Department of Pediatrics Meeting
November 24, 2020

Covid Vaccine Update
Grace Lee, Vice Chair, Advisory Committee on Immunization Practices

Advocacy Update
Lisa Chamberlain, Associate Chair, Policy and Community Engagement

Faculty – Hospital Partnerships
Rick Majzun, Chief Operating Officer, LPCHS
Scott Sutherland, Associate Chair, Clinical Faculty Affairs
• Koyelle Papneja, MD  
  Clinical Assistant Professor  
  Division of Cardiology

• Casey Gifford, PhD  
  Assistant Professor  
  Division of Cardiology
Commission Membership

External & Community Leaders

- **Chris Bischof**
  Founding member and Principal at Eastside College Prep School, East Palo Alto

- **Sumbul Desai**
  VP of Health, Apple

- **Justin Hansford**
  Exec. Director of the Thurgood Marshall Civil Rights Center, Howard University School of Law

- **Rosalind Hudnell**
  Fmr. Vice President, Global Corporate Affairs, Intel and President, Intel Foundation

- **Marc Jones**
  Chairman & CEO, Aeris Communications, SU Board of Trustees, SHC Board of Directors

- **David Lopez**
  Co-Dean, Rutgers Law School, Fmr. General Counsel, U.S. Equal Employment Opportunity Commission

Internal

- **Eusebia Abad**
  Phlebotomist, Pre-Analytical Services

- **Ade Ayoolla**
  Knight Hennessy Scholar
  MD Student, 2023

- **Noelle Hanako Ebel**
  Clinical Assistant Professor, Pediatrics

- **Miriam Goodman**
  Prof. of Molecular and Cellular Physiology

- **Terrance Mayes**
  Assoc. Dean and Exec. Dir., Comm. on Justice and Equity

- **Carla Pugh**
  Prof. of Surgery, Director, Tech. Enabled Clinical Improvement Center

- **Monica Ruiz**
  Fellow, Pediatric Intensive Care

- **Sarah Tabb**
  RN, Cardiac Unit

- **Hannah Valantine**
  Prof. of Medicine, Former NIH Chief Officer for Scientific Workforce Diversity

Staff Leadership

- **Priya Singh**
  Chief Strategy Officer and Senior Associate Dean

- **Terrance Mayes**
  Assoc. Dean and Exec. Dir., Comm. on Justice and Equity

- **Maria Frantz**
  Project Manager

- **Christine Park**
  Administrative Coordinator
Recover, Restore and Re-open (R3)

Establish protocols to tighten controls rapidly in response to new outbreaks

Safeguard & Support Your Community

Establish protocols to tighten controls rapidly in response to new outbreaks

Our Stanford Experience
Our Research
Our Experts

Jason Wang on establishing protocols to tighten controls rapidly in response to new outbreaks

Many Stanford Medicine experts have spent months focusing on how to consider, study and understand the procedures and protocols established to respond to new outbreaks of the virus and help restore the community. One such expert is Jason Wang, MD, PhD, associate professor of pediatrics and of medicine, who believes one of the most powerful tools at our disposal is research. Understanding the innate biology of the virus — how it’s transmitted, how the human body responds to its infection, and how it can be stopped, among many other areas — is a critical part of developing effective protocols that protect against COVID-19. Equally as important is scientific collaboration. “COVID is actually one of those problems that is so big and cross-disciplinary it requires that we work together in a way that exemplifies team science,” he says.

COVID is actually one of those problems that is so big and cross-disciplinary it requires that we work together in a way that exemplifies team science

Looking forward, policymakers and community leaders need to be flexible. As the scientific community’s understanding of COVID-19 deepens, they must be ready to rapidly adapt public health and safety guidelines. And they must also work to overcome the many challenges to implementing new strategies in a real and actionable way, such as resource procurement and the ability to share data quickly and smoothly amid restrictive healthcare policies and laws. Wang explains more below.

At the beginning of the pandemic, how did you think about establishing different protocols in response to the viral outbreak?

Wang: When establishing any sort of viral protocol, you first have to understand as much about the biology of the virus as possible — the science of its transmission. And because this coronavirus is so new, we initially based that on our prior experiences with other coronaviruses. For example, early on, many people believed that transmission occurred through droplets, and that it wasn’t necessary to wear masks. But as our knowledge of the virus increased, we realized that it could also infect via aerosol spread, in which case wearing a mask became crucial. We’re constantly reminded to be humble when dealing with a new virus, and when evidence changes, we also have to change what we practice. And once new information comes to light, it’s critical to disseminate it quickly so that members of the committee — and eventually community — know that a change is in order.

med.stanford.edu/covidrecovery
Framework to Recover, Restore, and Re-open (R3)

- Establish expanded testing strategies
- Build an integrated public health surveillance system
- Assess plans to conduct contact tracing at scale
- Ensure adherence to public health safety measures
- Initiate strategic and operational planning for the “now,” “near,” and “far”
- Address mental health and well-being across the life span
- Contain and Control COVID-19
- Recover, Restore and Re-open
- Safeguard and Support Your Community
- Contain and Control COVID-19
- Recover, Restore and Re-open
- Safeguard and Support Your Community
- Protect vulnerable populations and promote health equity
- Prepare health systems and hospitals for future surges
- Establish protocols to tighten controls rapidly in response to new outbreaks
- Promote alignment and coordination with government authorities and employers
- Develop frameworks to reimagine physically distanced lifestyles
- Digitally transform the ambulatory environment
- Stanfofd Medicine
LENS Care: Leading Equity Now in Systems of Care

This is the first webinar in a series on supporting health during and after the COVID-19 pandemic.

Pediatric Telehealth Strategies During and Post (?) the COVID-19 Pandemic

This is the second webinar in a series on supporting health during and after the COVID-19 pandemic.
The Faculty Advancement Network (FAN) is a new consortium of national research universities aimed at advancing diversity and inclusion in the American professoriate. FAN is governed by a committee representing its 12 member institutions, including Stanford University.

Upcoming Workshops:

**Keeping Afloat: Strategies for BIPOC Junior Faculty**
Friday, December 4, 2020: Noon – 1:30 pm EST

https://www.facultyadvancementnetwork.org/
The Advisory Committee on Immunization Practices and Its Role in the Pandemic Vaccine Response

Grace Lee, MD

Postapproval Vaccine Safety Surveillance for COVID-19 Vaccines in the US

Since January 2021, more than 200 million doses of COVID-19 vaccine have been administered in the US. Postapproval vaccine safety surveillance for COVID-19 vaccines is a critical component of the US vaccine safety system. The Advisory Committee on Immunization Practices (ACIP) and its Vaccine Safety Technical Advisory Committee (VSTAC) are the primary federal bodies responsible for providing recommendations to the CDC and the Food and Drug Administration (FDA) regarding vaccine safety surveillance and evaluation of vaccine safety data. These recommendations are based on the best available evidence and are intended to ensure that vaccines are safe and effective for the population.

Scientific and Ethical Principles Underlying Recommendations From the Advisory Committee on Immunization Practices for COVID-19 Vaccination Implementation

The continued global spread of the coronavirus disease 2019 (COVID-19) pandemic highlights the pressing need for effective COVID-19 vaccination. The Advisory Committee on Immunization Practices (ACIP) is committed to minimizing risk and maximizing benefit to people in the US and worldwide. The ACIP provides guidance on the best way to implement COVID-19 vaccination programs. The ACIP is an independent body composed of experts in public health and medicine who are dedicated to ensuring the highest possible level of public health protection in the US.

The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020

Nancy McClurg, PhD; Mary Chamberland, MD; Kathy Kielas; MDc; Danny Boisen, JD; MD, MSc, Megan Wallace, DrPH; Beth P. Bell, MD; Grace M. Lee, MD; H. Keipp Talbot, MD; Joseph R. Romero, MD; Sara E. Oliver, MD; Kathleen Dooling, MD

To reduce the spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19) and its associated impacts on health and society, COVID-19 vaccines are essential. The US government is working to produce and deliver safe and effective COVID-19 vaccines for the entire US population. The Advisory Committee on Immunization Practices (ACIP)* has broadly outlined its approach for developing recommendations for the use of each COVID-19 vaccine authorized or approved by the Food and Drug Administration (FDA) for emergency use authorization. Ethical principles include 1) promote health; 2) promote justice; 3) mitigate health inequities; and 4) promote transparency. These principles can also aid state, tribal, local, and territorial public health authorities as they develop vaccine implementation strategies within their own communities based on ACIP recommendations. The ACIP COVID-19 Vaccines Work Group has met several times per month (approximately 25 meetings) since its establishment in April 2020. Work Group discussions included review of the epidemiology of COVID-19 and consultation with experts in ethics and health equity to inform the development of recommendations.
Expertise & Perspective of 15 ACIP Members

- Pediatrics
- Internal medicine
- Family medicine
- Obstetrics/Geriatrics
- Infectious diseases
- Nursing
- Immunology
- Vaccine research and policy
- Economics, cost-effectiveness
- Consumer perspective
- State/local health department
- Public health, preventive medicine

+8 ex officio members and 33 liaison members
3 Independent Checkpoints on Safety

Data Safety Monitoring Board

- To provide oversight and monitoring on the conduct of clinical trials to ensure the safety of participants and the validity and integrity of the study data.

Vaccines and Related Biological Products Advisory Committee

- To provide advice to the Commissioner of FDA.
- To evaluate data concerning safety, effectiveness and appropriate use of vaccines...for which the FDA has regulatory responsibility.

Advisory Committee on Immunization Practices

- To provide advice and guidance to the Director of the CDC.
- To provide recommendations on use of vaccines in the U.S. civilian population based on disease epidemiology, vaccine safety, vaccine efficacy and effectiveness, quality of evidence reviewed, economic analyses, and implementation issues.
Allocation of COVID-19 vaccine

Policy Question #2
Which groups should be recommended to receive COVID-19 vaccine ‘X’ during Phase 1?
# Proposed groups for Phase 1 vaccination

<table>
<thead>
<tr>
<th>Healthcare Personnel¹</th>
<th>Essential Workers (non-healthcare)¹</th>
<th>Adults with high-risk medical conditions²</th>
<th>Adults age ≥65 years³</th>
</tr>
</thead>
<tbody>
<tr>
<td>(~21 million)</td>
<td>(~87 million)</td>
<td>(&gt;100 Million)</td>
<td>(53 Million)</td>
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<tr>
<td><strong>Examples</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospitals</td>
<td>Food &amp; Agriculture</td>
<td>Obesity</td>
<td>Community Dwelling</td>
</tr>
<tr>
<td>Long-term care facilities</td>
<td>Food Service</td>
<td>Severe Obesity</td>
<td>Congregate ~3M⁴</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Transportation</td>
<td>Diabetes</td>
<td>-Skilled Nursing</td>
</tr>
<tr>
<td>Home health care</td>
<td>Education</td>
<td>COP</td>
<td>Facility (~1.3 M)</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>Energy</td>
<td>Heart Condition</td>
<td>-Assisted living</td>
</tr>
<tr>
<td>EMS</td>
<td>Police</td>
<td>Chronic kidney</td>
<td>Facilities (~0.8 M)</td>
</tr>
<tr>
<td>Public health</td>
<td>Firefighters</td>
<td>Cancer</td>
<td>-Residential care</td>
</tr>
<tr>
<td></td>
<td>Manufacturing</td>
<td>Smoking</td>
<td>communities (~0.6 M)</td>
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<tr>
<td></td>
<td>IT &amp; Communication</td>
<td>Solid Organ Transplant</td>
<td>-HUD Senior</td>
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<td></td>
<td>Water &amp; Wastewater</td>
<td>Sickle cell disease</td>
<td>Housing (~0.3M)</td>
</tr>
</tbody>
</table>

3. United States Census Bureau [https://www.census.gov/topics/population/older-aging.html](https://www.census.gov/topics/population/older-aging.html)
4. Vital and Health Statistics, Series 3, Number 43 (cdc.gov)
COVID-19 incidence is highest in young adults

National Estimate of COVID-19 Incidence per 100,000 Population, by Age Group – Data through Nov 16, 2020

- 80+: 2949.9
- 65 - 79: 2009
- 55 - 64: 2526.5
- 35 - 54: 3073.3
- 25 - 34: 3236.3
- 18 - 24: 3965.2
- 14 - 17: 1830.4
- 6 - 13: 949.3
- 0 - 5: 727.4

COVID-19 mortality rates are highest in older adults

National Estimate of COVID-19 Deaths per 100,000 Population, by Age Group – Data through Nov 13, 2020

- 80+: 648.8
- 65 - 79: 149
- 55 - 64: 51.5
- 35 - 54: 15.2
- 25 - 34: 3.3
- 18 - 24: 1.3
- 14 - 17: 0.2
- 6 - 13: 0.1
- 0 - 5: 0.2

*Data sources: CDC COVID-19 case reports from jurisdictions. Population estimates from 2019 US Census Bureau. Data provisional, subject to change, incomplete for some jurisdictions. Age missing for 21% of deaths. No deaths have been reported since 11/13/2020.*
Risk for COVID-19 associated hospitalization increased with the number of underlying medical conditions

<table>
<thead>
<tr>
<th>Unadjusted Rate Ratio (95%CI)</th>
<th>Adjusted Rate Ratio (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of conditions</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2.8 (2.7, 3.1)</td>
</tr>
<tr>
<td>2</td>
<td>5.6 (5.2, 6.1)</td>
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<tr>
<td>3+</td>
<td>7.2 (6.6, 7.9)</td>
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<tr>
<td><strong>Age 45-64 years</strong></td>
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<tr>
<td><strong>Age 65+ years</strong></td>
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<tr>
<td><strong>Male sex</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Hispanic black</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other race/ethnicity</strong></td>
<td></td>
</tr>
</tbody>
</table>

CI: Confidence Interval; COVID-NET: Coronavirus Disease 2019-Associated Hospitalization Surveillance Network

*a* Model for number of conditions (variable) is adjusted for age, sex, and race/ethnicity

*b* Reference group is no underlying medical condition; Number of conditions is a sum of underlying medical conditions excluding hypertension; the most recent year of available BRFSS data for hypertension was 2017.

*c* Reference group is 18-44 years

*d* Reference group is female

*e* Reference group is non-Hispanic white

Ko, Sept 2020, doi: 10.1093/cid/ciaa1419
Older adults in congregate settings are disproportionately affected by COVID-19

- **Long-Term Care Facility (LTCF) residents and staff** accounted for 6% of cases and 39% of deaths in the U.S.\(^1\) (Nov 6, 2020)
  - **Skilled Nursing Facilities** (\(~1.3\text{M}\)) (as of Nov 8, 2020)\(^2\)
    - \(~470,000\) confirmed + probable cases
    - \(>67,000\) deaths
  - **Assisted Living Facilities** (\(~0.8\text{M}\)) (as of Oct 15/2020)\(^3\)
    - 27,965 confirmed + suspected cases (based on 23 states)
    - 5,469 deaths (based on 20 states)

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# Work Group assessment: Science

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<tr>
<td><strong>Ethics</strong></td>
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*Positive vaccine intentions includes persons reporting definitely, probably, or somewhat likely to get vaccinated.
COVID-19 Vaccination Intentions Varied by Race/ethnicity

- Pew, SEP (10093): 32% Black, 56% Hispanic, 55% White, 72% Asian
- ICF, MAY (1000): 25% Black, 57% Hispanic, 63% White, 64% Asian
- APNORC, MAY (1056): 37% Black, 56% Hispanic, 56% White
- Reiter, MAY (2006): 37% Black, 66% Hispanic, 70% White, 74% Asian
- Mallik, MAY (672): 40% Black, 68% Hispanic, 68% White, 81% Asian
- Fisher, APR (991): 39% Black, 44% Hispanic, 64% White, 72% Asian

*Positive vaccine intentions includes persons reporting definitely, probably, or somewhat likely to get vaccinated.*
Feasibility

Essential workers

- Challenging to reach workers in rural locations, shift workers, those with multiple jobs or working in small cohorts
- Jurisdictions approaches include on site occupational clinics/pharmacies/Health Dept POD strike teams
- Most jurisdictions have an allocation “microplan” which includes prioritization among non-healthcare essential workers when vaccine supply is limited

Adults with high-risk medical conditions

- Determining eligibility: healthcare homes, such as provider offices or pharmacies, could be better suited to verifying underlying medical conditions
- Minimum size of vaccine orders may preclude involvement of small clinics

Adults ≥65 years

- Long distances to central clinics and high throughput of clinics
- Pharmacy program already established to reach LTCF residents
## Overall

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<td>Ethical Principle</td>
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<tr>
<td>Maximize benefits and minimize harms</td>
<td>Preserves services essential to the COVID-19 response and overall functioning of society “Multiplier effect”</td>
<td>Reduces morbidity and mortality in persons with high burden of COVID-19 disease and death</td>
<td>Reduces morbidity and mortality in persons with highest burden of COVID-19 hospitalization and death</td>
</tr>
</tbody>
</table>
| Promote justice | -Workers unable to work from home (↑exposure risk)  
-Promotes access to vaccine and may reduce barriers for workers with low vaccine uptake | Will require focused outreach to those with limited or no access to healthcare | Will require focused outreach to those who experience barriers to access healthcare |
| Mitigate Health inequities | -Racial and ethnic minority groups disproportionately represented in many essential industries  
-~1/4 of essential workers live in low-income families | Increased prevalence of some medical conditions in race/ethnic minority groups & persons in rural areas  
-Diagnosis of medical conditions requires access to healthcare | -Highest incidence and mortality in congregate living  
--Racial and ethnic minority groups under-represented among adults ≥65 |

## Overall

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<td><strong>Ethics</strong></td>
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<tr>
<td>Phase 1a</td>
<td>Phase 1b</td>
<td>Phase 1c</td>
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<tr>
<td>HCP</td>
<td>Essential workers</td>
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<td>(examples: Education Sector, Food &amp; Agriculture, Utilities, Police, Firefighters, Corrections Officers, Transportation)</td>
<td>Adults 65+</td>
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**Proposed Interim Phase 1 Sequence**
Pediatric Departmental Advocacy:
Our experience addressing the social challenges of Covid-19 and racism

Melanie R. Ramirez, Janine S. Bruce, DrPH, MPH, Alexander J. Ball, MD, MPH, Simran Gambhir MD, Katarzina Zabrocka, MD, MA, Omar Sahak, MD, MPH Salma Dali, MD, Kamaal Jones, MD, Lisa J. Chamberlain, MD, MPH
Covid 19: Community Engagement Update

Department Meeting

November 24, 2020
Unemployment rate has improved somewhat since March.

Rates of unemployment still **2x greater** than pre-COVID times.

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**Monthly Unemployment Rate, 2020**

*Santa Clara & San Mateo Counties, San Francisco, California, and the United States*

- **Santa Clara & San Mateo Counties**
  - Jan-20: 2.9%
  - Feb-20: 2.9%
  - Mar-20: 4.5%
  - Apr-20: 10.8%
  - May-20: 7.7%
  - Jun-20: 7.7%
  - Jul-20: 7.1%
  - Aug-20: 7.3%
  - Sep-20: 7.1%

- **San Francisco**
  - Jan-20: 2.9%
  - Feb-20: 2.9%
  - Mar-20: 4.5%
  - Apr-20: 10.8%
  - May-20: 7.7%
  - Jun-20: 7.7%
  - Jul-20: 7.1%
  - Aug-20: 7.3%
  - Sep-20: 7.1%

- **California**
  - Jan-20: 2.9%
  - Feb-20: 2.9%
  - Mar-20: 4.5%
  - Apr-20: 10.8%
  - May-20: 7.7%
  - Jun-20: 7.7%
  - Jul-20: 7.1%
  - Aug-20: 7.3%
  - Sep-20: 7.1%

- **United States**
  - Jan-20: 2.9%
  - Feb-20: 2.9%
  - Mar-20: 4.5%
  - Apr-20: 10.8%
  - May-20: 7.7%
  - Jun-20: 7.7%
  - Jul-20: 7.1%
  - Aug-20: 7.3%
  - Sep-20: 7.1%
Dept of Pediatrics
Community-Level COVID Relief

Relieve COVID-driven economic Burden of families

- Navigate resources
- Provide support to community clinics
- Provide support to community orgs
- Mobilize advocacy & engagement opportunities
COVID Resource Flyers

6 Bay Area Counties, 4 Languages
13,500 Flyers distributed, 2,274 QR code scans, EPIC smart phrases used in LPCH EHR system
Diapers at the Doctor
A Diaper Pop Up
Diapers for clinics and childcare centers

160,000+ Diapers Distributed
5 community clinics
3 childcare organizations
Over 18,000 lbs of food distributed to service organizations

To Samaritan House, Sacred Heart, Ecumenical Program
Food Bags: Dep of Peds Feed the Community

200+ bags of donated groceries collected & distributed

Distributed to Head Start, Gardner, Fair Oaks Health Center, Teen Health Van, Primary School
In two volunteer nights, 24 Stanford Med members served 2,000 meals to families in East Palo Alto.

Standing volunteer day: Every 2nd Thurs
Next dates: Thurs, Dec 10th & Jan 14th
Pediatric Advocacy Action Alerts

- Policy alerts
  - Changing census deadlines
- Policy advocacy
  - Eviction moratoriums
- Info about community resources
  - SMC Immigrant Relief Fund
- Community Engagement opportunities
  - Family food bags

If you want to be added, email: melanie.ramirez@stanford.edu