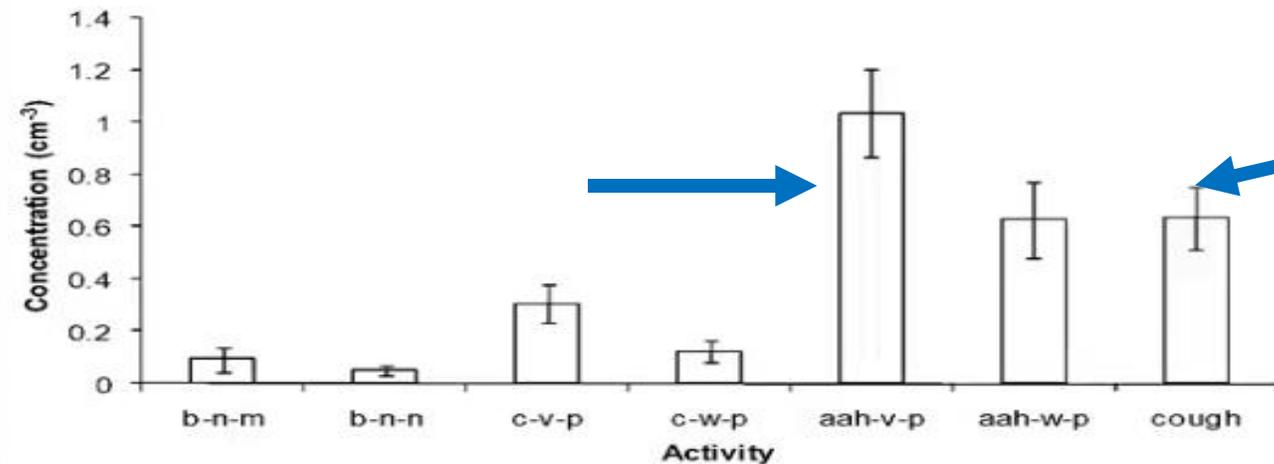
Scientific
American 2020

Droplets from human expiration

Distinct physiological processes → distinct modes

Speech: BFFB (1 μm), LV (2 μm), OSAM (50 μm)

b – breathing
n- nose
p – paced
breathing
m – mouth
c- counting
v- voice





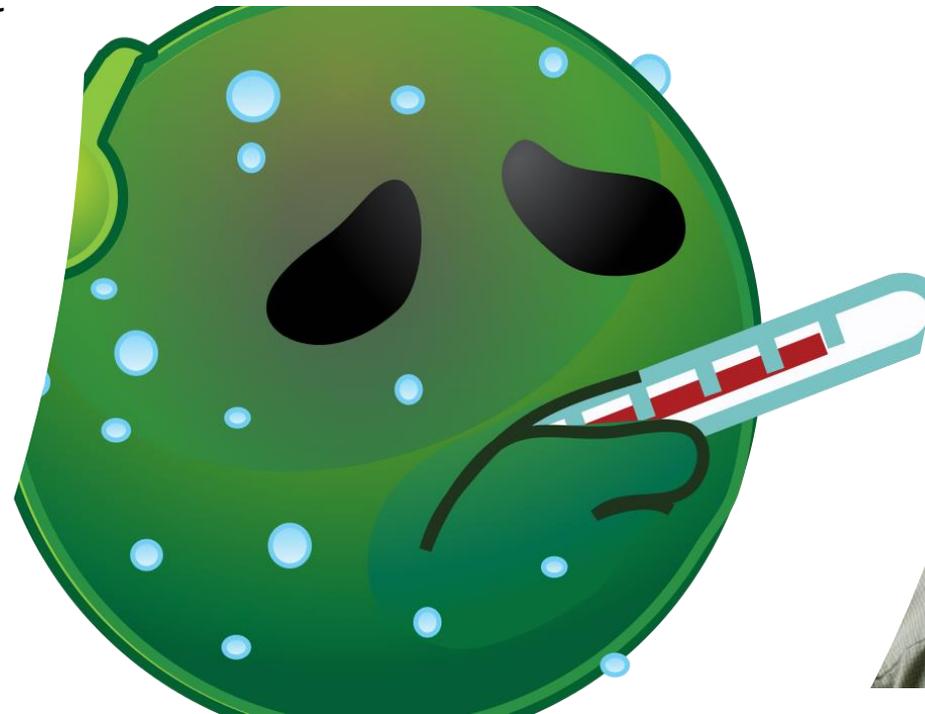
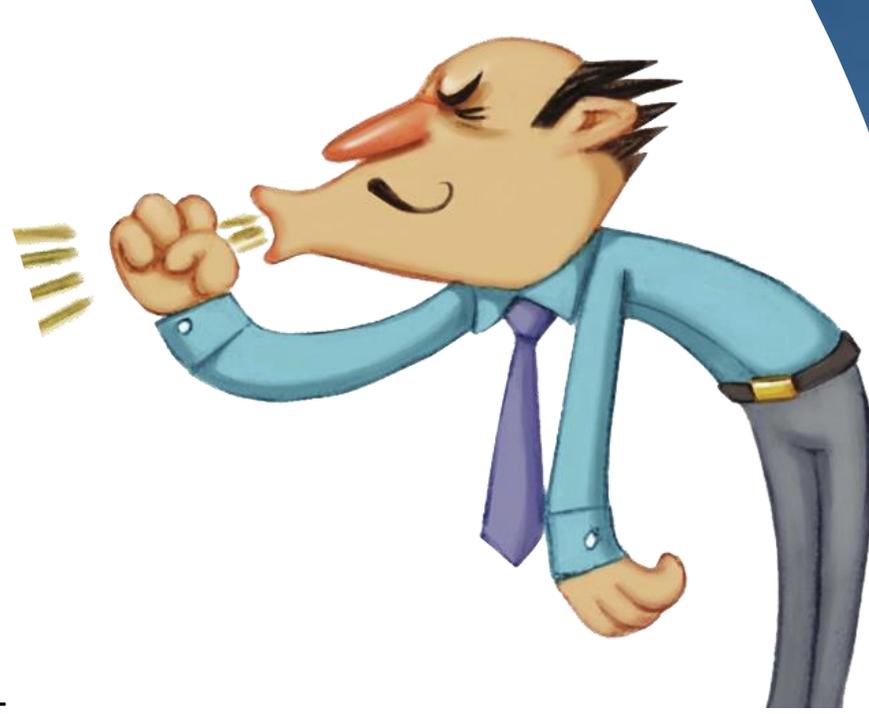
HOMEMADE BANDANA FABRIC FACE MASK

When should an individual seek emergency care? Also, please touch on symptoms?

Note: Many infected individuals have **no symptoms at all**. This is problematic since such a person doesn't know if they are infected, unless they get a virus RNA test, and it may take days to get the test done and the results back.

The most common symptoms people get are like any cold or influenza symptoms and therefore you cannot tell if you have COVID-19 based on symptoms alone!:

- i. Fever
- ii. Cough
- iii. Sneezing



More Severe and Concerning Symptoms:

More serious symptoms include (and should prompt you to seek medical attention):

- i. Fatigue**
- ii. Shortness of breath**
- iii. Low circulating oxygen levels (need a pulse oximeter to detect this, especially with people of color who may not turn “blue”).**

Rarer symptoms (list is still growing as we learn more):

- i. Loss of taste and/or smell**
- ii. Blood clots to the lung**
- iii. Stroke**
- iv. Worsening heart failure**

Note: None of these symptoms are specific to Coronavirus. You need a test to make a diagnosis, either testing for the virus RNA or for viral antibodies (the latter indicating a prior infection with the Coronavirus that you have gotten over).

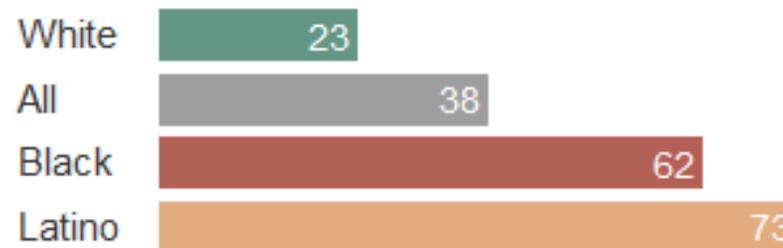
Questions



Health Disparities Highlighted by Coronavirus Epidemic (particularly affecting African Americans):

The New York Times

Coronavirus cases per 10,000 people



The Fullest Look Yet at the Racial Inequity of Coronavirus

By [Richard A. Oppel Jr.](#), [Robert Gebeloff](#), [K.K. Rebecca Lai](#), [Will Wright](#) and [Mitch Smith](#) July 5, 2020

Updated Data from the Centers for Disease Control and Prevention (CDC, Nov. 30, 2020)

COVID-19 Hospitalization and Death by Race/Ethnicity

Updated Nov. 30, 2020

[Print](#)



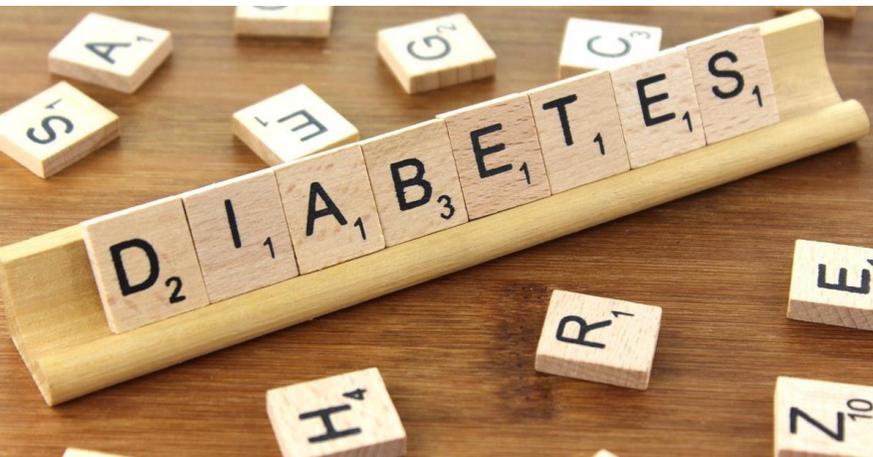
Race and ethnicity are risk markers for other underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.8x	0.6x	1.4x	1.7x
Hospitalization ²	4.0x	1.2x	3.7x	4.1x
Death ³	2.6x	1.1x	2.8x	2.8x



Health Disparities Highlighted by Coronavirus Epidemic (particularly affecting African Americans):

- Many people of color have poorly managed chronic health conditions such as **hypertension, diabetes, heart failure**. This in part is because of:
 - **lack of adequate health insurance,**
 - **lack of access to primary care which could better manage these conditions,**
 - **lack of access to healthy food options (many live in “food deserts”).**
- Many are poor and cannot afford the co-pays even if they have some baseline health insurance, and thus they avoid healthcare until they think it’s absolutely necessary (e.g. severe chest pain which may be a heart attack).
- Many live in more crowded conditions (e.g. some shelters, or families doubling up in apartments rather than becoming homeless) and thus cannot do proper self-isolation and social distancing.





Health Disparities Highlighted by Coronavirus Epidemic (particularly affecting African Americans):

- Many cannot adequately afford and/or get protective supplies such as face masks, gloves, hand sanitizers, to both prevent spread and to properly disinfect themselves and their living environments.
- Many hold jobs that don't allow for working from home (service and production jobs), and thus they cannot easily quarantine themselves without losing pay.
- Many work in jobs (service and production jobs) which bring them in close contact with others and the virus (e.g. sanitary workers, house/office cleaners).
- People of color are overrepresented in our prison system which is very suboptimal regarding social distancing and healthcare.

Health Disparities Highlighted by Coronavirus Epidemic (particularly affecting African Americans):

- More likely to have to take **public transportation with consequent closed environments with poor ventilation** and exposure to others who are infected.
- Relative lack of health education/health literacy and health advocacy.





Things to consider about a potential new vaccine or new drug treatments for COVID-19

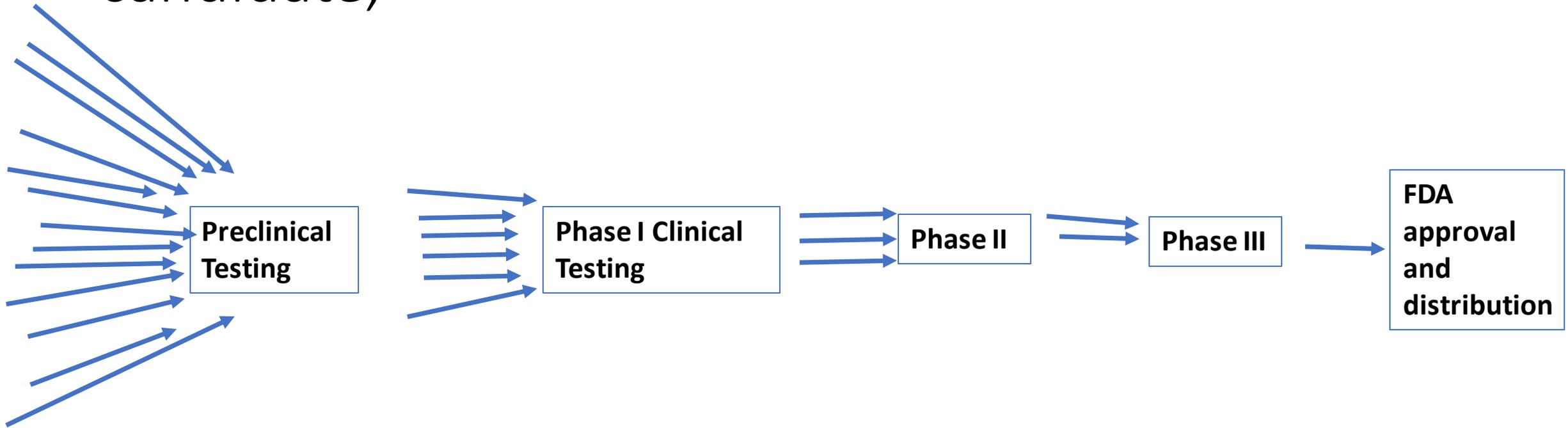
- Many different groups (universities, government agencies, companies, etc.) are furiously working to develop either new drugs to cure COVID-19 infection, or to prevent infection with vaccines.
- All of these proposed treatments are currently going through the stages of clinical trial testing and will likely take months to determine efficacy.
- We want to develop drugs or vaccines which are both safe and effective against this viral infection, but the clinical testing must be done carefully.

Current
COVID-19
vaccine
candidates
being
researched (as
of Oct. 15,
2020):

- 156 candidates in preclinical evaluations
- 42 in different stages of clinical trials
- Types of vaccines being tested:
 - Inactivated virus
 - Non-replicating virus
 - RNA portions from the virus
 - DNA portions from the virus
 - Viral protein parts
- Note: Two vaccines have now completed the full FDA approval process for emergency use:
- WHO website:
<file:///C:/Users/Ownwer.000/Downloads/novel-coronavirus-landscape-covid-19cf1952c105464714aaaf8c7cd5c5cc8b.pdf>

General Testing Process for a new drug or vaccine:

Each arrow represents a different drug/vaccine candidate,





Clinical TRIALS

Phases of Clinical Trial Testing:

- **Preclinical Phase:**
 - **Laboratory Testing:** Based on a proposed scientific mechanism, drugs or vaccine candidates are identified and first tested in the laboratory for efficacy.
 - For anti-virals, want know things like:
 - **Do they block the virus's ability to infect target cells (e.g. cells from the lung)?**
 - **Do they prevent the reproduction and spread of the virus?**
 - **Do they damage normal cells of the body?**
 - **Animal Testing:** Those promising drugs which pass the laboratory testing are then given to animals at varying doses to determine:
 - How quickly is the drug absorbed?
 - How long does it last in the body?
 - How is the drug eliminated and/or destroyed?
 - Are there any toxic effects of the drug (e.g. heart or liver damage) and if so, under what conditions and are these effects reversible?
 - Do they cause other problems such as birth defects or cancers? [takes several months determine this]

Phases of Clinical Trial Testing (contd.):

- **Data Safety Monitoring Boards**: Look for and adverse events occurring during a human trial and either they or the FDA can halt and decide to resume a trial if worrisome events occur (e.g. severe allergic reactions)
- **Phase I Human Testing (on small numbers of patients e.g. ~30):**
 - Use healthy volunteers and start with very low doses to determine:
 - How quickly is the drug absorbed?
 - How long does it last in the body?
 - How is the drug eliminated and/or destroyed? The results will determine the best way to administer the drug (e.g. how frequently and by oral vs injection methods).
 - Are there any toxic effects of the drug (e.g. heart or liver damage) and if so, under what conditions and are these effects reversible?
 - Note: this phase is important because many drugs behave differently in humans than they do in animals.
 - Slowly increase the dosage to determine the maximal tolerated dose without major side effects.
 - **Note**: This testing is meant to test for safety and drug metabolism in humans. It does not determine if the drug will be an effective treatment.

Phases of Clinical Trial Testing (contd.):

- Phase II Human Testing (~100 patients):

- Use actual patients with the target disease, and test at the tolerated doses determined by the Phase I trials to determine:
 - Is there any efficacy on the disease (e.g. does the patient recover faster from the viral infection, and is virus-induced organ damage reduced or prevented?)
 - Are there any toxic effects of the drug in these patients with the disease (e.g. heart or liver damage) and if so, under what conditions and are these effects reversible? Diseased patients may behave differently from normal volunteers.
- Slowly increase the dosage to determine the maximal tolerated dose without major side effects.
- **Note:** This testing is meant to determine if there is any beneficial effect of the treatment on the disease, without damaging the patient.

Phases of Clinical Trial Testing (contd.):

- Phase III Human Testing (~thousands of patients):

- Use actual patients with the target disease, and test at the tolerated doses
- Usually comparing usual treatment (e.g. supportive care for COVID) to either the new drug alone or together with the usual treatment.
- Should include as diverse a patient population as possible (age, gender, race, ethnicity) to determine on what populations the treatment is effective.
- Aimed to determine
 - Is there any efficacy on the disease (e.g. do the patients recover faster from the viral infection, and is virus-induced organ damage reduced or prevented?)
 - In the case of a vaccine, are the treated patients prevented from getting COVID upon exposure?
 - Note: Usually will not deliberately infect patients with COVID, but wait to see if a population at risk for COVID gets less or no COVID compared to those not vaccinated. Thus this will take months to determine.
 - Are there any toxic effects of the drug in these patients with the disease (e.g. heart or liver damage) and if so, under what conditions and are these effects reversible?
 - Are there toxic interactions with other medications the patient may be taking?
- **Note:** The FDA will determine if a drug or vaccine is successful based on all these data, and then companies will have to manufacture and distribute in bulk. Some companies work out manufacturing and delivery issues before the test results are in, banking on a success.

Things you should ask and know about before participating in a clinical research study:

- a) You have a right to know all the details of the clinical trial, e.g. what drugs will be used, what are expected side effects, and how long will the study last.
- b) What kinds of tests will be required before starting and during the research study? There is usually some testing done to determine if the patient is eligible to participate in the research, and to characterize the starting condition of the patient before the research begins.
- c) Who is actually running the study (including what drug company or government sponsorship)?
- d) Who should the patient call if they sense something is going wrong? Someone should always be available (e.g. via phone).
- e) The patient has the right to withdraw from the study at any time without consequence (e.g. the patient should still get regular care).
- f) Those running the study should be able to answer any and all other questions the patient may have.
- g) There is a risk that the new drug may make the patient feel worse, cause other organ problems, and lead to major problems, including possibly early death. However clinical trials are closely monitored to try to catch any bad outcome early so that the patient can be withdrawn from the study if necessary (or if the patient so desires).



U.S. Food and Drug Administration

Protecting and Promoting *Your* Health

After FDA Approval Monitoring:

- After the FDA has given its approval and the drug/vaccine is put into general population usage, there is still monitoring to determine if there are other toxic or damaging side effects which may take longer to develop (months-to-years):
 - Birth defects?
 - Other injuries to pregnant women or babies?
 - Negative interactions with other medications?
 - Cancers formed?

General notes on vaccines:

- Effective vaccines train the body's immune cells to recognize the specific virus and either make antibodies to inactivate the virus, or kill cells infected with the virus before the cell infects other cells.
- We have not been successful in generating vaccines to some viruses (e.g. HIV). This is likely because:
 - The virus mutates frequently and is unrecognizable by previous immunizations (why a new influenza vaccine is usually needed each year)
 - The virus has ways of evading the immune system (e.g. HIV attacks immune cells directly)
 - Unknown factors.
- Certain vaccines are recommended to start in childhood (e.g. influenza in kids >6 months).
- Some vaccines need to be repeated periodically to "remind" the immune system (e.g. against tetanus).
- We don't yet know these important factors for a presumed effective anti-COVID-19 vaccine. We don't know how long COVID-19 immunity is likely to last (one reinfected patient in Hong Kong has reportedly died of the disease). More research is needed.



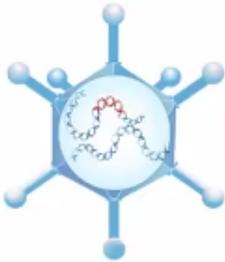
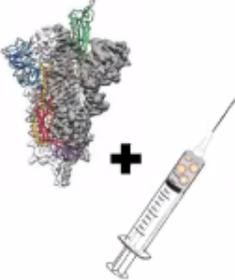
This Photo by Unknown Author is licensed under [CC BY](#)

Questions



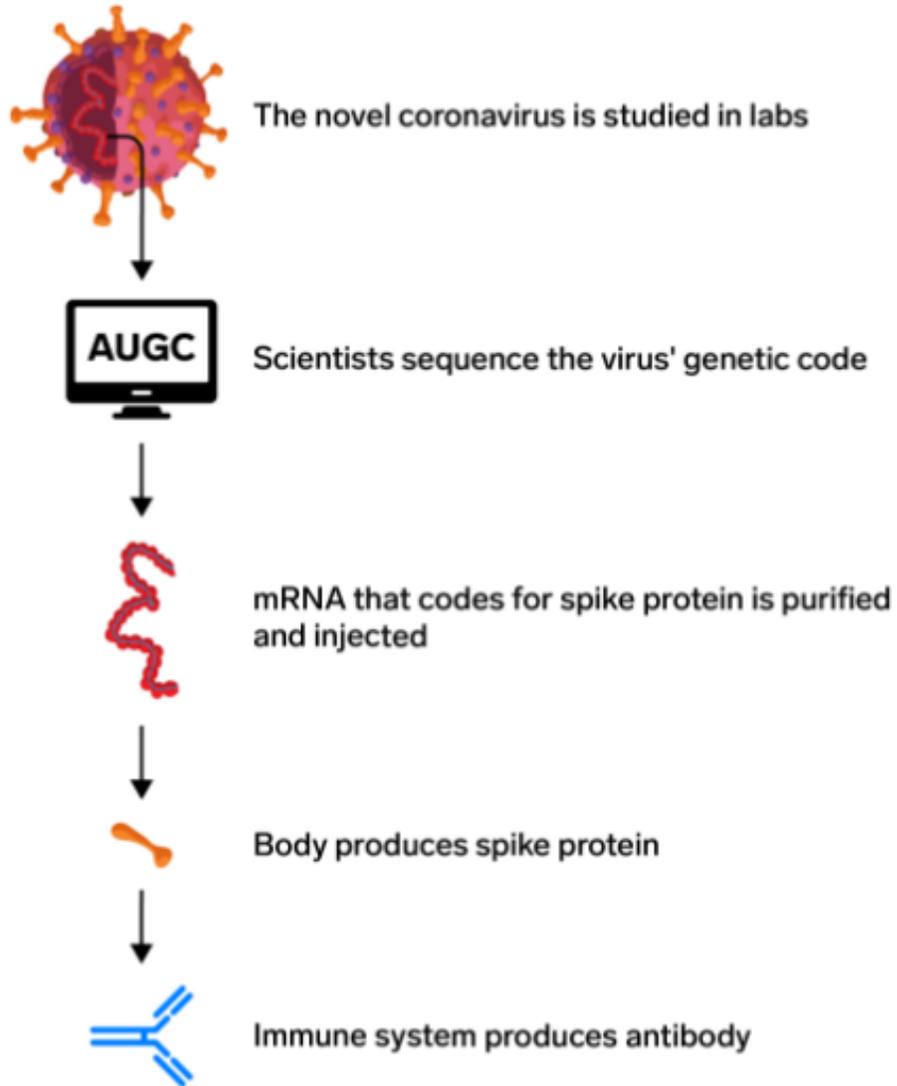
COVID-19 Vaccines in Operation Warp Speed Development

Talking: Anthony Fauci

 	mRNA mRNA		■ mRNA: rapid manufacturing facilitating efficient move to clinic, highly immunogenic
 	Adenovirus vector Adenovirus vector		■ Adenovirus: rapid manufacturing facilitating efficient move to clinic, vaccine using this platform is approved in Europe
 	Recombinant protein + adjuvant Recombinant protein + adjuvant		■ Adjuvanted recombinant protein: not as fast to manufacture but scalable, several approved vaccines use this approach

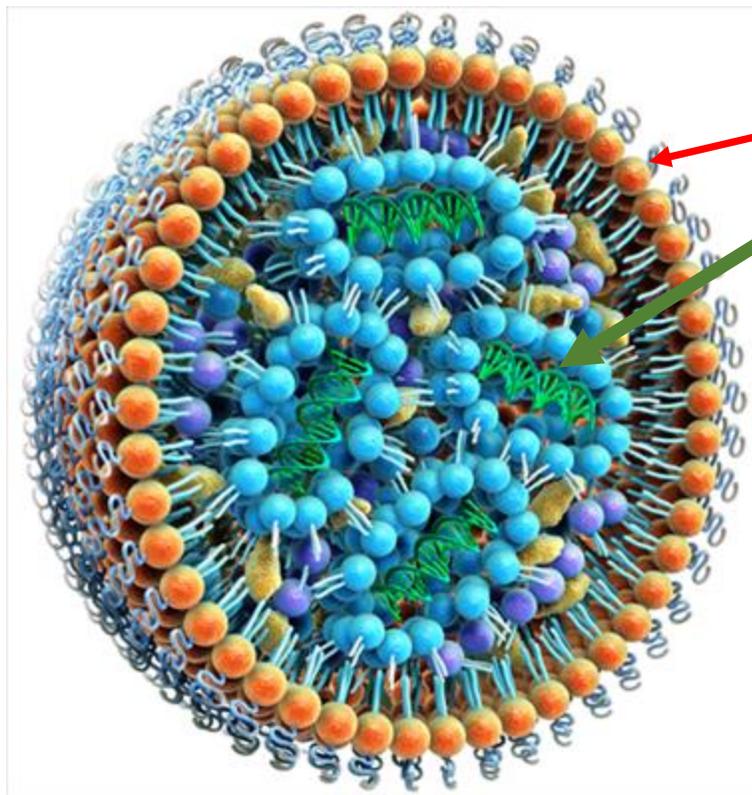
The general technology for generating an mRNA vaccine has been around for decades.

How mRNA vaccines work



Note: the mRNA which is injected into cells via liposomes (see next slide) does not last long (perhaps a day), but does instruct the cell to make the spike protein which your immune system recognizes as foreign and makes antibodies to this. This is instead of being infected by live virus; the spike protein does not interfere with cell or body function. It also does not alter the cell's DNA.

FDA Approved Vaccines: Pfizer/BioNTech



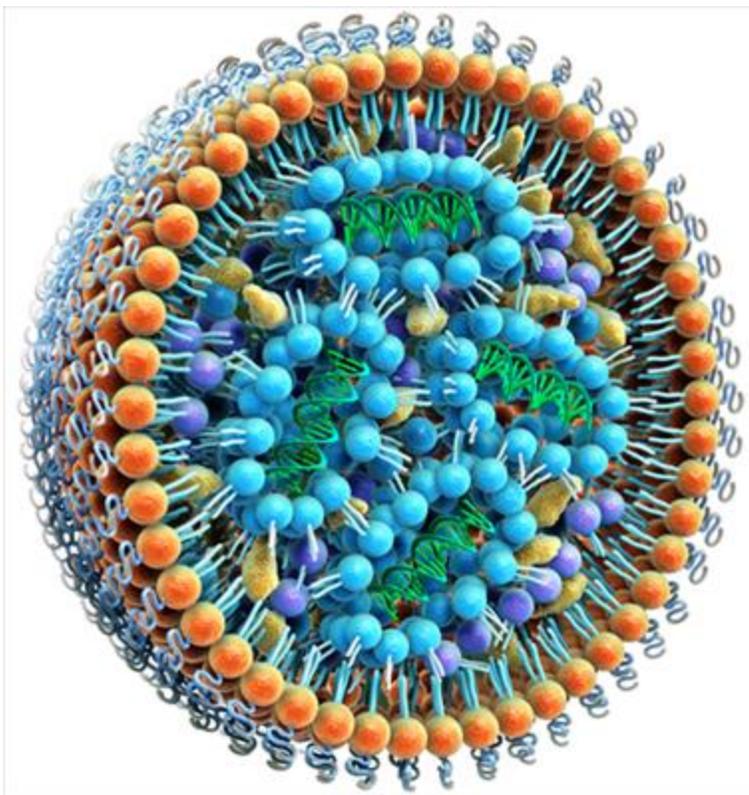
Lipid nanoparticle
containing mRNA
NOT A VIRUS!

Lipid outer layer to merge with cells. **THIS IS NOT A VIRUS!**

mRNA coding the spike protein of Coronavirus

- Placebo/controlled trial of **43,448** patients.
 - 9% were Black or African American
 - 28% were Hispanic or Latinx,
 - 21% had at least 1 coexisting condition
- Approved for: 16 years of age or older in two doses, 21 days apart (30 ug/dose)
- 95% effective against getting COVID-19 infection, ***including the recently identified virus variant.***
- Not yet tested for safety in pregnant women or for kids <16 years of age (due to lack of data, not due to any known adverse effects)
- **Unknown if it prevents disease transmission to others, so continue to wear masks and social distance!**

FDA Approved Vaccines: Pfizer/BioNTech



Lipid nanoparticle
containing mRNA
NOT A VIRUS!

Most common side effects (mostly upon second injection and mostly in those receiving drug vs. placebo):

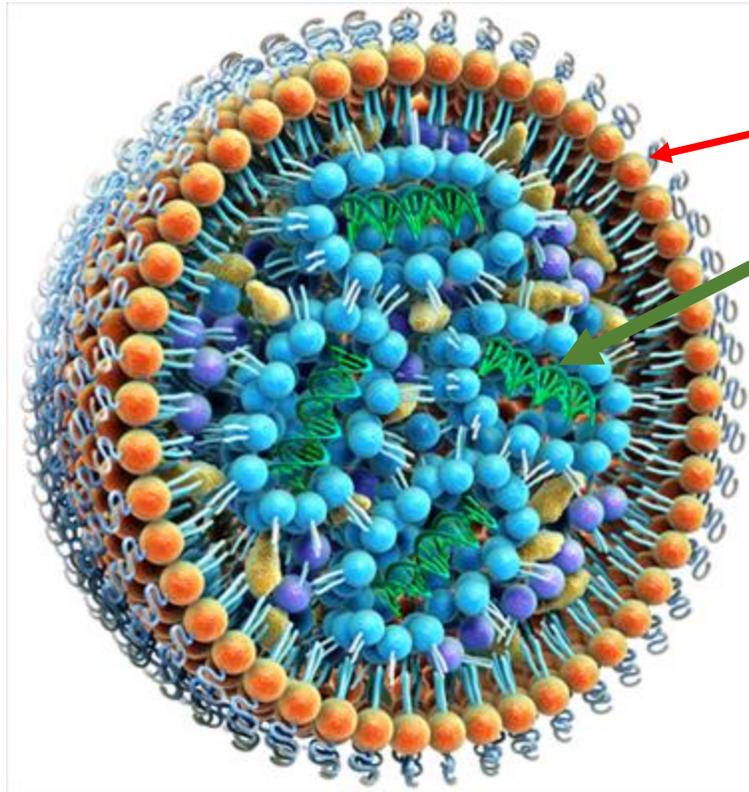
Mild:

- injection site pain (~85%),
fever (~10-15%)
fatigue (~50-60%),
- headache (~35-50%),
- muscle pain (~29-37%),
- joint pain (~19-22%),
- chills (~23-35%)
Swelling of glands (~0.3%, less in older patients)

Severe: Almost none. (**Note: no severe allergic reactions requiring treatment and no deaths attributable to either drug or placebo**)

•

FDA Approved Vaccines: Moderna



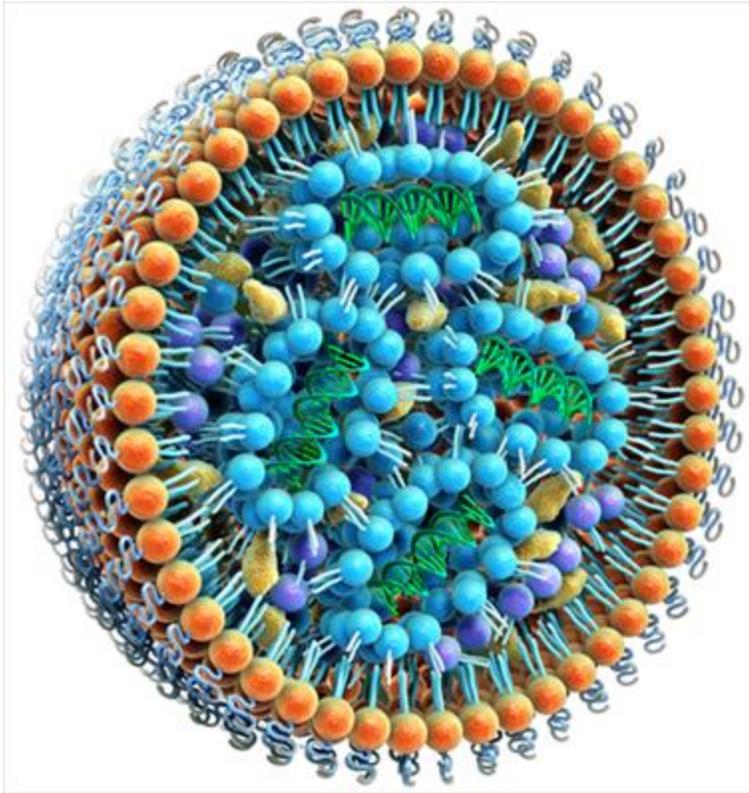
Lipid nanoparticle
containing mRNA
NOT A VIRUS!

Lipid outer layer to merge with cells. **THIS IS NOT A VIRUS!**

mRNA coding the spike protein of Coronavirus

- Placebo/controlled trial of ~**30,400** participants.
 - 9.7% African American,
 - 4.7% Asian, <
 - 3% from other racial groups;
 - 20% of participants were Hispanic/Latino.
- Approved for: 18 years of age and older (no data for younger or pregnant women yet).
- The proposed dosing regimen is 2 doses, 100 µg each, administered 1 month apart.
- 94.1% effective against getting COVID-19 infection, ***including the recently identified virus variant.***
- **Unknown if it prevents disease transmission to others, so continue to wear masks and social distance!**

FDA Approved Vaccines: Moderna



Lipid nanoparticle
containing mRNA

Most common side effects (mostly upon second injection):

Mild:

- injection site pain (91.6%),
 - fatigue (68.5%),
 - headache (63.0%),
 - muscle pain (59.6%),
 - joint pain (44.8%),
 - chills (43.4%)
- Swelling of glands (12.4-24.4%, less in older patients)

Severe: (~1% in both drug and placebo groups):

- Allergic reactions (**Note: no severe allergic reactions requiring treatment**)
- Pneumonia (0.05%)
- Clots to lungs (0.03%)

Webinar given by Dr. Anthony Fauci, Jan. 8, 2021

COVID-19 Vaccine Distribution Strategy Aligned to CDC Phases

Talking: Anthony Fauci

Total adults - 288 million

Phase 1a (~24M)

- Health care personnel
- Long-term care facility residents

Phase 1b (~49M)

- Frontline essential workers
- Persons aged 75 years and older

Phase 1c (~129M)

- Persons aged 65-74 years
- Persons aged 16-64 years with high-risk conditions
- Essential workers not recommended in Phase 1b

Phase 2 (~86M)

- All people aged 16 years or older not in Phase 1, who are recommended for vaccination

“But will folks take the vaccine if offered???”
(Webinar given by Dr. Anthony Fauci, Jan. 8, 2021)



**Just 50% of
Americans Plan to
Get a COVID-19
Vaccine.
Here's How to Win
Over the Rest**

W Cornwall

Do you plan to get a coronavirus vaccine when one is available?

Talking: Anthony Fauci

Overall



Under age 60



Age 60 and older



White



Black



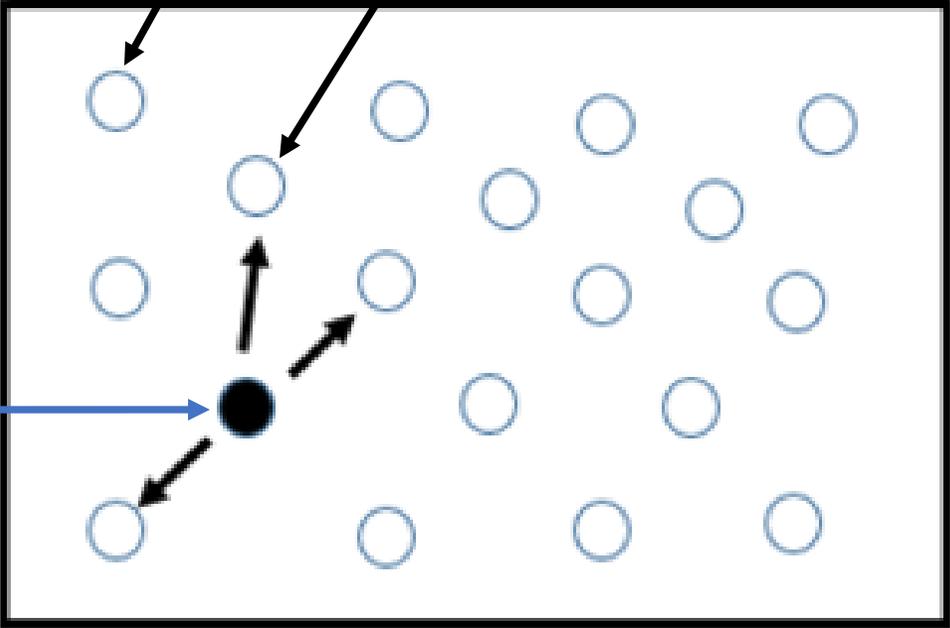
Hispanic



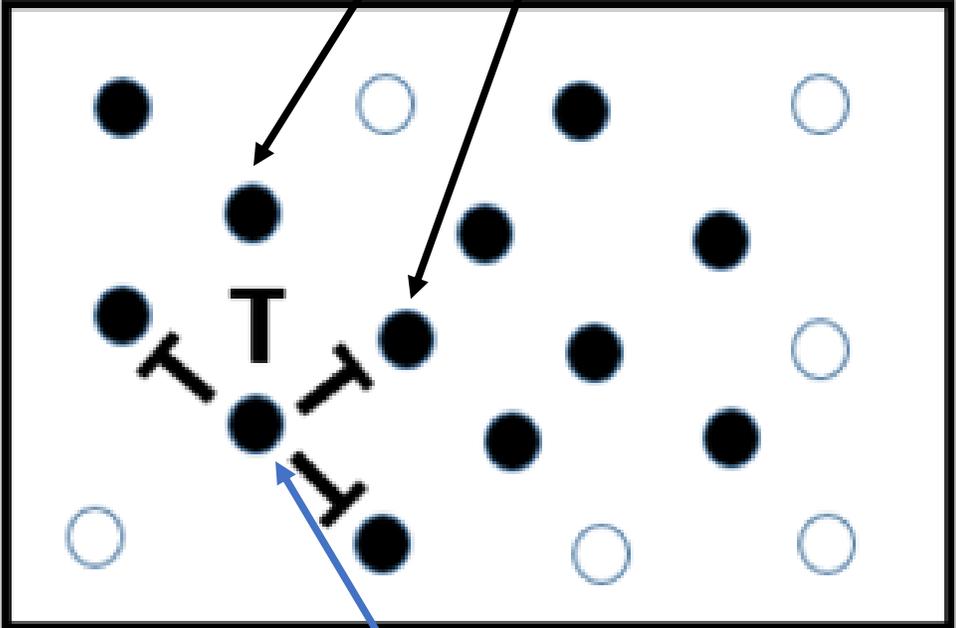
Yes Not sure No Did not answer

Dr. Fauci estimates that in U.S., 70-85% of individuals need to have immunity or be vaccinated in order to get herd immunity!

Infected person in community of uninfected and susceptible people.



Infected person in community of immune people (natural or immunized).



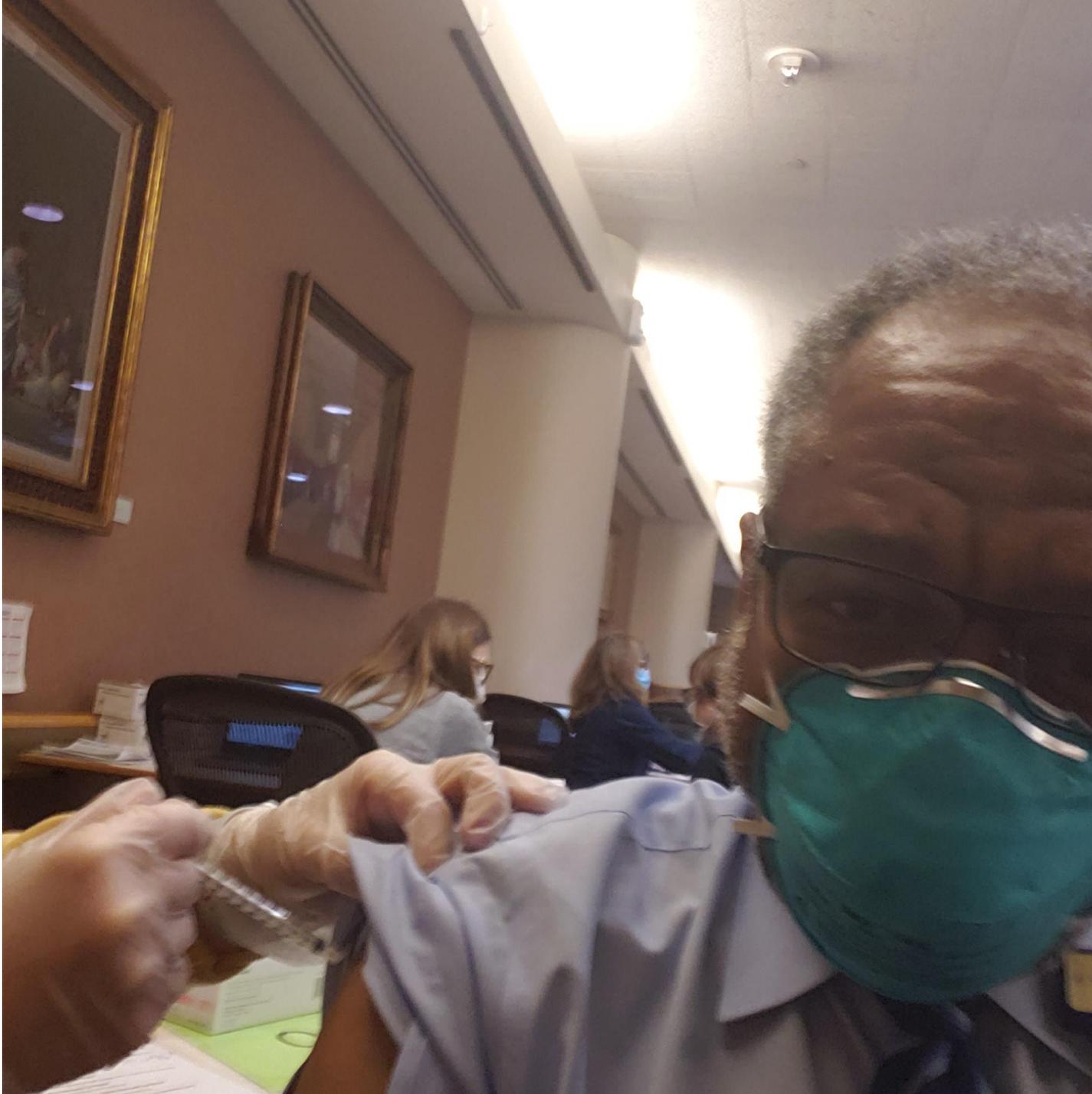
Source: Medical University of South Carolina Medical Center

Infected individual

BOTTOM LINE: This is a safe and effective vaccine with very few side effects, and very, very few serious events reported so far (still collecting data).

GET VACCINATED!!!

I got my first Pfizer vaccination on Jan. 4, 2021! Next Jan. 25.



When getting the vaccine, you should be observed for a time afterwards (e.g. 15 minutes) to see if getting any serious reaction and in a place that can take care of an allergic reaction.

Reasons why you may still get COVID-19 after vaccination (and why you should probably still socially distance for the remainder of this year):

- Although 94-95% effective, it is not 100% effective in preventing disease.
 - For example, the vaccine may not work in certain immunocompromised individuals (e.g. transplant recipients or folks undergoing cancer chemotherapy)
- It takes weeks for the vaccine to fully build up your immunity to the virus
 - If you got infected right before you got the vaccine or in a couple of weeks after the vaccine, you may not be protected.
- Unclear how long vaccination-induced immunity will last, and if booster shots will be needed.
- Possibly a new strain of Coronavirus may emerge which is resistant to this vaccination (so far this has not happened)

Other treatments being used once one gets COVID-19:

- **Early Viral phase** (goal= limit amount of virus infecting cells):
 - Monoclonal antibodies derived from previously infected patients (scaled up synthesis in laboratories)
 - Need to be given very early and requires intravenous administration
- Later phase (goal= limit virus replication):
 - anti-viral drugs e.g. **remdesivir** given intensely in hospital setting
 - Steroid treatment to reduce the hyper inflammatory response of the body which can itself injure tissues.

NOTE: So far none of these have provided impressive treatment results, although steroids do seem to help some patients.

Hydroxychloroquine is NOT effective.

Therefore prevention (wearing masks, social distancing, vaccination) still most effective

**FREQUENTLY
ASKED QUESTIONS**

Vaccination for COVID-19:

1. Is there a vaccine for children 5 years and up?

Not yet. Research still needed.

2. When a safe vaccine rolls out for adults, will the same vaccine be safe for children?

Not known yet. Hopefully will be determined by having some children in the clinical trials.

3. Safe for pregnant women?

Not known yet. More clinical research needed.

Answers to specific questions about vaccination for COVID-19:

4. Does the flu vaccine have a mitigating factor on those of us who might contract the virus (especially those of us who have a pre-existing condition such as sarcoidosis)?

Probably not since one flu vaccine for one year is often not effective against the flu the following year since the virus has changed. Thus unlikely to be effective against COVID-19 which has similarities to the flu virus. Also there is some preliminary evidence that the COVID-19 virus is already changing.

Questions



QUESTIONS?



Navigating the health
care system should not
be challenging.

Our Team is available to provide personalized
health education, coaching and advocacy, to fit
your health needs.

Contact us to learn more!



Email: contact@takechargehealth.com

Website: <https://takechargehealth.com/>

Phone: 734:945-8059

COVID-19 Websites & phone numbers for Testing and Vaccine information

- Arlington. www.Arlington.us/covid19 ~ 703 228-799
- Alexandria www.Alexandriava.gov ~703 746-4988
- Fairfax county www.fairfaxcounty.gov/COVID19. ~ 703 267-3511
- Loudoun County www.loudoun.gov/health. ~703 737-8300
- Prince William www.coronavirus.pwcgov.org. ~877 275-8343
- Recommend using websites high phone volume could be on hold for hours. **Pack your Patience** 😊

FOR IMMEDIATE RELEASE - January 21, 2021

Media Contact: Melissa Gordon, VDH PIO, melissa.gordon@vdh.virginia.gov

**VDH TO HOST TELE-PRESS BRIEFING ON
COVID-19 VACCINE PLAN AND RESPONSE EFFORTS**

WHAT:

Tele-press conference to update accredited media on Virginia's COVID-19 vaccine plan and response efforts. Please check VDH's Coronavirus Vaccine [webpage](#) for the latest facts and figures prior to asking your questions.

WHO:

State Vaccine Coordinator Danny TK Avula, MD, MPH

WHEN:

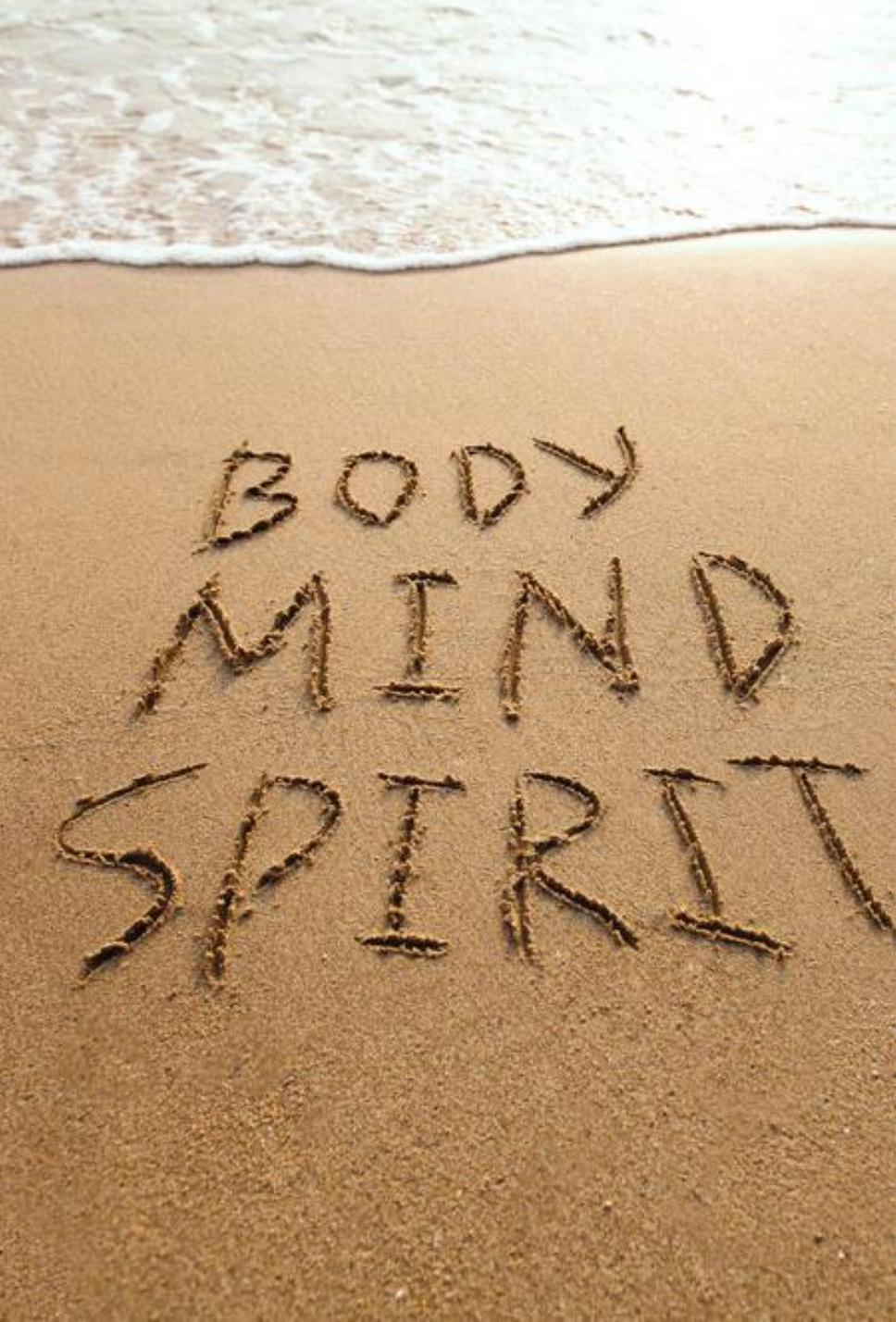
Friday, January 22, 2021

3:00 - 4:00 PM

CALL-IN INSTRUCTIONS FOR ACCREDITED MEDIA

NUMBER: 800-369-1814

PASSCODE: 2112175



What's Next for the COHW?

Stay tuned!

MAY 2021 date, TBD

MAY Your Spirit, Soul and Body Be Well

Supporting Scripture:

1 Thessalonians 5:23 Now may the God of peace himself sanctify you completely and may your whole spirit and soul and body be kept blameless at the coming of our Lord Jesus Christ.

Thank
you!

Moderators
Pastors/Churches
COHW-Team
Dr. Gordon
Members
Guests & EVERYONE!

Commission of Health & Wellness Chair & Team
<http://www.novabaptist.org/health-update/>

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Prayer

