Town of New Castle, NH
Settled 1623
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# COVID Update March 19, 2021

This week's update is long. Please feel free to pick and choose what is relevant to you.

**1) The new "VINI" registration has started in NH. This REPLACES the VAMS system and is supposed to be easier to use.**

**Here is the general information webpage:**
**https://www.vaccines.nh.gov/**

Below is information on that website. I encourage you all to become familiar with that process and what is needed before the date you become eligible to register in order to expedite your signup. (If the link does not work, please just cut and past the link into your web browser).

**https://htv-prod-media.s3.amazonaws.com/files/new-hampshire-vini-scheduling-tip-sheet-1615983927.pdf**

**Here is the page instructing you on how to add a household member to your VINI account.** This is important as you can bring (1) household member to your vaccine appointment IF he or she is eligible for any of the open phases:

**https://htv-prod-media.s3.amazonaws.com/files/new-hampshire-vini-family-registering-tip-sheet-1615983927.pdf**

**Below is the link to information on what to do once you have successfully scheduled your appointment.** Clue: you need to do things 24 hours before and to bring ID to the appointment)

**https://htv-prod-media.s3.amazonaws.com/files/new-hampshire-vini-pre-appointment-tip-sheet-1615983927.pdf**

**Here is why it is better than the old VAMS system:**

A) The governor says VINI will eliminate a big frustration with VAMS. Someone who wanted to try to find an earlier vaccination appointment as shipments of vaccines increased would have to cancel the already scheduled appointment first under VAMS. With VINI, the new appointment can be scheduled before the old one is canceled, easing concerns that a person could lose his or

her appointment.

B) Additionally, people who require a second dose of the Pfizer or Moderna vaccine will have their second appointment clearly spelled out on the back of the vaccination card they receive at the first appointment. On the back of the card will be a date for the second dose. Second-shot-seekers should show up to the same venue they received their first shot on the date indicated on the card. **The second-dose appointment is the same time as it was for the first dose unless specifically noted on the card.** When the new system is in place, folks can choose to reschedule their second-shot appointment if they would like to.

The VINI system also allows 211 operators to directly schedule, reschedule or verify appointments.

**VERY IMPORTANTLY, check your SPAM folder regularly after you have registered. Some will receive registration confirmation that is filtered to spam. Additionally, use your home email account as work emails have more spam filters.**

**2) Vaccination of phase 2A individuals is occurring now.**

Who is eligible:

- K-12 teachers, staff
- People who work in licensed child care settings
- Those in license-exempt child care settings enrolled in DHHS' Bureau of Child Development
- People who work with recreation programs providing before and/or after school, vacation or summer youth programming
- People who work with Head Start and Early Head Start programs
- People who work in youth camps

How to sign up:

- Through a regional clinic managed by your organization (vaccinations through these clinics began March 12)
- Otherwise, you can register online beginning March 17

If you are in phase 2A, you need to bring a driver's license or non-driver ID card AND one of the following:

- Payroll check, payroll document or employment contract showing your employment at a school, childcare facility, or youth camp, dated within the last 60 days.

- A letter on school, childcare facility or youth camp letterhead stating that you meet Phase 2A eligibility.
- A photo identification card issued by a school, childcare facility, or youth camp.

**3) Phase 2B, or people age 50 and older can begin to register for the vaccine MONDAY MARCH 22, 2021 at 8am.** Appointments are to begin March 25, 2021. This will be through the new "VINI" system. (see information above). Please familiarize yourself with this system before March 22 in order to expedite your process.

**4) Vaccination of Children:**
Moderna announced Tuesday that the first children have been vaccinated in the company's trial for ages 6 months to 11 years.

The clinical trial, called the KidCOVE study, will enroll approximately 6,750 children of those ages in the U.S. and Canada. The KidCOVE study locations are in Arizona, California, Kentucky, Louisiana, New York (Rochester), Utah, South Carolina, and Texas. There is no testing site near us.

The trial is broken into two parts. In part one, different dosages of the vaccine are being tested on the children. All participants will receive two doses of the vaccine spaced about 28 days apart, with different dose amounts based on age.

The findings will determine which dose will be used in the second part when the trial will also include children who are given a saline placebo, which does nothing. The children will be followed for 12 months after their second injection.

Moderna is doing the tests to see if the vaccine protects children from getting sick if they come into contact with coronavirus, according to the clinical trial's patient information website.

Moderna also has been running a separate trial for adolescents ages 12 to 17.

Moderna's vaccine is currently authorized only for people 18 and older. So far, the youngest age approved for any of the three COVID-19 inoculations authorized in the U.S. is 16, for the Pfizer vaccine.

Pfizer has been running a trial of its vaccine for ages 12 to 15.

Johnson & Johnson has announced plans to study its vaccine, also known as the Janssen vaccine,

in children ages 12 to 17, and its CEO has said he thinks the company could have a vaccine approved for people under 18 by September.

**Vaccines and Variants:**

Tuesday, we learned that the Oxford/AstraZeneca vaccine does not protect against mild or moderate infections with the B.1.351 South Africa variant, though we do not know about whether that product still protects against more serious illness.

**The Johnson & Johnson vaccine, constructed similarly to the Oxford/AstraZeneca option, has indeed been shown to offer powerful protection against serious illness from the South Africa variant.**

**For the Scientists in New Castle:**

**5) In More Detail, Sobering News: Oxford/AstraZeneca fails to prevent mild to moderate covid-19 from B.1.351 ("South Africa") variant. (Brief-19, 3/17/21)**

The rise of variants of SARS-CoV with alterations at the key spike protein, notably the "South Africa" variant (B.1.351), has posed potential challenges to the covid-19 vaccines. Many have expressed worry regarding the possibility of reduced efficacy of the currently available coronavirus vaccines, which were developed to combat the "wild type" virus that became pandemic one year ago. With numerous variants emerging since, scientists have begun to assess whether the game-changing vaccines being rolled out globally will still work against them.

In a randomized trial published in the *New England Journal of Medicine* Wednesday, researchers tested the Oxford/AstraZeneca viral vector vaccine in participants ages 18-65 years old in South Africa. Participants either received two "standard dose" vaccines or saline injections as placebo 28 days apart.

Among those that received the vaccine, 2.5 percent were diagnosed with mild-to-moderate covid-19 compared with 3.2 percent among those who received the placebo. Nearly all (93 percent) of those diagnosed with covid-19 were infected with the B.1.351 SARS-CoV-2 variant. **Overall vaccine efficacy was quite low (at 22 percent) and even lower amongst those with confirmed cases of the B.1.351 variant (at 10.4 percent).**

The results from this trial do not necessarily imply the Oxford/AstraZeneca vaccine is "useless" against this variant. While it is possible that this vaccine has reduced efficacy against more serious or critical covid-19, we simply do not know that from these data; there were no cases of severe covid-19 in either the placebo or vaccine group in the present trial. In fact, as the recent larger Johnson & Johnson trial in South Africa showed (which included many patients infected with the B.1.351 variant), at least one adenovirus vector vaccine constructed similarly to the Oxford/AstraZeneca vaccine has been shown to have good efficacy against the B.1.351 variant in achieving the overarching goal of reducing the number of people who get severely or critically with covid-19.

In sum, we now have data to suggest that adenovirus vaccines may not protect against mild and moderate covid-19 (Oxford/AstraZeneca) and data to suggest that this type of vaccine may yet

still protect against serious and critical illness (Johnson and Johnson). If these data were to hold up, the pandemic would indeed eventually end even in places that only have access to these adenovirus options. We need to remember that the short-term goal of getting out of this pandemic is not eliminating mild and moderate disease; those cases we can live with. The way out of the pandemic is by eliminating the high number of hospitalizations and deaths; the high prevalence of such widespread and severe disease we can't continue to abide.

*—Lauren Westafer, DO MPH*

**More news regarding the Astra Zenica vaccine:**

The European Union's drug regulatory agency said Thursday that the AstraZeneca vaccine is not linked to an overall increase in the risk of blood clots and that the benefits of use outweigh the risks, paving the way for European countries to resume administering the shots.

AstraZeneca said on its website that there have been 37 reports of blood clots out of more than 17 million people vaccinated in the 27-country European Union and Britain. The drugmaker said there is no evidence the vaccine carries an increased risk of clots. In fact, the incidence of clots among those vaccinated is much lower than would be expected to occur naturally in a general population of this size and is similar to that of other licensed COVID-19 vaccines.

The European Medicines Agency and the World Health Organization have also said that the data do not suggest the vaccine caused the clots and that people should continue to be immunized. Like the United States, many European countries will track any symptom experienced by someone who gets a vaccine. But in cases like this, where the symptom is actually showing up at a lower rate than the general population, there's no reason to suspect that the vaccine is the cause.

**6) Covid-19 reinfection is rare, though older adults are more at risk.**

Can recovered covid-19 patients become reinfected with coronavirus? If so, the pandemic could extend for years. A new paper released in *The Lancet* describes data from the first large-scale study measuring SARS-CoV-2 reinfections at the population level. In skipping to the point, the authors estimate that prior infection with SARS-CoV-2 provides an estimated 80.5 percent protection against repeat infection. That protection seemed to remain strong in patients who were followed for greater than 7 months. In a subgroup analyses, previous covid-19 illness conferred slightly less protection (47.1 percent) for patients 65 years of age and older.

**7) Vaccination appears to be safe for covid-19 long-haulers.**

SARS-CoV-2 vaccines have been heralded as the best path to achieving herd immunity and ending the covid-19 pandemic. However, the appearance of "long-haulers" or Post-Acute Sequelae of SARS-CoV-2 Infection (PASC)—that is, patients with persistent symptoms following infection lasting weeks to months and affecting various body systems—has threatened to extend things. Many have wondered what impact the new coronavirus vaccines might have on PASC patients and their symptoms. A preprint released last week on *medRxiv* from scientists in the United Kingdom looked at this previously unresearched topic. The short answer is that the vaccine appeared to be safe and even better, some "long-haulers" reported improved or resolved symptoms. The brand of vaccine did not affect the results despite one of the studied vaccines being a mRNA (Pfizer) product, and the other being an adenovirus vector vaccine (AZ).

Yours In Health,

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