

WEBINAR COVID-19 vaccines: The global dementia movement & how you can help

Wednesday 24 February 1pm London | 8am New York







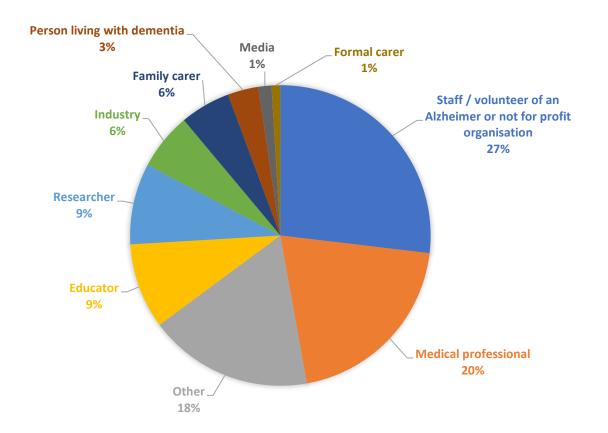
Paola Barbarino

Chief Executive, ADI



Representation from 85 countries

SPECIALITY / ROLE





World Health Organization (WHO)

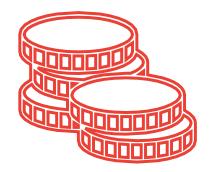
- COVID-19 vaccine demand package includes planning guidance and template, how to achieve high take up of the vaccine, conducting community engagement and a misinformation management guide <u>www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery/acceptance-and-demand</u>
- COVID-19 vaccination training for health workers https://openwho.org/courses/covid-19-vaccination-healthworkers-en
- Orientation on National Deployment and Vaccination Planning for COVID-19 Vaccines https://openwho.org/courses/covid-19-ndvp-en
- COVID-19 vaccine country readiness and delivery https://www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery
- Covax the pillar of the vaccine e Access to COVID-19 Tools (ACT) Accelerator <u>www.who.int/initiatives/act-accelerator/covax</u>

Other resources

- ADI's COVID-19 resource pages <u>www.alzint.org/resource/advice-and-support-during-covid-19-general-advice-and-resources-from-alzheimer-associations</u>
- Alzheimer's Society Vaccines for coronavirus (COVID-19) <u>www.alzheimers.org.uk/get-support/coronavirus/vaccine-covid-19</u>
- Nature Journal (28 April 2020) Graphics on how the different types of COVID-19 vaccines work <u>www.nature.com/articles/d41586-020-01221-y</u>
- Long-Term Care responses to COVID-19 https://ltccovid.org/



We will not rest until dementia is properly acknowledged as the epidemic it is and addressed promptly and appropriately. Your donation can help us get there faster.



https://www.alzint.org/donate/



World Health Organisation

 Dr Shalini Desai (Switzerland), Medical Officer of Immunization, Vaccines and Biologics Department at the World Health Organization (WHO)

UK perspectives

- Fiona Carragher (England, Wales and N.Ireland), Director of Research and Influencing, Alzheimer's Society
- Dr Jennifer Bute (England), Founder of Glorious Opportunity; member of Dementia Alliance International and living with dementia

Speakers A7

African perspective

- Jackline Kiarie (Kenya) Programme Manager, COVID 19 Response Programme, Amref Health Africa
- Latin American perspective
- Dr Patrick Wachholz (Brazil), Geriatrician, Professor, Researcher at São Paulo State University

Dr Shalini Desai

Medical Officer of Immunization, Vaccines and Biologics Department at the World Health Organization (WHO)

Part of COVAX facility team working on the Country Readiness



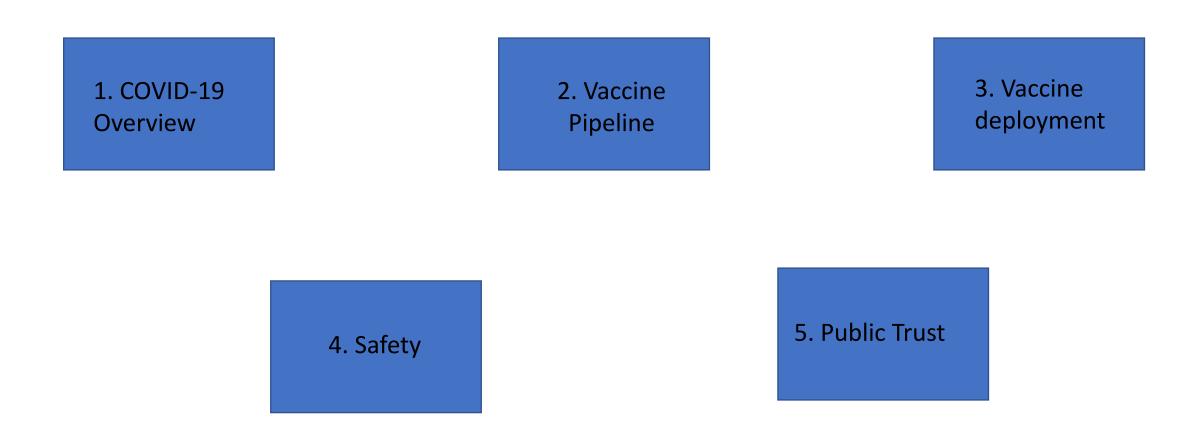


COVID-19 Update

Alzheimer's Disease International Webinar

Shalini Desai, MD, MHSc HQ/IVB/EPI Feb 24, 2021

In the next 20 minutes.....

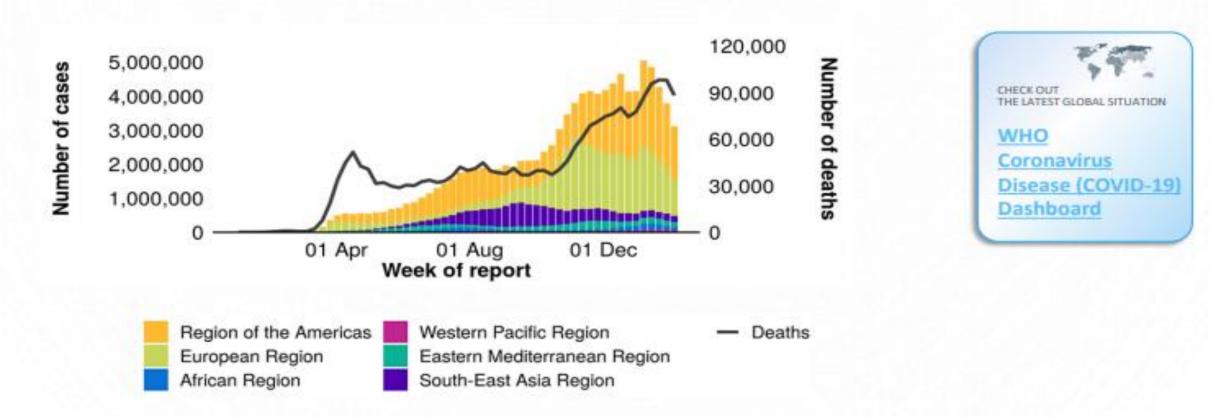


1. Overview of Current COVID-19 Situation

Current global situation

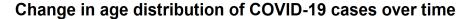
Cases reported to WHO as of 07 February 2021, 10:00AM CEST

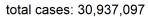
- > 105 million cases
- > 2.3 million deaths

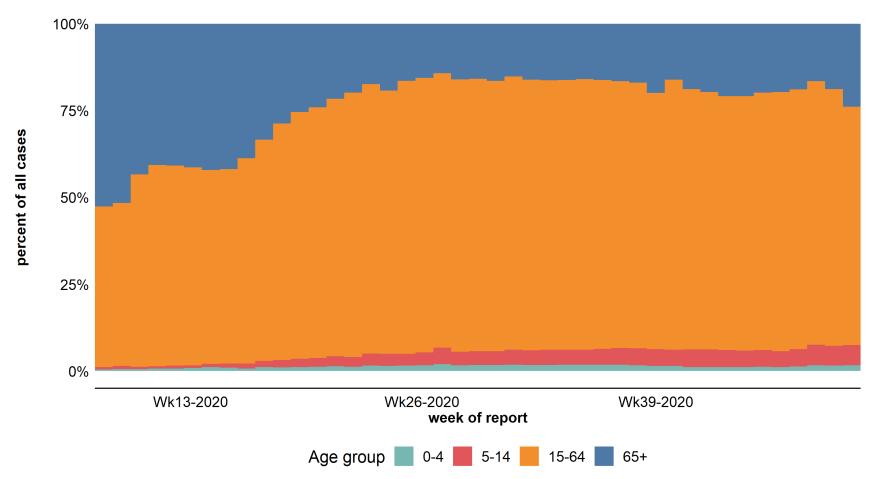


* Data are incomplete for the current week. Cases depicted by bars; deaths depicted by line

Age distribution of COVID-19 cases, 2020



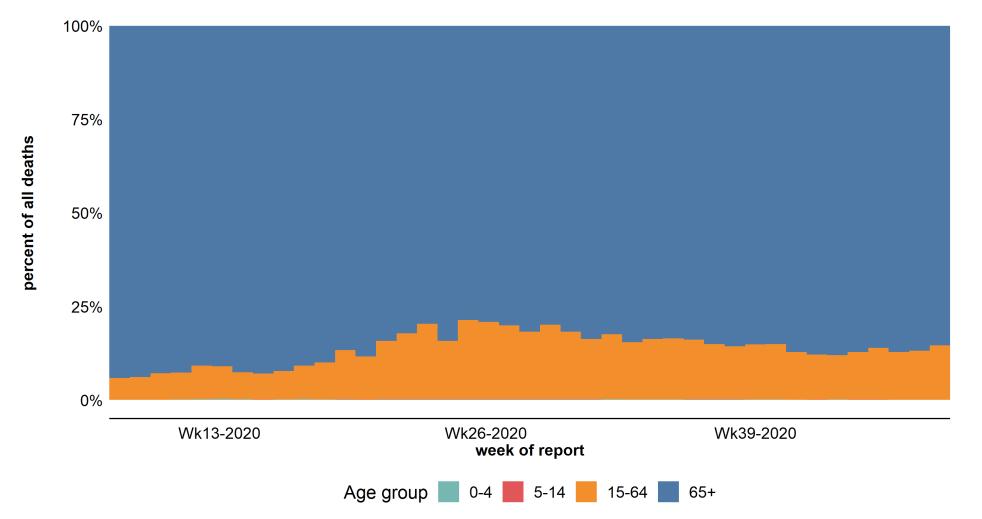




Age distribution of COVID-19 deaths, 2020

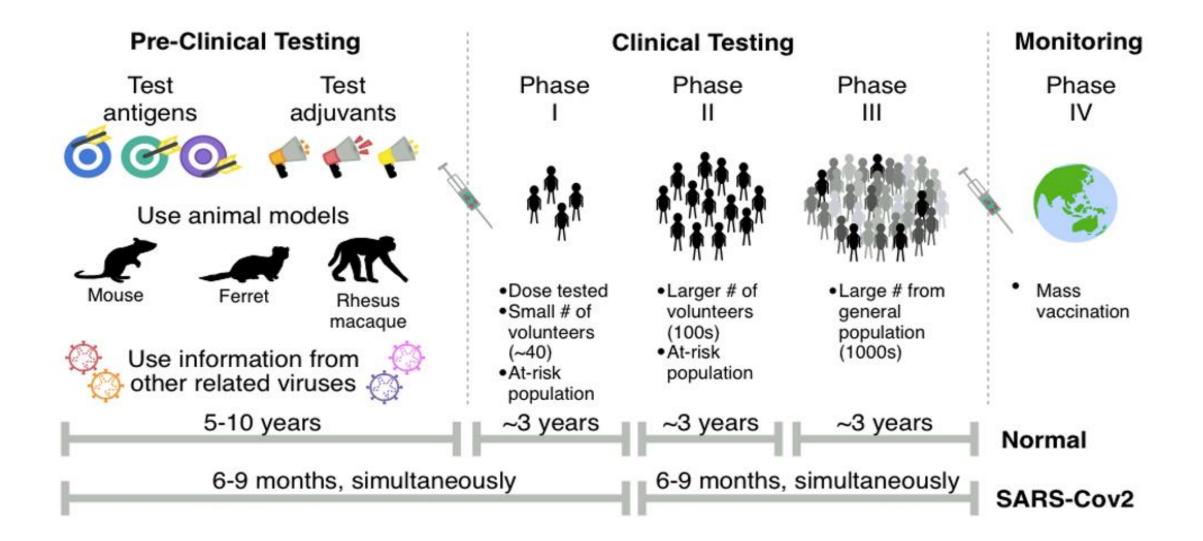
Change in age distribution of COVID-19 deaths over time

total deaths: 1,046,782



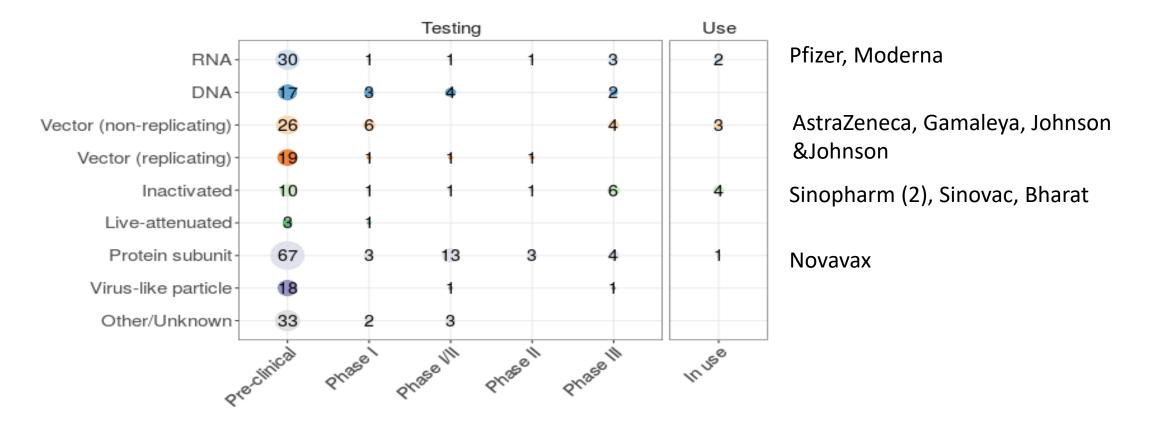
2. Vaccine Pipeline

SARS-CoV2 Vaccine development



https://theconversation.com/where-are-we-at-with-developing-a-vaccine-for-coronavirus-134784

The COVID-19 Vaccine Pipeline



Candidates listed above as being in phase III include several undergoing combined phase II/III trials.

<u>https://vac-lshtm.shinyapps.io/ncov_vaccine_landscape/</u> (Accessed Feb 15, 2021)

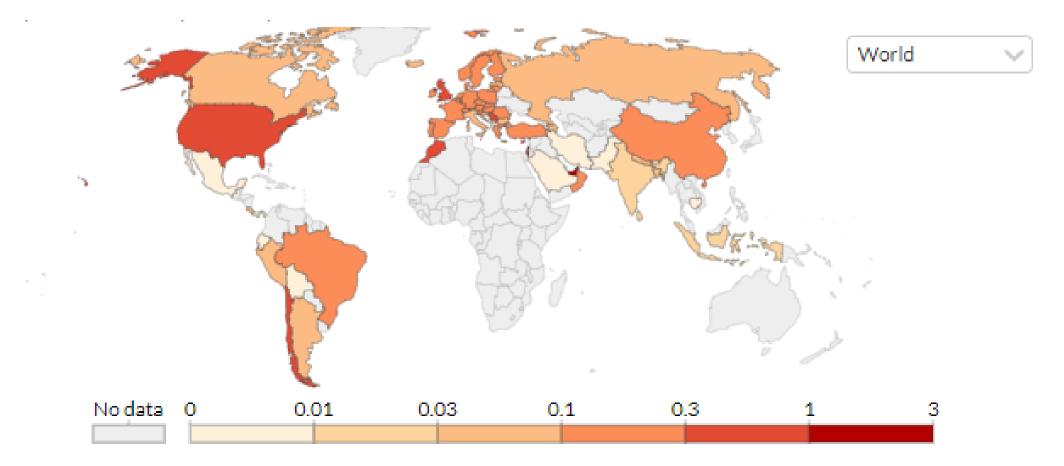
 <u>https://www.nature.com/articles/d41586-020-01221-y</u> 25/02/2021

Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process

Manufacturer	Product	Expression of Interest accepted	Status	Anticipated Decision Date for WHO PQ
Pfizer	BNT162b2/COMIRNATY Tozinameran (INN)	Yes	Finalized	31/12/2020
AstraZeneca (AZ)	AZD1222	Yes	Data expected March 2021	March-April 2021
AZ (SK Bio)	AZD1222	Yes	Finalized	15/02/2021
Serum Institute of India	Covishield (ChAdOx1_nCoV19)	Yes	Finalized	15/02/2021
Sinopharm (BIBP)	SARS-CoV-2 Vaccine (Vero Cell), Inactivated (InCoV)	Yes	In Progress	Earliest March 2021
Sinovac	SARS-CoV-2 Vaccine (Vero Cell), Inactivated	Yes	Additional materials expected Feb	Earliest March 2021
Moderna	mRNA-1273	Yes	Additional data expected week of Feb 15	End of February 2021
Janssen	Ad26.COV2.S	Yes	Use abridged procedure relying on EMA	March – April 2021
Gamaleya	Sputnik V	submitted	additional data expected week starting 15 Feb	No date provided

3. Vaccine Deployment

COVID-19 vaccine doses administered per 100 people



Source: Official data collated by Our World in Data – Last updated 15 February, 09:30 (London time) OurWorldInData.org/coronavirus • CC BY

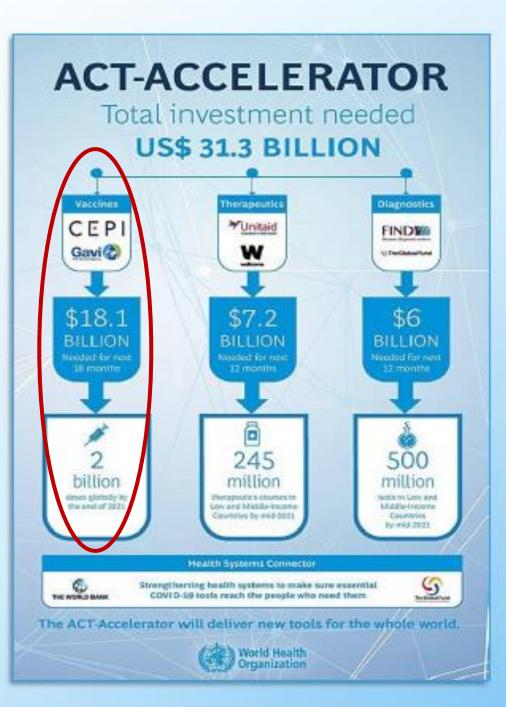
https://ourworldindata.org/grapher/daily-covid-vaccination-doses-per-capita?tab=chart&stackMode=absolute&time=latest®ion=World (Accessed Feb 15, 2021)

Working together to end the acute phase of the pandemic

The ACT-Accelerator* is a global collaboration to:

- accelerate development, production, and access to COVID-19 vaccines, diagnostics and therapeutics
- distribute COVID-19 vaccines, diagnostics and therapeutics fairly around the world
- ACT-A brings together governments, scientists, businesses, civil society, philanthropists and global health organizations
- ACT-A aims to deliver 2 billion doses of vaccine globally by the end of 2021

https://www.who.int/initiatives/act-accelerator



The COVAX Facility is part of the ACT-A vaccines pillar

- The aim of the COVAX Facility is that all participating countries, regardless of income levels, will have access to COVID-19 vaccines
- 190 countries have signed up to the COVAX Facility, self-financing countries as well as 92 funded countries
- These 92 countries are eligible for financial support through the COVAX Advance Market Commitment (AMC)*



Overarching principles to ensure equitable access to health products in the context of COVID-19



Solidarity: Joining forces to confront this unique challenge together and overcome this pandemic



Accountability: Clearly defined roles and responsibilities to ensure procedural justice



Transparency: To build and maintain trust

Responsiveness to public health needs: Health products are carefully selected and allocated to address the public health need



Equity and fairness: to inform the allocation process together with public health needs



Affordability: Consideration is given to pricing and procurement strategies to improve affordability of health products



Collaboration: Collaborative efforts amongst relevant global and national stakeholders is enhanced to accelerate and scaleup the response



Regulatory and procurement efficiency: Agile and comprehensive regulatory and procurement approaches are incorporated to improve timely access to safe, efficacious and quality health products for all countries in need

https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility

Global COVID-19 Vaccine Allocation

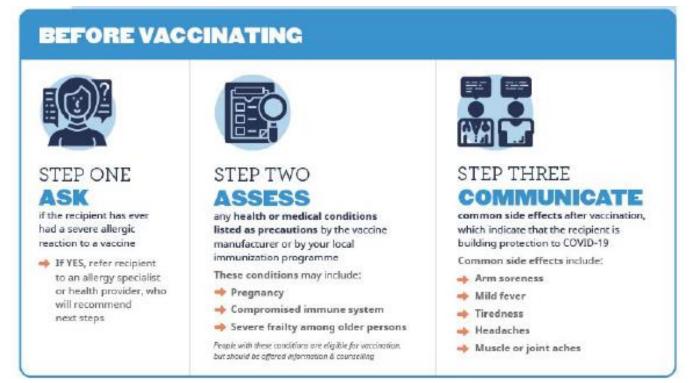
- The allocation of COVID-19 vaccines is guided by public health objectives. For the initial phase these objectives are:
- > Reduce mortality
- >> Protect health systems
- To maximise the public health impact of a limited supply of COVID-19 vaccines, the global vaccines allocation mechanism targets:
- high risk groups (older people, people with cardiovascular diseases, cancer, diabetes, chronic respiratory disease or obese) to reduce severe disease and mortality
- > health workers to protect the health system
- • These groups correspond to 20% of the global population
- • Therefore, the first phase of COVID-19 vaccines allocation will be up to 20% of a country's population

^{• &}lt;u>https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility</u> <u>https://www.who.int/publications/m/item/allocation-mechanism-for-covax-facility-vaccines-explainer</u>

4. Vaccine Safety

Vaccine safety

 Preventing, identifying, reporting, and handling Adverse Event Following Immunization (AEFI) events



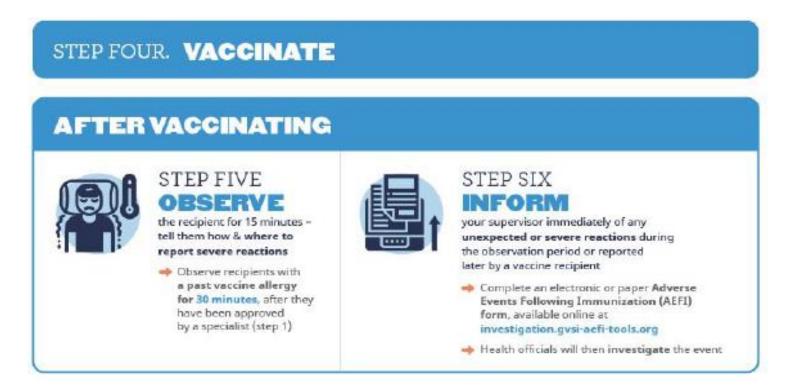
For more information please see:

- <u>COVID-19 vaccination training for health workers</u> Module 4 AEFI monitoring for COVID-19 vaccination
- COVID-19 Vaccines Safety Surveillance Manual: <u>https://apps.who.int/iris/bitstream/handle/10665/338400/9789240018280-eng.pdf?sequence=1&isAllowed=y</u>

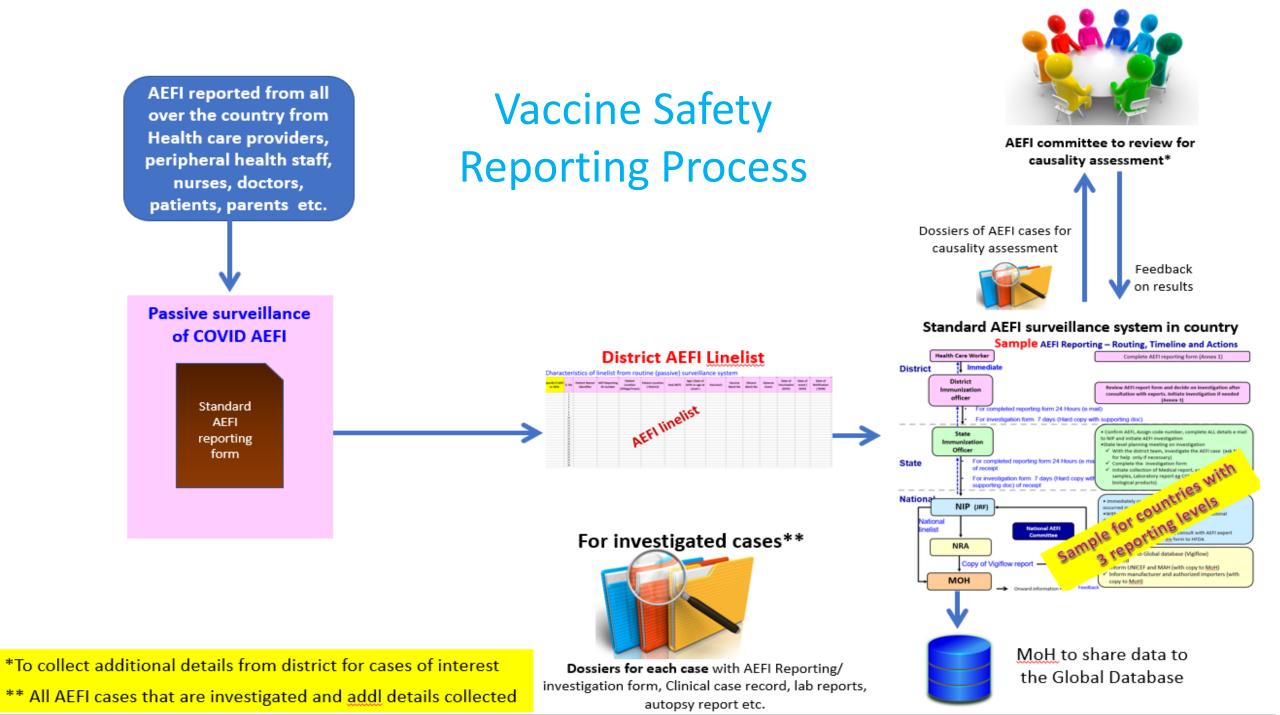
Vaccine safety and regulatory considerations

Vaccine safety

 Preventing, identifying, reporting, and handling Adverse Event Following Immunization (AEFI) events



Important: It is extremely rare for severe health reactions to be directly caused by vaccines. But reporting and investigating adverse events will ensure that COVID-19 vaccines continue to meet high safety standards.



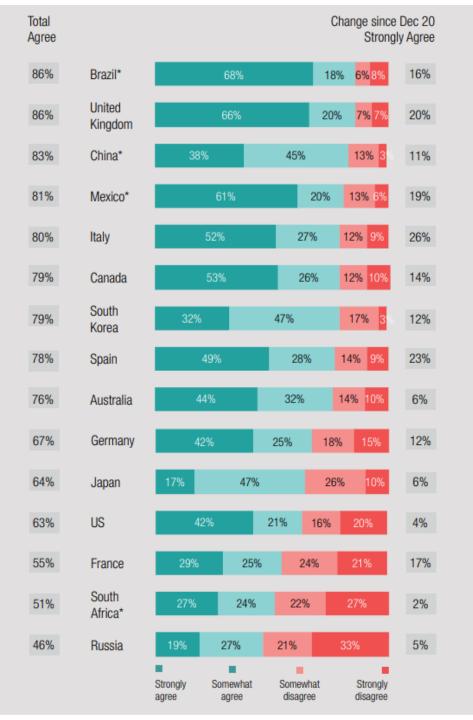
5. Public Trust

Global intentions for COVID-19 vaccines

FIG 1: IF A VACCINE FOR COVID-19 WERE AVAILABLE, I WOULD GET IT

Q. To what extent do you agree or disagree with each of the following: If a vaccine for COVID-19 were available, I would get it (base in January excludes those who report receiving the vaccine)

- Early success with vaccines is building public confidence
- "Hesitancy is not driven by the public buying into conspiracies – it was more likely to be thoughtful people being hesitant because they didn't know what they needed to know to make the right decision"

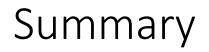


Mis- and disinformation complicates the picture

- An infodemic is the tsunami of information some accurate, some not – that spreads alongside an epidemic or pandemic
- Managing the infodemic has become more challenging with rapid spread of mis- and disinformation through social media
- In some countries, misinformation has generated mistrust in governments, public health authorities and science
- Managing the infodemic management is critical to managing the pandemic

More information on infodemics and risk communication

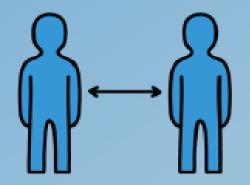




- COVID-19 has disproportionately affected older people including those in LTCFs
- Vaccine supply is limited but new vaccines continue to be developed and tested
- Vaccine deployment is occurring through COVAX facility
- Vaccine Safety continues to be monitored as COVID-19 vaccines are being used
- We can all work to build public trust by reading and referencing trusted sources to stop misinformation from spreading

COVID-19 protective measures

Protect yourself & others



Keep your distance





Cough & sneeze into your elbow



Ventilate or open windows



Wear a mask

Fiona Carragher

Director of Research and Influencing, Alzheimer's Society (England, Wales and Northern Ireland)





Dementia, Covid-19 and vaccinations

Fiona Carragher, Director of Research and Influencing, Alzheimer's Society

What do we know?

- People with dementia have been worst hit by coronavirus
- Disproportionately high death rates
- Severe effects of social isolation
- Deterioration in symptoms
- Family carers and professional carers hit hard by crisis

Rapid access to the vaccine is critical.

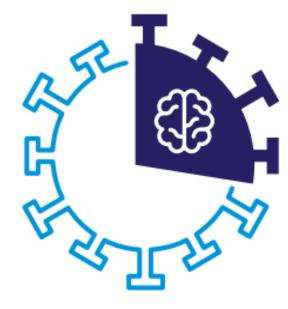
People in care homes, frontline staff and older people prioritised for a vaccine.

In England, as of last week:

- Over 15 million people have been vaccinated
- 94.5% of residents in care homes have been vaccinated
- 69% of care home staff have been vaccinated

What do we think?

- Pleased to see high take up amongst residents
- Need higher uptake amongst people caring for them
- Need more data to better understand vaccine hesitancy
- The needs of people with dementia living in the community need to be considered and prioritised
- Eager to see second jabs start to be rolled out
- Need high uptake for second doses



27.5%

of people who died with COVID-19 from March to June had dementia

Dr Jennifer Bute

Founder of Glorious Opportunity Retired GP Member of Dementia Alliance International

Living with dementia







Map of My Dementia Inclusive Village

about 120 assisted living residents

 + 30 in nursing home +70 in Advanced dementia unit about 60 staff



arrow shows guard hut

Positive actions

Regular Frequent information

Complete Honesty

Regular Constant Reassurance

Regular reminders of safety practices

Music Zoom

Extras eg Marque Deliveries Food!





Vaccinations

<u>January</u> Care Home / Advanced dementia unit then > 85 & all care staff

<u>February</u> all over 75 or in vulnerable group then >70

Problems transport & side effects

Most none or mild sore arm or strange arm sensations

Some had flu like symptoms sore throat / temperature shivers can't get warm

none lasted > than 48 hours

reassurance that Bells palsy or Shingles coincidental





Lessons learnt

<u>Importance</u> of education

Of masks Of regular testing Of enforcing restrictions

Appreciation of volunteers

<u>Power</u> of peer pressure of encouragement of little things Mistakes in not realising

asymptomatic transmission

infectious before symptoms

negative test only for that day

slow to enforce restrictions

ensure face coverings washed





Jackline Kiarie

Programme Manager, COVID 19 Response Programme, Amref Health Africa





ALCO ALCO

Committed to priority high-generity and affordation functing focultificaries surrouses

SERVICE CHARTER

MELDON To create elevent notiveries of adversed communities that were





COVID-19 and Vaccine Preparedness for Older Populations in Kenya

Jackline Kiarie, Programme Manager

24th Feb 2021

www.amref.org

Amref Health Africa AT A GLANCE



International Headquarters Nairobi, Kenya

Programmes reach more than 10 million people in Africa per year

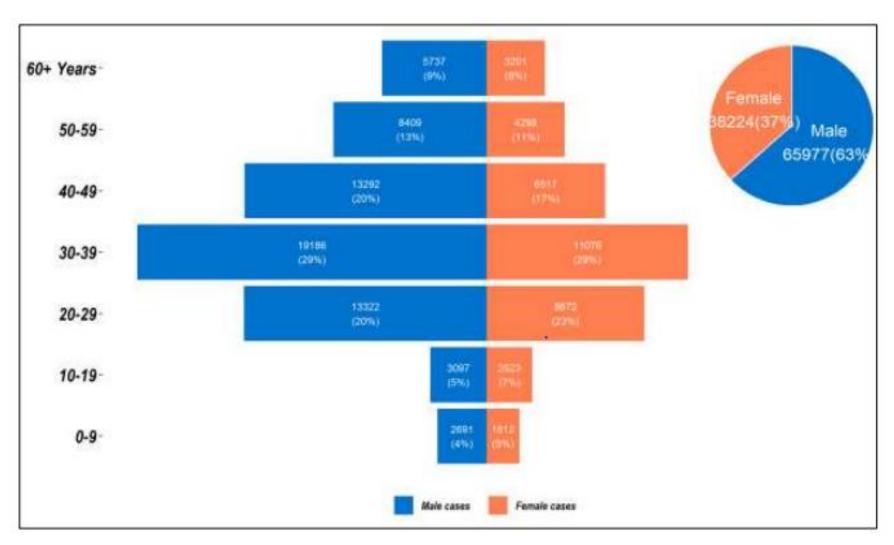
Reach into 35 countries in Africa, 11 countries in Europe and North America International Recognition The Bill and Melinda Gates Award for Global Health

The Conrad N. Hilton Humanitarian Prize



Age and sex distribution of COVID Cases in Kenya

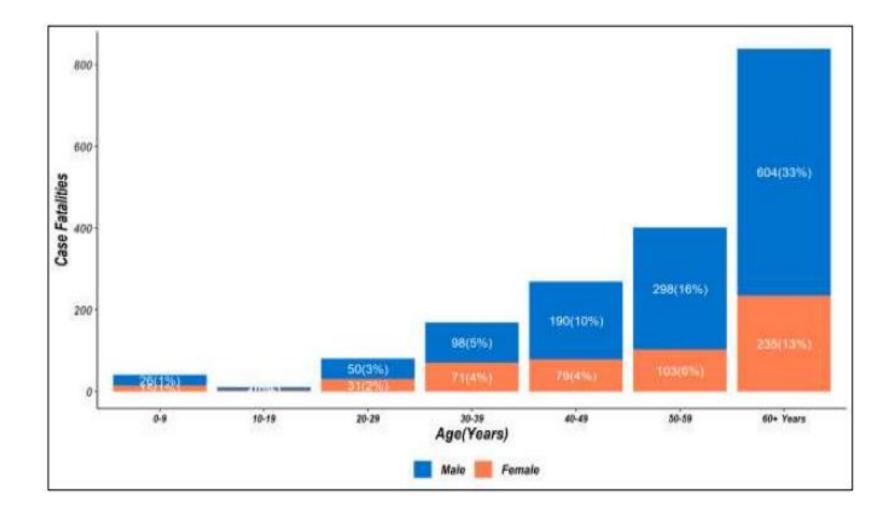




- **2.7m** elderly persons = **5%** of the total pop (KDHS 2014).
- 104,201 confirmed cases and 1,823 deaths
- **17% of cases** are 60+ years
- Males (9%) > affected than females (8%)
- 5% of the population contributing to 17% of cases

Distribution of Case fatalities by Age and Sex





- 17% of the cases contributing to 46% of case fatalities
- Males (36%) > affected than females (13%)
- Compromised immunity and co-morbidities key contributors.
- Inability to meet basic needs due to unreliable social protection programs
- Elderly persons isolated, lonely, malnourished and suffering mental health issues due to lockdowns

COVID-19 Vaccine Preparations in Kenya



Phase I (Q3 & Q4, FY 2020/2021)	 •Vaccine supply limited •Focus: Rapidly reaching critical target populations •Priority Group: Front line Health Care Workers (HCWs- Including CHWs) Critical/ Essential Workers •Target Population: 1.25 Million
Phase II (FY 2021/2022)	 Larger number of vaccine doses available Focus: Rapidly reaching target populations most vulnerable to severe disease and death Priority Group: Persons >50 years and those >18 years with co-morbidities Target population: 9.76 Million
Phase III (FY 2022/2023)	 Sufficient supply of vaccine doses Focus: Ensuring equitable vaccination of other vulnerable groups Priority Groups: Persons > 18 years in congregate settings, Hospitality and tourism industry Target Population: 9.8 Million

Considerations for Older Persons



- Mapping of vulnerable populations complete **Older populations** amongst those mapped.
- Unfortunately limited segregation of different categories of older persons National Dementia Action Plan currently under development in the country.
- What we are worried about ;
 - Initial roll out to be conducted in Level III and above health facilities inequality in access
 - Clients expected to report to vaccination centers in person poor health status, poor socio economic indicators etc. likely to interfere with ability to access care.
 - Two dosage vaccines likely to result in vaccine drop out
 - Vaccine hesitancy Social mobilization efforts likely to reach the reachable
 - Negative reports on AEFI in high income countries versus our ability to respond. is it quality or quantity of life?
- But fortunately;
 - Plans underway for health worker training including community health workers who conduct the door to door household mobilization and follow up to increase uptake.
 - First consignment expected in early March 2020

CONNECT

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Dr Patrick Wachholz

Geriatrician, Professor, Researcher; São Paulo State University, Brazil





COVID-19 and vaccines: current situation in Brazil

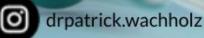
Patrick Wachholz, Md, Ph.D





patrick.wachholz@unesp.br

DrPatrickLTC



INTRODUCTION

Dementia remains underrecognized and undertreated, particularly in LTCF. Nakamura, Tani & Ferri, 2015

Amado & Brucki, 2018

02

Mendes et al., 2020

Among nationwide dementia prevalence studies analyzed, most utilized inadequate criteria for diagnostics or presented a moderate or high risk of bias due to high non-response, inaccurate cut-offs, and doubtful accuracy of the examiners. after adjustment for accuracy of screening, the best available evidence points towards a figure between 15.2% - 16.3%.

03

Chaimowicz & Burdorf, 2015

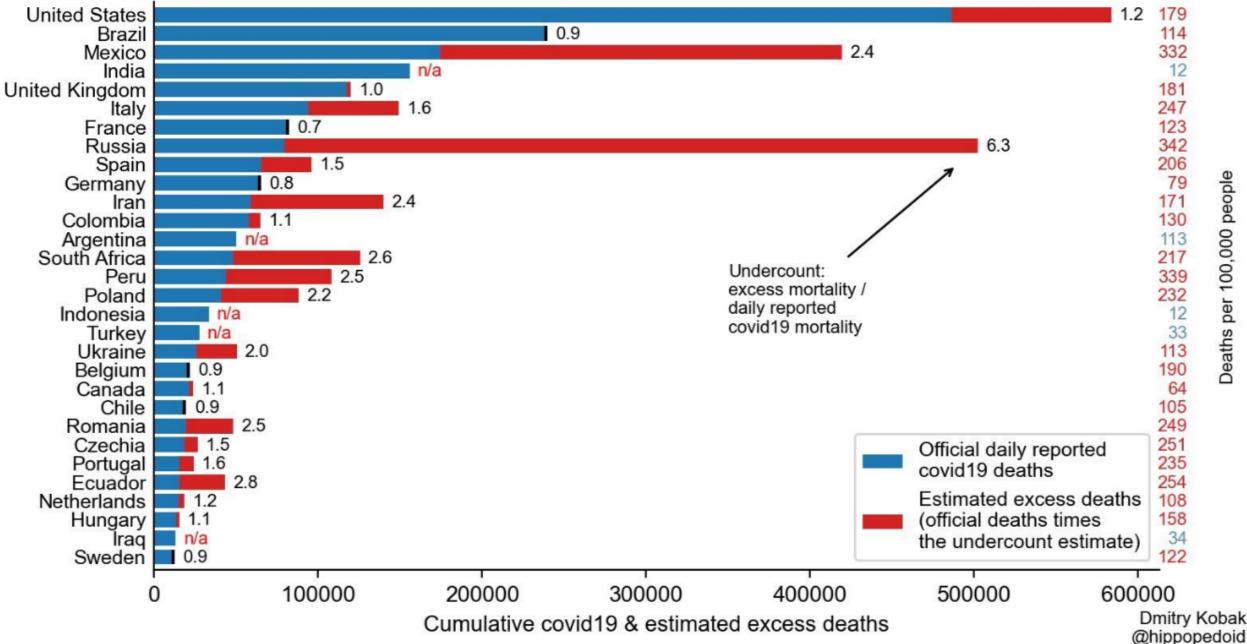
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TABLE 1 | Prevalence of dementia: community-based studies 1994–2000 (Lopes et al., 2007).

Age	Number of studies	Prevalence of dementia (%) (CI** 95%)	Average increase in prevalence				
65-69	17	1.2 (0.8-1.5)	_				
70-74	19	3.7 (2.6-4.7)	3.0				
75-79	21	7.9 (6.2-9.5)	2.1				
80-84	20	16.4 (13.8-18.9)	2.0				
85-89	16	24.6 (20.5-28.6)	1.5				
90-94	6	39.9 (34.4-45.3)	1.6				
>95	6	54.8 (45.6-63.9)	1.3				



Daily reported covid19 mortality and estimated excess mortality until Feb 16



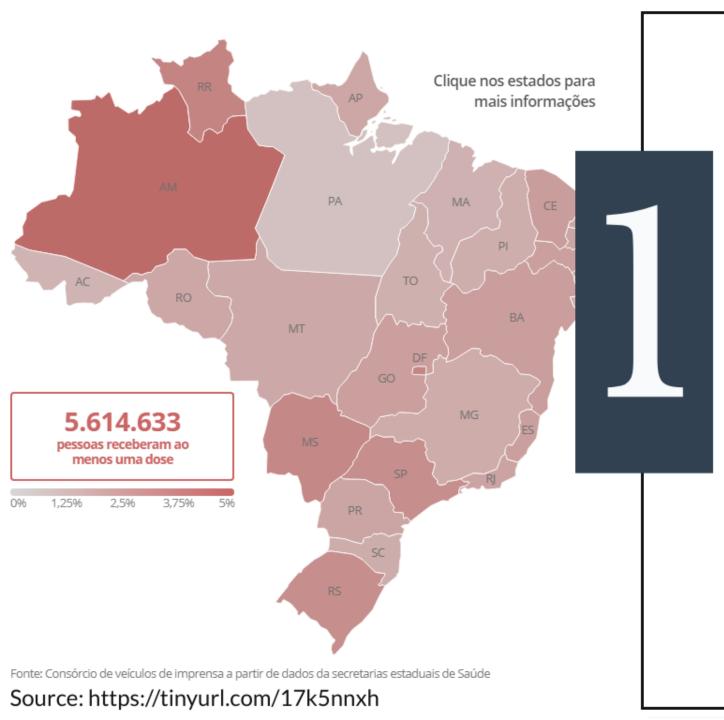
Deaths per 100,000 people

COVID-19 occurrence estimates in Brazilian care homes, May, 2020 - Feb, 2021

State	Date	Number of residents	State	Date	Number of residents	Workers Covid- 19 confirmed cases	Resident Covid-19 confirmed cases	Residents Covid-19 confirmed deaths	Date	Number of residents	Number of workers	Covid-19	Covid-19	Residents Covid-19 confirme d deaths	
CE			CE						19/01/2021	695	629	112	270	38	-
ES			ES	21/10/2020	2059	405	531	90	03/02/2021	2091		556	675	109	92
MG	01/05/2020	107	MG												
MT			MT												
PE	17/06/2020	899	PE						20101/2021	200			05		
PI			PI	00/10/2020	20077	140	255	10	26/01/2021	309	-	64	85	11	-
PR			PR RJ	09/10/2020	2257	140	255	40	28/01/2021	2257	2310	187	352	53	79
RJ	15/06/2020	2350	RN												
RN			RR												
RR			RS	07/10/2020	11988	-	3328	380	16/01/2021	24	511	2148	4430	671	-
RS			SC	24/10/2020	6023	204	491	75	10/02/2021	6072	-	247	656	84	296
SC	10/05/2020	5685	SP	24/09/2020	45461	1316	2266	533	09/02/2021	18187	12119	3396	2369	296	526
SP	01/05/2020	35026	BA						01/02/2021	5224	-	-	1264	154	206
-									_						
TOTAL		44067	TOTAL		67788	2065	6871	1118		59346	15058	6710	10101	1416	1199

Sources:

- Wachholz et al., 2020. https://doi.org/10.1590/SciELOPreprints.1032
- Wachholz et al., 2020. https://ltccovid.org/wp-content/uploads/2020/06/Brief-summary-of-the-COVID-19-situation-carehomes-Brazil_FINAL.pdf
- Wachholz et al., 2020. https://ltccovid.org/wp-content/uploads/2020/09/Brief-summary-of-the-COVID-19-situation-carehomes-Brazil_UPDATED-11.9.2020-formatted.pdf
- https://coronavirus.rs.gov.br/informe-epidemiologico
- Acknowledgments to Public Prosecutors Offices.



Priorities

Health workers directly involved in the care/reference for the suspected and confirmed cases of Covid-19), workers of the LTCF and Inclusive Residences
(Institutional Reception Service in Inclusive Residence for young people and adults with disabilities) other health workers;

- Older people living in LTCF;
- People from 18 years of age with disabilities living in inclusive residences;
- Indigenous population living on indigenous lands





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Call to Action: Vaccine Equity Declaration

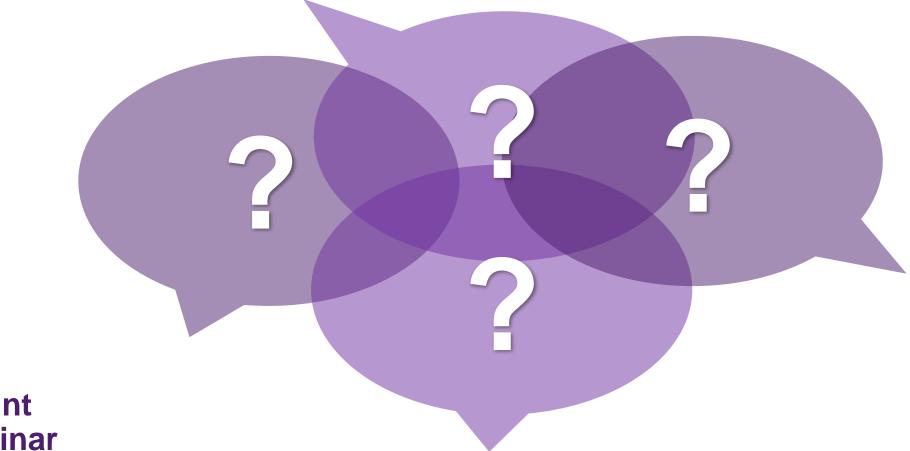
https://tinyurl.com/4akcghld



Thank You!







@AlzDisInt
#ADIwebinar





Paola Barbarino

Chief Executive, ADI