

West Virginia Academy of Family Physicians

FAMILY DOC

“Strong Medicine for WV”

Joanna Bailey, MD
First Chapter President
Installed Virtually



Dan Doyle, MD
Family Doc
of 2020



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West Virginia Chapter**

The opinions expressed herein do not necessarily reflect the official opinion of the Academy unless so stated.

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**WEST VIRGINIA ACADEMY OF
FAMILY PHYSICIANS**
STRONG MEDICINE FOR WEST VIRGINIA

FROM THE PRESIDENT

When I was an intern at the WVU Department of Family Medicine, Jake, one of our senior residents, liked to guide interns in the care of patients by simply saying, “Do the right thing,” and walking away. I and the other interns were initially frustrated by this, but we soon learned what his instructions meant. He was telling us to use all of our resources and do our best. He was reminding us that in medicine, decisions are rarely black and white, and what is right for one patient may not be right for the next. Slowly, as the year went on, we gained confidence in our ability to do the right thing. Now six years into practice, Jake’s advice has never left me; and over the past year, I’ve found myself recalling it more and more. I’ve come to realize that being a family doctor is truly about doing the right thing day after day in many different contexts.

When I finished residency, I took a job at Tug River Health Association working in my hometown of Pineville, West Virginia, in the



Joanna Bailey, MD
WVAFP President

same office where my pediatrician worked when I was a child! As I have grown into this position, I have taken a leadership role at Tug River, assuming responsibility for supervising other providers, writing policies, etc. As 2020 dawned and COVID-19 reached the United States and, eventually, West Virginia, my role as a leader began to extend beyond our organization and my

patients to my community. I expect many of you have experienced the same.

In mid-March, I found myself at a meeting of health care leaders in Wyoming County, many of whom had been working in health care in our community since I was a small child. I found myself speaking up and others were listening. In the coming days, I assisted our county health officer and other officials in coordinating testing among the health department and clinics in our county and with interpreting data and often confusing recommendations from state and federal organizations. I was making decisions that affected not only my patients and organization but also my community. Who should have access to limited tests and when? These decisions were not clear and were not easy, but they had to be made.

By April, we had a solid system in place for COVID-19 testing in Wyoming County, but unfortunately, test turnaround time was taking weeks. Tests were going out and health care providers and public health officials were nervously awaiting our first positive. It came on a Saturday. I was reviewing lab results at home, and there it was. Two weeks earlier, our receptionist had called me one morning to tell me she was having sinus pressure. I had informed staff that if they had any symptoms of acute illness not to come to work but to come for a ‘parking lot’ visit and be tested, and she had done so. Although she and I were both convinced that her symptoms were just related to allergies and possibly the beginning of a sinus infection, there was that little voice saying, “Do the right thing.” I put her off work pending results of her test, and two weeks later, here it was—positive. The first

“Do the Right Thing”

positive Covid-19 case in our county was the receptionist at my office! She had no known exposure and no travel history. By the time her test results came back, she had already been in quarantine for two weeks! Her contacts were traced and tested, and no one else came back positive; but for a few days, our community was in an uproar. What should we do as an organization? Should we keep quiet, or should we speak up? Again, I heard the little voice, “Do the right thing.” I spoke first with our receptionist. She was doing fine physically, but the stress of the public concern was weighing on her nerves as she was being harassed and bullied online. I asked her permission to make a public statement about the situation in an attempt to alleviate some of the community’s anxiety and make sure our patients were comfortable. With her permission, I made a statement on our Facebook page and eventually ended up on the local news. All social media comments were positive, harassment of our receptionist subsided, and our patients voiced appreciation for our transparency.

As the pandemic wore on, more and more positive results rolled in affecting our state, our communities, and even our office staff. I continued to be faced with hard decisions and opportunities to do the right thing. We made the difficult call to move our annual WVAFP meeting to a virtual format. I pushed through an unpopular company policy that required staff to eat lunch alone to avoid office outbreaks. What is right is not always what is popular.

Our duty to do the right thing does not end with our patients. After all, we are family doctors. We don’t just care for individuals. We care for families and communities. We do the right thing by speaking out against policies and laws that we know will hurt our patients. In

addition to pandemic response, over the past year, I have had the opportunity to speak out against a local Board of Education decision that would deprive students of access to school-based health services. I have also joined with many other doctors who did the right thing by speaking out against Attorney General Morrisey’s inclusion of WV in the attempt to throw out the Affordable Care Act, a decision that may cost thousands of West Virginians their health insurance. The WVAFP reached out of its comfort zone to do the right thing and make a strong statement opposing systemic racism and recognizing its role in promoting health disparities. The WV Family Physician Political Action Committee endorsed a slate of state and national leaders who were, at times, controversial but in whom we trust to do the right thing for our patients and our communities. With each of these actions, as well as in countless clinic encounters, in the back of my head, I continue to hear Jake’s abbreviated reminder of my Hippocratic oath to do the right thing.

Throughout the pandemic, I have heard it said by many in public health “We are building the ship as we sail.” This is not how we like to do things as physicians. We like to have scientific research and data to back up our decisions. We like to feel confident that we are taking the best path forward, but unfortunately, when it comes to pandemic response, we do not have that luxury. Pandemic response is less like colorectal cancer screening and more like prostate cancer screening! Every step forward feels like it could be given a “Strength of Recommendation I: Insufficient to Make Recommendation” --but we must move forward, trying our best to do the next right thing. Standing

still is not an option.

As family doctors, we are well accustomed on how to do the right thing in the absence of all the resources needed to do the best thing. We practice medicine in the trenches, in patients’ homes, on the phone on Saturday night, on Zoom with unstable internet connections, and while leaning into the patients’ cars wearing an N95, gown and face shield. We move forward with patients who can’t make it to appointments because they have to choose whether to pay someone to take them to grocery store or the clinic. We do the right thing for patients who cannot access the name brand drug that has been proven beneficial and works well for them while they are in the Medicare doughnut hole. We do the right thing for patients who have to choose whether to put off possibly life prolonging care or risk infection by COVID-19 by going in for a procedure.

The flexibility that family physicians learn in doing right for our challenging patients and families in the context of their communities leads us to feeling more comfortable doing the right thing inside and outside of the exam room, even if it is not comfortable. Not surprisingly, these skills have proven worthwhile to public health decision making on both a local and a global scale. From Dr. Kathy Slemper, whose leadership as state health officer set us off on the right foot in this pandemic, to countless county health officials throughout the state, to front lines family docs providing primary care during this pandemic, we’ve proven we are ready and willing to “do the right thing.” This past year has proven again that family doctors truly are Strong Medicine for West Virginia.

Observations and Reflections on the Work of Daniel Doyle MD, WVAFP's 2020 Family Doc of the Year

By Craig Robinson, Administrator Cabin Creek Health System

It is difficult to summarize the contributions of Dan Doyle to the health of the communities and the state that he has served, to the people he works with and to the vision of what a family doctor can be. As those fortunate to have worked with Dan know, he is a community-oriented master clinician; he is an effective and inspiring teacher; he is a skilled and dogged organizer and a team builder.

Coming out of medical school at Harvard and a family medicine residency at UMass, he jumped

right into organizing a community health center in Fayette County in 1977-78. That became the New River Family Health Center. He was the first medical director of the organization, taking the position before there was a facility and before there was money for salaries. He collaborated with, learned from, and educated the community board of directors (mostly coal miners). He raised money from foundations, designed clinical systems, and recruited other clinicians. Once there was a temporary health center facility, he provided clinical care for children, adults, pregnant women and seniors in the office and in the hospital. He provided the vision for what a community health center should be and continually reinforced it in his interactions with the board and staff, administrators and policy makers.

— There are some important themes one can identify in Dan's ongoing work with the New River Health Center and, in the past 12 years, and his part time work with Cabin Creek Health - another community health center in southern WV. The themes are —

- a) Promoting healthcare for all both as a practitioner and a policy advocate;
- b) Following the science, being forever curious and vigilant for good ideas; and
- c) Extending his impact through effective teaching and support.

Healthcare access for all.

Dan Doyle's committee to healthcare access to all is exemplified by his organizing work in creating a community health center and his ongoing organizing to improve and expand services available without financial



Daniel Doyle, MD

barriers. He has also served as an effective advocate for protecting the health coverage that has been gained and extending healthcare coverage for all. Most recently, in the past year, he organized a group of 60 WV physicians to oppose the efforts of the WV Attorney General and others to repeal the Affordable Care Act which would result lost medical coverage for about two hundred thousand state residents.

Following the science and innovating to improve care.

Dan came to West Virginia with a commitment to the what came to be known as Community Oriented Primary Care. That is the understanding that the community matters in terms of the kinds of risks that patients and community members are facing and that it is useful to organize primary care to address groups of patients and/or community members with similar risks or conditions, to design effected interventions and monitor the progress those targeted by the intervention. He wrote a paper for the 1987 book titled, Community Oriented Primary Care: From Principle to Practice. His chapter was, "Patient Tracking Systems in COPC".

Dr. Doyle was an early adopter of the importance of integrating evidence into practice. He conducted classes in evidence-based medicine for colleagues and for students at WVSOM and applied EBM principles to everyday practice. His vigilance for POEMS (patient oriented evidence that matters) and his creativity were behind his numerous innovations - big and small. For example:

— He helped develop, and provided medical direction for, the development and operation of Black Lund Clinic programs at two different community health centers and, more recently, two pulmonary rehabilitation programs. He has worked with the Benedum Foundation and the Grace Anne and Ted Koppel Family Foundation to expand pulmonary rehab to other rural hospitals and health centers throughout the state. Note that he led a published research project showing the benefits of a primary care-based pulmonary rehab. program.

— He is currently engaged in developing and evaluating

an online program to support patients in carrying out key elements of the pulmonary rehab program in their home using a recently developed smart phone application.

— Early in his work at the NRFHC he developed a patient registry for pregnant women to track their care with the goal of reducing low birthweight babies. And he created a registry for patients with hypertension including people in the vicinity of the health center who were identified through house-to-house testing.

— He developed a curriculum and conducted education for medical assistants and nurses in effective communication with patients and relationship building with team members.

— Based on research done at Kaiser Health in California, he developed a model for a clinical team to conduct group medical visits for patients with chronic conditions. It is an effective strategy for improving care access, for patients to support each other and for more effective patient education.

Teacher

Dr. Doyle seized every opportunity to build teaching into his work. Sometimes this took the form of organizing on the blackboard all the elements of a patient's situation and then lead the the discussion of the huddle or workgroup to arrive at a plan of action. He would likely suggest a "role play" to reinforce an agreed upon strategy for addressing

the the patient's needs. At other times, when working with a student on a clinical rotation he would, before the session started, give the student a question to answer for each of the patients that were to be seen that morning. At the end of the session the student would report on his finding related to the question for each of the patients.

Dan has also taken responsibility for organizing and/or presenting patient cases or didactics at the the pulmonary care ECHO sessions at which would often include clinicians and team members at pulmonary rehab and black lung programs from around the state. The ECHO sessions, managed by the WVU School of Medicine, function as learning networks for primary care practitioners and address a variety of common medical issues including pulmonary rehab.

It is as a team leader that Dan's commitment to education can be seen day-to-day. He is always looking for problems or questions that come up during patient care to invite colleagues and team members into a respectful discussion about the clinical evidence or the relevant elements of the patient's situation that should be considered in addressing the problem at hand. He uses problems as an opportunity for education, for contributing to a staff member's personal development and for team building.

WV Bureau of Public Health Partners with WV AFP and Princeton Community Hospital in Development of "Telehealth Center of Excellence"

COVID-19 has been a challenge for all patients and health care providers. In order to continue to care for patients, use of telehealth has surged. Attempting to incorporate a telehealth program into any practice can be difficult. There are laws, licensure issues, malpractice issues, HIPAA compliance regulations, documentation issues and billing/coding nuances which are difficult to understand, especially when they may be unique to your state or particular insurance companies.

This project attempts to provide a "one stop shopping" guide to telehealth in the state of WV. There

are many other sites issuing guidance but this manual will give providers and administrators the basics as well as details specific to WV in one package.

In addition, the Telehealth Center of Excellence looks to develop an effective system linking medical nutritional therapy (nutritional counseling) via telehealth to West Virginians who could benefit from this intervention to lower blood sugars, blood pressure and lipid levels. This will serve as a pilot program and if successful could expand to primary care providers state wide.

One positive from the COVID

pandemic is that telehealth is likely here to stay. Our advocates in healthcare continue to fight for parity in payment for telehealth visits and for Congress to permanently extend the definition of "originating site" to the patient's home or primary care clinic. Also, they are striving for development of better broadband infrastructure and for access to affordable digital connectivity to decrease the disparity for our most marginalized patients.

Look for a presentation on this project at the WVAFP Scientific Assembly in 2021.

December 14, 2020

Open Letter to West Virginians from WV Healthcare Leaders: We Trust the COVID-19 Vaccine

West Virginia has experienced landmark days in the pandemic response this past week as the U.S. Food and Drug Administration (FDA) granted Emergency Use Authorization for a COVID-19 vaccine. As we write this, thousands of COVID-19 vaccine doses are being loaded and shipped to states across our nation, including ours. As healthcare and public health leaders in the Mountain State, we are breathing sighs of relief because we are confident that this vaccine is safe, effective, and is our best hope for ending the current pandemic.

You might be wondering whether you should trust a COVID-19 vaccine. The COVID-19 vaccine development process has been the fastest we have seen to date because the entire medical, scientific, and public health communities building upon prior research technology mobilized like never before to end this pandemic. Clinical trials with tens of thousands of people showed that vaccination is highly effective in preventing COVID-19 and caused no serious adverse effects. We watched Thursday as the FDA's advisory committee livestreamed their discussion of the evidence leading to their decision to authorize its use. We tuned in again on Friday and Saturday as the Advisory Committee on Immunization Practices (ACIP) met to review the data and provide recommendations for use of the vaccine. These expert committees agree that this vaccine has met rigorous, scientific standards of safety and quality, and should be made available for use by the public.

We want to be clear: We will get vaccinated as soon as it is our turn, and we will recommend it as soon as possible to our family members and patients based on guidance from the ACIP. We trust the process, and we think you should, too.

We have wept with the families we care for and serve, watching them struggle with severe illness and even death. Some have only had the opportunity to say final goodbyes on the phone. These images and memories will stay with us for our lifetimes. But today we are hopeful, because the COVID-19 vaccine can help end this pandemic, protect the health and wellbeing of our communities, and get our economy moving again.

We will each personally receive the COVID-19 vaccine as soon it becomes available to us. We will do this because getting vaccinated not only protects us, but the people around us—particularly those at risk of severe COVID-19 illness. When large numbers of people in a community are vaccinated, fewer people get sick, saving lives, ensuring that the healthcare system can continue to meet the needs of those it is intended to serve, and getting us back to normal lives as soon as possible.

Each of us must continue to do our part to prevent the spread of the virus. Stopping a pandemic requires using all the public health tools we have available, and vaccination is likely our strongest tool yet. As medical and public health experts, we take our duty to protect our patients and our communities very seriously. We will continue to do our part to end the spread of COVID-19 by getting vaccinated ourselves and encouraging our patients, friends, and neighbors to do the same when the vaccine is available to them.

Sincerely (listed alphabetically),

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President, West Virginia Academy of Family Physicians

Anne Banfield, MD, FACOG Young Physician-At-Large American College of Obstetricians and Gynecologists
Director Women's Health Services, Davis Medical Center

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Matthew Delph, MD
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New Martinsville Pharmacy
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Matt Walker
Executive Director, West Virginia Independent Pharmacy Association

Joyce Wilson, APRN, MSN, BSN, RN FNP-C
President, West Virginia Nurses Association

Dear Public Health Partner,

We hope this message finds you staying well and safe during this time. As the rollout of COVID-19 vaccine approaches, we anticipate you will want, and we hope you will play an important role in sharing clear and consistent communication about the vaccine with your communities. To assist with this, we have developed this attached COVID-19 Vaccination Communication Toolkit to help you to respond to questions that you may be receiving. The items include frequently asked questions, talking points for general information, and sample drop-in social media posts. We anticipate there will be a lot of changing information moving forward, so we will continue to provide new and updated materials as additional information becomes available. Each piece is dated so that you can see which is the newest version. As you review and begin to use these materials, please let us know if there are any questions that you're getting that these materials don't yet answer or if there are any other materials that you could use at this time to help communicate about COVID-19 vaccination in your communities. Please share this message with your members as we work to share this information with health professional and public health partners across the state.

Additionally, below we are sharing a list of websites that you may find helpful when communicating about the COVID-19 vaccine.

COVID-19 Vaccine Information Websites/pages:

WV Coronavirus Website: <https://dhhr.wv.gov/COVID-19/Pages/Vaccine.aspx>

CDC: COVID-19 Vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

HHS: Fact Sheet: Explaining Operation Warp Speed: <https://www.hhs.gov/coronavirus/explaining-operation-warp-speed/index.html>

(includes Operation Warp Speed Vaccine Development Timeline)

U.S. Food & Drug Administration: COVID-19 Vaccines webpage: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>

Operation Warp Speed: <https://www.defense.gov/Explore/Spotlight/Coronavirus/Operation-Warp-Speed/>

AVAC: Cheat Sheet: COVID-19 vaccine pipeline: <https://www.avac.org/resource/cheat-sheet-covid-19-vaccine-pipeline>

CDC: Busting Myths and Misconceptions about COVID-19 Vaccination: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits/facts.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fabout-vaccines%2Fvaccine-myths.html

CMS: *Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program*: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf>

The Vaccine Education Center at Children's Hospital of Philadelphia: *Questions and Answers about COVID-19 Vaccines*: <https://www.chop.edu/centers-programs/vaccine-education-center/making-vaccines/prevent-covid>

Many thanks to all for everything you continue to do across our state in your communities to address the COVID-19 pandemic for WV. Your work is inspiring, and your partnership so appreciated.



Thank you,

The West Virginia Joint Information Center for COVID-19 Vaccine

The Center for Local Health

West Virginia Bureau for Public Health

350 Capitol St. Suite 702

Charleston WV 25301

Phone: (304) 558-8870

FAX: (304) 957-7633

Website: <https://dhhr.wv.gov/localhealth>

West Virginia COVID-19 Vaccine Communication Toolkit

Version 1 12/4/2020

Clear and consistent messaging about the COVID-19 Vaccine will be imperative to ensure vaccine confidence among key target groups and the general population. To assist with this, the West Virginia Joint Information Center for COVID-19 Vaccine has developed this communication toolkit to help partner agencies respond to questions about the COVID-19 vaccine(s). The items include frequently asked questions, talking points for general information, and sample drop-in social media posts. This information is based on currently available evidence, resources, information, emergency use authorization and expert opinion and is subject to change. As evidence regarding the use of COVID-19 vaccine for individuals emerges, it will be necessary to modify this document. Each page is dated for reference. Each page is dated for reference.

COVID-19 Vaccine Frequently Asked Questions

Recommended use: This document addresses commonly asked questions surrounding the COVID-19 vaccine(s). It is recommended you copy these FAQ into a solo document.

Why are COVID vaccines an important strategy against eradicating COVID-19

Immunizations are important to prevent and reduce severity of disease. The benefits of vaccine acquired immunity outweigh the serious risk of natural infection. If a large portion of our community becomes immune to COVID via vaccination, it can reduce the spread of the disease to others.

Which COVID-19 vaccines are expected to be available first?

Developer	Technology	Phase 3 Trial Participants	Doses	Status as of 12/3/2020
Pfizer	mRNA	44,000	2 doses 21 days apart	Requested EUA
Moderna	mRNA	30,000	2 doses 28 days apart	Requested EUA
Johnson & Johnson	Viral Vector	60,000	1 dose	Currently in phase 3 clinical trial
Oxford/AstraZeneca	Viral Vector	30,000	2 doses 28 days apart	Currently in phase 3 clinical trial

What is an Emergency Use Authorization (EUA)?

Emergency Use Authorization occurs when the FDA allows a drug or vaccine to be used during a public health emergency. The FDA may choose to grant EUA once studies have demonstrated the safety and effectiveness of a vaccine but before the manufacturer has submitted, or the FDA has completed its formal review of the license application. EUAs provide timely access to critical medical products during a medical emergency when there are no sufficient treatments or vaccines available.

Which pharmaceutical company will provide the vaccine?

Pfizer was the first manufacturer to request emergency use authorization. Moderna has also requested emergency use authorization.

Will the COVID-19 vaccines be safe?

To date, no serious safety concerns have been reported by an independent Data and Safety monitoring Board overseeing Phase 3 trials of the Pfizer and Moderna mRNA COVID-19 vaccines. Both vaccines met the safety requirements outlined by the FDA to seek EUA. In the safety analysis, patients were followed for 2 months after they received their second dose of the vaccine.

What side effects will the vaccine have? Are there going to be long term side effects?

In Phase 3 clinical trials, the most common side effects reported were as follows:

Vaccine			
Pfizer		Moderna	
Side effect	Percent reported	Side effect	Percent reported
Fatigue	3.8%	Fatigue	9.7%
Headache	2%	Muscle pain	8.9%
		Joint pain	5.2%
		Headache	4.5%
		Pain	4.1%

Side effects have been reported to be short lived and happen within the first few days of receiving the vaccine. Side effect occurrence is typically higher after the second dose of vaccine. Historically, long term side effects from vaccines has been rare.

If you develop COVID-19 symptoms after getting the vaccine should you quarantine?

Yes, it typically takes a few weeks for the body to build immunity after vaccination. That means it is possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection. If you have COVID-19 virus symptoms after getting the vaccine or at any time, you should contact your health care provider and consider getting tested for COVID-19.

What about an exposure between doses, do you need to quarantine?

Yes. Standard quarantine protocols should be followed as advised by state and local health officials.

How will side effects from the vaccines be treated?

Side effects from vaccines are typically short lived. If you are concerned about your health after getting vaccinated, talk with your health care provider. They will determine the appropriate treatment. You or your doctor can choose to report the side effect to the Vaccine Adverse Event Reporting System (VAERS).

Should premedication be given prior to vaccination?

Currently, there are no recommendations to take medication prior to receiving a vaccine.

How do the Pfizer and Moderna mRNA vaccines work?

The vaccines contain synthetic mRNA, which is genetic information used to make the SARS-CoV-2 spike protein. The spike protein is the part of the virus that attaches to human cells. The spike protein alone cannot cause COVID-19. Once the spike protein is created it causes the immune system to make antibodies against the virus. These antibodies can provide protection if a person comes into contact with the virus. The mRNA vaccines are non-infectious and do not enter the human cell nucleus so it cannot be inserted into human DNA. Additionally, mRNA is rapidly broken down, and this theoretically reduces chances for long term side effects. The mRNA vaccines do not have the ability to cause cancer.

Can I get COVID-19 from a vaccine?

No. The vaccines do not contain the full live SARS-CoV-2 virus and therefore cannot cause COVID-19. The first vaccines that will be available will either contain mRNA (non-infectious genetic material), viral vectors, (modified versions of live viruses), or protein subunits (parts of viral proteins) which cannot cause infection.

How effective will the vaccines be?

In Phase 3 trials, the Pfizer vaccine showed a 95% efficacy rate 7 days after the second dose. The vaccine was 94% effective in adults >65 years old. The Moderna vaccine showed a 94% efficacy rate 14 days after the second dose. These results were consistent across gender, age, race and ethnicity.

How long will immunity last after I get vaccinated? Will I need to be vaccinated every year?

The length of immunity following vaccination is not yet known for COVID-19. Given the novel nature of this virus and vaccine development, long term data is not yet available to guide future vaccine protocols.

Can I take the vaccine if I have already had COVID and recovered? How long after can I take it?

It is currently unknown how long natural immunity lasts after recovering from COVID-19. Early studies show that it is not long lasting, and cases of reinfection have been reported. The Pfizer trial did include individuals who previously had COVID and recovered but data from that group is still pending. The Advisory Committee on Immunization Practices (ACIP) will be making recommendations on which individuals should be vaccinated.

Can I take the vaccine if I have had convalescent plasma or monoclonal antibody?

The degree of immunity attained from receiving convalescent plasma or monoclonal antibodies is currently unknown. More studies are needed to understand this. The Advisory Committee on Immunization Practices (ACIP) will be making recommendations on which individuals should be vaccinated.

How is the COVID-19 vaccine administered?

The COVID-19 vaccines are IM or intramuscular injections.

Do I still need to wear a mask after I take the vaccine?

Yes. Wearing a mask and practicing social distancing is still important after receiving the vaccine. There will be limited doses available initially, and because people will be vaccinated in waves, it will take time to vaccinate enough of the population to stop the spread of COVID-19. Additionally, we don't know how long immunity will last. Furthermore, infection after a receiving a vaccine may still be possible, although it is likely that it would be less severe, such as a mild or asymptomatic infection. Others can still be infected in this scenario, necessitating the continued use of masks.

If I take the vaccine will I expose my family to COVID-19?

Information currently available about the Pfizer and Moderna vaccines that have requested FDA authorization would not affect a person that is a close contact of a person taking the vaccine. It typically takes a few weeks for the body to build immunity after vaccination. That means it is possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection. If you have COVID-19 symptoms after getting the vaccine or at any time, you should contact your health care provider and consider getting tested for COVID-19.

If you have had the virus do you still need the vaccine?

Due to the severe health risks associated with COVID-19 and the fact that re-infection is possible, people may be advised to get a vaccine even if they have been sick with COVID-19 before.

How many people need to get the vaccine for "herd immunity"?

The number or percentage of population that need to be vaccinated in order to reach "herd immunity" is not yet known. This number is impacted by the pathogen itself (in this case a novel virus with still unknown aspects), how efficacious these new vaccines will be (preliminary data shows both Moderna and Pfizer to be >90%), and how long immunity would last with these vaccines. This is an unknown at the moment as we do not know how long immunity lasts either from vaccination or from natural infection.

When will I get the vaccine?

The Pfizer and Moderna vaccines are under review by the FDA for Emergency Use Authorization (EUA). It is anticipated that emergency use authorization to occur by mid-December 2020 with the first shipments of vaccine to states at that point. However, supply will be limited at first and will likely be given to high risk exposure groups initially. Your timeline for vaccination depends on recommendations that will be provided by the state and the ACIP as well as how much supply of vaccine is available.

Are there any contraindications (conditions or factors that would be a reason to withhold vaccination due to harm) to receiving the vaccine?

Currently there is no information on contraindications to receiving the vaccine. The Advisory Committee on Immunization Practices (ACIP) will be making recommendations on who should or should not receive the vaccines.

How long after the flu shot do I have to wait to take the COVID-19 vaccine

Exact recommendations are unknown at this time. The Advisory Committee on Immunization Practices (ACIP) will be making recommendations on how long after the flu shot one should wait before they receive the COVID-19 vaccine.

Why is vaccine development happening so fast?

The vaccine process is happening faster because vaccine research and development, clinical trials, manufacturing, and plans for distribution are occurring at the same time. This method removes delays that occur when these processes are carried out one after the other. Steps to ensure safety are not being eliminated.

For 2 dose vaccines, what happens if I only receive one dose of the vaccine and not both?

It is recommended to receive both doses of the vaccine. If only one vaccine is received, immunity cannot be guaranteed.

How will the second dose of the vaccine be ensured if I do get the first dose?

The CDC, federal agencies and state public health departments are using a tool called the Vaccine Administration Management System (VAMS). This is an online tool that will allow clinicians to set up customized vaccine schedules, and allow recipients to make vaccination appointment, in addition to get a reminder about returning for a second dose if required.

Is taking the COVID-19 vaccine mandatory?

The vaccine is not mandatory, however, we do recommend that citizens take the vaccine in order to help prevent disease and reduce disease severity. Getting vaccinated will improve the health and wellbeing of our communities and get the economy moving again.

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Vaccine side effects. US Department of Health and Human Services. Available from https://www.vaccines.gov/basics/safety/side_effects Vaccine Management System. Deloitte. Available from <https://www2.deloitte.com/us/en/pages/public-sector/solutions/vaccine-management-system.html>

Zhang et al. Advances in mRNA vaccine for infectious diseases. Front. Immunol. March 2019; 10:594

COVID-19 Vaccine Talking Points

Recommended Use: These talking points are meant for internal use by staff or providers to use as talking points and is not intended to be used in social media platforms, please see the social media posts later in this toolkit for social media messaging.

GENERAL MESSAGES:

- o COVID-19 vaccination will help to protect us from the virus and save lives.
- o Based on months of clinical trials, COVID-19 vaccines that receive FDA Emergency Use Authorization have met rigorous and scientific standards of safety, quality, and effectiveness.
- o Clinical trials with tens of thousands of people have demonstrated that vaccination is highly effective in preventing COVID-19 and caused no serious safety concerns. (The only adverse reactions documented after being vaccinated included mild fatigue and a headache, which only occurred shortly after being vaccinated and then went away.)
- o COVID-19 vaccines will not give you COVID-19. (None of the COVID-19 vaccines currently in development in the U.S. use the live virus that causes COVID-19. COVID-19 vaccines cause an immune response in your body, but do not give you the virus.)
- o Getting vaccinated will help to protect the health and wellbeing of our communities and get the economy moving again.
- o COVID-19 vaccination will offer a path forward to ensure our state's essential workers can safely do their jobs and provide for their families.
- o Getting vaccinated not only protects you, but the people around you –particularly those at risk of severe COVID-19 illness.
- o When communities are vaccinated, fewer people are likely to get sick, saving taxpayers dollars and assuring the healthcare system can continue to meet the needs of those it is intended to serve.
- o It is vital that each of us continues to do their part to prevent the spread of the virus.
- o Stopping a pandemic requires using all the tools we have available, and vaccination is just one of those tools.
- o Continue to wear a mask, stay physically distanced, wash your hands frequently, and avoid the three Cs – crowds, closed indoor spaces, and close contacts.

SUPPLY:

- There will likely be limited supply of COVID-19 vaccine when it first becomes available, so the vaccine will be distributed in phases, based on risk for COVID-19. There may be a limited supply of COVID-19 vaccines when the vaccine first becomes available, but supply will continually increase in the weeks and months that follow.
- The goal is for West Virginians to be able to easily get a COVID-19 vaccine as soon as large quantities are available.
- When the vaccine is available in larger supply, for distribution in Phase 2, it will become available to the general population.

VACCINE DEVELOPMENT:

- COVID-19 vaccines are being carefully evaluated in clinical trials and will be authorized or approved only if they make it substantially less likely you'll get COVID-19. The clinical trials must first show that the COVID-19 vaccines are safe and effective before any vaccine can be authorized or approved for use.i
- These clinical trials are being conducted according to the standards set by the FDA. If the FDA determines that a vaccine meets its safety and effectiveness standards, it can approve or authorize the vaccines for use in the United States.ii

VACCINE SAFETY:

- Ensuring the safety of vaccines, including the COVID-19 vaccines, is a top priority. The U.S. vaccine safety system is designed to ensure that all vaccines are as safe as possible. Specific information about the steps that are being taken to ensure the safety of COVID-19 vaccines is available at www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html.
- To date, no serious safety concerns have been reported by an independent Data and Safety monitoring Board overseeing Phase 3 trials of the Pfizer and Moderna mRNA COVID-19 vaccines. Both vaccines met the safety requirements outlined by the FDA to seek EUA. In the safety analysis, patients were followed for 2 months after they received their second dose of the vaccine.
- After a vaccine is approved or authorized for use, COVID-19 vaccine safety monitoring will be conducted by multiple federal agencies to watch for adverse events (possible side effects) that may not have been seen in clinical trials. They will use established systems to monitor COVID-19 vaccine safety and develop new platforms, such as V-SAFE to complement those systems.vi

EMERGENCY USE AUTHORIZATION PROCESS:

- At least at first, COVID-19 vaccines might be used under an Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration (FDA). During a public health emergency, the FDA can use an EUA to allow the use of medical products that are not yet approved to diagnose, treat, or prevent serious or life-threatening diseases when certain criteria are met, including that there are no adequate, approved, and available alternatives.iii
- For a vaccine to receive an EUA, the FDA must determine if the vaccine's benefits outweigh its risks based on data from Phase 3 clinical trial(s), which demonstrates the vaccine's safety and efficacy.iv
- Emergency use authorizations (EUAs) can be used by the FDA to help make medical products available quickly during a public health emergency.

INFORMATION REGARDING CERTAIN POPULATIONS:

- At first, COVID-19 vaccines may not be recommended for children. In early clinical trials for various COVID-19 vaccines, only adults, who are not pregnant, participated. Older children (12 and up) were added in later trials. However, clinical trials continue to expand and include other groups. It is anticipated that when the COVID-19 vaccine(s) first becomes available, that it will not be available for children at first. However, the groups recommended to receive the vaccines could change in the future.ii We will need to wait to see what the Advisory Committee on Immunization Practices (ACIP) recommends based upon any studies in immunocompromised patients.
- Currently there is no information on contraindications to receiving the vaccine. The Advisory Committee on Immunization Practices (ACIP) will be making recommendations on who should or should not receive the vaccines.

COST:

- The federal government has committed to providing free or low-cost COVID-19 vaccines. However, vaccine providers may charge administration fees for giving or administering the vaccine to someone. Most public and private insurance companies will cover that fee so there is no cost for the person getting vaccinated. In addition, people without health insurance will also be able to get COVID-19 vaccines at no cost. ii

IMMUNITY FROM VACCINE:

- There is not enough information currently available to say if or for how long after infection someone is protected from getting COVID-19 again; this is called natural immunity. Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this.
- The length of immunity following vaccination is not yet known for COVID-19. Given the novel nature of this virus and vaccine development, long term data is not yet available to guide future vaccine protocols.
- The vaccines contain synthetic mRNA, which is genetic information used to make the SARS-CoV-2 spike protein. The spike protein is the part of the virus that attaches to human cells. The spike protein alone cannot cause COVID-19. Once the spike protein is created it causes the immune system to make antibodies against the virus. These antibodies can provide protection if a person comes into contact with the virus. The mRNA vaccines are non-infectious and do not enter the human cell nucleus so it cannot be inserted into human DNA. Additionally, mRNA is rapidly broken down, and this theoretically reduces chances for long term side effects. The mRNA vaccines do not have the ability to cause cancer.
- While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue using all the tools available to us to help stop this pandemic, like covering your mouth and nose with a mask, washing hands often, and staying at least 6 feet away from others.
- Information about COVID-19 vaccines will evolve as new vaccines become available, vaccine supply increases, and the state proceeds through the phases of vaccine distribution. Ensuring all partners and stakeholders are providing timely, accurate, and understandable information across their networks will be critical to the success of the program.

Draft Social Media Posts about #COVID19Vaccine

Recommended Use: Adapt these social media posts to use on social media platforms.

- Vaccines have two benefits: 1) protecting those who are vaccinated and 2) when vaccination rates are high, they create herd immunity, disrupting the spread of disease and protecting those who cannot be vaccinated. Here's how herd immunity works in a community with high vaccination rates: (herd immunity GIF can be downloaded from <https://imgur.com/gallery/8M7q8#J7LANQ4> then posted in social media platforms)
- As we await a #COVID19Vaccine, locally, _(Insert health department or organization name) has been working with @ WV_DHHR and local partners to plan for when #COVID19Vaccine is available.
- Planning for the rollout of the COVID-19 vaccines has been underway in West Virginia since August. This Friday,

December 4, 2020 @WVGovernor Justice will announce the final WV COVID-19 Vaccination Plan.

- #COVID19Vaccines are currently being developed and tested for their safety and efficacy (effectiveness in clinical trials). The Pfizer and Moderna vaccines recently completed this process and have requested an Emergency Use Authorization (EUA) from the @US_FDA so that their vaccines can soon be used in the U.S. in response to the #COVID-19 pandemic. The FDA describes what an EUA is in this short video: <https://www.youtube.com/watch?v=iGkwaESsGBQ>
- During a public health emergency, emergency use authorizations (EUAs) can be used by the @US_FDA to help make medical products available quickly. For a vaccine to receive an EUA, the FDA must determine if the vaccine's benefits outweigh its risks based on data from Phase 3 clinical trial(s), which demonstrates the vaccine's safety and efficacy (effectiveness in clinical trials). The @US_FDA describes what an EUA is in this short video.

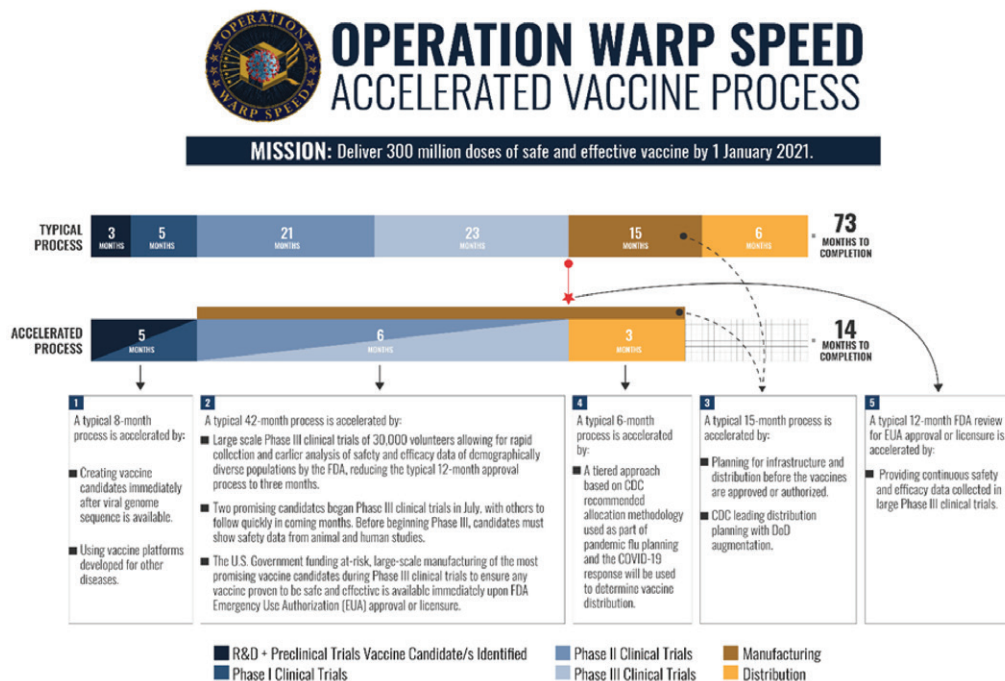
The @US_FDA may grant an Emergency Use Authorization (EUA) for a vaccine that shows that its benefits outweigh its risks so that it may be used to quickly respond to the pandemic. The FDA describes what an EUA is in this short video: <https://www.youtube.com/watch?v=iGkwaESsGBQ>

- Once a #COVID19Vaccine is authorized for use, the Advisory Committee on Immunization Practices will make recommendations to the @CDCGOV director on how the vaccine should be used. But who is the ACIP? They are an external team of medical and infectious disease experts who are responsible for making recommendations on how to use vaccines to control diseases in the U.S. Learn more here:

<https://www.CDC.gov/vaccines/acip/committee/role-vaccine-recommendations.html>

#DYK? A committee of external medical and public health experts advises CDC on U.S. vaccine recommendations. If a #COVID19 vaccine is authorized or approved, this committee will vote on whether to recommend it and who should receive it. Learn more: <https://www.CDC.gov/vaccines/acip/committee/role-vaccine-recommendations.html>

- To make a #COVID19Vaccine available quickly, the federal government has been investing in vaccine manufacturers to help them start manufacturing vaccine at industrial scale before the vaccines have completed clinical trials. By getting ahead in the manufacturing process, this enables the vaccine to be developed and delivered quickly, without compromising safety and efficacy.
- Wondering how a #COVID19Vaccine has been developed so quickly? This graphic by Operation Warp Speed illustrates how the vaccine development process was accelerated in response to the pandemic but continues to meet the same safety and efficacy requirements of other vaccines: <https://media.defense.gov/2020/Aug/13/2002476369/-1/-1/0/200813-D-ZZ999-100.JPG>.



Source: <https://media.defense.gov/2020/Aug/13/2002476369/-1/-1/0/200813-D-ZZ999-100.JPG>

- Ensuring the safety of vaccines, including the #COVID19Vaccines, is a top priority. The U.S. vaccine safety system is designed to ensure that all vaccines are as safe as possible. Learn more about the steps that are being taken to ensure the safety of #COVID19Vaccines: www.CDC.gov/coronavirus/2019-ncov/vaccines/safety.html.
- The federal government has committed to providing free or low-cost #COVID19Vaccines. However, there may be a fee for administering the vaccine that most public and private insurance companies will cover, so there is no cost for the person getting vaccinated. In addition, those without health insurance will be able to get the #COVID19Vaccines at no cost.
- The two leading #COVID19Vaccine candidates are mRNA vaccines. In this brief video, Dr. Paul Offit, the Director of the Vaccine Education Center at the Children’s Hospital of Philadelphia explains how #COVID19Vaccines based on messenger RNA technology work: <https://www.youtube.com/watch?v=S8Wd-NMqvno>.
- The two leading #COVID19Vaccine candidates are mRNA vaccines. This brief video from STAT news explains how #COVID19Vaccines based on messenger RNA technology work: <https://www.youtube.com/watch?v=S8Wd-NMqvno>.

i CDC, Benefits of Getting a COVID-19 Vaccine: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-benefits.html>

ii CDC, Ensuring the Safety of COVID-19 Vaccines in the United States: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>

iii FDA, FAQs on Emergency Use Authorizations (EUAs) for Medical Devices During the COVID-19 Pandemic: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/faqs-emergency-use-authorizations-euas-medical-devices-during-covid-19-pandemic>

iv FDA, Emergency Use Authorization for Vaccines to Prevent COVID-19: Guidance for Industry: <https://www.fda.gov/media/142749/download>

Thank You, Dr. Cathy Slemp

The WVAFP would like to offer a sincere and heart felt thank you to Dr. Cathy Slemp. In the early phases of pandemic response in WV, Dr. Slemp lead our state’s efforts tirelessly and effectively. At the time of Dr. Slemp’s departure from her position as the State Health Officer and Commissioner of Health in West Virginia, our state was leading the national in pandemic response. We had lower hospitalization rates, lower ICU admission rates, and lower percent positivity rates on COVID-19 diagnostic tests when compared to other states. Dr. Slemp was not only an effective leader, she was transparent and approachable. She meet with leaders and members of the WVAFP numerous times both personally and through her staff. She pushed for clinician engagement early in the pandemic response, an effort that has not been replicated since her departure.

Dr. Slemp has spent her career working in public health at community, state, and national levels. From 2002 to 2011, Dr. Slemp served as both the WV Bureau of Public Health’s Acting State Health Officer and the founding director of the state’s public health emergency preparedness and response programs. Prior to these roles, she worked with local health departments and



other partners to build epidemiology capacity and was the founding director of the state’s Division of Infectious Disease Epidemiology. Prior to returning to service in West Virginia as our State Health Officer and Commissioner for Public Health, she worked as a public health consultant.

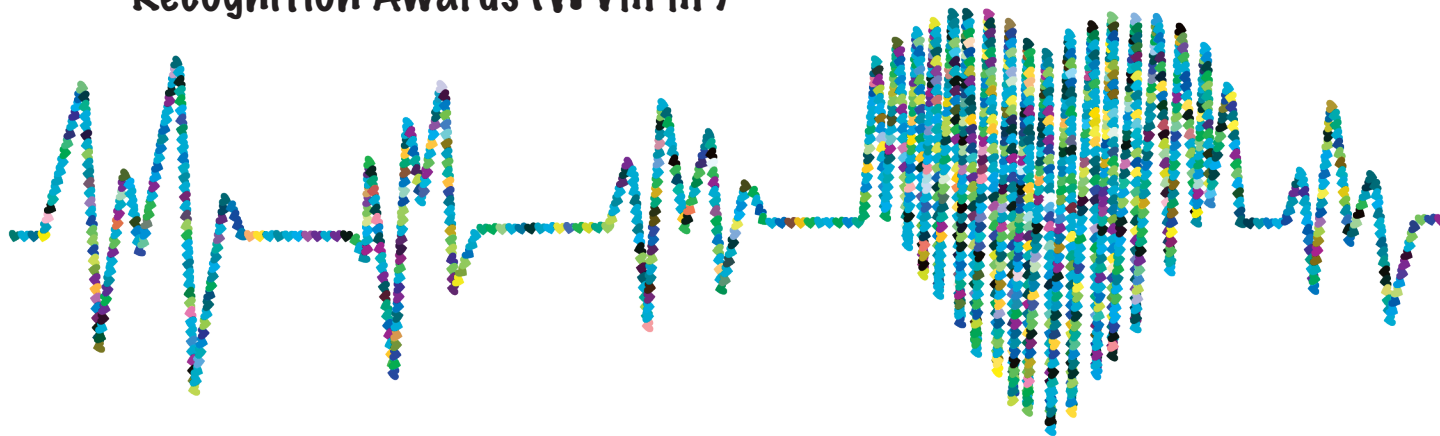
Dr. Slemp has also been a leader and an advocate for health equity in communities. She has worked extensively with relief and development through private and faith-based organizations and volunteers locally with non-profits working on issues of safe housing and food security. Nationally she has served as a leader public health. She serves as a coach for the National Leadership Academy for the Public’s Health. She sits on the Board of

Scientific Counselors for the Centers for Disease Control and Prevention, Center for Preparedness and Response and on the National Biodefense Science Board.

Dr. Slemp received her bachelor’s degree from Princeton University and her MD from Duke University. She completed a preventative medicine residency and received her Masters of Public Health from Bloomberg School of Public Health at Johns Hopkins, and She completed her family medicine residency at St. Margaret Memorial Hospital in Pittsburgh, Pennsylvania. Dr. Slemp is board certified in both public health/preventive medicine and in family medicine. Dr. Slemp has also undertaken leadership training through both the Southeast and National Public Health Leadership Institutes. She has authored or co-authored publications on a wide variety of public health and medical topics.

The WVAFP is proud to count Dr. Cathy Slemp among our members and we are proud of the guidance that she provided family docs and our colleagues during the early days of the pandemic! We wish Dr. Slemp all the best in her future endeavors and we sincerely hope that West Virginia will continue to benefit from her robust knowledge and accomplished leadership in public health.

WV Healthy People Healthy Places Recognition Awards (WVHPHP)



IMAGINE WEST VIRGINIA AS A NATIONAL LEADER AND ROLE MODEL IN BUILDING HEALTHIER COMMUNITIES

Despite our state's reputation for poor obesity and smoking rates, many of West Virginia's cities, towns and counties have quietly been creating policies, programs, community-clinical linkages and systems changes that promote healthier environments in which their citizens can thrive. We believe it is time that these communities are recognized.

The vision of these awards is to recognize the exemplary work being enacted in communities as they implement policy, system, and environment (PSE) changes to increase fruit, vegetable and water consumption, increase physical activity in the community, and implement comprehensive tobacco policies. In 2019, the WV Legislature appropriated \$1 million in prevention funding to the WV Department of Health and Human Resources for tobacco cessation and prevention and obesity prevention. Funding for WVHPHP is a result of the obesity prevention funding.

The WVHPHP Recognition Program accomplished an overarching goal of to recognize and celebrate communities in WV and West Virginians for their work in advancing healthy lifestyles. The inaugural year of the WVHPHP Recognition Program was a success and is a good foundation to build upon in subsequent years. The continuation of this program will provide momentum and morale to communities to continue doing the good work.

In February 2020, the recognition program recognized seven communities in the inaugural year. Five communities were Gold-Level winners and two were Silver-Level winners. Two of these communities went on to win national recognition and \$100,000 to continue their initiatives working with their health care providers in connecting initiatives.

For the award, the Community-Clinical Linkage/ Systems Changes that encourage the collaboration and demonstrate a change in the way health systems interact with community organizations and lifestyle change programs in their community.

At least one health system (hospital system, private practice, FQHC, etc.) within city jurisdiction that refers patients to lifestyle change programs in the community to improve healthy eating habits, write prescriptions to patients to be physically active and refer patients to tobacco cessation programs if they are a tobacco user.

WV Bureau for Public Health, Division of Health Promotion and Chronic Disease will be making the Healthy People Healthy Places community recognition awards in March 2021.

To learn more about WV Healthy People Healthy Places see - <https://wvhealthypeoplehealthyplaces.com/>.

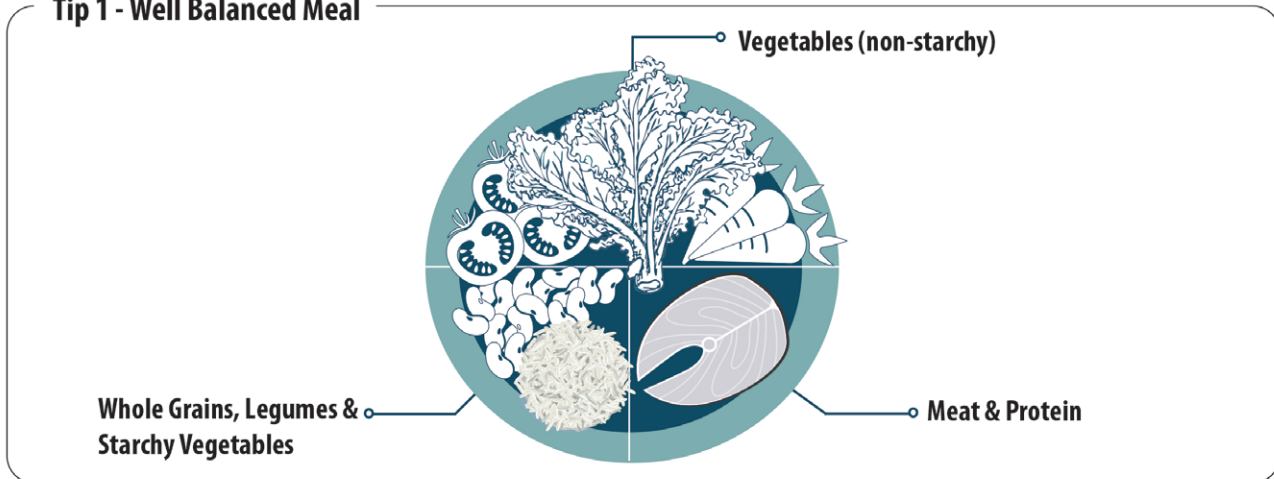
HEALTHY HABITS TO PREVENT DIABETES

Are you at risk for getting diabetes? There is much you can do to reduce your risk. Ask yourself these questions:

- Is at least half my plate filled with colorful vegetables?
- Is about a quarter of the plate filled with whole grains, legumes or starchy vegetables?
- And another quarter filled with a source of lean meat and protein?

THE PLATE METHOD *Tips for Healthy Eating to Reduce Diabetes Risk*

Tip 1 - Well Balanced Meal



Tip 2 - Plate Size - Use a plate about the width of this paper (8-9 inches) for a main meal

Tip 3 - Side Dishes - Don't forget to look at the side dishes! Aim for 3 servings of each per day



Fruit



Healthy Fats & Oils



Dairy



Beverages

Aim for
8 cups/ day
(non-caloric)

Eat More

Whole grains (oats*), dairy foods (yogurt*), beans and legumes, fruit and vegetables (apples*, blueberries*, red grapes*, green leafy vegetables*, lean meats and fish*, nuts and seeds (walnuts*), healthy oils (olive and canola oil), water, seltzer, coffee* and tea*

Eat Less

Refined white breads and cereals, white potatoes, red meats and processed meats, saturated fats and sugar-sweetened beverages

*Some studies have found that the foods marked with * are associated with reduced risk of developing type 2 diabetes.

OTHER HEALTHY HABITS TO PREVENT DIABETES



Lose weight if you are overweight



Get enough sleep - 7 to 8 hours is ideal



Be more active! Walking works!

Set an Action Plan: Talk with your doctor and ask about your A1C. Meet with a Registered Dietitian Nutritionist (RDN) for an individualized meal plan. Learn if there are Diabetes Prevention Programs in your area. Set small goals with your health care team!



Developed by Joslin Diabetes Center with support from the National Dairy Council
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West Virginia Diabetes Action Plan 2020



March 7, 2020, during the regular session of the West Virginia Legislature, an act to amend the Code of West Virginia, 1931 added a new section (designated S16-1-20) which required the Bureau for Public Health to develop a Diabetes Action Plan. This act, effective June 5, 2020, mandated that the Bureau for Public Health create a Diabetes Action Plan that included the following:

(a) convene a diabetes task force consisting of a cross-sector of stakeholders to develop the scope of the plan,

(b) conduct necessary data and infrastructure/gap analyses,

(c) draft a plan to include long- and short-term goals, high-impact and outcome-driven strategies for prevention, disease management and treatment, and evaluation strategies to be published for public comment,

(d) produce briefing documents in support of and promoting the use of strategies outlined in the plan for distribution to stakeholders,

(e) finalize and share the completed plan,

(f) track and trend relevant statistics regarding diabetes,

(g) implement strategies identified in the plan to decrease the prevalence of diabetes in West Virginia.

West Virginia Department of Health and Human Resources, Bureau for Public Health, Division of Health Promotion and Chronic Disease appointed two co-leads to coordinate the plan's progress. Also, a task force was created to develop the scope of the plan. During a series of meetings, the task force assembled contributions from all the members and formulated their collective approach aimed at 1) improving prevention of obesity and diabetes, 2) improving diabetes management and treatment, 3) decreasing diabetes prevalence in West Virginia via policy strategies, health care system strategies, and community strategies.

The West Virginia Diabetes Action Plan 2020 will be ready for presentation to the Legislative Oversight Commission on Health and Human Resources Accountability by January 1, 2021.

WV Health Care Teams: A Call to Action

Referrals Needed for Prevention of Diabetes National Diabetes Prevention Program (NDPP) A Lifestyle Change Program

<p>Why</p> <p>Participation is proven to:</p> <ul style="list-style-type: none"> Decrease the # of new diabetes cases by 58% in those participants that lose 5-7% of their total body weight and add 150 minutes of physical activity/week Decrease the # of new diabetes cases by 71% in participants >60 years old Decrease the risk for stroke and cardiovascular disease 	<p>Who</p> <p>Identify eligible patients:</p> <ul style="list-style-type: none"> In the average primary care practice, 1 of 3 patients > age 18 will have prediabetes. In the average primary care practice, 1 of 2 patients > age 65 will have prediabetes. Link to NDPP eligibility criteria: https://www.cdc.gov/diabetes/prevention/program-eligibility.html
<p>What</p> <p>Healthcare team action needed:</p> <ul style="list-style-type: none"> Screen patients using the CDC Prediabetes Screening Test. Test patients for prediabetes using 1 of 3 blood tests. Refer patients to a diabetes prevention program. 	<p>When</p> <p>Times to refer:</p> <ul style="list-style-type: none"> Consider referral at the time of visit. Consider generating an electronic health record list of eligible patients.
<p>How</p> <p>How does NDPP work?</p> <ul style="list-style-type: none"> Participants meet for group lifestyle coaching (16 weekly sessions). Results are achieved with weight loss of just a minimum of 5% of total body weight. NDPP incorporates healthy eating, increased physical activity, stress management, & behavior modifications. 	<p>Where</p> <p>NDPP class locations and times:</p> <p>State Resource: WV Health Connection: https://www.wvhealthconnection.com/workshop-wizard National Resource: cdc.gov/diabetes/prevention https://www.cdc.gov/diabetes/prevention/index.html</p>
<p>Why not?</p> <p>Your referral can make a difference:</p> <ul style="list-style-type: none"> It can take as little as five years for prediabetes to progress to diabetes. During this window of opportunity, your patients can benefit from a proven intervention. 2014 CDC data indicates that 518,000 adults in West Virginia have prediabetes and many are undiagnosed and unaware. 	<p>Contacts</p> <p>For referral assistance:</p> <p>Contact:</p> <p>Susan R. Sims, MSN, RN Clinical Advisor</p> <p>Division of Health Promotion and Chronic Disease WV Bureau for Public Health 350 Capitol Street Room 514 Charleston, WV 25301 (304) 356-4207 phone Susan.R.Sims@wv.gov</p>

Sources: American Medical Association and Centers for Disease Control and Prevention

Visit www.wvchronicdisease.org for more chronic disease prevention tips!



BUILD HEALTHY, NUTRITIOUS EATING PATTERNS WITH THREE SERVINGS OF DAIRY EVERY DAY

DAIRY FOODS HELP NOURISH LIFE

Three daily servings of dairy foods, like milk, cheese or yogurt in those 9 years and older contribute to healthy eating styles and well-being.¹

Milk has a unique nutrient package and contains nine essential nutrients important for growth and development.^{1,2,3,4}

Healthy eating patterns that include low-fat or fat-free dairy foods are linked to reduced risk of cardiovascular disease, type 2 diabetes and lower blood pressure among adults.¹ Dairy foods also are linked to better bone health, especially in children and adolescents.¹

DAIRY SUPPORTS THRIVING COMMUNITIES AND A HEALTHY PLANET

Dairy foods are responsibly produced, nutrient-rich foods that help nourish people, strengthen communities and foster a sustainable future.

The dairy community contributes:

- 2% of greenhouse gases (GHGs) in the U.S. with a voluntary goal to reduce GHGs by 25% by 2020.⁵
- ~3 million jobs and generates \$625 billion for the economy every year in the U.S.⁶
- to the livelihoods of up to 1 billion people worldwide.⁷

CHILDREN AND ADULTS FALL SHORT ON RECOMMENDED DAIRY SERVINGS AND ESSENTIAL NUTRIENTS

The 2015–2020 Dietary Guidelines for Americans (DGA) recommends three servings of low-fat or fat-free dairy foods daily for those 9 years and older, 2½ cups for those 4–8 years and 2 cups for those 2–3 years.¹

By age 6, consumption of milk, cheese and yogurt falls below the DGA recommendation, and the trend continues into adulthood (average is less than two daily servings).^{8,9}

It can be hard to meet nutrient recommendations—especially calcium, vitamin D and potassium (three nutrients of public health concern)¹—without eating three daily servings of dairy foods.

EATING THREE DAILY SERVINGS OF DAIRY FOODS LIKE MILK, CHEESE OR YOGURT CAN HELP PEOPLE CLOSE KEY NUTRIENT GAPS, CONTRIBUTING TO NUTRIENT-RICH, HEALTHY EATING PATTERNS.^{1,10}

These health and wellness organizations support consumption of three daily servings of low-fat or fat-free dairy foods to help build healthy eating patterns as identified by the DGA:¹



¹U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 Dietary Guidelines for Americans, 8th Edition. 2015. <http://health.gov/dietaryguidelines/2015/guidelines/>.

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50 is the New 60: Making the Shingles Vaccine a Priority for Patients

Each year, it's estimated that millions of Americans are affected by shingles, and one in three Americans will have shingles in their lifetime according to the Centers for Disease Prevention (CDC). In 2006 the first shingles vaccine, Zostavax, was approved for use and was more recently replaced by Shingrix as the CDC-recommended vaccine for adults 50 years of age and older.

Despite the prevalence of shingles and development of Shingrix, the CDC reports that only 33.4% of adults 60 years and older have received the shingles vaccine. A CDC study also found that coverage among adults aged 50 to 59 is only around 6%. The low rates of vaccination uptake and age disparities may be attributed to low rates of adult vaccination overall, a misunderstanding of who should receive the vaccine, or lack of awareness of available preventions. The current health risks associated with COVID-19 further emphasize the need for patients to utilize all preventative measures available, including vaccines, to maintain their overall wellbeing.

By educating patients on the effects of shingles and who needs the vaccine, providers can improve shingles vaccine uptake and ensure that their patients are protected against this painful disease.

Shingles Effects and Prevention

According to the Mayo Clinic, shingles is a viral infection that causes a painful rash, fever, headache and fatigue, among other symptoms. This disease is caused by the varicella-zoster virus—the same virus that

causes chickenpox. Contrary to popular myth, people of any age who have had chickenpox are at risk of getting shingles at some point in their lifetime, and the risk increases as people age.

There is no cure for shingles, but an antiviral medication may be prescribed to treat shingles and shorten the length and severity of the illness. A vaccine is the only way to confidently prevent shingles. The CDC recommends all adults 50 years and older get two doses of Shingrix, a recombinant zoster vaccine, which is more than more than 90% effective at preventing shingles.

Changing Perceptions on Who Needs the Shingles Vaccine

Although the shingles vaccine is a powerful prevention tool against shingles, some older patients may feel that they aren't at risk of having shingles, or won't benefit from the shingles vaccine. By better understanding patients' motivations, providers can answer questions and provide clarity around the vaccine.

I'm not elderly — I won't get shingles.

The risk of shingles increases with age. While children and young adults can get shingles, it's most common amongst adults 50 years and older, and the Immunization Action Coalition reports that about half of all cases occur among people age 60 years or older.

I've already had shingles, so I don't need the vaccine.

While most patients will only experience shingles once, it is possible to have occurrences of

the disease in the future. The CDC recommends that patients receive the Shingrix vaccine even if they have had shingles in the past.

I never had chickenpox, so I'm not at risk of getting shingles.

The National Foundation for Infectious Diseases estimates that 98% of Americans have had chickenpox, even if they don't remember it, and are at risk of shingles. It is likely that any patient over 50 years old has had chickenpox and is at risk for shingles.

I'm not exposed to any factors that trigger shingles.

It's unknown if certain factors, such as stress, can trigger the varicella-zoster virus to reactivate, causing shingles. According to the National Institute of Neurological Disorders and Stroke, the immune system helps to keep the virus dormant but, when weakened, can allow the virus to resurface. As patients age, their immune systems can weaken, putting them at a higher risk of shingles and other illnesses.

Many opportunities exist for providers to engage patients in a dialogue about the shingles vaccine, including during a scheduled well visit or when patients receive their influenza vaccination in the fall. By making it a regular practice to discuss and recommend the shingles vaccine, providers can ensure their patients are protected against this painful virus.

For more information, please contact Cindy Berenson or Jeff Winokur at 800-741-2044 or info@atlantichealthpartners.com.



www.atlantichealthpartners.com

Exciting News from our immunization colleague Atlantic Health Partners - they have added Prevnar 13 to their comprehensive vaccine program!

Atlantic Health Partners, the nation's leading vaccine buying group, helps our members cost effectively strengthen their immunization efforts with these unique program features:

- Best overall pricing and terms for all Merck, Sanofi Pasteur GlaxoSmithKline, Dynavax, and Pfizer vaccines including Prevnar 13!
- Comprehensive flu program including Sanofi, Seqirus, GSK and AstraZeneca products.
- Enrolling in Atlantic ensures you get complete information about all flu products to best prepare for the upcoming flu season
- Excellent and timely customer service for all vaccine related issues including ordering, reimbursement support and advocacy.
- Enrollment is easy and there is no cost to join.

We encourage you to contact Jeff Winokur or Cindy Berenson at info@atlantichealthpartners.com or 800 741 2044 to determine how Atlantic can best meet your vaccine needs.

2019-2020 TAR WARS POSTER CONTEST WINNER

CANDENCE RAVENSCROFT - Let's Bee Tobacco Free!



Congratulations to Candence Ravenscroft from Burlington Primary, Burlington WV. Dr. Joseph Reed presented the anti-tobacco program to Mrs. Kristy Reed's, 4th grade class during the 2019 - 2020 school year at Burlington Primary. Mrs. Kristy Reed (teacher) submitted Candence's poster "Let's Bee Tobacco Free!". It was awarded 1st Place in the WV Tar Wars Poster Contest. She was awarded a \$500 check to further her education.

2nd Place



Westley Hahn
Fountain Primary

3rd Place



Emma Martin
Fountain Primary

4th Place



Johannah Reger
Union Elementary School

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