AIR-P Presents:

COVID-19 Vaccine, I/DD Populations, and the Needle Anxiety Program at UCLA

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COVID-19 Pandemic

- COVID-19 caused by SARS-CoV-2
- First discovered in Wuhan, China in December 2019
- WHO declared pandemic 11 March 2020
- As of today,
  - Over 109 million cases worldwide
  - Over 2.41 million deaths

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What is the best response during a pandemic?

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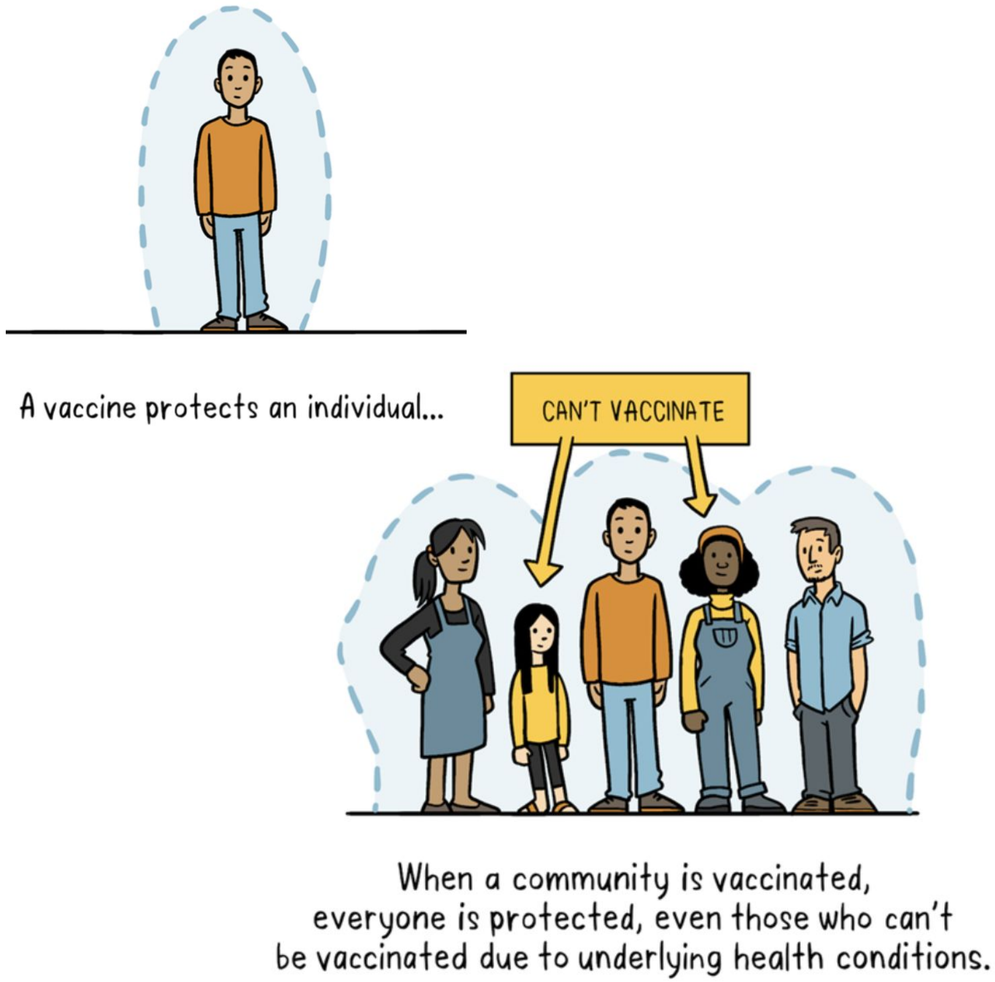
Follow all guidance from the CDC and the California Department of Public Health

- Wear a mask and keep physical distance between yourself and others to reduce your chance of being exposed to the virus or spreading it.

Get a vaccine if one is available

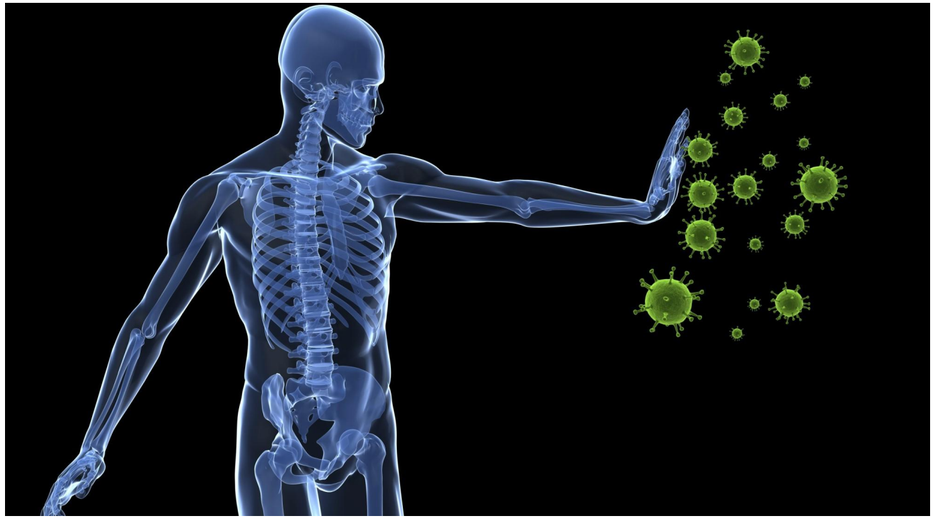
- Vaccines help your body prepare to fight the virus if you are exposed.
- Vaccines protect you as well as people in your community who cannot be vaccinated.



How does the body fight an infection?

The immune system protects the body against infections and illness.

- The immune system recognizes germs, bacteria and viruses. It responds by creating proteins called antibodies.
- Antibodies fight infection, help a person recover and prevent a person from becoming ill in the future.



Vaccines work by stimulating the immune system to make antibodies.

- They help our body develop immunity to a virus without getting an illness.
- They train the immune system to recognize and fight viruses or bacteria.

How were the COVID-19 vaccines shown to be safe?

The Food and Drug Administration (FDA) sets rules for the three phases of clinical trials to ensure the safety of the volunteers. Researchers test vaccines with adults first.

PHASE 1

20-100 healthy volunteers

- Is this vaccine safe?
- Does this vaccine seem to work?
- Are there any serious side effects?
- How is the size of the dose related to side effects?

PHASE 2

several hundred volunteers

- What are the most common short-term side effects?
- How are the volunteers' immune systems responding to the vaccine?

PHASE 3

hundreds or thousands of volunteers

- How do people who get the vaccine and people who do not get the vaccine compare?
- Is the vaccine safe?
- Is the vaccine effective?
- What are the most common side effects?

FDA licenses the vaccine only if:

- It's safe and effective
- Benefits outweigh risks

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GENERAL QUESTIONS

What COVID-19 vaccines are authorized for use?

There are **two** COVID-19 vaccines authorized for emergency use by the FDA. There are several others promising vaccines in various stages of clinical development.

Emergency use authorization (EUA) is a way for the FDA to make vaccines and treatments available to the public under emergency circumstances, such as a pandemic.

MANUFACTURER	Pfizer-BioNTech	Moderna
FDA AUTHORIZATION	Dec. 11, 2020	Dec. 18, 2020
FIRST VACCINATION	Dec. 16, 2020	Dec. 21, 2020
AGE	16+	18+
DOSING	2 shots, 21 days apart	2 shots, 28 days apart

How is the vaccine administered?

Both the Pfizer and Moderna vaccines are given in two shots.

Pfizer is administered 21 days apart; Moderna is 28 days apart.

The vaccine is given as an injection into the muscle.

You must receive the same vaccine for both doses.

How effective is the COVID-19 vaccine?

According to data collected and released by the FDA …

Both the Pfizer and the Moderna vaccines are about 95% effective at preventing symptomatic illness for COVID-19 after both doses are received.

GENERAL QUESTIONS

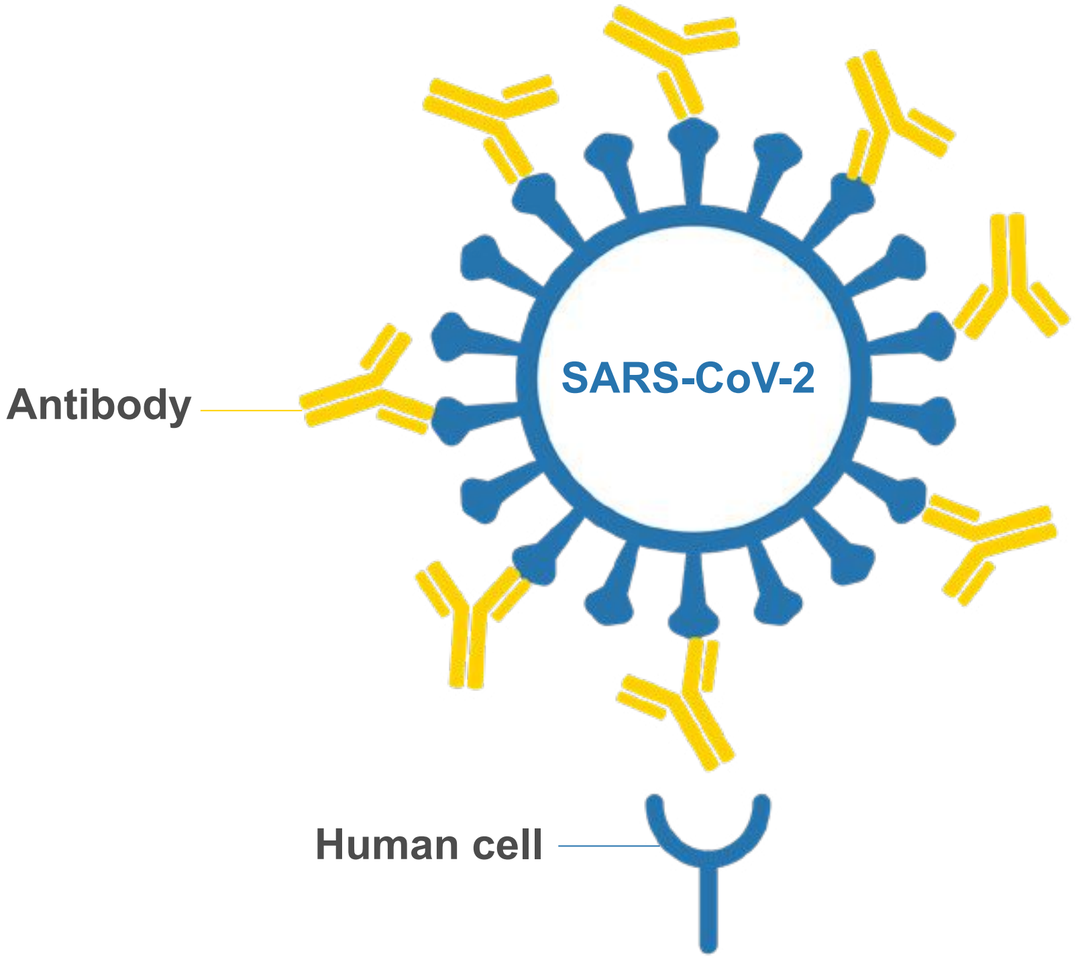
How does the COVID-19 vaccine work?

SARS-CoV-2 is the virus that causes COVID-19.

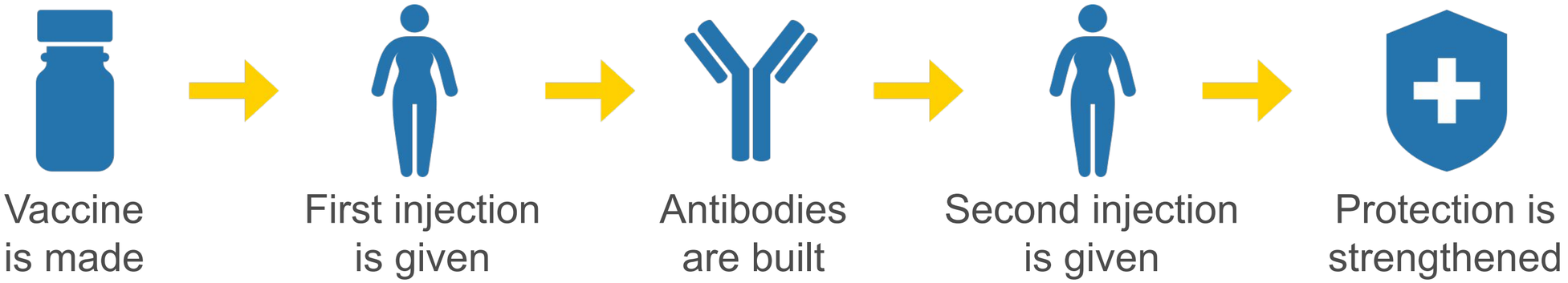
The Pfizer and Moderna vaccines include a piece of what's known as messenger RNA (mRNA), which contains genetic instructions that tell your body to produce a "spike" protein.

Your immune system recognizes this protein as a threat and produces antibodies that block the SARS-CoV-2 virus from entering your cells.

If the virus cannot enter your cells, it



Is it better to get vaccinated or contract the virus naturally?



It is better to get vaccinated.

The vaccine won't make you sick, but getting the actual COVID-19 virus can make you very sick and, in some cases, can be deadly.

Getting the virus naturally can also cause both direct damage to your cells and

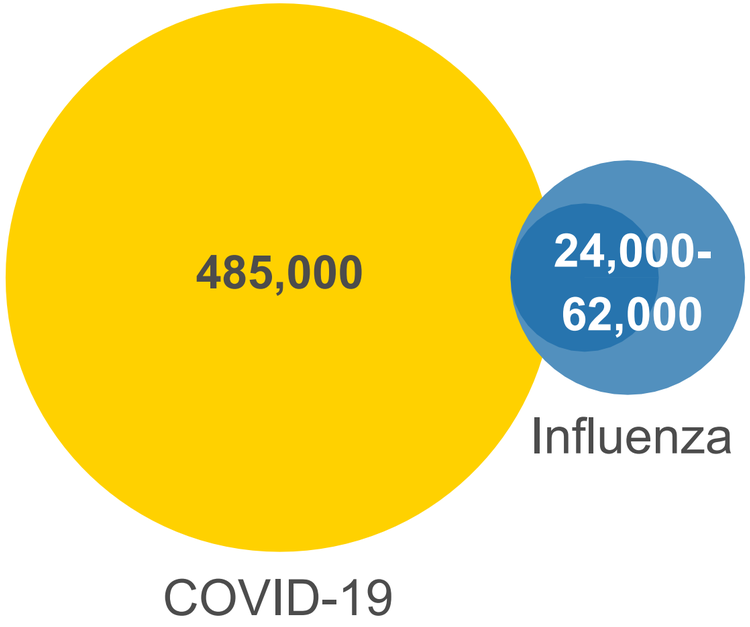
With the Pfizer or Moderna vaccines, you only get one piece of mRNA, which is not able to copy itself or spread.

However, this mRNA helps you build up antibodies to keep SARS-CoV-2, the virus that causes COVID-19, from infecting your cells.

Why get the vaccine if most don't die from COVID-19?

- As of February 2021, COVID-19 has killed more than **485,000** people in the United States.
- This is significantly more deaths than other viruses that we routinely vaccinate against, such as influenza, which according to the CDC typically causes 24,000 to 62,000 deaths in the U.S. per year.
- In addition to the high death toll, COVID-19 can also cause other long-term complications. The COVID-19 vaccine will save lives and decrease the likelihood of long term COVID-related problems involving the brain, heart and lungs.

U.S. average annual deaths



What is the vaccine distribution plan?

The CDC have recommended a tiered approach to determine the order in which the vaccine will be distributed. The initial vaccine supply will be prioritized in the following way

in Los Angeles County:

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As of today in the US:

55 million doses administered
11% have received first dose
4% fully immunized

US population: 331 million

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COVID-19 Context

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- In December 2020, the ACIP COVID-19 Vaccine Working Group issued recommendations for prioritizing and allocating vaccinations for the first available vaccines.

- The vast majority of individuals with I/DD were absent from the Phase 1 priority guidelines.

I/DD Population At Risk

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- Early evidence suggests that the I/DD population is disproportionately susceptible to COVID-19, demonstrating:
  - More severe illness;
  - Greater risk of hospitalization;
  - Twice the case fatality rates for individuals aged 18-74;
  - Difficulties following social distancing guidelines; and
  - The continued need for in-person health care and educational services.

Health Outcomes for I/DD Population

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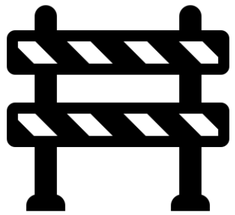
- The I/DD population has historically grappled with:
  - Fragmented access to primary and preventive care;
  - Social and medical stigma and marginalization;
  - Higher prevalence of co-occurring mental/physical health conditions and rates of mortality; and
  - Significant health disparities for racial and ethnic minorities, women, and individuals from low-income families
- Their exclusion represents yet another barrier to health and well-being for this population that will have significant consequences.

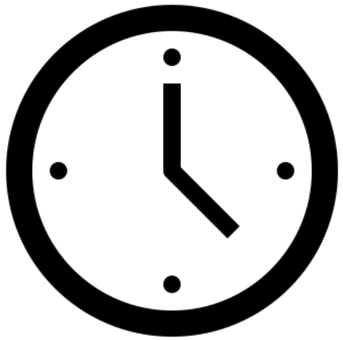
COVID-19 Vaccine & I/DD

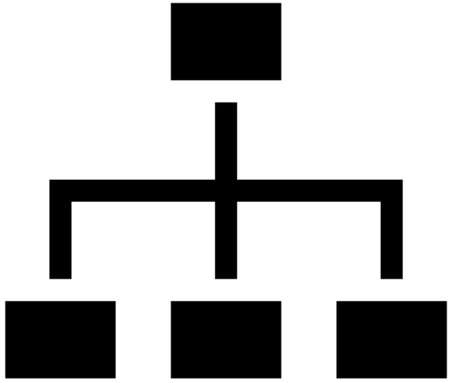
- Given these barriers and resulting health disparities, we can anticipate significant hurdles for vaccine rollout.

- This makes timely and strategic vaccination of this population even more critical.

- We will need a public health infrastructure that promotes vaccine awareness, education, dissemination, and uptake.







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Advocacy for Prioritization of COVID-19 Vaccine

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Charleston Post Courier

SC disability advocates raise alarm bells, saying COVID-19 vaccine rollout leaves them out

1 day ago

The Boston Globe

'There are a lot of people who can't get to Fenway or Gillette': Some residents feel overlook...

1 day ago

KQED

'So Angry, So Scared': California COVID-19 Vaccine Rollout Change Leaves Disabled Peopl...

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Prioritizing COVID-19 vaccinations for individuals with intellectual and developmental disabilities

Emily Hotez, PhD • Peter J. Hotez, MD, PhD • Kashia A. Rosenau, MA • Alice A. Kuo, MD, PhD, MBA

Open Access • Published: February 05, 2021 • DOI: https://doi.org/10.1016/j.eclinm.2021.100749

In December 2020, the Advisory Committee on Immunization Practices (ACIP) Coronavirus Disease 2019 (COVID-19) Vaccine Working Group issued recommendations for prioritizing and allocating vaccinations for the first available mRNA vaccines from Pfizer-BioNTech and Moderna [1]. Notably absent from the Phase 1 tiered guidelines are almost all individuals with intellectual and/or developmental disabilities (I/DD). This population comprises between 1 and 2% of the U.S. population and includes individuals with attention-deficit/hyperactivity disorder, autism spectrum disorder, blindness, cerebral palsy, moderate to profound hearing

Vaccine Hesitancy

- Refers to a delay in acceptance or refusal of vaccines despite availability of vaccine services
- Is complex and context specific, varying across time, place and vaccines
- Is influenced by factors such as complacency, convenience and confidence

Needle Phobia

- Aka trypanophobia, the extreme fear of medical procedures involving injections or hypodermic needles
- Affects up to 10% of the population
- Recognized as a specific phobia in the Diagnostic and Statistical Manual (DSM) in 1994
- Additional concern of altering health behaviors
  - Not receiving needed routine medical or dental care
- Can lead to more generalized fear of medical or dental healthcare providers

UCLA Needle Anxiety Program

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- Developed out of a recognition that many of our I/DD patients did not receive their recommended medical services because of needle phobia
  - Immunizations
  - Routine health maintenance screenings
    - Diabetes
    - Cholesterol
  - Routine blood level checks for medications such as seizure medications

Prior Policies

- No official policy
  - “unofficial policy” was to take them to main lab and there would be enough people to restrain patient
- Informal survey of primary care physicians (PCPs)
  - Deviate from standard of care to accommodate the needle anxiety

Some Ideas....

- Conscious sedation in Emergency Department
  - Response was “no” because patient volume difficult to predict and manage
- Anesthesia in Same-Day Surgery Center
  - Response was “no” because patient would incur an operating room charge

Moderate Sedation vs. Procedural Sedation

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- Moderate sedation (previously known as “conscious sedation”)
  - Moderately depressed level of consciousness
  - Response to verbal commands and physical stimulation
  - Breathing and cardiovascular functions are usually not impaired
    - Requires cardiac monitoring by RN
- Procedural sedation (aka minimal sedation)
  - Cognitive and coordination function may be affected
  - No effect on breathing or cardiovascular function

Procedural Sedation

- Guidelines have existed since 1985 for dentists
- October 2014, American Society of Anesthesiologists recommended new guidelines to allow expansion to other specialties
- Started to be used in emergency medicine
- At UCLA, developed protocol to be used in our urgent care clinics

UCLA Needle Anxiety Program

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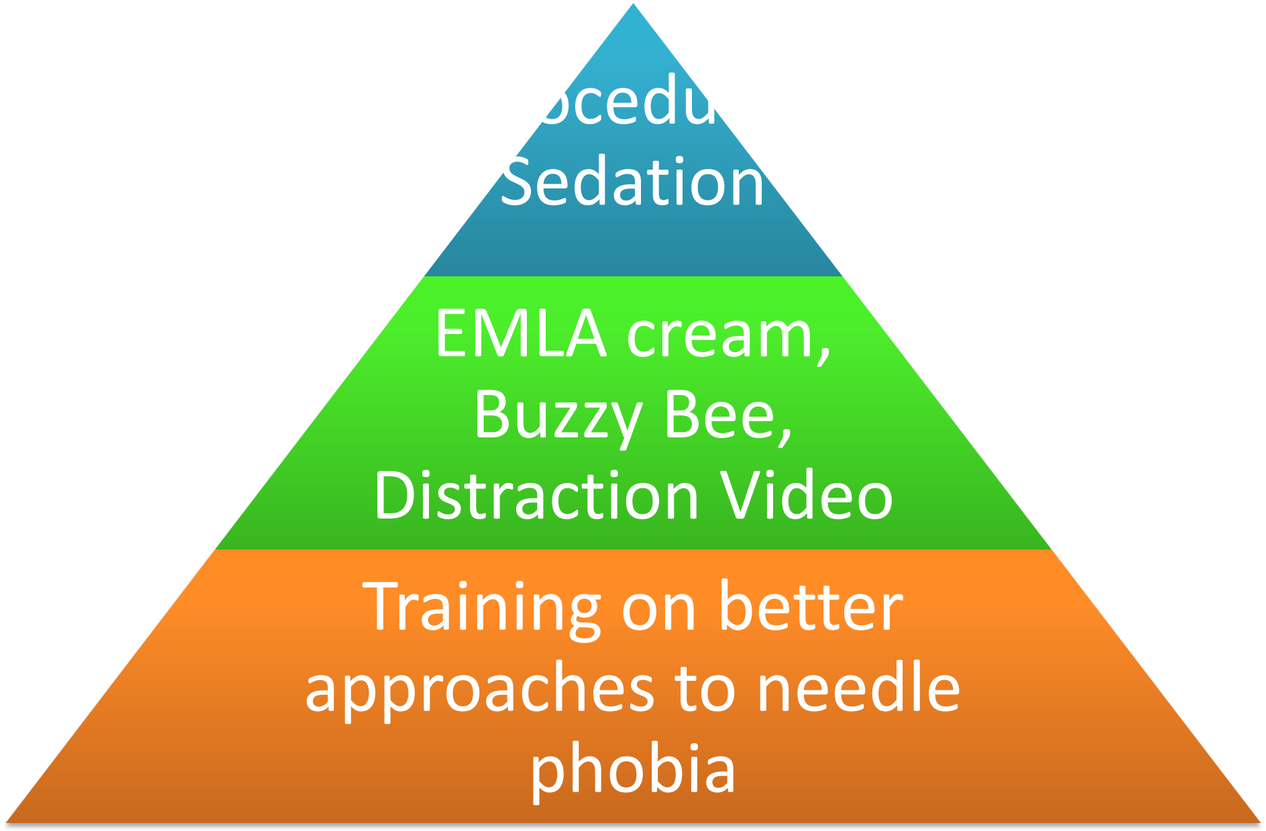
- Higher level urgent care clinics called Evaluation and Treatment Centers (ETCs)
  - Original mission was to keep patients out of the ER and hospital
  - Staffed by primary care physicians and RN-level nurses
- After exploration to other parts of health system, decided ETCs would be location for Needle Anxiety Program

Three-Tiered Approach



- Took 2.5 years to get approved
  - Departments of Anesthesia and Medicine had to sign off
  - Biggest hurdle was ambulatory nursing
- Three years after starting process, implemented in August 2020 on 2 patients
- Have successfully used this intervention in 12 patients to date

Current Status: *Active* **PolicyStat ID:** *7375357*

UCLA Health

Effective Date:	*1/24/2020*
Review Date:	*1/24/2020*
Revised Date:	*1/24/2020*
Next Review:	*1/23/2023*
Owner:	*Carmen James-Eggins: Admin Spec*
Policy Area:	*Amb Care Clinical Policies*
Reference Tags:	
Applicability:	*Ambulatory Care – UCLA*

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Minimal Sedation Guideline

Ambulatory CARE – Ambulatory Nursing Operations POLICIES, STANDARDS AND GUIDELINES **SECTION: GUIDELINE FOR MINIMAL SEDATION/ANXIOLYSIS IN AMBULATORY CARE CLINIC** **SUBJECT:** CARE OF PATIENT	UCLA Health POLICY #: AMB G132 PAGE: 1 OF x
APPROVALS: AMBULATORY POLICY COMMITTEE	EFFECTIVE:9/17/2019

GUIDELINE FOR MINIMAL SEDATION/ ANXIOLYSIS IN AMBULATORY CARE CLINIC

PURPOSE

To provide standards for patient care when a single dose of sedative is utilized for routine procedures or tests in an outpatient practice setting for lessening anxiety and discomfort. This policy is used in special practice situations where other options have been explored (i.e. controlling the environment; guarding against sensory overload; distraction; topical anesthetics; consultations with psychologists and child life specialists) to perform the procedure without a sedative and when unsuccessful and the patient would be at risk by not having procedure or test completed.

SCOPE

This policy shall pertain to patients >/= 2 years of age receiving a single dose of sedative prior to a procedure at Santa Monica Medicine Pediatrics Comprehensive Care Center who serves a special patient population with this clinical need.

DEFINITIONS

Next Steps

- Continue to track outcomes and refine protocol
- Disseminate to other ETCs within UCLA Health
  - Currently in Santa Monica, next to Redondo Beach and Santa Clarita
- Develop training materials for nurses
- Raise awareness among providers at UCLA

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Contact Us:
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AIRPnetwork.ucla.edu

Feedback Survey:

Thank you for attending!

A link to view the recording will be emailed to all registrants.

We hope to see you next month!

Register:

Monday, March 15th, 2021
4:00 p.m. - 5:00 p.m. ET

AIR-P Presents - Using Autism Research to Inform Policy: Successes, Lessons, and Challenges

By Lindsay Shea, DrPH, MS, Anne Roux, MPH, MA, and Paul Shattuck, MSSW, PhD

This webinar presents results and lessons learned from nearly a decade of autism research aimed at informing policy to improve the lives of youth and adults on the autism spectrum. We will discuss how the work of the Life Course Outcomes Research Program and the Policy and Analytics Center at the A.J. Drexel Autism Institute have informed policy at the local, state, national and international levels. We will also outline the process and considerations necessary for creating effective information dissemination environments and partnerships, provide examples of useful tools for designing for dissemination, and guide a discussion of continued challenges.

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