

Michelle: Ladies and gentlemen, welcome, and thank you for joining today's Hot Shot, What's the Deal with Delta webinar. Before we begin, please ensure that you have opened the WebEx chat and Q&A panels by using the associated icons located at the bottom right hand side of your screen. Please note that all your connections are currently muted, and this conference is being recorded. You are welcome to submit written questions throughout the webinar, which will be addressed at the Q&A section of the webinar. To submit a written question, select "All Panelists" from the drop-down menu in the Q&A panel. Then, enter your question in the message box provided, and send. If you require technical assistance, please sent a chat to the event producer. With that, I'll turn the webinar over to Jason Amirhadji. Jason, please go ahead.

Jason Amirhadji: Great, thanks so much, Michelle, and thanks so much to everyone for joining us today. We have a very special webinar on a topic that we were hoping not to have to cover, which is the Delta variant. And we have with us the National Center for Health in Public Housing, as always, to give us information from the CDC and FDA about what exactly the Delta variant is, what it means for our communities, and most importantly, for the health and safety of everyone part of the vaccination effort. Without further ado, I'm proud to introduce our partners from the National Center for Health in Public Housing, Bob Burns, and Dr. Jose Leon. Bob, Jose.

Bob: All right, well thanks, Jason, I'm going to kick it off. Real quickly, the National Center for Health in Public Housing is funded by the US Department of Health and Human Services, Health Resources and Service Administration. The opinions expressed today are not necessarily those of [inaudible 00:01:53], however. Just want to start off, because I know we have an audience that's made up of both health centers and a lot of public housing agencies. For those who may not know, there are 1400 federally qualified health centers out there serving about 30 million people. About a third of those, 433 or so of those, are near public housing or accessible to public housing, and serve about 5.2 million patients. Of those, about 108 receive the Public Housing Primary Care grant, for dedicating their time to serving residents of public housing. They actually currently serve about a million patients nationwide. Next slide.

Today, we're going to cover some big topics. COVID-19 by the numbers, which I will kind of go over quickly. That's just a review of what health centers and public housing primary care health centers are doing with respect to vaccination, testing, and some other things relative to fighting the COVID-19 epidemic. Then, Dr. Jose Leon will cover some big topics, really the next three topics on the Delta variant, vaccine boosters, and finally FDA approval of the Pfizer vaccine. And then Jason will jump back in on vaccine for youth. Next slide, please.

Real quickly, COVID by the numbers is based on now what is a bi-monthly, or twice monthly report, that health centers are giving to HHS on their COVID activities. Public housing primary care health centers, between July 3rd and July 16th, in terms of patients tested, tested about 25,000, 1500 of which tested

positive. In terms of vaccinations, about 21,000, 22,000 vaccinated in a first dose, and another 26,000 got their second dose and actually completed the immunization. These have been pretty steady. It's not where it was, I guess, in the height a few months back, when we were doing 70, 80,000 in a weekly period. This is still holding strong. Next slide, please.

During that point, health centers have been doing a lot of events that have really been productive. 45% of the health centers are doing something with mobile pop-up events. 82, number of mobile van events. Number of pop-up events, 198. And the number of school-based events, which is so important with school kicking off in a lot of communities nationwide, 42, going forward.

I'm going to turn it, now, I believe to Dr. Leon. Next slide, please.

Here, I'm going to give you to Jose Leon who is our Chief Medical Officer at the National Center for Health in Public Housing. Jose?

Dr. Jose Leon:

Thank you, Bob. Good afternoon, or good morning for you, depending on where you are. It's such a great pleasure. Thank you Jason, and thank you Bob for the invitation. Next slide.

Today, we are going to briefly have a conversation on the different variants that we need to be concerned, a public health concern, in the United States. At this moment, we have three. The Alpha, the Beta, and the Delta variants circulating in the United States.

The main concern is, right now, the Delta variant. The reason is that this variant is spread more quickly than the other two, and it seems that, based on data that we are getting, this one can cause severe symptoms in patients who are not vaccinated. However, those who have received the COVID-19 vaccine or any of the COVID-19 vaccines, if there is a breakthrough infection, these infections are mild. We don't have, at this moment, data of patients who have died of COVID-19 if they have received the vaccine. It's really important to say, as well, that when a patient gets antibody treatment, the previous treatments are less effective. The Delta variant is extremely important. It's a public health concern, especially for those who have not been vaccinated. Next slide.

We mentioned the Delta variant is more contagious than the other strains. It may cause more than two times infections. Next slide.

According to CDC data, people who are vaccinated can still get infected of the Delta variant, get an infection. It can be contagious, however, people who are vaccinated are much less likely to get infected and transmit the virus than people who are unvaccinated. Next slide.

Based on data collected by CDC, the Delta variant might cause severe illness, more severe illness, than the previous strains. People who are unvaccinated are

at greatest risk for severe infection, hospitalization, and death. People who are unvaccinated appear to be infectious for a longer period than people who are vaccinated. The highest spread of cases and severe outcomes is happening in places with low vaccination rates and among people who are unvaccinated. Next slide.

This is extremely important. In order to stop, or to at least decrease the number of COVID-19 cases caused by the Delta variant, the recommendation is still the same. If people have not received the vaccine, the recommendation is to receive any of the COVID-19 vaccines. That's going to reduce the spread of the virus, the virus in the community. We need to follow the recommendation, wear a mask in public indoor settings, wash your hands, and making sure that, if you have been in contact with someone who has tested positive for COVID, you need to be in quarantine. There are some recommendations from CDC on the time that you can be in quarantine, depending on the exposure and whether or not you've been vaccinated. Next slide.

One of the concerns at this moment is that kids are going back to school. CDC has recommended universal indoor masking for all teachers, staff, students and visitors to K-12 schools, regardless of their vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place. This is extremely important. Remember that the vaccine is recommended, or has been approved, for kids now. For kids under the age of 12 who have not been vaccinated, the prevention measures continue to be really important to stop the spread of the virus. Next slide.

We are going to discuss a little bit about some recommendations about the booster dose, a third dose of the COVID-19 vaccine. Next slide.

On August 12, FDA authorized the additional vaccine dose for certain immunocompromised individuals. This is extremely important because the CDC has two recommendations that can cause some confusion among people. One is that, immunocompromised people, they are not calling a booster dose, the third dose that they're receiving. Basically, what they are saying is that those who are immunocompromised are receiving a third dose of the vaccine. The difference is that a third dose is recommended because in previous studies, they have seen that these immunocompromised patients do not get the immunity that they should get, so a third dose is recommended. Whereas, a booster dose means that you got the immunity that you needed, but with time, the antibodies that you created are decreasing, and therefore you need another dose to increase your levels of immunity. At this moment, patients who are immunocompromised are receiving a third dose of the vaccine. Next slide.

These are the recommendations. CDC is recommending a third dose of the vaccine to patients who are receiving treatment for solid tumors or any hematologic malignancies, or they have received a solid organ or recent stem cell transplant. If they have a severe primary immunodeficiency. Or if they have HIV and have an advanced or untreated HIV infection, or those receiving high

dose corticosteroids or other agents to decrease their immunity in order to fight any tumor. Next slide.

At this moment, the additional dose is recommended following the recommendations that we know. The Pfizer vaccine is recommended, the third dose is recommended for people who are over the age of 12, and have any kind of ... if they are immunocompromised. Moderna vaccine is also recommended for 18 and older, and those who are immunocompromised as well. Ideally, patients should receive the same vaccine that they received previously. In other words, if a patient received a Pfizer vaccine, the third dose should be a Pfizer dose. If the patient received a Moderna dose, the patient should get a Moderna dose. That's the recommendation, however, if for any reason you cannot get the vaccine that you got previously, you can switch. An additional dose of any of the other vaccines is recommended. The recommendation says that the interval, or the minimum interval between the second dose and the third dose, should be at least 28 days. Next slide. After the second dose of the vaccine.

We have seen that we have COVID-19 cases. We have had some waves. Right now, the number of cases are increasing. This is due to the Delta variant and those people who have not been vaccinated are at higher risk of being infected by these variants. Next slide.

Same recommendation. The ACIP, the Advisory Committee on Immunization Practices, voted. They have this recommendation that the Pfizer vaccine is recommended for patients 12 and older, the Moderna vaccine for patients 18 and older, if they are immunocompromised. Next slide.

These are recommendations from the CDC as well, that even though you received the vaccine, we have seen some breakthrough cases, even though you have been fully vaccinated. The preventive measures still apply for anybody, especially if you have somebody who is immunocompromised. You need to wear a mask, stay six feet apart from others, and avoid crowds and poorly ventilated indoor spaces. The recommendation is also for those who are closed to immunocompromised people to get the two doses of the recommended vaccine, or if you don't have access to either Moderna or Pfizer, the J&J vaccine is recommended as well. Next slide.

Let's discuss for a moment the approval of the Pfizer vaccine by the Food and Drug Administration. Next slide.

This week, the FDA approved the COVID-19 vaccine, the Pfizer vaccine. Remember that, in the beginning, it was emergency use of the vaccine. Now, this has changed. Everybody can get the vaccine, it's fully recommended, it's not under the emergency authorization anymore. People who have not received the vaccine, this is the right time to receive the two recommended doses. If the person is immunocompromised, as we mentioned, this person should receive three doses of the vaccine. The interval, again, between the second dose and the third dose should be at least 28 days apart. Next slide.

Next slide.

I will turn it over to Jason.

Jason Amirhadji: Thanks so much, Jose.

We know, of course, the Delta variant is affecting youth more so than the original COVID. And that many youths are returning to school, if not already, then this week, and the coming weeks. Next week, we really do hope you will join us, Wednesday September 1st at 1:00 PM. We are partnering with the CDC for their launch of the Little Jab Book, as part of Jab It Up initiative. The Little Jab Book is a CDC resource they've been putting together, with strategies, tips, resources, tools for promoting youth vaccination. We know this is going to be a really critical part of the effort in the fall. Booster shots, of course, are going to become available in September. That's not going to go through for a lot of folks until toward the end of the year. For the next few months, the focus really is on increasing youth vaccination rates. We're going to talk about that in next week's webinar. We hope you join us for that.

There's a lot of information that Bob and Jose just presented. I want to encourage folks to ask questions in the Q&A. I want to just kind of kick it off. Bob, Jose, for either of you, you talked about the Delta variant and about the boosters. Can you talk a little bit about, for folks who are pregnant, I know that there was an announcement from the CDC recently that actually encouraged, recommended vaccination for those who are pregnant. Can you talk a little bit about that, too? You're muted, if you want to talk.

Dr. Jose Leon: Sorry, Jason. That's a great question. There have been some studies specifically. The New England Journal of Medicine recently released a study on vaccinating pregnant patients or those who are breastfeeding. The recommendation is, or at least the findings are, that the vaccine is safe for both those patients who are pregnant or who are breastfeeding. Or who are trying to get pregnant. At this moment, the data that we have is that patients, or people, women, who are pregnant are still experiencing the same localized reactions. Pain, erythema or redness at the injection site. Some systemic reactions like fever or malaise. But there have been no data suggesting that the vaccine is causing any other health concerns to pregnant patients or those who are breastfeeding.

Jason Amirhadji: Great, thanks so much, Jose. Actually about how to register for next week's webinar. I'm going to put that into the chat so you all have the registration link there.

Bob, Jose, can you talk a little bit about what your team ... I think you work with the health centers on the ground. Many health centers are either in or immediately near public housing or serve public housing residents or HUD assisted residents. What are you all seeing about this spike from the Delta

variant? I know folks were kind of thinking that perhaps COVID would be on its way out by now. What are you all seeing on the ground?

Dr. Jose Leon: Based on the COVID-19 by the numbers infographic that Bob presented, we have seen an increase in the number of people who are being tested for COVID and the test comes back positive. We have seen an increase in the number of cases. But, similar to what we just presented, the cases are specifically in patients who have not received the vaccine. It's extremely important to mention that the health centers are reporting that the vaccine hesitancy continues to be a challenge. And so, at this moment, the FDA announcement that the vaccine is fully recommended is going to help health centers to increase their outreach and their promotion and everything that they're doing to vaccinate their community.

Jason Amirhadji: Great, thanks, Jose. Bob, anything you wanted to add?

Bob: [inaudible 00:23:14]

Jason Amirhadji: You're coming in a little soft, Bob.

Bob: [inaudible 00:23:19]

Jason Amirhadji: I'm not sure we can hear you, Bob. I'm sorry.

Bob: [inaudible 00:23:21]

Jason Amirhadji: You're still not coming in. I don't know, Michelle, if we can adjust Bob's volume. Is that possible?

Michelle: Bob, it sounds like your audio is low, so if you could adjust your mic. We can't hear you.

Bob: [inaudible 00:23:43] trying to encourage [inaudible 00:23:46] just to make that right decision.

Jason Amirhadji: Okay. Bob, your audio is coming in low. Maybe if you can adjust that. We didn't hear you. We can move on for now. Jose, can you share a little bit? What we can expect in terms of future variants? Obviously at this point now we're on to non-Delta, Lambda. Should folks be concerned about continuing variants? What can they really expect as time goes on?

Dr. Jose Leon: Great question, Jason. Just to give additional information about the health centers immediately accessible to public housing developments, it's my understanding that we have both right now attending the webinar. We have some health centers as well as some public housing agencies and other community organizations. This is the right moment to create some partnership and see how we can create events to vaccinate patients. As Bob presented,

health centers have mobile units going to the community. Or they have some pop-up clinics. This is the right moment to either call your health center or, if you are a health center, call your public housing agency, and make sure that you have a plan to vaccinate those who have not been vaccinated.

Jason, in regards to your question, remember that all viruses ... this is not only COVID. The viruses mutate. This is with all, the cold virus, the flu virus. If people don't get the vaccine and the virus can adapt to different environments is when we have all these variants. Ideally, all people who have not received the vaccine should be vaccinated. This is the best way to stop the mutation of the COVID-19 virus.

Jason Amirhadji: Thanks, Jose. It sounds like, really, there's a couple issues here. It's not just that, if you don't get vaccinated, you're potentially at risk yourself. We've talked a lot about that before. It sounds like also you're potentially a risk to other people because that's how variants are created and spread.

Dr. Jose Leon: Correct. Remember, Jason, the CDC also has the recommendation that if it has been eight months after you completed your series with any of the recommended vaccines, we will need a booster dose. This is for everybody, regardless of whether you are immunocompromised or not. The recommendation is to receive a booster dose, which is, as I said in the beginning, different from getting a third dose of the vaccine. The third dose is only recommended for immunocompromised patients. But it's my understanding that by September, probably the third week of September, the CDC will start [inaudible 00:27:35] the health departments and other clinics will start vaccinated those who have received, or who have completed the COVID-19 vaccination. They will need a booster dose. There is a recent report that even Johnson and Johnson is presenting some data that patients who've received the J&J vaccine will also need a booster dose in the future.

Jason Amirhadji: Great, thanks so much. Let me just make sure I understand, because I know there's a lot going on right now. It sounds like both the FDA and the CDC have approved for folks who are immunocompromised to get the boosters now. Right? They can get that immediately. So if you're immunocompromised or you know someone who is, or you serve folks who are immunocompromised in your community, they can receive that now. Is that right, Jose?

Dr. Jose Leon: That's right. APIC had this meeting and they are recommending the third dose of the vaccine for immunocompromised patients. You are correct.

Jason Amirhadji: And then in terms of the third shot for everybody, it sounds like the FDA has approved that, but the CDC still needs to do so. Once that happens, they're anticipating that starting on September 20th. However, it's eight months from your last dose. So for most folks who got their shots in the spring, their eight month mark would be later in the year. Potentially winter or even in next spring.

Dr. Jose Leon: Correct. Even though, Jason, we haven't seen any recommendation or guidelines yet, as you mentioned, it's my understanding that we are going to start vaccinating those who received the COVID-19 first. We are talking about first responders, we are talking about doctors, nurses who were the ones who got the vaccine first. And then we will continue with those who got the vaccine after the first responders. We're talking about the patients over the age of 65 who have any chronic medical conditions and so on.

Jason Amirhadji: Great. Thanks so much. I know you mentioned this earlier. Right now, that third dose is only for folks who got the Moderna or the Pfizer, correct?

Dr. Jose Leon: Correct.

Jason Amirhadji: They will be reevaluating Johnson and Johnson for a second dose. For those folks, stay tuned, there will be more to come on that.

Dr. Jose Leon: Yeah. CDC basically just is trying to make sure that we all understand the difference between the third dose and the booster dose. At this moment, the third dose, again, is only recommended for those who are immunocompromised. Whereas the booster dose, which is going to be the dose that we are going to get in the future, after eight months of receiving the last dose of your vaccine, that is for everybody. The third dose is for immunocompromised people. Whereas the booster dose will be for the general population, for everybody.

Jason Amirhadji: Just to make things more complicated, last thing I want to make sure we get here, it sounds like the FDA has now given full authorization for the Pfizer only. Which is still the only emergency use [inaudible 00:31:23] authorized for youth. And that still needs to be recommended by the CDC. Is that right?

Dr. Jose Leon: Right.

Jason Amirhadji: Great. Lots going on. Certainly what we're sharing is the latest as of today. More to come, certainly, in the next month. Please continue to send questions in through the chat. We've already had a few come in. There is a question from Robert. Jose, I think you kind of addressed this. The question is, is the third dose fundamentally different from the booster dose? Is your question sort of, is there something different about the formulation? I think we all heard that they're doing studies on whether people should get a different vaccine for their third dose. Whether there might be some doses that are specially formulated for the variant. My understanding is that's not what's happening for the third dose as of now, but Jose, can you clarify about that?

Dr. Jose Leon: Sure. These vaccines are basically the same vaccines that you have received. They are not stronger, they have no other components to fight the Delta variant or anything like that. At this moment, the vaccines are protecting us from all variants, including the Delta variant. The difference is that the third dose is

recommended for those who received two doses and probably, based on data, they did not create enough immunity. CDC presented some numbers with some people who have either solid tumors or any other condition, ideally you need to develop 95% of immunity. These populations are just, sometimes, 40%, 45%. That's the reason they are recommending a third dose, to increase the levels of immunity in these populations.

Whereas a booster dose, which means, after some time, the level of immunity decreases for everybody. What we are doing is, if we administer the booster dose, we are going to also increase the immunity because antibodies tend to decrease after receiving vaccines. Specifically, if you don't get live vaccines, the level of immunity decreases. By getting a booster dose, what you are doing is just to increase again the antibodies to protect you from getting COVID-19.

Jason Amirhadji: Thanks, Jose. I know we talked a little bit about ... next week we're going to be doing a deeper dive on youth vaccination. Certainly there are other vaccines besides COVID vaccines. There's the annual flu vaccine, there's all of the youth vaccinations which are on different schedules. Some doses are just a single dose, some have two, some are on a three dose schedule. HPV, hepatitis. Can you talk a little bit about sort of what ... is there anything we should be concerned about, the fact that there is this third dose? Or is this sort of normal in terms of how some immunizations are offered?

Dr. Jose Leon: Just to make sure that I understood your question, you're referring to getting other vaccines while you are getting vaccinated for COVID? Including the flu vaccine? Is that your question, Jason?

Jason Amirhadji: That's one question, yeah. If folks are getting other vaccines in the fall, the flu shot or maybe other vaccines, should they be concerned about the timing when it comes to their COVID vaccine?

Dr. Jose Leon: You know, excellent question. At this moment, there is no recommendation to wait for some time to get any of the recommended vaccines. You can get the vaccine at the same time, on the same day, Jason. I've seen some cases, and it's going to depend on your provider sometimes, that they prefer to wait one or two weeks just to make sure that there are no reactions from the COVID-19 vaccine. But the CDC recommendation, and the general recommendation, is that vaccines can be given on the same day.

Jason Amirhadji: Great. And then the second question was, we know that there are different vaccines that require three shots, right? Should we be concerned that the COVID vaccine is now requiring three, or is this sort of a normal part of how you would expect this to go in terms of vaccination?

Dr. Jose Leon: The mRNA vaccine is safe. We have not seen data suggesting that by getting extra doses of the vaccine you are going to develop any complications. Remember that everything is supported by data and research and that the

research at this moment suggests that there is no issue if you get a third dose of the mRNA vaccine or the J&J vaccine, which is also being recommended to get a booster dose in the future, once it's approved.

Jason Amirhadji: Great. It sounds like there's no additional concerns of side effects at this time. Have you heard anything about the side effects? I know some people are reluctant to get the vaccine because of the side effects that are temporary. As you mentioned, some people have a headache, they don't feel great the day they get a vaccine, which is normal. Is there any difference in those side effects for this third dose?

Dr. Jose Leon: No, the side effects are going to be probably the same that we experienced when we get the first two doses. Everybody responds different to any vaccine. We have seen people who basically have had no reaction at all. Others are just saying that there was a localized reaction, again, pain and redness at the injection site. These usually last two to three days. Others experienced some mild systemic reactions, a low grade fever, or some malaise, or sometimes headache. Those are the same reactions that we are seeing, Jason, after getting a third dose or a booster dose of the vaccine.

Jason Amirhadji: Okay. Great. Thank you. Just taking a look at other questions that have come in. Bob, this may be more of a question for you. What are health centers doing to gear up for the full authorization and also for the booster dose, third dose? And for youth vaccines, I know that there's been an uptick recently, in terms of vaccination. What are health centers doing to ensure they can meet that demand?

Bob: I think the good news is, Jason, a year ago at this time, when you asked a health center, what were the top issues, the number one issue at that time, particularly even prior to now was supplies. Where am I going to get the vaccine? Happily, now, I think only about 5% of health centers are reporting any issues around supplies. The big issue is, as Jose mentioned earlier, is vaccine confidence, vaccine hesitancy. We also mentioned, I just can't emphasize it enough, hoping that the FDA approval of the Pfizer vaccine and hopefully Moderna will be not far behind, will really encourage people who have been reluctant to vaccinate to go ahead and do just that.

The other thing that may be a concern for some folks, health centers like any health organization have been trying to get their own staff vaccinated. By and large, health centers have been very successful. There are some differences. There are some health centers that don't have as many of their staff vaccinated. That effort has really improved over the last few months as well.

Jason Amirhadji: Great. We've talked often about flu, and the twin-demic, and the fear that this could actually happen this year. Especially with this resurgence in Delta. Are you seeing health centers starting to gear up now, at the end of August, beginning of September, to offer influenza vaccination as well?

Bob: [inaudible 00:41:13]

Jason Amirhadji: Sorry. I think you're coming in a little soft.

Bob: I'm sorry. We've talked to some folks about it. As far as, actually, the initiative that we're doing with HUD and PHAs and health centers, formally [inaudible 00:41:36] now Flu Fighters to really promote that. I think that is, for some health centers, further along than others. I think, Jason, working with you guys, we're going to try to promote that even more. Because we're really kind of getting into, now, the real flu season. CDC has indicated they're going to be producing about 200 million doses. Last year there was plenty of unused flu vaccine. We should be all systems ahead to really encourage and improve on, I guess, the flu vaccination rate going forward.

Jason Amirhadji: This is National Immunization Month. It's a good reminder for everyone on the call who work in the community on the COVID vaccine, not to forget about influenza vaccination and other routine vaccinations, or catch up vaccinations, especially for these who may not have received those last year. Jose, we've got a question from Alexandra. She wants to know, for patients who are immunocompromised and will receive a third dose to achieve immunity, should they also receive a dose eight months after their third dose? So essentially, should those folks receive a fourth dose?

Dr. Jose Leon: Excellent question, Jason. The ACIP [inaudible 00:43:11] call that took place last week did not address that. Remember that, there is a recommendation from CDC. The recommendation is to be supported by the data and research. It's my understanding that they will do some research and see whether or not the booster dose would be recommended after receiving a third dose of the vaccine. At this moment, there are no official recommendations coming from CDC.

Jason Amirhadji: Okay. So it sounds like, because that time wouldn't happen for eight months from now, that there's a little bit of a wait and see approach, but it's a good question, Alexander. Thanks for asking it. I'm sure there will be more to come from the CDC on that, particularly the ACIP, which is their advisory group organization.

Please, we're about to wrap up here at the top of the hour, but do have time for a few more questions. So thanks, everyone, for the questions you've sent in so far. Of course, thanks Bob, Jose, for all the great information today.

Just want to do a quick recap for folks, actually go back here in the deck and pull up some slides just to make sure you have it all.

We talked a little bit today about COVID by the numbers. The general trend that we all saw and that we've all been aware of now is the fact that COVID infections are on the rise. They had bottomed out here mid-summer and then

unexpectedly are actually much higher than they were at this point last year. There's no telling where this will go in the future. It would be concerning if we were at this point last year without a vaccine. We're at this point this year with a vaccine and that's due to both the Delta variant being twice as transmissible and also the fact that there's still a large proportion of unvaccinated individuals. It sounds like we often hear that, such as now, a pandemic of the unvaccinated. This Delta variant is particularly ravaging unvaccinated populations, unfortunately. It's all the more important to get that vaccine.

A second key takeaway that I heard you all talk about was that the boosters are now available. And Jose, you talked a little bit about both currently for folks who are immunocompromised, and then starting in September, once it gets full CDC authorization, for anybody who received the mRNA vaccine, the Pfizer or the Moderna, that they will be able to get a third dose eight months after their last dose.

And then the third thing you mentioned that the FDA has approved the Pfizer vaccine for full authorization. That will hopefully come from the CDC soon, so that that's the official recommendation, that the Pfizer vaccine has full approval. Can you just talk a little bit more, and I'll go back to approval. What does that really mean in terms of full approval versus emergency use? I know some people were waiting to get the vaccine until it was fully approved. And then maybe some concerns that this happened very quickly. My understanding is that it's really a data driven process. It's based on a really thorough analysis of what the FDA has seen from the vaccination efforts so far. Can you talk a little bit about what the significance of that milestone is, for the Pfizer vaccine to receive full authorization?

Dr. Jose Leon: Thank you, Jason. FDA is constantly reviewing data on all the side effects and everything that is being reported through all the channels. CDC has different ways to monitor any side effects or reactions after getting the vaccine. The Vaccine Adverse Event Reporting System (VAERS) is one of them. They have the other, the V-Safe. All these channels are always analyzed. But, from a public health perspective, you cannot say that anybody can get the vaccine if the vaccine is not fully approved by the FDA. In other words, now there would be from Monday, some requirements to get vaccinated. Because now the vaccine has the full approval from the FDA.

Jason Amirhadji: Okay. So it sounds like maybe another piece of it isn't just folks who are waiting to get the vaccine, but now, different organizations may be requiring the vaccine because they [crosstalk 00:48:30] the full approval gives them the security to know that it's safe to do so. As we actually talk about vaccine mandates, some school districts have them and some don't, again just a reminder of the next week's webinar with the CDC and their Little Jab Book. To talk about the importance of vaccination regardless of mandate. Again, the youth population is really being disproportionately affected by the Delta variant at this time. Mostly because they're a currently unvaccinated population by and large.

We have a minute or two left. Jose, Bob, any last thoughts just that you want to leave folks with, to make sure to keep in mind? This won't be the last time we meet. In fact, I'm sure there will be other variants that come up. Maybe not as contagious as the Delta variant. Anything you want folks to really come away with, keeping in mind as we go forward into the fall and into this new phase of the vaccination effort?

Dr. Jose Leon: Of course. One is that, as soon as the booster dose is fully recommended, please get the booster dose of the vaccine so you protect yourself and you protect your family and everybody who is around you.

Second, remember that the flu virus and the cold virus has gone nowhere. The only reason why we have seen a decrease in the number of cases is because the masking and the hand washing also are the measures to prevent the flu and the cold and the other upper respiratory infections. By getting the booster dose of the vaccine, remember that you need to get the flu shot as well. The flu is a serious condition, especially for people over the age of 65 or for children under the age of 5, or those who have chronic medical conditions such as diabetes, hypertension, cancer.

If by any reason we get the booster dose of the COVID-19 vaccine, that we don't get vaccinated against the flu, and we stop wearing the mask, we can have, in the number of flu cases, it's going to be really, really difficult to determine whether the patient has ... basically you will have to be tested for both the flu and for COVID. Make sure that you get the vaccine as soon as the flu shot is available in your community.

Jason Amirhadji: Thanks so much, Jose. I just put up on the screen one of your slides the same preventative measures we've been talking about now for a year and a half that are just as important now as ever about wearing a mask, social distancing, and still avoiding crowds and being in unventilated spaces. Certainly, want to drive that point home around the importance of the influenza vaccine in addition to the COVID vaccine. Thank you so much. I know that in many communities, unfortunately, the hospital beds are full and they're stretched to capacity. And that's without influenza really being in high gear at this point. Thank you. Bob, any last thoughts?

Bob: Yeah. I guess I'll just kind of piggy back a little bit and say that I hope that ... I know that there are vaccine hesitant folks out there. I really hope that people look at the evidence and can see the incredible benefits with the COVID-19 vaccine that have been demonstrated. The fact, certainly, there are breakthrough cases that have been reported. None of them have been apparently that serious, or the level they would have been had folks not been vaccinated. It's unvaccinated folks that are having a problem. I guess overall, raise the awareness of the benefits of vaccine across the board.

I know that during COVID, a lot of people were not keeping up with their regular doctor visits for them and their children. I hope they'll take the opportunity not

only to get the flu vaccines but to make sure their kids are up to date with childhood immunizations and all the rest, because an ounce of prevention is worth a pound of cure. This has really been a time when I think we've all seen that. I just hope that everybody will be kind of working on the folks who have that lack of vaccine confidence, or have vaccine hesitancy, to understand that. And for all those people who said over the course of the last few months, I'm going to get the vaccine when it's finally approved by the FDA, well, your ship has come in, so go get it.

Jason Amirhadji: Great. Thanks, Bob. Thank you both so much for supporting HUD assisted communities, for your work with the health centers, and for joining us on these webinars. As always, we genuinely appreciate it. A huge thanks, of course, to all of you for joining us today to learn more about the Delta variant and the boosters and the third doses. And all the latest information-

Bob: Hey, Jason? Can I break in? Something of great importance, I know if Michelle can put that in the chat. It's really important to us in order to be able to do these things to have evaluation results from participants. Michelle, if you could put that in the chat, and folks, it's just a quick Survey Monkey survey. If you guys could please, please, please fill that out, it would really help us to learn more about how to improve on what we're doing and also just to be able to continue to do this kind of work. Please fill those out. [crosstalk 00:54:50]

Jason Amirhadji: Just to reiterate the point on that, it's a very quick survey, but it does give us really essential feedback to support continuing to promote these efforts. Thank you, Bob, and thank you Michelle, for putting that in the chat. As we close out today, I just want to make another plug for next Wednesday's webinar. The link is in the Q&A. It is for Jab It Up with the Little Jab Book with our CDC partnership webinar to launch youth vaccination efforts throughout the fall, with tips and strategies, best practices, for youth vaccination. We hope that you'll share the registration link with folks, that you will attend, and the information will be useful. These webinars are all located on the HUD Exchange and they're promoted every other week in our PIH COVID-19 Bulletin.

We do hope that you're receiving those bulletins, finding them informative, and again, you can share those with your colleagues. There's a link at the top of the bulletin always to register if you are not already. I will put a link in the chat for folks who don't currently receive the bulletin, if you're interested in receiving those as well. Every PHA in the country should get those through their executive director, and many of our program managers, ROSS, FSS, Choice Neighborhoods, Moving to Work, should receive those as well. But not necessarily everyone who needs to. So please do share those around.

Please share your feedback with us. Let us know what's important to you and what you'd like to hear about in future webinars. These are really designed to support your efforts on the ground. We're grateful, after a year and a half of pandemic, for all the work that you're doing, not just to house folks but to make sure that they're safe and provide them with opportunities to get the vaccine,

and testing, and all the other health resources that they need. Thank you to everyone for joining us, we look forward to seeing you next week, and thanks again Bob, Jose, and the National Centers for Health in Public Housing for your partnership as always.

Bob: Thank you very much, take care now.

Dr. Jose Leon: Thank you. Have a great afternoon.

Michelle: That concludes our conference. Thank you for using [inaudible 00:56:59] services. You may now disconnect.