

City of Worcester Advisory Committee on the Status of Women
INFORMATIONAL SESSION
Tuesday July 6, 2021, 5:45 PM

Virtual meeting on Zoom

This meeting was not live streamed. A video recording is posted on the city website.

Members Present: Kayanna James, Samantha Sendrowski, Tracey Whitney, Rubby Wuabu

Members Absent: Heather Borelli, Coretta McCarter and Casey Thomas

Staff: Jayna Turchek, Flavia Perry, Alyssa Parker-Szabo

Call to order and instructions for virtual participation

The meeting was called to order at 5:51pm as an informational session as no quorum occurred this evening.

Discussion Topic: Healthcare – COVID-19 vaccine considerations for women, children, and pregnancy.

Guest Speakers:

Tiffany A. Moore Simas, MD, MPH, Med, FACOG

Robert W. Finberg, MD, Department of Infectious Diseases

Michael Hirsh, MD, Medical Director, City of Worcester Division of Public Health

Below are the questions that were submitted to our guests in advance and the corresponding answers as well as additional questions from the Committee women and members of the public.

Questions:

Were women part of clinical COVID-19 vaccine trials? How do we know they are safe for all women?

RF: Women were certainly part of the COVID vaccine trials and made up almost 50% of most of those trials. How do we know they are safe for all women? Well, we know that across a wide variety of age groups and ethnic and racial distributions that these vaccines, certainly the three that are out now and authorized in the U.S., are incredibly safe.

Are the COVID-19 vaccines safe for children? When can we expect vaccination for children under 12? Will vaccines be recommended for all ages?

RF: Well, they were tried in children over 12 and have been released as generally safe. We, and others, are doing studies, at the moment, in children 3-12 and then that will go down to 6 months. Those studies are still underway. It is going to be a little while, months, because it takes awhile to put the data together and those studies are still in progress.

Why do you think it is taking longer for children more than adults?

RF: It just started later. That is typical of most studies. They start with adults and see if that works before moving on to children, by age. It isn't because children do worse. If anything, children probably tolerate vaccines much better than adults. It's just taken them awhile just because of when they started.

Do you think that it will be recommended that all ages get vaccinated in the future?

RF: Absolutely, it certainly will be.

Sort of like the Flu Shot?

RF: Yes. Exactly because children can get it as well.

Do you think we will need follow up shots? Maybe yearly?

RF: That is something we are studying at the moment. We don't know that answer to that question.

The state of emergency will be lifted this month and children have returned to schools and other activities despite not having been vaccinated (under 12 are not receiving vaccines). Do children under 12 not get sick from COVID? If not, why vaccinate? If yes, why should parents not be concerned about the lifting of the outdoor mask requirement and other safety precautions until all school aged children can be vaccinated?

RF: Children certainly get sick. Recently we are seeing a trend toward younger people being hospitalized so that certainly happens and children also spread the virus as Dr. Hirsh mentioned. That's the reason that when the vaccines are available we are going to need to do it. In terms of outdoors and masks, I am not sure that is a big issue, but I'll refer that to Dr. Hirsh if he would like to address that.

MH: I think that outdoor masking and some of the distancing requirements are going to go away. The indoor situation has been greatly improved here in the city of Worcester. Most of the public schools and many of the diocese schools have improved because so much emphasis was placed on improving ventilation in all the schools so most of the Worcester Public Schools now have a new ionization airflow system that will allow for better circulation of the air. It makes the droplets less likely to settle in one place. But I think that we will probably be able to do away with the outdoor masking in many situations, but I don't think in all situations. It will depend on how much distancing you can do in those outdoor situations.

If you were to take a guess, how long do you think the mask mandate will stay? A year? Two? Five?

MH: there is a lot of controversy about this because there were some weird benefits from wearing masks, that we did not anticipate, during the winter months of 2020. We had a much lower incidence of the Flu. There is a very tough virus for kids called the Respiratory Syncytial Virus (RSV) that kind of took a holiday because everyone was wearing masks. Now the worry is there is a whole group of kids who have not been exposed to those viruses because last year they were isolated, or they were protected because of the masks. Our Flu season and our RSV season

may be much more aggressive because kids have not developed that immunity, they get from just hanging around where the virus is prevalent. I don't know what we are going to do about it yet, but I think that the Flu and RSV outbreaks – if we do see them coming – we might end up reinitiating a mask mandate, at least in the school setting. I don't think that masks are going to be gone forever because there are people who there who are immunocompromised and there are people who just don't feel like they have the margin in their own personal health-realm to get rid of the masks. The City Manager, last Thursday, at the press conference urged everyone to be a “mask friendly” community. What we are seeing now is almost the opposite of what we saw in the spring of 2020 where people were calling other people out for not wearing masks. Now people are being confronted like “why are you wearing a mask?” in 2021 and its really nobody's business about wearing a mask now. If an elderly person, or anybody, feels uncomfortable in an indoor situation or outdoor situation, and they want to wear a mask we should tolerate that and be respectful of their health choice. At least their health choice is no adversely likely to effect our neighbors like not wearing a mask back in 2020 did.

Because the DELTA Variant looks like a simple cold, what guidance is available to parents with children under 12?

MH: I think that it's very important that we are a little more vigilant in not writing off any kind of cold, sore throat, respiratory ailment in any aged person. To assume it is just a summer cold or allergies. We are seeing a lot of people, even vaccinated people, coming back with positive PCR tests. I think it is important that people still get themselves tested and get themselves quarantined if they feel flu-like symptoms and they don't really have a good explanation for it. Until they have a negative test, they should be avoiding a big crowd, not in a busy office and not around kids.

Does the test that we have now show that you have a specific strand, or will it just say that you have COVID and you don't really know if it is the DELTA Variant?

MH: Dr. Finberg has helped one of his colleagues, Dr. Ellison, who is a virologist, infectious disease specialist at UMass, stand up a lab that is actually looking at those PCR tests and they can sub-speciate them to look and see what kind of variant is prevalent. That is how we are getting a lot of our information. About three weeks ago, only 7% of the collected samples which were positive were the DELTA Variant. Two weeks later, it was 15%. It seems as if the doubling-time of this is about 2 weeks. If you project that out, by the end of August the DELTA Variant will probably be the most common one that we are all facing. It is not a problem because of the efficacy of the three vaccines, it is only a problem for the unvaccinated. They are the only ones that are getting admitted. Right now we are very fortunate to only have a total of 4 people at UMass and 2 at Saint Vincent's, in the whole city, that have COVID as an admitted inpatient. That's amazing, compared to having been in the 100s back in April of 2020 then again in January 2021. I think the vaccine is showing itself to be amazingly effective against the DELTA Variant but there are these pockets of people that have decided, for whatever reason, not to get it and that is really where the Department of Public Health is working hard. I think with Dr. Moore Simas' help we can convince a pocket of these folks not in favor of vaccinations, we are really worried about their unborn kids or their kids in general. We have got to work on getting the female population to be more comfortable with this.

RF: I certainly agree with that, and I would add that, right now, we cannot tell you immediately what variant you have, but that will probably be coming. We find out retrospectively by the sequencing.

TMS: I will also say, along the lines of reproductive age/childbearing age women there is this, sort of false belief that fertility may be affected so we are also seeing populations of women who are planning to have children who are declining the vaccine for fear that it is associated with infertility. That really is an unfounded fear. There is no scientific evidence supporting that.

Are they working on something to prove that this belief is false?

TMS: Dr. Finberg mentioned the study that is out that is around hundreds of thousands of pregnant women that was done through what is called the CDC V-Safe App. Lots of people who have chosen to get the vaccine could sign up. A lot of the Mass Vaccination sites gave out information to sign up for an app that would check in every day, followed by weekly, then monthly, asking what your experience was. There will be more information coming out through that. Additionally, when you look at animal studies that were done, as well as the science behind the vaccine, there has been no effect on fertility. The human follow-up studies, that we have to date, show no effect on fertility. There is no real, plausible, reason there would be. When you look at all the other vaccines that we have, which have stood up over time and history, fertility and menstrual changes are not something that we have seen effected by them.

Will the indoor mask requirement stay in place until vaccines are approved and available for all ages? Why/why not?

RF: I don't think so, but I will let Dr. Hirst answer that one.

MH: That is a tough question to answer quite yet, but I think that if we are successful in vaccinating those 12 and up then masks won't be needed in the middle and high schools. In the elementary schools, where we are waiting for the data from Dr. Finberg's colleagues on whether it is safe to give the vaccine to younger children, like 6 months and up, I think that masks will probably be needed there. Its more because, with this new variant that is now becoming prevalent in Massachusetts and around the country, the DELTA Variant is so much more transmissible. It is a real worry for us what is going to happen in September when the kids do get back to school and we have a large group of unvaccinated kids percolating around with teachers and adults. That is the onuses on us at the Public Health level to try and make sure the adults all get vaccinated.

Is there any vaccine risk for young girls? Will the vaccine change their DNA?

RF: There is a lot of evidence that it would not. Again, all the studies that have been done, including the animal studies, say no and there is no evidence that it should. People have these worries, but there is no rationale for it, is all I can say. As Dr. Moore Simas said, people are looking very carefully, around the world, and there are rare events that occur with these vaccines and those are discovered but that has not been reported.

TMS: I would say the one thing that is specific to women of reproductive age is there is one rare complication that seems to be more to them and more specific to the Johnson and Johnson

Vaccine which is something called Thrombocytopenia Syndrome. It is rare, like 9 per every 1 Million women who receive the vaccine will experience that. It is not a reason to not recommend the vaccine and it is not a reason I would say not to get the vaccine. Thrombosis has to do with clotting. Thrombocytopenia means a low platelet count. Platelets are how we clot and stop bleeding.

Is it safe to be given the vaccine during pregnancy?

TMS: Pregnant women were not specifically included in the trials, they were excluded that led to the emergency use authorization, however they have been studied. Those that chose to get it, voluntarily, many have enrolled in subsequent trials or have been tracked so there is emerging safety that is available to say that it is safe for pregnant women and for lactating persons.

RF: There is a study of 35,000 pregnant women and there are no increased events.

TMS: That is the CDC V-Safe data. I am an OBGYN, I am the chair of the department here and I would say yes, it is safe. In fact, the American Collage of Obstetricians and Gynecologists is recommending that all pregnant and lactating persons are offered the vaccine. The information that we have in both animal and studies, and sort of the science behind the vaccines, would say it is safe.

Are there health indicators that would make it unsafe or complications more likely for some women?

TMS: That is an interesting question. There are no contraindications or conditions for which pregnant women should be excluded from being offered the vaccine. In fact, there are conditions, for pregnant women getting COVID for example, such as obesity, diabetes, hypertension, etc. where their risk of having a negative outcome, or a poor outcome, is higher in having the disease verses being vaccinated.

Would you say it is more about if someone has an underlying disease or issue?

TMS: Yes, for the COVID disease itself, not for the vaccination.

Is it safe to be given the vaccine while breastfeeding? Does immunity pass to infants who are breastfed?

RF: There is evidence that antibodies are passed to breast feeding babies. Therefore, that should provide some protection. That's another advantage of breastfeeding having gotten the vaccine.

TMS: There is also evidence to say that in the cord blood, the blood within the umbilical cord of pregnant women after they have delivered has demonstrated antibodies. Pregnant women who have been vaccinated, there is evidence to say that the offspring will also have some protection through them.

Has COVID-19 impacted the birth rate in Worcester?

TMS: That is a fantastic question and I wish I could really tell you. What I can say is that the predictions across the world, the county, the state, will be that birthrates will be down. That is anticipated to be more from financial reasons. If you look, over the history of time, in times of financial uncertainty birthrates go down. Which makes a lot of sense, right? People were losing their jobs, being laid off or furloughed. 50% of pregnancies are unplanned, but the other 50% are planned and when you plan at a time when you are looking at potential financial worries, often you pause. The prediction is that birthrate will be down. I will tell you; I think at UMass Memorial Health we saw a little bit of a COVID-baby bump recently and at the moment and looking at the predictions through the fall I am not seeing the downward trend but everything says we should see it coming so we will have to wait and see.

Is there any local data showing an increase in other health issues from local women who have been vaccinated?

MH: We have seen overall an increase in the number of patients that have come in with heart disease, strokes, problems with blood clots. Some of this was pre-vaccination and it has continued to some degree after vaccination. A lot of it, we think, is related more to hesitancy around going to the hospital. They know that there is a lot of COVID activity at the hospital and if they can avoid going in, they do. But that means they come in late, and they are not taking care of their early chest pains or confusion in their head. They write it off as maybe a cold when they might be having a mild stroke. This is a tough question to answer because I don't think we have teased it all out enough. But we are looking at it very seriously.

Is there any gender-segregated data that points to if men or women are more likely to be vaccinated and is there is any data on if men or women are more likely to contract COVID?

RF: The irony is that men appear to more susceptible, and they do worse, and they are also more reluctant to get the vaccine, nationally. It makes no sense at all.

MH: That is what we have been seeing in the local Worcester data as well. Women are more inclined to get vaccinated than men. It varies by age because the seniors are predominantly female, and their vaccination rate is close to 90-92% so they have been super interested in the vaccine. But, in the reproductive age group, it seems like men are still trailing.

TMS: I will say, for reproductive aged women, pregnant women, fair worse when getting the disease than non-pregnant women. The risk of hospitalization, ICU admission, intubation, severe disease outcome is higher in pregnant women which is where some of the urgency comes from for them to get the vaccine.

Are pregnant women more at risk because they are compromised?

TMS: Some might consider pregnancy to be an immunocompromised state. It is quite a tax on the system. The body is dealing with a lot.

When will we know what the side-effects are? Is there a timeframe where you know the side-effects of these mass-vaccinations? Not knowing the side effects is a sort of discomfort for some people.

RF: I will try to answer that in a couple of ways. I certainly understand that it is a problem. Most side-effects come within the first few weeks of vaccination. It is not like you are going to get effects years later. We are pretty confident that we have seen the side-effects that will occur in this vaccine. These vaccines, particularly the three given in the U.S., have been incredibly well tracked and as Dr. Moore Simas mentioned, everyone who gets the vaccine gets access to an app that reports these complications. There are rare complications. There is a rare complication of clotting in young women and there is a rare complication of heart disease in young men. However, both of these complications are outweighed by the benefit you get from the vaccine. Therefore, the assessment has been made, and I certainly believe it to be true, that it is much safer to get the vaccine than to risk getting COVID. These vaccines have now been given to millions of people around the world and if there were common side-effects, we certainly would have seen them and have cataloged them. I think people should feel comfortable about that.

What about herd-immunity? Is the idea that if most of the people around you are vaccinated then you are protected accurate?

RF: I think it is a little misleading. There is such a thing as herd-immunity. It varies a bit depending on how infectious a particular virus is. For example, the herd-immunity figures for measles that are calculated say you must have 95% of the people immunized to prevent an outbreak in a community. It is probably somewhat less than that for COVID but these DELTA viruses are infectious and right now we are certainly not there. Even if we get to 70%, I think we are not really confident that that will be enough. The cost-benefit analysis, I think, is quite compelling. For the community and for themselves.

MH: The only thing that I would add is that we look for this herd immunity number and people talk about it being 70%, 80%, 90%, but I think the proof is in the admission rates and the types of in-hospital activity that we are seeing. Currently Worcester is thought to have about 54% of its population vaccinated of the folks that are eligible and at approximately 62% for having had at least one dose of their vaccinations. But we are seeing very low numbers. If we continue to see those types of low numbers and our percentages stay where they are, that might be herd-immunity, for us, I don't know. But I think in a real sense we cannot just hang on a number. We know that the more people who are vaccinated the less likely that other variants, worse than the DELTA Variant, will pop up. The DELTA Variant is a function of the fact that the original virus keeps trying to make copies of itself and it does not make great copies. Sometimes, accidentally, it makes a copy that is worse than the original one, in terms of being transmissible. Usually, if they are more deadly, the virus has defeated its own purpose because it does not want to kill all of the humans that it infects because then it won't have a place to reproduce. So, it wants to make viruses that are more transmissible but not necessarily more deadly. If enough people get infected and they have health problems to begin with, that is when we start to death numbers and hospital numbers go up. In Peru, right now, apparently there is a new variant called the LAMBDA variant which is apparently flying through the county because they don't have a very good vaccination rate and it is also not as responsive to the vaccines. We don't want breeding grounds here in the U.S. for those kinds of variants. So far the DELTA variant seems very responsive to the vaccines that we have developed.

Earlier there was mention of the tracking app, but that was self-reporting. Is there any other form of tracking that is happening beyond what people say in that app?

RF: There is tracking. Those of us who volunteered for these studies have to fill out a diary every week and if I don't do it then somebody calls me. That's true for hundreds of thousands of people.

TMS: There is voluntary tracking then trail tracking. There continues to be study upon study going on around the disease itself and the vaccine. I think we will see that for many years to come.

RF: It is incredibly well studied vaccines.

Do you have any current data on immunocompromised people? Are they making antibodies? Would you advise them to wear masks after vaccination?

RF: That is a really tough question. It depends entirely on the degree of immunocompromise. Most cancer patients, for example, on the whole respond very well and people with HIV who are on drugs with low viral loads respond very well too. The ones who have trouble are these very immunocompromised people. So some immunocompromised people we know respond very well. Those who have had organ transplants don't respond as well. For people who are uncomfortable, I think they should wear masks. I think people should talk to their doctors about it. The transplant experts and the cancer experts have a good understanding of the degree of immunocompromise. They should still get vaccinated though.

Aside from COVID last year, there was a greater instance of people delaying treatment because they did not want to go to the hospital. Did we experience that in Worcester for Obstetrics as well? Were people delaying getting prenatal care? Were the negative outcomes as a result of that?

TMS: We offered both telehealth and in-person prenatal visits. We saw great attendance. We did stand up a clinic very specifically for pregnant women with COVID such that there was an entrance outside the hospital, there was no other exposure to anyone else in the hospital, so we could keep women known to have tested positive or suspected positive away from other prenatal and pregnant patients to help people feel comfortable that it was ok to come in.

Information Session Adjourned at 6:40pm

Next Meeting: Tuesday August 3, 2021 at 5:45pm
Topic: Worcester Women in Art and Culture