



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## March 3, 2021 MMS/DPH Call Summary and Q & A

On March 3, the Massachusetts Medical Society (MMS) hosted its monthly COVID-19 conference call for physicians with the Massachusetts Department of Public Health (DPH). Larry Madoff, MD, Medical Director, Bureau of Infectious Disease and Laboratory Sciences and Kerin Milesky, Director, Office of Preparedness and Emergency Management participated. DPH officials were asked to provide an update on reopening plans and vaccine. DPH officials also responded to member questions asked in advance and during the call.

### COVID-19 Cases and Reopening Update

#### **Dr. Madoff:**

- Massachusetts appears to be on the downslope of the second surge. Hospitalizations continue to trend downward as does ICU occupancy and the number of ventilated COVID patients.
- DPH is seeing fewer cases than a month ago, but the number of new cases is still considerable. There's still some day-to-day variation, and today DPH is reporting close to 1,500 new cases.
- The decline has leveled off, and the downward trajectory is not what it once was. We could still see another resurgence. This is not the time to let our guard down.
- DPH continues to emphasize the importance of counter-measures, particularly in health care settings, to prevent the spread of COVID. This includes continuing all of our efforts around face coverings, around social distancing, around restraint from travel and other ways that we've helped to bring the latest surge down.
- We are seeing decreased cases around the world. We're not entirely sure why this is. A colleague, Dr. Paul Sax, wrote a [viewpoint](#) looking at the multiple factors that could be causing the declines in cases that are being seen in Massachusetts and around the world.
- Governor Baker announced last week that Massachusetts has advanced to step two of Phase 3 of the state's reopening plan. The administration also announced in a forward-looking, optimistic way, the transition to step one of Phase 4 on March 22, 2021. That forward movement is predicated on the public health measures continuing to be positive.
- DPH looks at the public health measures daily. Everyone can view those measures and trends using the COVID interactive dashboard to see where we stand with testing numbers, case numbers and hospitalization rates. The dashboard is helpful in seeing the big picture.

### COVID-19 Vaccine Update

#### **Dr. Madoff:**

- The Johnson & Johnson (J&J) vaccine rolled out this week. Dr. Madoff encouraged physicians to review the [ACIP Interim Recommendation for Use of Janssen \(Johnson and Johnson\) COVID-19 Vaccine](#)
- Governor Baker announced today that K through 12 education and early education will be prioritized beginning next week. That will increase the current pool of individuals eligible to receive vaccine.

- To support the continued vaccine rollout, DPH has been running a public awareness campaign, *Trust the Facts, Get the Vax*. The ads feature a diverse group of Massachusetts medical professionals highlighting the importance of the vaccine. Dr. Madoff emphasized the importance of building trust particularly with communities of color and other populations that are disproportionately impacted. The ads are running on TV, radio, and digital platforms in multiple languages.
- Equity concerns are front and center. DPH has announced a targeted outreach initiative which includes 20 cities and towns that are most disproportionately impacted by COVID. The goal is to increase their access and awareness of vaccine resources as well as promote vaccine confidence. DPH is working with local leaders, boards of health, community organizations, and faith-based organizations in these communities. DPH also announced an almost \$5 million effort to support the equity initiative that's focused on these 20 communities, and also on 11 regional vaccination collaboratives.
- Massachusetts has now received over two million doses of vaccine in the state and have administered more than 80% of them. We are continuing to make progress as a state. We are the number one per capita administered vaccines among the large states. Massachusetts is 7th out of all US states for giving more than one or more doses per capita.
- Vaccine allocation has been extremely challenging. The state has emphasized high volume sites to try to get as much vaccine to as many people as possible, as quickly as possible.
- The vaccine supply remains constrained. President Biden said recently that he expects there to be enough vaccine for everyone by May. It is DPH's hope and belief that as the supply of vaccine expands it will be able to increase the numbers and types of sites where vaccine is available, including provider offices.

### **Responses to Advance Questions about Vaccine**

#### **Question: *What is key difference between the J&J vaccine and the mRNA vaccines?***

**Dr. Madoff:** The technology behind the J&J vaccine was developed here in Massachusetts. It is different from the mRNA vaccines. The mRNA vaccines, the Moderna and the Pfizer vaccine, deliver messenger RNA, which is then translated in the host's cells into spike protein, which then generates an immune response. The J&J vaccine is an adenovirus vectored vaccine. It uses a human adenovirus which is not able to actually replicate but is delivered and enters cells while a virus actually is able to infect cells in a limited way. Then the cell, again, generates the spike protein using coding from the virus which generates an antibody response to the spike protein.

#### **Question: *What does DPH view as the main benefits of the J&J vaccine?***

**Dr. Madoff:** One of the signal advantages of the J&J vaccine is that it's delivered as a single dose. The advantage to this is clear. It's difficult enough to get people in for a single vaccination appointment and getting them in for two is, of course, much more challenging. It is a tremendous public health advantage having a vaccine which is so effective after a single dose. The J&J vaccine is far easier to store and handle. It can be maintained simply at refrigerator temperatures, which makes this a lot easier than the mRNA vaccines to manage and ship. The J&J vaccine also comes in five dose vials. Currently there is a lower limit of 100 doses that's being distributed, but I expect that we will come up with ways of distributing smaller numbers of doses so that providers and other smaller facilities will be able to get this vaccine out.

#### **Question: *How does DPH interpret the efficacy between the J&J vaccine and the mRNA vaccines?***

**Dr. Madoff:** There has been a lot of attention focused on a slightly lower-published efficacy rate for the J&J vaccine. I would ask us to remember that these vaccines have not been compared head to head in any way. It was a different population as well as different timing, so the virus that was circulating at the time that the J&J vaccine was tested included further variants that had already emerged. I would caution us against sort of doing a head to head comparison and saying that one vaccine is more effective than another. I would also caution us to remember that vaccine effectiveness - the way that a vaccine works- is different in the real world than the way that it's measured in a clinical trial. We often see that the real world results are often not as good as in the clinical trial. There are differences between types of vaccines and how they're deployed. We're still waiting to see the real-world evidence of how these vaccines work. I will say preliminarily that Israel, which has been a leader in using the Pfizer vaccine, has demonstrated real-world vaccine usefulness, if you will, that it's been really encouraging.

**Question: *How and where does the Commonwealth plan to distribute the J&J vaccine, and how do we do so equitably?***

**Dr. Madoff:** Our plan is to deploy the J&J vaccine widely, but particularly in settings where a single dose vaccine has a clear benefit. That would be in situations where a person isn't necessarily easily available for a second dose. I think you can imagine where some of those situations would be. As I mentioned, equity has been foremost among considerations of DPH, and we will continue to keep a close eye on equity.

**Question: *What do we know about the durability of protection from the various COVID vaccines?***

**Dr. Madoff:** That's one of the major yet incompletely answered questions about the vaccines. We know that they provide really robust protection against symptomatic illness and in particular, against severe illness, hospitalization, and death. It's been widely stated that there are almost no hospitalizations and deaths in all of the clinical trials among the vaccinated group. I won't say none, but clearly very few. That's a really encouraging sign. That is something that we can particularly stress about the J&J vaccine. We know it clearly prevents serious illness and hospitalization and death as robustly as to the mRNA vaccines. It also has a little bit more of a track record against the variants. The jury is still out on that, and we don't yet know how the variants are going to play out, but I would say that all of the vaccines appear to provide at least some level of protection against the variants. It may be less complete, but certainly appreciable protection against the variants. We are learning increasingly that the vaccines appear to prevent asymptomatic infection as well. The data are less complete on that. We have data from preclinical information, from the use of the vaccines in experimental animals which showed very high levels of protection against any type of infection. Early Moderna trial data and early data from Israel around the Pfizer vaccine appears to demonstrate, at least on a population basis, a dramatic decrease in asymptomatic infection. Our belief is that this as with almost all vaccines that preventing infection will also prevent transmission. I don't think we can overstate how important it is to get large numbers of people vaccinated in order to tamp down the outbreak.

**Question: *How long do people need to wait after they are vaccinated before they are considered protected?***

**Dr. Madoff:** The CDC has issued guidance that would indicate that people who are vaccinated are considered fully vaccinated two weeks after their final dose of the vaccine (which is the first dose in the case of J&J) up to three months after that dose. They are considered protected to the degree that they don't need to quarantine if they have an exposure to someone with COVID. I expect that Massachusetts

will adopt that guidance shortly. There's also been talk about travel guidance changing as a result of the vaccination. DPH is awaiting further word.

### **Surge Planning Update:**

#### **Ms. Milesky:**

- All of our hospital regions are in Tier 3 and meeting two or three times a week to look at capacity and any necessary load balancing core transfers.
- DPH recently issued rescission of the ICU Nurse Staffing and Elective Procedure Public Health Orders that have been in place since December. This is a reflection of numbers trending in the right direction in terms of hospital capacity.

### **DPH Responses to Questions Asked During the Call**

**Question:** *I'm starting to get calls from patients and neighbors who are teachers, and thus have become eligible about how they're able to access vaccine and whether they can get it at hospitals and clinics or only from pharmacy, can you clarify that for us?*

**Dr. Madoff:** As of March 11th, all K-12 and early education staff will be able to get vaccinated at any site where vaccines are available, not just retail pharmacies. CVS has a direct federal allocation of some doses of vaccine that they have already opened to those people that are eligible under the education guidance.

**Question:** *One thing is that as far as we understand, the 85% effectiveness of the J&J is matched by the first dose of either of the mRNA. Now that may not be totally equivalent, but I wonder whether that frees up some usage of the latter?*

**Dr. Madoff:** It was apparent even from the early data that you could clearly see a benefit from those vaccines within a couple of weeks of the first dose, preceding the second dose. There was even data on asymptomatic carriage in the Moderna vaccine trial. So there clearly is a benefit. The unanswered question is the duration of immunity that follows the single vaccination. While there's protection there, we don't yet know how long it lasts. I would say that for now, we are following CDC ACIP recommendations and the FDA authorizations that still call for two doses at the appropriate intervals for the mRNA vaccines. Obviously, this is something that we and many others are continuing to look at. I understand that there could be benefits in terms of sparing of doses by allowing more first doses rather than second doses, but we have not adopted that policy as of right now.

**Question:** *Regarding getting the vaccine to those who cannot get to the vaccine including the shut-in elderly, and those who do not have transportation. Is there any plan, mainly on the mobile vaccine side (which has been implemented in Indiana) to bring the vaccine to people who cannot get to the sites and might mobile distribution be easier with J&J being a single vaccine and only needing refrigeration?*

**Dr. Madoff:** Yes, that is something we are definitely aware of and that we are working on and formulating plans around. In Massachusetts, this will be likely a two-pronged approach that will utilize both local public health resources and vendors who can actually deliver vaccine to individuals in their homes as well as trying to facilitate transportation of those who have some mobility issues to be able to get to vaccination sites. I think that we will have those plans out shortly.

**Question:** *I'm a primary care doctor in Western Massachusetts. We worked hard to get approved, so we could administer the vaccine. In February, we got our first 100 doses and delivered them. When we went to*

***get the next 100 doses for patients we had scheduled, we were cut off and we had to call patients back and tell them we couldn't deliver. For five days we had no patients to see because we had already scheduled those for delivery. Next week, we have our second set of doses coming up for the first 100 doses we delivered in February. So far, we have not heard from the state as to whether or not we're going to get our second doses. Once again, we have five days of patients scheduled. We are still waiting to hear. It would be a travesty if we did not get delivery the second doses. Can you answer if and when we will get the doses?***

**Dr. Madoff:** Thanks for the feedback and the question. This has not always been a smooth process. There have been, and I'm sure will be, snags and problems in the delivery of vaccines. It's still a very constrained resource. The logistics and management of getting vaccine into the right places, the right time is really challenging. I apologize, on behalf of the state, for the difficulties that you've had. We continue to prioritize second doses, and you should request those doses and expect to get them as quickly as we possibly can get them to you. We are making every effort to make second doses available to people who got first doses on time and as quickly as we can. I don't know your particular situation but do reach out to DPH to find out what's going on and certainly complete the survey. We look forward to a time when providers are able to give vaccine going forward.

***Question: I'm also a primary care provider who is having trouble getting vaccine information. You said to request more doses, reach out to DPH. I'm not sure if how to reach out to DPH because we don't have a phone number we can call, and I have not received a response to my emails. As far as the survey that DPH was using to request doses, nobody received that survey this week. We were told that you are prioritizing second doses, so we have 50 people scheduled for second doses this Friday, and we have not been told if we are getting vaccine. We did complete all of the paperwork. I hear you saying this is not a smooth process, but physicians need actual answers and someone they can actually talk to. Who can we reach out to in order to get the information we need?***

**Dr. Madoff:** There's an email address at MMS ([dph@mms.org](mailto:dph@mms.org)) that you can use to send an email with your specific questions. I will see that it gets to the right people. Everybody who got a first dose should have eligibility for a second dose. If that's not happening, we'll work on it. So please reach out through Dr. Rosman to me and I'll see that gets into the right hands. Again, this isn't perfect. We're sorry that there have been problems. We will do our best.

***Question: I was wondering if there is any data on COVID-19 infections in teachers, paraprofessionals, and children in classrooms of preschool, learning disabled students in Massachusetts who have been back in the classroom since last fall?***

**Dr. Madoff:** Not at my fingertips. It's a good question. I don't know what data are available. We certainly track all cases of COVID in the state. We have information by geography, by age group and a lot of that is posted there on the interactive dashboard or weekly reports, but the data at the granularity that you're asking for, and in those particular settings, I don't have the answer.

***Question: I understand that patients are advised to discontinue optional Tylenol or ibuprofen before getting each dose of the vaccine. I wonder if we know for how long. Is it to be 10 days for aspirin for the full effect of its anti-platelet effect or is it a shorter period of time? Related to that, for how long after the vaccination, assuming that their symptoms are tolerable without an anti-pyretic or anti-inflammatory medication, how long is it advisable to stop the medication for?***

**Dr. Madoff:** The CDC guidance says that patients shouldn't take anti-pyretic or anti-inflammatory medications prophylactically in anticipation of side effects. This is really highly theoretical. The anti-pyretic/anti-

inflammatory might interfere with the immune response to a vaccine. This has been seen in some experimental, and some vaccination settings but not specifically with respect to COVID. So, I don't think there's any particular time-frame that people should stop taking them if they're on chronic anti-inflammatory medications for another indication. I don't think that they should stop taking them in anticipation of the vaccine. I also don't think there's any reason why someone shouldn't take an anti-pyretic or anti-inflammatory if they develop significant side effects like pain or fever or malaise. There isn't a contraindication. There's just an idea that there could be some theoretical interference with the immune response. Use them, I guess, judiciously, but do not avoid them or not to take them if needed. Again, this is pretty theoretical. We do not have any data with respect to COVID vaccines and anti-pyretics/anti-inflammatories.

**Question:** *Regarding vaccination scheduling at some of the retail pharmacy, I'm told by some patients that there appears to be an option to elect to schedule yourself for a first dose, and then you can schedule yourself for the second dose right at the same time. But sometimes, the system will say, OK, you're scheduled for a first dose, but we have no second doses to offer you. I'm puzzled by that given what you were saying about how people are supposed to have two. I'm wondering if I'm hearing it right from the patient. Do we know about that, or could it be more a federal thing because the pharmacies are getting vaccines from the feds?*

**Dr. Madoff:** There are lots of vaccination sites, and they are being implemented by lots of different people. I can't exactly speak to how second doses are being scheduled. What I understand is that second doses are scheduled at the time of the first dose at mass vaccination sites. There people are guided through scheduling the second dose appointment at the time of the first dose. One thing I want to mention is that there is some leeway in the second doses. While there's a recommended interval of 21 or 28 days for the second dose, the CDC guidance says that up to six weeks after the first dose is still within their suggested interval for receiving the second dose. The dosing intervals are somewhat arbitrary, and the 21 and 28 days were study design questions that were used by the vaccine manufacturers. There's nothing magical about those numbers. There's certainly a window of time. We know, for example, that with the J&J vaccine that antibody titers are still rising two months after the initial dosing. Again, I think there is a window.

**Question:** *There seems to be a lot of confusion, mainly because there's a lack of communication and what appears to be transparency on how vaccines are being distributed and when and how decisions are being made. We know there's a COVID Task Force, there's the Command Center. Is this happening at the DPH level? If so, who is DPH directly communicating with to provide input from the medical community on what we're seeing on the ground. Can you shed light on at what level decisions in terms of vaccine supply are being made?*

**Dr. Madoff:** That's a fair question. I could answer facetiously that these decisions are not being made by me, although I'm one of many voices at the table. I would say that decisions are being made at all levels of government—from the federal government to the Governor's office to the COVID Command Center, the Secretary of HHS, DPH and our whole immunization team. So, no one person is making all of these decisions. It is really challenging, and the situation is constantly changing. As new data become available, information on supply and availability of the vaccine changes, recommendations around how it's deployed and how it's used change. We are doing our best to communicate. We have heard from you and others the criticism, and we are working with the medical society and certainly, internally, with our communication team to improve our communications with you. We hear the criticism from the provider community and do very much take it

seriously. I appreciate the input that we're getting today, and I understand the frustration that's out there. Please know that we are working hard and doing our best.