



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## **May 5, 2021 MMS/DPH Call Summary and Q & A**

On May 5, 2021, the Massachusetts Medical Society (MMS) hosted its last scheduled COVID-19 call for physicians with the Massachusetts Department of Public Health (DPH). Larry Madoff, MD, Medical Director, Bureau of Infectious Disease and Laboratory Sciences, Catherine Brown, DVM, MSc, MPH, State Epidemiologist and State Public Health Veterinarian, Kevin Cranston, MDiv, Assistant Commissioner and Director, Bureau of Infectious Disease and Laboratory Sciences, and Kerin Milesky, Director, Office of Preparedness and Emergency Management participated. DPH officials provided updates on COVID-19 cases, recent surges, and the newest phase of the vaccination rollout in the Commonwealth. DPH officials also responded to member questions asked in advance and during the call.

MMS President, Dr. David Rosman, began the call by expressing the Society's deep appreciation to Commissioner Bharel and the DPH team for all of the information they have imparted over the past 14 months and for everything they do on behalf of the people of the Commonwealth. It is expected that this will be the final call, but should the need arise, the MMS will consult with DPH about scheduling additional calls.

### **COVID-19 Update**

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

- There is some sense of relief around what the COVID-19 metrics are showing, but there are also causes for concern. The situation in India is quite alarming and very concerning. Closer to home, both Canada and Latin America are still experiencing worrisome surges of COVID-19.
- In Massachusetts, things are trending in the right direction, and the state is coming close to the low case numbers that we saw last summer.
- Massachusetts has had three consecutive days of less than 1000 cases. Today there are just under 500 people hospitalized with COVID-19. This marks the first time since November 2020 that COVID-19 hospitalizations in the state are below 500.
- The Commonwealth has had a good uptake of vaccination. Close to 4 million people have received 1 dose of vaccine, and Massachusetts is approaching 3 million people who are fully vaccinated. This is impressive given that the COVID-19 vaccinations have only been around for 4 months.
- Case counts are down significantly. They are not as low as last summer, but they are trending in right direction. With continuing vaccine success in Massachusetts, DPH is hopeful that this downward trend will continue in the state.

#### **DPH responses to questions asked in advance of the call:**

**Question:** *What is the Baker Administration's next steps to reach out to vaccine hesitant individuals and patients with limited access? What is the role of physicians?*

**Dr. Madoff:** Vaccine hesitancy not new. It is very important to get a large portion of population vaccinated in order to keep the virus circulation from trending back up again. Vaccine hesitancy takes many forms. Some of it is not hesitancy in the usual sense, rather it is difficulty in being able to find the vaccine and in being able to get access to being vaccinated, which is not easy for some of our patients. Our role as physicians is to encourage our patients to get vaccinated, to help guide them towards appropriate vaccination for COVID-19, and for everything else, but certainly for COVID-19 vaccine. We are coming to a place where providers are going to have a key role in vaccinating. The utility of our mass vaccination sites is, perhaps, beginning to diminish as appointments are more available, and the vaccine is more available compared to the demand. I believe this is a turning point where we are going to need to reach out to our patients to get them vaccinated. We need to make it as easy as possible for them and have conversations with them to try to encourage vaccination. It is time here in the Commonwealth for that to happen, and I believe it will happen soon.

**Mr. Cranston:** Governor Baker announced a change this week to our overall vaccination strategy. I have mentioned on previous calls our work in the 20 equity communities. In those communities, a significant amount of door to door vaccine advocacy is going on. Our strategy for addressing vaccine hesitancy is to take the educational efforts and opportunities to talk about vaccine on the ground to people's homes and local communities. We are particularly trying to reach Black, Latino, other non-US born and non-English speaking communities, who we know have had, and experienced, greater access challenges as a function of language, historic trust in the medical community, or perhaps just life situations around work schedules and family responsibilities. We're trying to make access to the vaccine easier and simpler. Governor Baker also indicated that he, and we, are working with the MMS looking at the role of primary care providers. While I don't have an extraordinary amount of detail to share on that yet, please note that we are actively looking at strategies to add primary care providers to the channels of access. I want to acknowledge Dr. Rosman, and senior leadership at MMS, for their strong advocacy on behalf of the role of primary care physicians and other medical providers as a trusted and important mechanism for patients to learn more about vaccine, address concerns, and have ready access. I am very pleased we're moving into this next phase of the pandemic vaccination plan. Governor Baker also indicated that several of our mass vaccination sites are likely to be reduced. This is not across the board, but probably at least four of the current mass vaccination sites will be slowing down their work, or may be closing altogether, by the end of June. I also want to mention the *Trust the Facts, Get the Vax* campaign. We have added videos looking at other motivators for vaccination. In addition to addressing the science, safety and efficacy of vaccine, there are also videos talking about a variety of motivations for getting vaccinated, not only for one's own protection and relative freedom in the world, but also addressing the motivating factors of protecting your family, your community, the larger world, and contributing to the greater good. They are available in a variety of languages, representing a range of communities and culturally specific messaging. I urge you to look at our website to get a flavor for those. Most of the materials are available to be replicated by local health departments, by health care institutions, and pushed out to your patients and communities.

**Question:** *Pfizer is expected to receive EUA adolescents 12 -15 years of age. Does DPH anticipate a recommendation to include the pediatric population? If so, will pediatricians receive and administer the vaccine to their patients since the pediatric office is a familiar setting?*

**Dr. Madoff:** Emergency Use Authorization (EUA) for the Pfizer vaccine for children 12 to 15 years of age is expected soon. The Food and Drug Administration (FDA) will probably act early in the coming week followed by the Advisory Committee on Immunization Practices (ACIP) meeting mid-week. We've seen the data, at

least in press release form, that the Pfizer vaccine elicits very strong immunity and protection in this age group, and the safety profile is very safe, similar to what is seen in young adults. I don't think there are many concerns, and I expect it to happen. DPH's immunization division has always emphasized the very strong role of the medical home in pediatric immunization. We expect that that will be a big part of COVID-19 immunization in this next age group assuming that all goes well, and it is recommended by the ACIP.

**Question:** *Now that colleges are requiring mandatory COVID-19 vaccination, how does DPH anticipate the vaccine requirement to impact mask-wearing, distancing and testing at colleges with restrictions relaxing?*

**Dr. Madoff:** There are many colleges that are requiring vaccination. Harvard announced today that they're going to require COVID-19 vaccination for on-campus students as well. I personally think this is a good thing. Having students vaccinated will very much make college, and society, safer in general. One part of the question was, how do we think that that vaccine requirement will impact mask wearing, distancing, and testing at colleges. I think it will have an impact on those things, but we need to stay tuned for further guidance on that. It makes sense, knowing how protective the vaccines are that we don't need to take all of the same measures that we took with a completely unprotected population in a largely vaccinated population. I expect that both the Department of Education and DPH will have additional guidance, and I'm sure the federal agencies will also have guidance on that.

**Question:** *What is the status of the variants of concern circulating in Massachusetts?*

**Dr. Brown:** In Massachusetts, over 50% of current cases are due to variants of concern. They include predominately the B.1.1.7 (U.K) variant, but also the P.1 (Brazil), the B.1.351 (South African), and the 2 California mutations (B.1.427 and B.1.429). The overwhelming majority of cases are related to the B.1.1.7 variant which is known to have that increased transmissibility. There is still much to learn about emerging variants; those that already exist, and those which have yet to appear. Every single variant has multiple mutations. We all need to remember that this virus will continue to evolve. There are going to be more and more variants, some of which will be more concerning than others. We need to continue to monitor that through the sequencing program. At this point in Massachusetts, sequencing has become relatively robust. I am much more comfortable with where we are in terms of our ability to do that monitoring in Massachusetts.

**Question:** *What do we know about the surge in India? Is that surge due to a variant?*

**Dr. Brown:** There are four closely related variant mutations in India. They were recently listed as variants of interest by the Centers for Disease Control and prevention (CDC). None of them are listed as being more transmissible. They've certainly added to the list of variants that we should be paying attention to, but again, we all need to remember that this virus is going to continue to evolve, so this is not the end of the story. Information on CDC website indicates that all 4 of those variants have potential for neutralization by monoclonal antibodies. I think we need to be very clear that there is no evidence that the surge in India is due only to the presence of these particular variants. A confluence of events seems to have led to this crisis. Very premature in lifting public health mitigation efforts, a very low vaccination rate in the country, and India also allowed very large multi-month Hindu festival to move ahead. It is the variants in presence of this kind of environment that creates these surges.

**Question:** *What do the latest surges that we are seeing in Oregon and India portend for Massachusetts?*

**Dr. Brown:** There continue to be waves of COVID-19 activity in different parts of the country and in different parts of the world, like the surges we are seeing in Oregon and in India. One thing the pandemic has shown us over time is it is difficult to predict what will happen. I want to acknowledge that the waves of activity that we

see in Massachusetts or Oregon or India or Canada don't coincide with each other. The whole world is not in peak surge at the same time. We will continue to see these waves emerge and subside in different parts of the world and in different parts of the country. As surges happen in different areas, that may have an impact on what happens in Massachusetts, but I also want to be very clear that just because we're seeing a surge in Oregon or India does not guarantee that Massachusetts is going to enter a new surge. It's more complicated than that. We have to continue to be vigilant and vaccinate.

**Question:** *Please update us on vaccine shipments in the state, is demand for vaccine falling off, and how will that impact the doses Massachusetts receives?*

**Mr. Cranston:** Massachusetts is slated to receive 210,000 doses of Pfizer, 150,000 doses Moderna, and 12,000 doses of Johnson & Johnson (J&J) each week. DPH does not expect that to change over the next 3 weeks. There were some signals at the federal level that up until now we've been allocated doses on a fairly strict per capita basis. Because of recent shifting demand nationwide, including in Massachusetts, there may be some reallocation or allocation changes coming. We have yet to get the details, but it may be that the federal government shifts the ways in which it's allocating vaccine to meet various levels of demand and throughput. Many other states have seen drop-offs in demand evidenced by unfilled appointments at mass vaccination sites, pharmacies, and other channels. Massachusetts was later in seeing that lessening. It's really just in the last couple of weeks we've started to see a softening of demand, but it is not in every venue and channel.

#### **DPH responses to questions asked during the call:**

**Question:** *I have a patient that is being mandated by their job to get the vaccine. They feel that they have criteria from a pre-existing condition that raises concerns of the side effects and should not get the vaccine. What do we do with those patients?*

**Mr. Cranston:** I would consider this to be a personnel policy matter at their place of employment. I suspect solid medical documentation of the contraindications for vaccination could play a role in addressing the concerns of the employer. We at DPH don't have specific authority over whether a given employer mandates or requires a vaccine as a condition of employment. We would certainly hope, and I personally want to express, that any medical conditions that would warrant a sound decision not to get vaccinated be taken into consideration. Further, the vaccination levels of the other employees come into play. When we vaccinate ourselves it's not just to protect ourselves, but to protect others. There are always individuals who for a variety of reasons, most likely medical reasons, who cannot be vaccinated. It is the vaccination status of everybody else at the workplace which is the most protective. I suspect any number of us would be willing to provide some education to the employer on that point if the employee would like to direct them to us. I'd be happy to play that role myself.

**Question:** *Do we know more now about durability of vaccines given to date? I have heard that six months boosters will be necessary. What about influenza vaccinations which typically begin in August; Is there a need to separate the timing of influenza vaccine and any COVID-19 vaccine booster?*

**Dr. Madoff:** The short answer is that I don't know the answer to the questions that you asked. We touched on this in an earlier call. There is scant evidence about durability of immunity from COVID-19 vaccination. I expect that there will be a lot more data forthcoming soon as the people who were enrolled in the clinical trials are followed further out. We're getting to the point where we should be able to get longer study data soon from all of the vaccines. There are some limited studies published on antibody levels, which seem to indicate a pretty long lasting antibody effect. Less is known about cellular immune responses and how long those last,

but those are often more durable than antibody responses. I know that people have opined about the need for boosters, and I think those opinions are reasonable, but they are not based on a lot of data at this point. We're still waiting for more information to determine that as well. There is also talk about reformulating the vaccines in response to variants. I've heard about some testing with the mRNA vaccines that includes some variations in the mRNA to account for variants, but I haven't seen data resulting from any of those trials either. The need for boosters is going to come soon, perhaps as early as the fall. We just need to stay tuned as the data emerge on these topics. In my opinion, it is likely that there will need to be seasonal boosters like there is for flu vaccine, and these may even need to change like the flu vaccine does in order to address mutations in the virus that are emerging. I could envision a time when flu vaccine and COVID-19 vaccine might be given together as a seasonal booster, but I think it's too soon to say. The two week window around other vaccines and COVID-19 vaccination is not based on a lot of data. That's just a cautionary approach to vaccination. I'm actually not aware of any data that indicate that vaccination with another vaccine simultaneous to the COVID-19 vaccine could have any deleterious effect on immunogenicity. These are studies that need to be done and data that need to see the light of day before we can really say more.