COVID-19 vaccine Q&A, March 9th, 2021.

>> Turner: Good morning, everyone. And welcome to the Accessibility and Disability Policy webinar series.

This session is being recorded, materials will be made

available after the session.

My name is Randi Turner, I'm the Accessibility and Disability Rights Coordinator with the Governor's Committee on People with Disabilities. To learn more about our agency, watch for the last slide in this slide deck. Today we have with us Dr. John Hellerstedt, Commissioner; David Gruber, Associate Commissioner of Regional and Local Health Operations, and Tommy Simmons, legal counsel to Texas Workforce Commission Commissioner Demerson.

Commissioner Demerson is representing employers. So I'm going to turn it over to Dr. Hellerstedt.

>> Hellerstedt: Thank you, Randi, am I coming through loud and clear?

>> Turner: Yes, sir. You are loud and clear. Thank you for joining us today.

>> Hellerstedt: My name is John Hellerstedt, the Commissioner for the Texas Department of State Health Services and I've been in this position since January of 2016. And I'm sure everyone appreciates that the COVID-19 pandemic is a worldwide phenomenon that has affected every country on earth. It's affected the United States, it's affected Texas. And it's had a -- a really -- taken quite a toll on us.

It's produced a lot of anxiety. It's produced suffering.

And it's produced loss.

So we are, though, now armed with vaccines which are a tremendous new ability to counter COVID-19.

So we'll get into that in some more detail. I do want to at first kind of frame for folks, I think one of the best things that folks can do, especially for the questions that we've had submitted and for people to help with their own personal decision making, one of the best things that they can do is to talk to their doctor about what their health status is and what the doctor recommends in terms of vaccination. With that, I'm happy to begin the presentation and address questions.

>> Zischkale: All righty, I'm going to read aloud each question. Is there a risk to getting the vaccine? How do the reported side effects compare to the consequences of getting a COVID-19 infection?

>> Hellerstedt: Well, I'll answer the second part first.

The risk from the vaccine is minuscule compared to the risk from COVID-19 disease.

COVID-19 disease is especially devastating in people who have underlying medical conditions that make them more likely to have a serious course for the disease. And, of course, we know that we have lost, I think, in excess of what, 44,000 Texans have

lost their life to COVID-19.

In contrast, the vaccine is very, very safe. The major reason not to get it would be if you have a known history of severe allergic reaction to any of the components of the vaccine.

And just as with any other kind of injectable type of medication, there have been some rare instances in which people had serious allergic reactions that required on-site medical attention, if you will. Severe things, the name for it is anaphalxis, but this is extremely rare. Again, the risk from the vaccine is very, very low. It would be another thing to talk to your doctor about.

But the risk from COVID-19 disease is very high.

>> Zischkale: Do you know if the vaccines prevent transmission of COVID to others?

>> Hellerstedt: That's a very interesting scientific question. What the vaccine was tested for was does it prevent severe disease and does it prevent death. And the answer in both cases is -- in cases of all of the vaccines that we have is yes to both of those questions. So it's effective in preventing severe disease and it's effective in saving people's lives.

The question, though, can it -- can a person still get the infection and be contagious to someone else is a matter of -- of

intense scientific interest right now. And continued research.

There does seem to be, on the basis of what we have today, that the vaccines do inhibit or lessen the chance of transmission.

>> Zischkale: How long after my second dose will I achieve full immunity? And is it safe for me to go back out in the community?

>> Hellerstedt: So the vaccines authorized in the United States were evaluated for their efficacy and their effectiveness, two to four weeks after the person was fully vaccinated. That means that it take two to four weeks to reach the reported level of immunity or protection.

Since there's still a large number of Texans who are not fully vaccinated, when you go out into the community, it's really important to -- to practice those good infection prevention measures that we talk about.

Including that means physical distancing, if that's possible. If it's not, wearing masks, washing hands frequently, and decontaminating surfaces.

>> Zischkale: If someone is high risk for poor outcomes from COVID does that mean they are also high risk for a reaction to the vaccine?

>> Hellerstedt: No, the two are not correlated. The high risk

from the disease is due to the disease -- the virus' effect on the body, the virus makes people sick, it injures their cells, their organs and their ability to basically function correctly.

The vaccine doesn't do any of those things. And instead the risk again that we know of for -- from the vaccine is any kind of immediate risk, any serious allergic reaction and there, again, would be a reason to talk to your doctor, if you had serious life-threatening reactions to prior vaccines and if there's a known -- allergy to any of the components of the vaccine.

>> Zischkale: I think this one is for Tommy. Can my employer require me to get the vaccine and provide proof as terms of my employment? What if I work in healthcare?

>> Simmons: Very good question there. The quick and simple answer is barring any kind of disability or religious objection to the vaccine, it's fairly simple under Texas law to require that employees get a vaccine if the employer has determined that that's necessary for safe and healthy operation of the workplace. Especially in the healthcare setting. But the EEOC materials on -- at EEOC.gov caution that it's not a very simple inquiry.

They have a guidance document that is titled "What you should know about COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws."

And a related document called "Pandemic preparedness in the workplace and the Americans with Disabilities Act."

And those documents, the EEOC guidance, cautions very strongly that employers should listen to their employees if they say that they don't want to get the vaccine because of some kind of underlying disability or medical condition or because they have a religious objection of some kind.

According to the EEOC, it would be very important to be prepared to discuss with the employee the issue of reasonable accommodation, basically is there some kind of an accommodation that would be possible for them to continue doing the work, continue doing their -- the essential functions of their job, with some kind of accommodation. And the employer should document that discussion in some way.

Keeping in mind that any questions of a medical nature that -- that get information from the employee about disabilities or medical conditions, would be protected from any kind of unauthorized disclosure under the Americans with Disabilities Act.

So employers should be prepared to make accommodation. But bottom line, if no accommodation is reasonably possible, if the only possible accommodation would be an undue hardship, such as

allowing somebody who might present an undue risk of, you know, harm to themselves or others in the workplace, if that exists, then the employer would be entitled to exclude that person from the workplace.

However, the EEOC guidance cautions that the burden of proving the existence of an undue hardship or an inability to have a reasonable accommodation is on the employer.

>> Zischkale: Thank you, I want to just pause for a second and let everybody know this is a lot of really good information. We're going to send it all -- all the written answers out later, so you don't need to rush to take notes. You can sit back and listen.

Next slide, Randi. How do we, hospital employer, manage the employees who refuse to get the COVID vaccination, as we have a mandated company policy. So I imagine this hospital employer requires flu vaccines, for instance.

>> Simmons: Yes. That's also a very, very good questions. It's answered more or less directly in the EEOC guidance document titled "What you should know about of COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws."

From that document, the -- the EEOC points out that if reasonable accommodation of an employee who cannot get a vaccine

due to medical or religious reasons is not possible, it would be lawful for the employer to exclude the employee from the workplace or to require that they perform their work by some other means, such as remote working, telecommuting in some way, or possibly offer alternative duties that would be consistent with their qualifications and abilities, but maybe not in the same capacity that the employee has where the alternative duties would not pose a risk of harm in the event of a failure to -- to obtain a vaccination.

The EEOC cautions that just because somebody can be excluded from the workplace, that does definitely not mean that the employer can terminate the worker, can discharge them from employment. The employer always needs to be able to document or explain that they have gone through some kind of interactive process with the employee to determine whether reasonable accommodation of the situation is possible.

>> Zischkale: Next slide, Randi.

How do we establish that the employee that refuses to get the COVID vaccine poses a direct threat due to a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by a reasonable accommodation?

>> Simmons: All right. This is also addressed by the EEOC in their guidance on the EEOC.gov website. Again, the title of that document is "What you should know about COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws."

And if you look in that document online, and I believe the link will be furnished by the conference organizer, so that somebody can just click right to it, there's a direct link to question K.5. So question K.5 in that EEOC guidance document says employers should conduct an individualized assessment of four factors to try to determine whether a direct threat exists.

Number one would be the duration of the risk, how long is that risk going to exist? Number two would be the nature and severity of the potential harm. Factor number three would be the likelihood that the potential harm will occur. Is it a realistic prospect? Or just an assumption? It should be a realistic prospect.

And, finally, point number four, the eminence of the potential harm. A conclusion that there is a direct threat would include a determination, bottom line, that an unvaccinated individual will expose others to the virus at the work site. If an employer determines that an individual who cannot be vaccinated due to disability or religious objection poses a direct threat at

the work site, the employer cannot simply exclude the employee from the workplace or take any other action unless there is no way to provide a reasonable accommodation.

In the absence of an undue hardship, you have to provide a reasonable accommodation that would eliminate or reduce this risk so that the unvaccinated employee does not pose a direct threat of harm.

So, again, the EEOC guidance points out that the burden of proving that a direct threat exists or that there is no reasonable accommodation that can be made or that an accommodation would create an undue hardship, all of those things are the burden of the employer to be able to prove.

So individualized dialogue with the employee is what is strongly encouraged by the EEOC laws.

>> Zischkale: What is DSHS doing to make sure people with disabilities have equitable access to the vaccinations? It would be great to see things like accessible sign-up sites, I think they mean websites, transportation to vaccine hubs, in-home vaccinations, targeted outreach to the disability community, et cetera. Are there plans for any of these things?

>> Hellerstedt: Yes. We're working with -- with the community to -- to look for ways to increase accessibility for the

disability community. Over the past months, the Department of State Health Services and Health and Human Services Commission have scheduled weekly meetings with the major IDD associations, the providers of [indiscernible] for Community Services of Texas, the private providers association of Texas, the Texas Council of Community Centers, and the discussions have focused on identifying challenges to vaccination for this community and finding solutions to those challenges.

The Department of State Health Services has aggressively pursued vaccination options for the intellectual developmental disability community. As a result, March 8th will be the first week of the cooperative effort between the Department of State Health Services, Health and Human Services Commission, and Tarrytown Pharmacy from here in Austin, to vaccinate approximately 20,000 IDD providers and IDD individuals over the next three weeks.

This week the Department of State Health Services and the Health and Human Services Commission are scheduled to meet with the Texas Council for developmental disabilities, to examine how this group might help market and make community -- the community aware of the IDD specific vaccine clinics and the Tarrytown initiative. This could include reaching families that are not enrolled in HHSC programs and service delivery and are not members

of the aforementioned IDD associations.

>> Zischkale: Next slide, Randi.

Will DSHS work with HHSC to produce more COVID-19 vaccination information videos in American Sign Language?

>> Hellerstedt: Yes. So the Department of State Health Services has ASL versions of the most critical versions of the videos on COVID-19 communications toolkit. Those are posted online.

Moving forward, we at the Department of State Health Services are committing to having American Sign Language version for each new video produced in the COVID-19 communication toolkit.

>> Zischkale: This one has a video attached. So I am deaf and use American Sign Language to communicate. What is in place to make sure I am able to communicate when I arrive for my shot? Is there a way for me to request an on site interpreter before my appointment?

And we'll go ahead and play the video. Okay.

[Video].

>> Greetings. When you arrive to the community vaccination center or CVC, you will come to four different stations. The first station will be the greeting station.

Next, you'll come to registration. Third, you'll get your

vaccination and then lastly there will be an observation area.

At each step along the way, you'll have access to either American Sign Language or spoken language support.

How would you connect to VRI? Well, you would use your device and pull up the website, femavri.com. Or you can use your phone to use your video remote service at 844-779-2996.

When you do connect, you want to make sure you click okay, as well as the audio, and it will connect you to the VRI interpreter.

For those of you who need foreign language support, please tell the nearest staff member and they will connect you to the language line service.

Good luck.

>> Zischkale: I don't know if there was a -- Randi, could you go back? I don't know if there were any more answers to that question or if we're --

>> Hellerstedt: No, I think that's a very adequate --

>> Zischkale: Okay, next slide.

I am blind and the information on vaccine sites the state provides is not accessible to me. Displaying information on an image map is not accessible to screen readers. While an alternate Excel file is provided, that is not equivalent access. Will DSHS

work with HHSC's accessibility team in their civil rights office to create a fully accessible and searchable web page for vaccination site look up?

>> Hellerstedt: Yes. The Department of State Health Services has worked with the Health and Human Services Commission accessibility team to provide an accessible alternative with the Excel file -- to the Excel file that is posted online. We will continue to work with the HHSC accessibility team on further improvements.

>> Zischkale: I know you receive a packet of information from the CDC after you get your vaccine. Is Texas making sure this is available in alternate formats like large print, Braille, Spanish or ASL via a QR code link?

>> Hellerstedt: After receiving the COVID-19 vaccine, recipients are given fact sheets that explain the emergency use authorization and give details on possible side effects and how to report adverse events. These fact sheets have a QR code and are available in Spanish.

DSHS is looking into options for individuals with visual impairment, however, individuals with visual impairments can contact 211 for information on vaccines.

>> Will I have to pay for the vaccine?

>> Hellerstedt: There is no cost to the vaccinated individual. Now, the folks who provide the vaccine, if you have a form of insurance, the providers can bill the insurance, but they can't bill you. They can bill for an administration fee and there is also a federal fund set up to reimburse vaccine providers for individuals who do not have insurance. Again, there should be no out of pocket expense for the vaccinated individual.

>> Zischkale: I have Medicaid. Can I use Medicaid transportation to get to a vaccine site? We may be missing somebody to answer that question.

If we don't have an answer, we can certainly circle back and give a written answer to all of our participants.

Let's go ahead and go to the next slide.

When will the vaccine be eligible to everyone -- when will the vaccine be available to everyone in Texas? I have a disability but it does not fall in the 1b category.

>> Hellerstedt: Well, in -- in a sense there's two parts to this question. One is when will there will available to anyone who wants it, regardless of their health status, for example. So that will depend upon the ultimate supply of vaccine. And the best projections that we have that have been announced at the level of the White House is probably by the end of May or thereafter, there

should be sufficient supply of vaccine that anyone who wants vaccinated can get it.

In the meantime, though, the other part of the question is really about 1b. So if -- if you have a disability, again, I would talk to your doctor about it.

It might be helpful if the doctor agrees that your disability puts you at higher risk or puts you in 1b, if you could get a note from the doctor, I think that would be very helpful.

If you look at the criteria that we have for 1b, we give a list of things that the CDC recognizes as having, if you will, evidence basis. That studies have shown that people with those chronic conditions are in fact at higher risk for a severe COVID-19 or loss of life.

It's not an exclusionary list. So, in other words, there can be other types of -- of medical conditions, disabilities, if you will, that -- in the judgment of a physician would put you at higher risk for COVID-19.

So, again, I would urge you to have a conversation with your physician in terms of your own personal health situation. And if the physician believes you should be included in 1b, a note may be very helpful.

>> Zischkale: What are some examples of a disability that

would fall into group 1b? And I think that you already sort of addressed this. If I believe I'm in 1b, will I need to bring a doctor's note with me?

>> Hellerstedt: You shouldn't have to bring a doctor's note. But the list that we have again that's not exclusive, it's inclusive. So cancer, chronic kidney disease, chronic obstructive pulmonary disease, Down Syndrome, heart conditions such as heart failure, coronary artery disease or diseases of the heart and muscle, solid organ transplantation, obesity and severe obesity with a body mass index of 30-kilograms per meter squared or higher, pregnancy, sickle cell and Type 2 diabetes mellitus, are specifically included in the 1b, but there are many other types of medical conditions which in the judgment of your physician may allow to you be included in the 1b population.

>> Zischkale: I'm nod a paid healthcare worker but I am the full-time caregiver for a family member who is high risk. Can I consider myself as qualifying in group 1a?

>> Hellerstedt: No. That is really defined for folks who are in the healthcare settings where essentially they are in a setting where COVID-19 patients are cared for on a daily basis.

So uniquely, among professions, those folks are exposed in a known way to an environment that has COVID-19 virus in it. So

the idea was that we wanted to protect them. We do want to be able to protect ultimately caregivers of family members. That will come -- that inclusion will come at a later phase, unless, again, that caregiver already qualifies for 1a or 1b by virtue of their age or their underlying medical conditions.

>> Zischkale: I work as a personal care attendant for someone -- this is a very similar question -- for someone with a disability who is high risk. Do I qualify in group 1a?

>> Hellerstedt: So the -- the group that we do put in 1a would be folks who work in long-term care facilities such as nursing homes or assistive living facilities.

And they are included in 1a.

>> Zischkale: I know people with intellectual and developmental disabilities are one of the groups at highest risk of dying from COVID-19. What is the plan for vaccinating people with IDD who live in the community in smaller group homes or with families?

And you've touched on this a bit already.

>> Hellerstedt: Yes. But to reiterate, the Department of State Health Services and the Health and Human Services Commission are scheduled to meet with the Texas Council for developmental disabilities to examine how this group might -- how that group

might help us to market and make the community available, the IDD specific vaccine clinics and the Tarrytown initiative, Tarrytown Pharmacy. This will include reaching families that are not enrolled in HHSC programs or service delivery and are not members of the aforementioned IDD associations. I would certainly invite David Gruber to add any other comments.

>> Gruber: Thank you, Commissioner. I think we have covered the majority of it. I think we recognize that at least to start there's at least 3,000 smaller organizations that are not licensed by HHSC, but have providers who are licensed by HHSC. Associated with the IDD community.

We are working closely with HHSC to move through that. To see how we might be able to handle this large population, but this vulnerable population. So I think the Commissioner pointed out, the initiatives that are a major focus, but we're always open to others who can provide us greater insight into how to address this challenging community.

>> Zischkale: If somebody wanted to provide that insight, where could they contact you, what's the best route for them to go?

>> Gruber: I can give you my direct email. It is David.gruber@DSHS.texas.gov.

>> Zischkale: Wonderful, thank you.

Next slide.

My adult daughter has a neurological condition that causes quadriplegia. According to the DSHS questionnaire, she qualifies in phase 1b, but Austin Public Health sign-up does not have a space where I can indicate that. All they have is a yes/no drop down for Down Syndrome. Because of this, we are routinely told she does not qualify when she really does. We have not been able to reach anyone at APH, even after I got a letter from her doctor stating she qualifies.

She doesn't breathe easily, antibiotic resistant and receives an institutional level of care in the home where throughout the day people are near her face for lifting, transferring and all activities of daily living. We have given up on Austin Public Health and are looking for other providers. What can be done to make sure other families don't encounter this difficulty. My daughter clearly qualifies but we are struggling due to a very inflexible intake form.

>> Hellerstedt: So we would recommend that you -- that you contact the vaccination hub directly. If you are eligible but encounter issues with signing up for the vaccine. Austin Public Health has indicated to us that individuals seeking vaccine or

having questions can contact the Austin Public Health nurse line, at -- I'll repeat this, 512-972-5560.

That's 512-972-5560.

Or you can call 311 and ask about COVID-19 vaccines.

>> Zischkale: Okay. Next slide, Randi. There we go.

I'm a special education teacher who works with students who may be more vulnerable to COVID-19. Will the state consider vaccinating teachers who work directly with these students? Would I count as group 1a?

>> Hellerstedt: So on March 5th the Department of State Health Services was notified by the United States Health and Human Services area that all COVID providers should include school and daycare staff on the list of people eligible to be vaccinated. That directive said those who work in preprimary, primary and secondary schools, as well as Head Start and early Head Start programs, including teachers, staff and bus drivers and those who work as or for licensed childcare providers, including center-based and family centered care. Based on that direction, DSHS has notified providers that persons meeting the school daycare staff criteria outlined above are eligible to receive vaccine.

>> Zischkale: I live in a county that is using a drive-up

vaccination mega-vaccination site. Due to my disability, I do not drive and do not have access to someone with a car. Will there be a separate line at the drive-up sites for people who use public transportation? Using a ride share would be prohibitively expensive.

>> Hellerstedt: Our direction to the vaccine hub sites is to provide accommodations for individuals with specific needs. If an individual requires specific assistance, we suggest that individuals contact the hub site, that they want to use, and ask them to provide direct access. The information to the -- to contact the hub sites is available on the DSHS vaccination website and can be obtained by contacting 211.

>> Zischkale: When the vaccines were first released, I was told that I would go to my family doctor but then they told me I had to go to a mega-vaccination vaccination site. Why did this change? Does the State plan to give any more doses directly to family doctors?

>> Hellerstedt: Right now, the vaccine supply is still limited in the sense that there are far more people who want the vaccine than we have vaccine available. Although we expect over the coming weeks that there will, in fact, at some point, probably by the end of May, be sufficient vaccine for anybody who wants it.

So the State worked with local communities, one of the important factors in vaccination was to get as many eligible Texans in those 1a and 1b categories, as many of those folks vaccinated as soon as possible. Because time is an important factor in us suppressing the spread of COVID-19 and getting as many people vaccinated as possible.

As you can see, it's been a massive undertaking. Although we're very proud of the performance of our vaccinators, we still have a long way to go to get everyone who wants it vaccinated.

So the State worked with local communities to establish vaccine hub sites to maximize the number of people who would be vaccinated. As the supply of vaccine coming to Texas increases, the State will be able to expand the number of providers to whom vaccine is allocated. This is a dynamic situation that changes each week with the supply of vaccine being allocated to Texas by the federal government.

We recommend the public review the vaccine provider map, for the most up to date information on vaccine availability.

>> Zischkale: I've heard about the Save Our Seniors program where people will help interested homebound seniors get the vaccine at home. I have a disability and am homebound but under the age of 75. How can I sign up for this?

>> Hellerstedt: So planning is really ongoing for the Save Our Seniors program. The program will be going to local jurisdictions, targeting counties with lower vaccination rates. The program will work with those identified jurisdictions to set up vaccination clinics and identify individuals that are homebound needing to be vaccinated in the select counties.

However, please note that these groups are prioritized to be vaccinated and should continue working to sign up for the local vaccine events in their community. Dave, did you have anything that you wanted to add?

>> Gruber: Not a lot more. I think one of the things is that the Save Our Seniors program is not a uniform program across the state. Each locality will use their best available knowledge to determine how to reach out to those that -- like those that you have mentioned here and develop separate type plans to -- to reach that community.

So I would not expect us to see a standardized way in which individuals are able to sign up or be vaccinated and I would suggest that -- that people keep their ear to the ground regarding local announcements with local emergency management and other local officials.

>> Zischkale: This is my own question. Would it be fair to

encourage people to contact their county public health or local emergency management directly if this is something that they are interested in having in their community?

>> Gruber: Absolutely. Because I think that can help flame the effort in their community.

>> Zischkale: I read that West Virginia has vaccinated the most people per capita of any state and that if they were a country they would be in the top three most successful in the world as far as per capita vaccination rates go.

What can Texas learn from West Virginia and quickly implement to improve our vaccination rates?

>> Hellerstedt: Well, first of all, Texas is still doing very well and you have to remember that we -- we are huge in terms of the size of the state. We actually have the highest rural population count of any state in the nation and the second highest population count overall exceeded only by California.

So Texas is just basically in a very different situation. One of the other things, again, too, is that the federal government is using 2018 population data to make its allocations to the various states. So over the period of time from 2018 until now, we estimate that Texas has at least a million more residents who would potentially qualify for the vaccine.

So we're at something of a disadvantage in terms of the way we would qualify for that allocation.

Even so, as of March 8th, the providers have administered over 6.6 million doses of a COVID-19 vaccine. We think there's a good possibility that today we'll reach 7 million. More than 4.2 million people have received at least one dose and over 2.3 million have completely vaccinated with the two-dose regimen that's out there.

So, again, we're a very diverse state. We have very large and complex metropolitan areas. We have the rural areas and we even have areas that are essentially qualify as frontier areas that are sparsely populated and do not have the plentiful public health or healthcare assets that other parts of the state have.

So we are -- one of the things that we are very proud of is that -- especially for our hubs, when we provide them with vaccine, they use all of the vaccine and get it administered each week that they have.

So there's no vaccine sitting around and not being used and Texas is using absolutely everything it can to get as many people vaccinated with all deliberate speed and we know that as time goes forward and more and more vaccine is available, that that will ease the supply side and we will be able to satisfy the demand over the

coming weeks and months.

>> Zischkale: Okay. Looks like we have -- more time left than I anticipated. We had a couple of kind of general vaccine questions come in through the Q&A box.

If our panelists would be open to answering some of those, that would be wonderful.

We had a couple of questions about the effectiveness of the vaccines against the variants. Dr. Hellerstedt, I don't know if you can speak to that. People just want to know does the vaccine work against things like the British and South African varieties?

>> Hellerstedt: Well, again, that's one of the things that's a topic of intense scientific interest. I have with me Dr. Saroj Rai, who is an expert in vaccine science. She's actually done some vaccine development herself in her career.

I'll do my best to get up to the point where then I'll turn it over to Dr. Rai.

There is a concern that -- that these variants are more contagious and perhaps are capable of causing more severe disease.

And so that is definitely of concern in and of itself.

When it was -- when some of the vaccines were tested against those variants, there was a difference between their effectiveness in those variants and their effectiveness in the primary strains

that were circulating in the United States. Nonetheless, I think this points out a couple of things.

We should take a belt and suspenders approach to doing this. The vaccines are very powerful tools. But in the meantime, until we have completely put COVID-19 behind us, we have vanquished, we have succeeded, we need to continue using those non-pharmaceutical interventions that I mentioned. So, in other words, the physical distancing, the mask wearing, the hygiene and the sanitation while we are also vaccinating as many people as we can as quickly as we can.

You know, I think one of the things that we should really keep in perspective, we only have vaccine available since December 14th. Yet, even though it was a really tough year, 2020 was a very tough year and we had our ups and downs, we nonetheless succeeded in being resilient enough to get through that year without having a completely catastrophic overwhelming of our healthcare assets.

We should count that as a victory. That victory was obtained because of people's behavior. Because of their willingness to engage in those infection prevention activities that I just named.

So taken together, between infection prevention activities and the vaccines, the future is very bright. And we -- even if

we have some concerns and are looking out for the effectiveness of the vaccine against various variants, nonetheless we feel we're on a very solid footing to be successful in a major way in defeating COVID-19 within the next few months.

So Dr. Rai, would you like to add anything?

>> Good morning. Dr. Hellerstedt, I think that the points you stated are perfectly well stated. Of the three vaccines we currently are authorized in the US, the Janssen vaccine specifically looked at clinically efficacy in South Africa, we did see a lower efficacy against that variant versus the primary strain circulated in the U.S. But it was still effective. So as Dr. Hellerstedt said, the three vaccines that are out are very important preventive tools and they provide broad range of protection, albeit slightly diminished in the ones that I specifically stated for Janssen's vaccine and the South African variant.

>> Zischkale: We have a question -- oh, goodness, I scrolled right past it. This person was in a webinar recently and the information provided stated it is not known if the vaccine provides immunity past 90 days. Is this true? It's their question.

I think the question is basically do we know how long immunity lasts from the vaccine?

>> Hellerstedt: I think the answer to that again is it's an entire of intense scientific investigation.

So, you know, you've got to remember what the basic question entails is about time. And so with the emphasis on getting the vaccines ready for people to know that they are safe and they are effective for a period of time, we absolutely know that, but how far past the completion of your vaccination schedule, how far do you remain immune is again still a matter of intense scientific, active investigation.

So part of the way you become immune, ultimately, is the production of antibodies, but it's not the only way. You have what's called a cell-based part of it as well as the antibody-based immunity. So it will take time going forward to be looking to see if the cell-based immunity is a major factor in maintaining long-term immunity against SARS CoV-2, the virus that causes COVID-19. So we are looking, we are watching. And we are all waiting for those answers.

>> Zischkale: And this question sort of stems off of that. Quite a few people are wanting to know if you have recovered from COVID, do you need to be vaccinated? Since you already -- since they believe they already have immunity.

>> Hellerstedt: The basic answer is yes. We -- again, I just

described it simply as kind of a belts and suspenders sort of thing. We know that it does produce immunity in most cases and immunity can last for a period of time, again in most cases. But there's also some good evidence that for people who have had previous infection, to go ahead and get the vaccine and that only enhances their -- their effectiveness.

Keep in mind, too, that although we have done lots and lots of testing for COVID, we know that there are probably more people who have had COVID and recovered from it than ever got tested. And part of the reason for that is that in many, many cases, people have no symptoms whatsoever when they have the actual natural infection or they have very mild symptoms and, therefore, those groups of people often did not get tested.

So we know that there is a larger population out there that has had the infection, but never got tested. So those people don't have laboratory proof of being infected or not.

And that means they have that in common with lots of people who didn't have it. Where I'm going with it is we want everybody to get vaccinated, again, unless they have a certain of those small group of reasons not to get the vaccine.

>> Zischkale: Let's see. We have a little bit more time left. I may be able to get couple of -- this is a good one. How long

is it recommended people wait if you've gotten COVID, and then you want to get the vaccine, how long should you wait between recovery and vaccination?

>> Hellerstedt: I'll let Dr. Rai address that.

>> Good morning, again. The recommendation from the CDC are the individual recovers from the illness and, you know, finishes all of the quarantining period. There's no specific date or time -- or number of days that are recommended between, you know, from the time individual contracts the infection to the time it's appropriate to get the vaccine. What is recommended is that the person recovers from the infection and is finished through all of the quarantining period before getting the vaccine.

>> Zischkale: The second part to that question, do you -- if you have received the monoclonal antibodies do you need to wait before being vaccinated?

>> For the treatment of the monoclonal bodies is the period is 90 days, that is due to the half life of the antibodies themselves, that is the minimum time period recommended.

>> The reason for that is that the monoclonal antibodies, because they are present in your system in a very high amount, it may be that they would sort of, if you will, clear your body of the substances that the vaccines produce in order for you to

produce what we call active immunity. When you get the antibody infusions, we've had very good success in Texas with thousands of people getting those antibody infusions early in their course, when you get that, basically you are getting what's called passive immunity. In other words, your body did not produce those antibodies. Your body is not producing a -- a significant active immunity against the vaccine.

So when you get the antibody infusions, they are in very high amounts, it slowly is eliminated from your system. But we feel that you will be protected for the 90 days and then at 90 days or more, you can go ahead and get the vaccine, the monoclonal antibodies would have cleared your system sufficiently, then your body forms an active immunity against the virus.

>> Zischkale: I have a question for Tommy, who has been sitting very patiently. I think that you may have touched on this early on. If we are hiring a person to work with a group of individuals diagnosed with IDD, can we indicate in the job posting that we require the applicant to already be vaccinated or to obtain the vaccine within 90 days of being hired?

>> Simmons: Yes. My feeling on that would be yes. Because if the employer is able to show that's an essential function of the job, the ability to safely interact with those individuals in

a healthy manner, then they would be able to meet the EEOC requirement that this be job-related and consistent with business necessity.

And to the extent that there might be a medical or religion-based reason for not being vaccinated, that's something that the EEOC would say needs to be discussed in the accommodation process, but ultimately if there is no reasonable accommodation that could be made, that would -- that would put the safety and health of the client, individuals, foremost, then the individual would not have to be hired if they, you know, refused to get the vaccine.

>> Zischkale: Here's another general question. If I have recently gotten another vaccine such as the flu block shot, do I need to wait before getting the COVID vaccine?

>> Hellerstedt: Go ahead, I will let Dr. Rai address that.

>> Yes. So for -- per the recommendations of getting -- any vaccine, co-administration of any vaccine, it is recommended to have 14 days or two weeks of time period. But follow-up to that statement is, again, we need to look at the risk and benefit. If the benefit is that the vaccine needs to be administered sooner rather than 14 days, then that is up to the decision of the healthcare provider.

>> Zischkale: This is a general question. I think -- oh, there it is. I scrolled away from it. Randi you might be able to answer this as well. What should someone do if they arrive at a vaccine hub and the hub refuses to provide an accommodation? For example, if you are blinds and using a ride share so you are dropped off and then the hub refuses to provide a guide for you through the station.

>> Turner: I don't have that I have a clear cut, black and white answer for that.

They should make those modifications and provide access and provide a guide.

You could make a formal complaint with the US Department of Justice. You can go to ADA.gov to find that information. You can make a complaint with the Disability Rights Texas, our state's disability rights organization that protects the rights of individuals with disabilities across the board.

So those are a couple of areas. I will look and see if I can find any other places where you can make a formal complaint. I would probably make a complaint within that system first. So, say, if it was, for example, CVS and it was where you needed a guide. Go to their website and see if you can find anything on their website related to accommodations. Or making any kind of

modifications to policies, practices, procedures. A lot of those organizations will have ADA coordinators and you could reach out to their headquarters and let the headquarters know that they have not been accessible.

So I would probably start with the entity itself first. Before making a formal complaint somewhere else. And see if it can be resolved in-house.

>> Zischkale: Thank you, Randi. I will sneak in one more question here. Quite a few people want to know if we have a timeline of when the vaccine will be available for children with disabilities under the age of 16.

>> Hellerstedt: This is Dr. Hellerstedt. I think the basic answer to that is no, we do not have a solid time lane on that. Clearly the -- what will need to happen is there would have to be studies, just as they were in granting the emergency use authorization of the vaccines to begin with. There would have to be studies to show it is safe and effective for the younger age group before the Food & Drug Administration would undertake that decision as to whether they would alter the terms of the emergency use authorization.

>> Zischkale: Then one more general question. A lot of people are concerned or confused after registering for their first

vaccine dose, they are afraid they won't ever get to register for the second. That should typically happen on site, correct? There is a process -- yeah.

I see it's 10:57.

Um ... I don't see any quick questions here.

Randi, I think we can go ahead and wrap it up. I'm really grateful to all of our panelists for giving us their time this morning and their knowledge. Very, very appreciative.

>> Turner: Yes, thank you very much for joining us today, everyone, Dr. Hellerstedt, Mr. Simmons and the people behind the scenes that are in Dr. Hellerstedt's room. [Laughter].

I want to also thank communication by hand for providing the sign language interpreter and Texas Closed Captioning for providing our captioning services.

You will get a follow-up email with a survey of the session and a link to where you can find the recording as well as the training materials, including the transcript.

Have a great afternoon. Bye-bye.

[End of webinar].