COVID-19

Vaccinations for RACF Workers

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Disclaimer:

- The views expressed in this presentation represent best available evidence
- Please refer to local protocols & standards set by Governments / peak bodies
- Refer to manufacturers guidelines for all vaccinations
- None of the information provided should be a replacement for you to speak to your doctor

What we know about Coronavirus (Covid-19)

History of Vaccines

Vaccine Hesitancy

Vaccine Misconceptions

Case Study

WHAT WE KNOW ABOUT CORONAVIRUS (COVID-19)... (1,2,4)

- The virus was first identified in 2019 in Wuhan China
 - 3rd coronavirus in 2 decades (MERs / SARs)
- Declared a Pandemic
- Spread by close contact via droplets (cough, sneeze, enhales)
- Majority of confirmed cases result in only mild symptoms
- However it can lead to;
 - Acute respiratory distress syndrome (ARDS)
 - Multi organ failure
 - Septic shock
 - Death
- The median time from symptom onset to ICU admission for the older person is 7-12 days
- Often placed on mechanical ventilation with prone positioning
- Any age can be affected

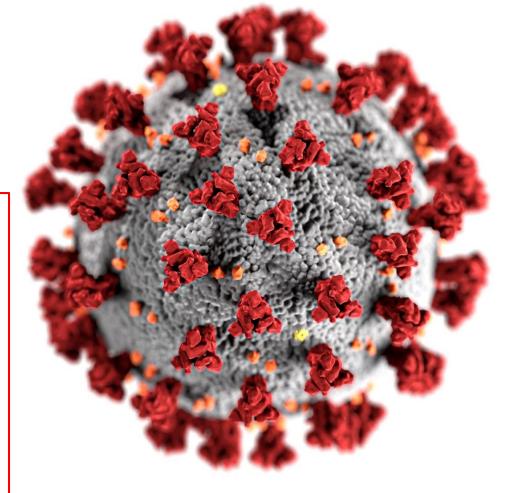




Prone Positioning (1,2,4)

CORONAVIRUSES:

- Large family of enveloped RNA viruses
- Mostly infect birds and mammals
- In humans they cause mild infection in the upper resp. tract but more serious lower rep. tract infections
- These can manifest as bronchitis, pneumonia or severe resp. illness like SARS, MERS or COVID-19



MERS (MERS-CoV)

- Sept 2012 in Saudi Arabia
- Zoonotic virus (animals to human)
- From dromedary camels

Pathogen: MERS-CoV

Total number of cases: 2,519

Total number of deaths: 866

Case fatality rate: 34.3%

Mode of transmission: Droplets from person to person, unclear from camels to humans

Key symptoms: A fever, a cough, SOB

At risk groups: Men >60yrs, more so if underlying health conditions such as diabetes, high BP, kidney failure

Treatment: No specific treatment

Vaccine: No vaccine

SARS (SARS-CoV)

- Nov 2002 from bats, civets & wet markets
- Cross from animals to human
- Mar 2003 WHO noted global alert
- Travel concerns raised airports to screen
- April cease travel (Hong Kong, Toronto, China, Taiwan)

Pathogen: SARS-CoV

Total number of cases: 8,439, 21% of which developed in HCW

Total number of deaths: 812

Case fatality rate: 9.6%

Mode of transmission: Droplets produced by coughing, sneezing, talking, or breathing

Mean incubation period: 5 days

Key symptoms: A cough (dry at first), fever, diarrhea

At risk groups: People with underlying medical conditions

Treatment: No specific treatment

Vaccine: No vaccine

COVID-19 (SARS-CoV-2)

Pathogen: SARS-CoV-2

Total number of cases: 185,291,530 (Aus 30,905)

Total number of deaths: 4,010,834 (Aus 910)

Case fatality rate: 3.4%

Mode of transmission: Droplets produced by coughing, sneezing, talking

Mean incubation period: 5 days

Key symptoms: A fever, a dry cough, SOB, fatigue, headache, muscle aches, loss of smell/taste, N&V, Diarrhea, skin rash, discoloration to fingers/toes, stroke

At risk groups: Adults 65yrs and over, all people with underlying medical conditions

Treatment: No specific treatment

Vaccine: Pfizer-BioNTech, Oxford/Astrazeneca, Moderna, Johnson & Johnson, Novavax

CO = Corona **VI** = Virus **D** = Disease **19** = 2019

- Dec 2019 in Wuhan, China
- Has bee reported on every continent except Antarctica

*Data as of 9/7/21 WHO

COVID-19 (SARS-CoV-2)

Factors that increase the risk of becoming severely ill;

Smoking
Pregnancy
Diabetes
Obesity (BMI>30)
Chronic Kidney Disease
COPD
Heart Disease
A Weakened Immune System
Sickle Cell Disease
Cancer

Dementia or other Neurological Condition

COVID-19 (SARS-CoV-2)

Recovery Time;

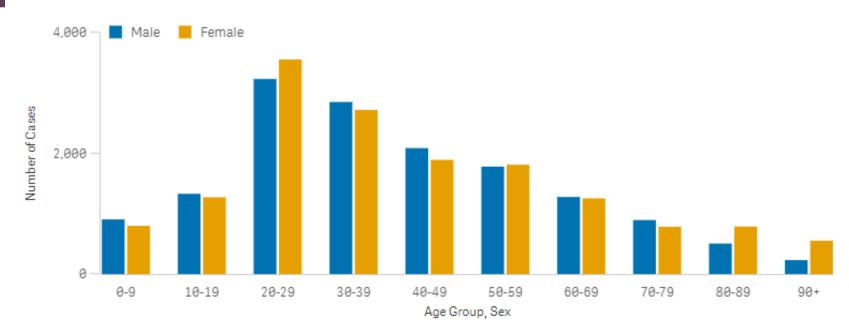
- Often feel better after 2 weeks
- If hospitalised up to 42 days BUT
- Long term effects are now known;

Fatigue
Difficult breathing
A long term cough
Chest pain
Joint pain
Difficulty focusing
Muscle pain
A fever that comes and goes
Heart palpitations
Problems with taste and smell

Depression

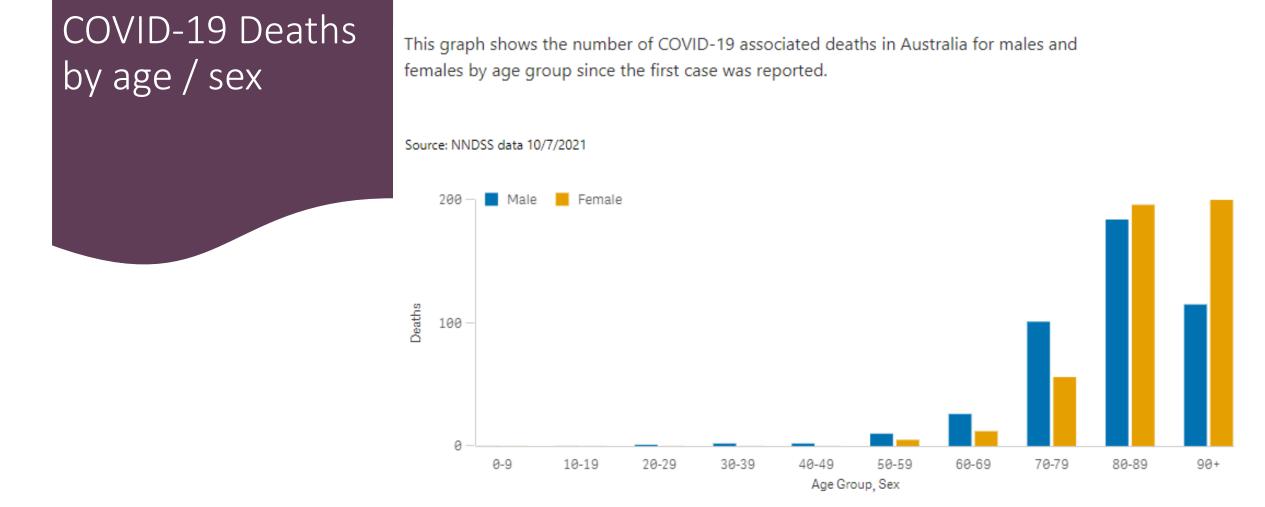
COVID-19 cases by age / sex

This graph shows the number of COVID-19 cases for males and females by age group since the first case was reported.



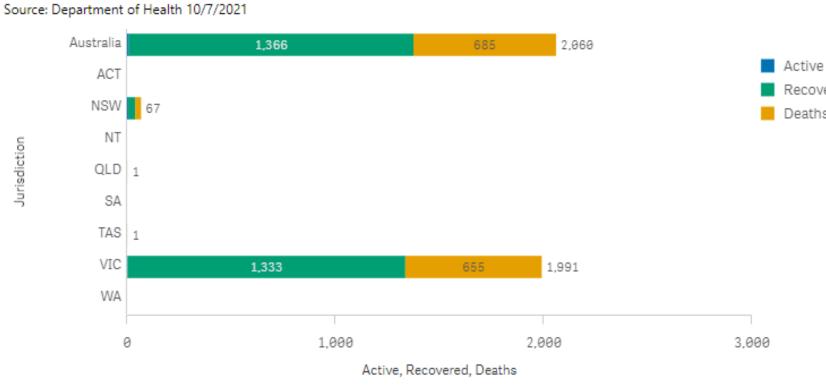
The total number of deaths in this chart may be less than what is reported due to delays in notification to the National Notifiable Disease Surveillance System (NNDSS) or where the case's age or sex are unknown.

Source: NNDSS data 10/7/2021



The total number of deaths in this chart may be less than what is reported due to delays in notification to the National Notifiable Disease Surveillance System (NNDSS) or where the case's age or sex are unknown.

COVID-19 cases in RAC



Recovered

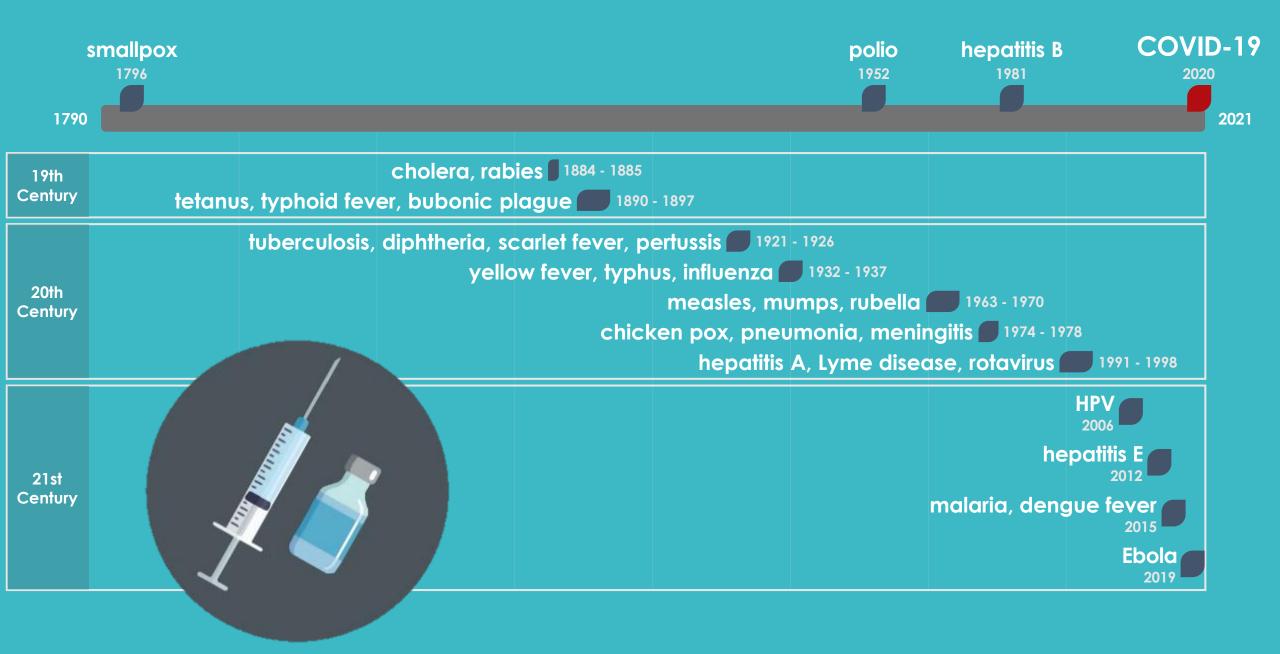
Deaths

* The aged care data comprises data sourced from the Victorian Public Health Events Surveillance System (PHESS) and Commonwealth sources **These figures are inclusive of transition care.

Source: NNDSS data 10/7/21

HISTORY OF VACCINES





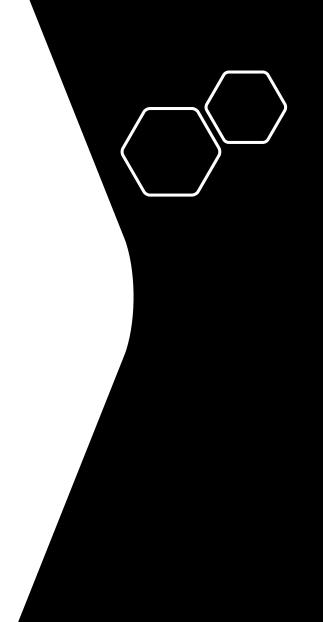


Vaccine preventable diseases

Shown is the reduction of cases and deaths after the introduction of the vaccine

Deaths All post-vaccine deaths ases All post-vaccine cases efer to 2006 Pre-vaccine: 158 cases Pre-vaccine: 13.7 deaths 100% 100% Diphtheria per million per year per million per year (1936-45) Reduction (1936-45) Reduction Post-vaccine: 0 cases Post-vaccine: 0 deaths per million per year per million per year Pre-vaccine: 3044 case 99.99% Pre-vaccine: 2.5 deaths 100% Measles per million per vea per million per vear Reduction Reduction (1953-62) (1953-62) Post-vaccine: 0.2 cases Post-vaccine: 0 deaths per million per vear per million per year Pre-vaccine: 0.2 deaths Pre-vaccine: 830 cases 97.4% 100% Mumps per million per year per million per year (1963-68) Reduction (1963-68) Reduction Post-vaccine: 22 cases Post-vaccine: 0 deaths per million per year per million per year Pre-vaccine: 1534 cases Pre-vaccine: 30.8 deaths 96.6% 99.7% Pertussis per million per vea per million per vear (1934-43) Reduction (1934-43) Reduction Post-vaccine: 0.09 deaths Post-vaccine: 52 cases per million per year per million per year Acute Pre-vaccine: 141 case Pre-vaccine: 10 deaths 100% 100% per million per vear per million per vear Poliomyeltis Reduction Reduction (1941-50) (1941-50) Post-vaccine: 0 deaths Post-vaccine: 0 cases per million per vear per million per vear Paralytic Pre-vaccine: 103 cases Pre-vaccine: 11.8 deaths 100% 100% per million per year per million per year Poliomyeltis Reduction (1951-54) Reduction (1951-54) Post-vaccine: 0 cases Post-vaccine: 0 deaths per million per year per million per year Pre-vaccine: 242 case 99.98% Pre-vaccine: 0.09 deaths 100% Rubella per million per vear per million per year Reduction (1966-68) Reduction (1966-68) Post-vaccine: 0.04 cases Post-vaccine: 0 deaths per million per vear per million per vear Congenital Pre-vaccine: 0.76 cases 99.6% Pre-vaccine: no data no per million per yea (1966-69) Reduction (1966-69) Rubella Syndrome data Post-vaccine: 0 deaths Post-vaccine: 0.003 cases per million per year per million per year Pre-vaccine: 250 cases Pre-vaccine: 2.9 deaths 100% 100% Smallpox per million per year per million per year Reduction Reduction (1900-49) (1900-49)Post-vaccine: 0 cases Post-vaccine: 0 deaths per million per vear per million per vear Pre-vaccine: 4 case Pre-vaccine: 3.2 deaths **96.6**% **99.6**% Tetanus per million per year per million per year Reduction Reduction (1947-49) (1947 - 49)Post-vaccine: 0.14 cases Post-vaccine: 0.01 deaths per million per year per million per vear Pre-vaccine: 465 cases Pre-vaccine: 0.5 deaths 89% 88.7% Hepatitis A per million per year per million per year Reduction Reduction (1986-95) (1986-95) Post-vaccine: 51 cases Post-vaccine: 0.06 deaths per million per year per million per year Acute Pre-vaccine: 273 cases 83.9% Pre-vaccine: 1 death 83.6% per million per year per million per vear Hepatitis B Reduction Reduction (1982-91) (1982-91) Post-vaccine: 0.16 deaths Post-vaccine: 44 cases per million per vear per million per year Haemophilus Pre-vaccine: 84 cases Pre-vaccine: no data 99.8% no per million per year Reduction Influenza type b (1980s) data (1980s)Post-vaccine: 0.17 cases Post-vaccine: 0.02 deaths per million per year per million per year Pneumococca Pre-vaccine: 233 cases Pre-vaccine: 24 deaths 40.5% 31.3% per million per yea per million per year Disease Reduction Reduction (1997-99) (1997-99) Post-vaccine: 139 cases Post-vaccine: 16.5 deaths per million per yea per million per year Pre-vaccine: 16018 cases Pre-vaccine: 0.41 deaths 87.2% 84.3% Varicella per million per vear per million per vear Reduction Reduction (1990-94) (1990-94) Post-vaccine: 2046 cases Post-vaccine: 0.06 deaths per million per vear per million per year

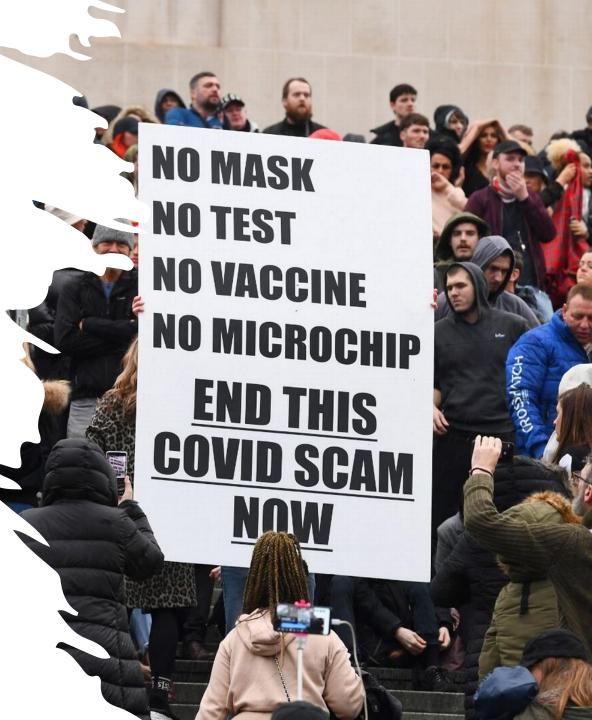




Vaccine Hesitancy

Vaccine Hesitancy

- Hesitancy & the anti vaccine movement traces back to 1840
- 1998 Dr. Andrew Wakefield, UK
- Polio could have been eradicated
- Information overload
- When you hear the same message you believe it!
- Anti-vaccine movement-个followers by 7.8m since pandemic 31m
- Most trusted resource is your GP
- Mistrust of Governments
- Three Groups of people:
 - Pro-vaccinators just want to get it done
 - Vaccine hesitant unsure given media influence
 - Those with strong views often small group but influential, often non science based, conspiracies theories etc.



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Religion

MyFreePPT.com

Catholics in Australia encouraged to receive COVID-19 vaccine

Congregation for the Doctrine of the Faith, approved by Pope Francis, gives the green light during the pandemic to the use of vaccines produced with cell lines

"It is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted fetuses in their research and production process."

The following Christian denominations have no theological objection to vaccination:

•Roman Catholicism, •Eastern Orthodox Oriental Orthodox •Amish Anglican Baptist •The Church of Jesus Christ of Latter-Day Saints (Mormon) Congregational Episcopalian •Jehovah's Witness - Note: This denomination originally denounced vaccination, but revised this doctrine in 1952. •Lutheran Mennonite Methodist (including African Methodist Episcopal) Quaker Pentecostal Presbyterian Seventh-Day Adventist Unitarian-Universalist



Quote from Pastor Pentecostal Church:

"Whilst we must protect the holy spirit taking the vaccine should be the sensible approach to safe guarding our community"

VACCINE MISCONCEPTIONS...



You can get covid-19 from the vaccine

- You cannot get COVID-19 from the vaccine because it doesn't contain the live virus.
- The vaccine only tells your body how to make a small part of the virus so your body recognises the real thing later and protect you

The vaccine must NOT work if I still need to wear a mask and social distance after!

- The vaccines are safe and effective at preventing disease in the vaccinated person
- Whilst the vaccine will prevent illness it is still unknown if you can carry it and spread it

What about long term effects from the vaccine?

- Most side effects from vaccines occur within the first 30 days
- Prior to being TGA approved this was reviewed with studies extended to 3 months

I'm healthy and never get sick so I don't need it!

Fact:

• You can still contract the infection and spread it to others

After 40 years of research there is no vaccine for HIV, Cancer or even the common cold?

- HIV: We have developed vaccines for HIV and spent millions of dollars BUT the virus is different and keeps mutating therefore shielding itself from the antibodies. Just because there is a vaccine does not mean we have not cured people from this.
- Common Cold: There are 200 viruses for the common cold and people do not die from this so there isn't a reason to vaccinate
- Cancer: We don't have a vaccine for cancer as its not a virus...but we do have HPV vaccines that prevent cancer

The covid-19 vaccine includes a tracking device!

- This came about because of a video shared on Facebook
- Syringe maker Apiject Systems of America, which has a contract with the government to provide medical-grade injection devices for vaccines.
- The company has an optional version of its product that contains a microchip within the syringe label that helps providers confirm a vaccine dose's origin.
- The chip itself is not injected into the person getting the vaccine.
- There is no tracking devices in vaccines

The vaccines are not safe for those who are pregnant, breastfeeding or planning pregnancy?

- Comirnaty (Pfizer) is the preferred vaccine for this group because;
 Research has not yet been carried out with AstraZeneca
- Real-world evidence has shown that these vaccines are safe
- They may provide indirect protection to babies by transferring antibodies through the placenta or breastmilk
- The mRNA in Pfizer is rapidly broken down in the body therefore unlikely to pass into breastmilk, if it did it would likely be quickly destroyed in the baby's gut
 - Any stage of pregnancy can be vaccinated
- If a pregnant women gets covid-19 they increase their risk of their baby being born prematurely, stillborn & have a 5x higher chance of hospitalization, 3x greater chance of ICU

The vaccines have fetus in them?

- Covid-19 vaccines do not contain any fetus
- Pfizer and Moderna did perform confirmation tests to ensure the vaccines worked using fetal cell lines
- AstraZeneca used kidney cell lines from a fetus aborted in 73
- Fetal cell lines are NOT the same as fetal tissue they are cells that grow in a lab
- They descended from cells taken from elective abortions in the late 70s/80s
- Neither Pfizer or Moderna used fetal cell lines during the development or production phases (so no fetal cell lines were used to make the vaccine and therefore not inside any vaccine)

The Covid-19 vaccines are unsafe because they were developed so quickly?

Fact:

- Use technology that has been in development for decades allowing the vaccine development process to begin early
- China isolated and shared information early assisting scientist in the development of the vaccine
- No steps were skipped in testing the vaccine, steps were completed on an overlapping schedule
- World wide resources allowed quicker development.
- Utilization of mRNA allowed a faster approach.
- Social media assisted in finding study volunteers further decreasing delays in clinical trials (these took the same time)

No steps were missed, still went through the same rigorous testing as any other vaccine...they are proven safe and effective.

Vaccine Trials



Take a <u>large</u> group of people and:

do nothing* and follow them over time

*or almost nothing

TRIAL GROUP

Take a <u>large</u> group of people and:

give them a vaccine and follow them over time COMPARE OUTCOMES

Compare how many people in each group got the disease, how many people had side effects (mild and serious), and calculate how effective the vaccine is at changing outcomes between the groups

Pfizer Side Effects during trial

MILD SIDE EFFECTS

Depending on age and dose #: Fatigue (35-60%), Headache (25-52%), Muscle and Joint Pain (11-30%)

SEVERE SIDE EFFECTS

Generally 0-3%, except for severe fatigue (5% in dose 2 for people 18-55)

KEY MESSAGES

- No vaccine-related deaths
- Severe side effects were very rare
- Side effects more common with second dose
- Side effects more common for people under 55 than over 55
- Common side effects (more than 1 in 10 people):
- · injection site pain
- tiredness, headache, muscle pain
 chills, joint pain, fever







Where to get reliable information: (11)

Therapeutic Goods Administration <u>www.tga.gov.au/covid-19-vaccine</u>

Australian Department of health <u>www.health.gov.au/news/health-alerts</u>

World Health Organisation <u>https://covid19.who.int/</u>

□ ACIPC <u>www.acipc.org.au/</u>

Case Study: Elizabeth McNeil

- DOB: 24/1/1933
- Age 88 years
- No comorbidities
- No medications
- Loving mother to 4 children, 12 grandchildren, 13 great grandchildren



Elizabeth McNeil 24/1/1933 to 26/1/21



Elizabeth tested for Covid-19, feeling tired but no other symptoms Family describe their mum as full of life, always ready for a laugh, always active in house/yard, always had the kettle on for people & loved a good red!

21st January 2021





23rd January 2021



Niece visits Elizabeth & allowed to be in the same room -nurse advises due to current prognosis-may not make it & all family should visit Symptoms by lunch time- breathing laboured, restless, by midnight commences morphine. Elizabeth struggles in/out conscousness during

the night.

Passed away mid-afternoon 26th January, 2021

Family report she struggled to breath & was hard to watch. "it was a long, slow & ugly death"

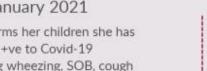
25th January 2021

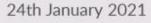
19th January, 2021

Daughter alerts family covid-19 in her workplace & need to isolate Next day returns +ve test Noted sore throat, chills, headache Noted to family lucky I had a mask on when we caught up on the weekend Mum only needs to be tested if symptomatic



22nd January 2021 Elizabeth informs her children she has tested +ve to Covid-19 By the evening wheezing, SOB, cough





Elizabeth's 88th Birthday, family celebrate via zoom. Brother also now +ve







SO...SHOULD I GET THE VACCINE?

Getting the vaccine is better and safer than getting COVID-19.

You can help protect yourself from severe disease, and you may also be protecting others at the same time.

It is a good idea for most people to get the vaccine, but ultimately you will need to make the decision that is right for you.



HOW TO PROTECT YOURSELF AND OTHERS



Keep distance

Protect older people with sufficient distance

Keep your distance when standing in line

Keep away from events and meetings



Wash hands thoroughly

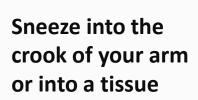
Wash your hands for 20 seconds

Soap and water are most effective

Use hand disinfectant if soap and water are not available



Even if it seems rude or unusual to you



Discard paper tissues immediately after use AND wash your hands afterwards



Stay at home with fever and cough

Contact your family doctor by telephone

Thank you! #staysafe

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