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February 5, 2021 Time: 6-8 P.M. (PST)

The Africa House Sacramento in Collaboration with the Sacramento Black Nurses Association, Association of Nigerian Physicians in the Americas-Northern California Chapter, and the California Black Health Network presented a Town Hall COVID-19 Vaccines: Facts vs Fictions.

SPEAKERS:

Dr. Gertrude Anyanwoke, Infectious Disease Specialist, ANPA

Dr. Olivia Kasirye, Sacramento County Public Health Director

Dr. Hakeem Adeniyi, Medical Director, Sacramento Native American Medical Center

SPECIAL GUEST:

Eric Guerra, Honorable Member, Sacramento City Council

Prof. Ernest Uwazie, Chair, Africa House Sacramento, called the meeting to order with welcome brief welcome remarks. He emphasized the Town Hall meeting is to inform, educate, and separate facts from fiction regarding the COVID-19 vaccines and the lingering disproportionate impact of the COVID-19 pandemic in the black community. The information session about the COVID-19 vaccine will help us make an informed decision to help ourselves in the diaspora as well as our brothers and sisters in the African Continent.

Disclaimer: Prof. Uwazie expressed that the information to be shared is not by any means medical advice of whether to take the vaccine or not. All attendees are to speak with their physicians or seek the proper medical professional regarding their choices and make an informed choice.

Opening Prayer – Mr. Edrine Ddungu, Chair, Fund Raiser Committee, Africa House Sacramento; President, Interfaith Council of Greater Sacramento. He called for divine guidance and wisdom to discriminate between facts and fiction concerning COVID-19 vaccines.

Prof. Uwazie moderated the 1st Session. He introduced and invited the leaders of the collaborating organizations for a welcome address:

Dr. Robyn Chapman – Opening Remark – She thanked the Africa House for the invitation. She is a nurse who has worked with Kaiser for 37 years. She works in the COVID -19 Unit and has been a member of the Sacramento Black Nurses Association for 40 years. She supports the vaccine education efforts and has been vaccinated, with no side effects—along with most members of her organization. She is here to support and answer questions about the vaccine. Dr. Chapman highlighted the role of her organization as Patient Educators and frontline workers.



Ms. Rhonda Smith- Executive Director, California Black Health Network. The only Black State-wide Organization that advocates for black Americans and black immigrants. She lent her voice to the goal of the Town Hall; to educate and inform our people about the COVID-19 vaccines. There is a lot of myths about vaccines. We can help people to make an informed decision.

Prof. Uwazie also recognized Dr. Hakeem Adeniyi, Medical Director, Sacramento Native American Medical Center, and thanked him for graciously accepting to join this Town Hall meeting despite his busy schedule, and after the earlier scheduled speaker, Dr. Tom Cooke declined.

Dr. Babatunde Salako, Primary Care Physician at Kaiser, and President of ANPA-Northern/Southern California. ANPA represents over 4000 physicians and has been playing an active role in COVID-19 disease information dissemination and as role models in the efforts to get our people vaccinated. He said he has taken the COVID-19 vaccine already; many of his Black patients are excited to take the vaccine just because he showed them his certificate of taking this vaccine.

Hon. Eric Guerra - Opening Remarks – The honorable Member of the Sacramento City Council thanked the Chair, Africa House, Dr. Ernest Uwazie for his support during his time as a student at Sacramento State University. He informed Dr. Uwazie that the support that he received from him when he was at Sacramento State has made it possible for him to be where he is today. He applauded the effort that the Africa House has put together to host this Town Hall meeting to address the myths in our community. He said he took the vaccine already and was able to convince his mother to take the vaccine. His mother will now go and educate her friends in the Our Lady of Guadalupe Center to take the vaccine. He expressed appreciation to Dr. Hakeem Adeniyi for his efforts at the Native American clinics and Dr. Olivia Kasirye for her leadership in Sacramento County Public Health. He decried the disproportionate impact of COVID-19 on the minority community and applauded the town hall for the informational session to dispel the myths around the vaccine in hopes of overcoming the hesitancy and increasing participation rates. He concluded with “Together we can. Yes, we can!”

Dr. Babatunde Salako moderated the second session by introducing Dr. Gertrude Anyanwoke, Infectious Disease Specialist who practices in Louisiana. He highlighted Dr. Anyanwoke’s deep knowledge about the COVID-19 pandemic and the COVID-19 vaccines.

Dr. Babatunde Salako introduced Dr. Olivia Kasirye, Director of Sacramento County Public Health.



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Dr. Kasirye opened the discussion by providing the status of COVID-19 – It has been with us for about a year now. They have been monitoring it since January 2020. Lately, there had been a surge in number, especially since November 2020.

We started giving the vaccine at the end of December 2020. We have Driven to Cal Expo, Sac State, and other sites; have administered about 119 doses by prioritization – in the Long-Term Care facilities and recently people over 65 years. The plan is to continue vaccinating and educating.

Dr. Kasirye was asked if there was any tracking by race and ethnicity. She responded that there was no data tracking by race or ethnicity at this time. The main effort is for outreach in the community affected by COVID -19 and working with several community services to reach the people who are much more vulnerable; developing messages, addressing questions and dispelling the myths from the social media; shared information about the experience of the Sacramento County Public Health Dept regarding COVID-19 dating back to Feb 2020 with the 1st reported the case to the surges and now in the post surge period. The total number of cases is 87,000, with 1300 deaths. Currently, 300 new cases today.

She shared the vaccine allocation received directly by the Dept of Public Health is 138,000. These are for mass vaccination campaigns of which 11,489 doses (1st and 2nd) have been administered.

Prioritization based on occupation –health care workers, 1st responders.

Long-term care facilities, and recently over 65-year-old.

The plan moving forward is to start vaccinating teachers.

Does not have the breakdown of the race and ethnicity of recipients at this time.

The plan is to work with community-based organizations for vaccination to the underserved; working on messaging to dispel the myths around the vaccination

Dr. Gertrude Anyanwoke – follow up with a keynote presentation of how the COVID-19 enters the body and what it does to the body. She explains that after the vaccination, our bodies would have anti-bodies to fight the spike protein and the antibodies to take care of the infection. Blacks, Hispanic and Native Americans have about 4 times more hospitalization, 3 times likely to die of COVID-19 than Whites, but Blacks, Hispanics, and Native Americans are 3 times less likely to get the vaccination. She gave a schematic of the COVID virus structure, mRNA with the spike proteins as its target.

She informed the house that the mRNA technology is not new, rather has been the subject of research since 1992 by Dr. Katalin Kariko, and in 2015 the stability was assured in the Ebola vaccine development when the nano lipid transport particle was described. And in 2020 with the



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COVID-19 pandemic, the opportunity to utilize it widely presented itself. She thoughtfully walked the audience through the science behind vaccination and the body's immune response to vaccines to provide protection.

In summary, the mRNA uses the ribosomes in the cytoplasm of the cell to produce the spike proteins which the body recognizes as foreign and mounts an immune response to protect the host against infection.

She differentiated between the DNA and mRNA, stressing that the DNA has the genetic materials whereas the mRNA just translates the messages and does not affect the DNA or genetic code.

She gave an overview of the vaccine development process, highlighting that the COVID-19 vaccine was accelerated but no stage of the vaccine development process was skipped. Also because of the pandemic, the number of patients enrolled in the studies were several orders of magnitude more than the usual 4-5,000 in most Randomized controlled studies. She dispelled some of the myths around the COVID vaccine as below:

Vaccine safety is assured because no corners were cut in the vaccine development.

The vaccine was 100% effective in the black enrollees, and the same for over 75-year-old participants.

There is no 666 effect or micro-chip associated with the vaccine.

The nano lipid technology used in stabilizing the mRNA just means small lipid particles, not a tracking device.

The tracking discussed concerning the vaccines is for the packages during transit from point of manufacture to the vaccination centers; to ensure temperature control and location of the vaccine batches, not the actual vaccines.

She highlighted the vaccine safety reporting that 8/124,000,000 had a severe allergic reaction (anaphylaxis) and most of them had a baseline history of anaphylaxis requiring that they have their EpiPen's on them. The EpiPen's were used to treat their anaphylaxis.

She also discussed the variants, as a mistake in the course of mutations of the virus.



The N501 in SA and UK replicate very fast. E484k masks the immune system's ability to recognize the virus.

She reiterated the need for widespread vaccinations to eradicate the COVID-19 virus and limit its mutations.

She gave the CDC data highlighting the disproportionate vaccination recipients, 60% white versus 5.4 % blacks.

There was a question as to whether someone can get COVID-19 after taking the vaccine. She responded yes, but the infection would not be as deadly as it would have been to the person had that person not taken the vaccine.

The MRNA -there was a question as to whether the process was “rushed”? The answer was “Yes”. The government had to rush - operation warp speed – but it never skipped a phase – in most phases, it doubled them. They had enough patients, and no step was skipped. Minorities were included- the manufacturers of the vaccines did not skip a phase.

666 – Mark of the Beast – This has nothing to do with the vaccine.

Microchip – no it does not contain a microchip. There is no tracking.

Nanotechnology – is to get into the body.

Side-Effects- Soreness, swelling, pain on vaccine site, discomfort, tiredness, and chills.

Serious Side Effects - Severe allergic reaction. 8 people have died out of millions of people who have taken the vaccine.

Mutation – Viruses mutate all the time. They keep changing. They are still waiting for the sequencing of the Nigerian strain.

Dr. Fauci has been studying the COVID before the COVID-19 showed up.

Dr. Hakeem Adeniyi, Medical Director of the Sacramento Native American Medical Center- spoke about the historical trauma that the Blacks live with, and how the historical distrust relates to the current vaccine hesitancy. He started with Harriet A Washington's book Medical apartheid a hx of long-standing racism in the American health care system. He discussed in detail the Tuskegee experiment which started in 1932; they did not volunteer for the study, and the goal of the study was misrepresented to them and informed consent was not obtained. When lifesaving treatment became available in the 1940s, the participants were denied access and were not informed. He also discussed the paltry settlement the affected men received in the class action lawsuit of 1974. He highlighted the individual and community effects of this experiment.



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The Tuskegee Syphilis Experiment – A Natural Progression of Syphilis that was studied on the bodies of black men from 1932-1947. Black men were used as guinea pigs. They thought they were being treated for syphilis when in fact they were being infected with the syphilis virus and these men went back to their homes and infected their spouses with syphilis. Their children were born with syphilis. People did not understand why the researchers did not offer these black men the treatment that was available in 1947.

He discussed how the COVID-19 vaccine development compares; black people were influential in the vaccine development, black people volunteered for the clinical trials.

As an example, Dr. Kizzimekia Corbett has been studying the coronavirus since 2014 and was instrumental in the MODERNA vaccine development.

He discussed the COVID-19 vaccine trial results; very low rates of infection in the vaccinated group and no severe disease requiring hospitalization. He compared this to the flu vaccine efficacy data and reports. He shares some insights for overcoming Vaccine hesitancy in the black community.

Q and A co-moderated by Dr. Funto Ayanleke and Dr. Lillian Duru

What is behind the declining case numbers? Public health measures; business closures, face coverings, physical distancing and avoiding congregate settings, and now vaccinations.

What public health measures are used to reduce the mixing of people and movement?

The answer was – social distancing or staying 6-ft apart, face covering, stay home (shelter in place)

What are other sources of information? Answer- NIH (National Institute of Health)

Vaccine effectiveness and efficacy are the same things.

For information contact NIH or local Health Authority

What is the source of Dr. Anyanwo's information and how was it collected?

From drug company study data and CDC website.

What was the racial and ethnic makeup of the vaccine trial participants?

Minorities were 30 % of the study participants.

What is an accurate information source?



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CDC, NIH, local public health authority.

What about pregnant women?

The vaccine excluded pregnant women, 15 years and below as well as children. In the vaccine study, women were included, but they became pregnant, and they were removed from the study. Pregnant women need to consult their doctors regarding the vaccine.

A pregnant woman or a lactating mother who needs the vaccine can discuss it with her physician.

What is the pregnancy consideration for the COVID_19 Vaccine?

CDC has not provided any contraindication and advises patients to discuss with their OBGYN.

Is the race and ethnicity data available for vaccine recipients in Sacramento County?

No, however, based on the occupations that were prioritized, and knowing that there is minority underrepresentation in these occupations, it appears that more whites were vaccinated.

Would you recommend getting a covid-19 test before vaccination?

There is no data to support that.

Does a prior COVID infection protect and if not, why do you need the vaccine?

Because it is unclear if the natural immunity is as robust as the vaccine.

How long after the COVID-19 infection can a patient receive the vaccine?

If a patient has had a COVID infection they may receive the vaccines after covid-19 symptoms resolve.

If they received MAB for COVID-19 infection, it is recommended that they wait 90 days before vaccination.

The low vaccination rate is due to low vaccine interest and low availability.

Were Africans involved in the study? Yes, a lot of Nigerian ID docs have been involved in vaccine studies.

What will taking the vaccines do for an individual?

It provides protection against severe COVID-19 infection and on a community, level allows us to return to normal. Also prevents deaths.



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Will this be an annual vaccine?

At this time unknown because they are novel vaccines.

Do we need more participants in the UC Davis vaccine study?

Dr. Kasirye will look into that.

Why do we have wasted vaccines?

Dr. Kasirye outlined the process the Public Health Dept is taking to avoid wastes; appointments with back up the waitlist.

Pediatric vaccines: trials ongoing.

Why are there different infection severity?

Due to individual innate immunity, age, comorbidities, females more adherent to health advice.

Herd Immunity: when most of the population is vaccinated and immune to a disease.

Is there stable ethnic data in Sacramento?

Answer – There is no race or ethnicity data.

Do you need to take the COVID-19 test first before taking the COVID-19 vaccine?

No. You do not have to take the test first before you take the vaccine.

If someone had the COVID-19 infection and survived, they have natural immunity. Why do they still need the vaccine?

Yes, they have natural immunity, but some viruses have a tendency to mutate, and you can get a different strain of it.

Monoclonal anti-body – should they get the vaccine?

Answer – Wait for 90 days.

There is a low vaccination rate in the Black community. Why?

Answer – Multi-factorial –

1. Like the case in New York where several vaccines were allocated to a Black Community and non-Blacks from other communities rushed to the Black Community and took those vaccines.
2. Lower % of Blacks are ready to take the vaccine.

Were there people from Africa who participated in the trial?



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Answer – A lot of Nigerians who work in the NIH are on the vaccine committee. In Louisiana, there are a lot of Africans who work with the NIH too.

How can Africa House partner in the vaccination campaigns?

By information dissemination, provide accurate information to the community, logistics— transportation, internet registration, identify sites for pop-up clinics. Remove barriers.

Taking the vaccine will protect you. Not taking the vaccine will not protect you if you have the COVID-19 virus.

Will the injection be yearly?

Answer – Right now we do not know. Moderna and Pfizer will follow the people for 2 years

Moderna - 2 shots 0-21 or 0-21.

Pfizer – 2 shots.

Any vaccine is better than no vaccine.

UC Davis vaccine studies are still ongoing.

What is the latest in vaccinating children?

Answer: There is a bridge study on children, and we should be seeing this bridge study soon. Moderna started this study in January 2021.

Some closing speakers expressed appreciation for the great information received, and strongly suggested another town hall.

Prof. Uwazie gave the vote of thanks, with acknowledgments of the speakers, moderators, and collaborating partners as well as Dr. Kwame Acquah, the Africa House Sacramento Media Committee Chair for his IT help; plus, Drs. Uche and Lilian Duru for connection to the ANPA.

A 3-question survey was conducted during the townhall. The result of the survey is as follows:

- 1. Prior to the townhall, 35 percent of the participants had either taken the COVID-19 vaccine (at least the first dose) or will take the COVID-19 vaccine when the vaccine is available for them. However, 65 percent indicated that they have not taken the vaccine or unsure if they will take the vaccine when the vaccine is available for them.**



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2. **By the end of the townhall, 87 percent indicated that they will take the COVID-19 vaccine when it is available for them and only 13 percent remained unsure or indicated that they will not take the vaccine when the vaccine is available for them.**

3. Based on the additional information provided during the townhall, 78% of the participants indicated that they would recommend the COVID-19 vaccine to others while 22 percent said they would not.

Closing prayer by Dr. Lilian Duru.

A record prepared by:

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Reviewed/edited by Prof. Ernest Uwazie