



VACCINATIONS FOR BIPOC & LGBTQIA+ COMMUNITIES

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April 13, 2021

MA Adult Immunization Conference

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DISCLOSURE

We, Rebekah Vilorio and Nandini Choudhury, have been asked to disclose any relevant financial relationships with ACCME-defined commercial entities that are either providing financial support for this program or whose products or services are mentioned during this presentation.

We have no relevant financial relationships to disclose.

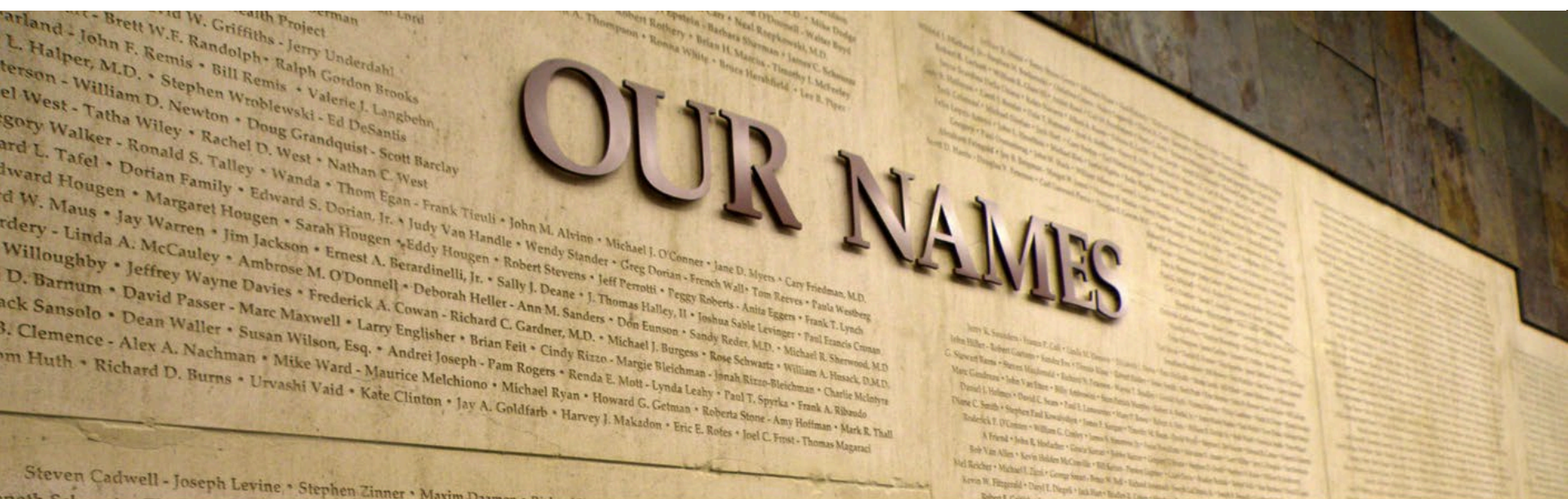
We may discuss the use of vaccines in a matter not approved by the U.S. Food and Drug Administration, but in accordance with ACIP recommendations.

OBJECTIVE

Identify barriers to
vaccinating LGBTQIA+ &
BIPOC populations

Discuss strategies to increase vaccine
uptake in LGBTQIA+ & BIPOC
populations

Summarize key vaccination priorities in
women's health



YOUR CARE, YOUR COMMUNITY.

The mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual and transgender community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy.

HEALTHCARE IS A RIGHT, NOT A PRIVILEGE.



Pervasive mistreatment and violence
Severe economic hardship
Harmful effects on physical & mental health

9x Suicide, 5x HIV

Transgender people of color experience deeper and broader discrimination

www.ustranssurvey.org

HEALTHCARE BARRIERS

33% had a negative experience with a health care provider

- 24% had to teach their HC provider about transgender appropriate care

- 15% were asked unnecessary or invasive questions about their status unrelated to their visit

- 8% were refused transition related care

- 6% verbally harassed in a health care setting

- 5% had HC provider use harsh or abusive language when treating them

- 3% had HC provider refuse to provide care UNRELATED to gender transition

- 2% had HC provider provide physically rough or abusive treatment

- 1% physically attacked by someone in HC setting

RACE AND THE ROOTS OF VACCINE SKEPTICISM

Relevant historical basis for reticence shown by Black, Indigenous, People of Color (BIPOC)

- Ethically troubled research conducted on BIPOC communities
- Appropriation of bodies and body tissues for non-consensual research

RACE AND THE ROOTS OF VACCINE SKEPTICISM CONT.

Efforts to encourage BIPOC communities to receive vaccines

- Acknowledge and teach the contributions made by BIPOC scientists and healthcare providers
- Structural changes to healthcare access and delivery for BIPOC
- Creating access points for folks to receive the vaccine

INTERSECTION OF BIPOC AND LGBTQIA+ WITH COVID-19 VACCINE SKEPTICISM

Overarching mistrust around vaccination

- Pre-existing mistrust in medical establishment
- Modern-day discrimination faced by sexual & gender minorities

INTERSECTION OF BIPOC AND LGBTQIA+ WITH COVID-19 VACCINE SKEPTICISM

Building trust and access points to care

- Transparent and patient-centric conversation with LGBTQIA+ clients/patients around vaccine
- Creating access points for folks to receive the vaccine

LGBTQIA+ HEALTH CARE

Support. Gender-affirming language and provider knowledge improves patient experience

Health Surveillance. Same health issues that impact cisgender health & fertility impact LGBTQIA+ health & fertility.

Plan Ahead. Routinely discuss reproductive options and fertility preservation

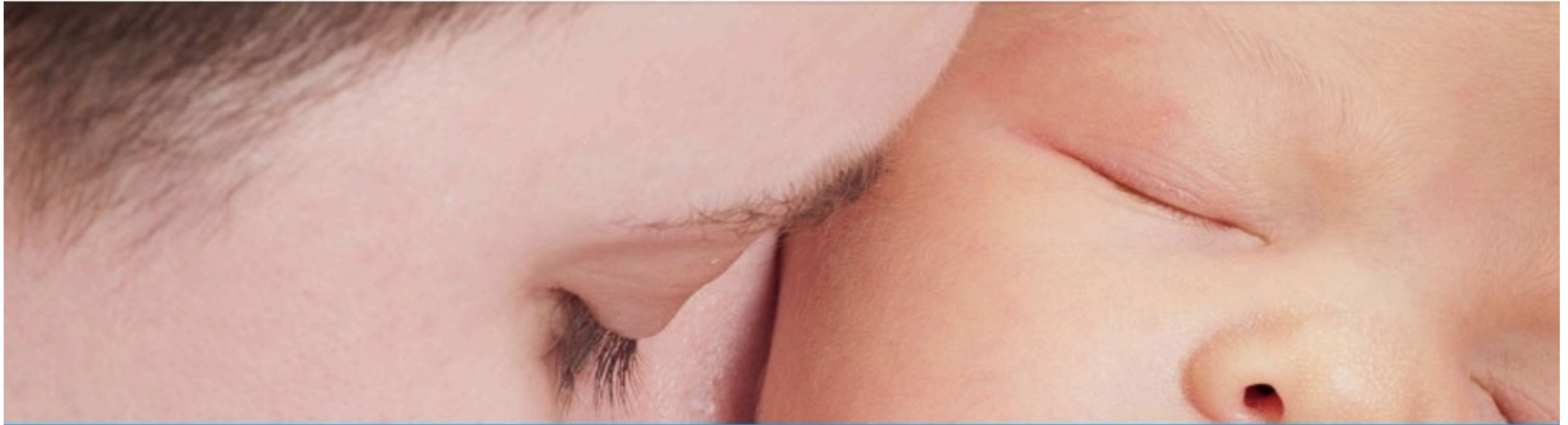
FAMILY EQUALITY COUNCIL

2019 LGBTQ Family Building Survey

LGBTQ-headed families are increasing

The gap in parenthood rates is narrowing between non-LGBTQ and LGBTQ

More LGBTQ families will be formed through ART, adoption and foster care



Alternative Insemination

Welcome to Fenway Health's Alternative Insemination Program

Since 1983, Fenway Health has been an international pioneer in helping lesbians, gay men, bisexuals and transgender people become parents. Fenway was one of the first in the nation to offer alternative insemination services to lesbians. Today we continue to provide medical alternatives for achieving conception for the entire LGBT community, couples and singles of any sexual orientation, as well as education, resources, support networks, and referrals.

Since 2016, new families have the option of bringing their children to Fenway's very own pediatric and family providers. Learn more about our [Family Medicine program](#).

Vaccine	BEFORE Pregnancy	DURING Pregnancy	AFTER Pregnancy	Type
Hepatitis A	✓	✓	✓	Inactivated
Hepatitis B	✓	✓	✓	Inactivated
HPV	✓	✗	✓	Inactivated
Influenza	✓	✓	✓	Inactivated*
MMR	✓*	✗	✓	Live
Meningococcal	✓	✗ (MenB)	✓	Inactivated
Pneumococcal	✓	✓	✓	Inactivated
Tdap	✓	✓	✓	Toxoid- inactivated
Td	✓	✓	✓	Toxoid
Varicella	✓*	✗	✓	Live

Vaccine	BEFORE Pregnancy	DURING Pregnancy	AFTER Pregnancy	Type
COVID	✓	✓	✓	mRNA, inactivated
Hepatitis A	✓	✓	✓	Inactivated
Hepatitis B	✓	✓	✓	Inactivated
HPV	✓	✗	✓	Inactivated
Influenza	✓	✓	✓	Inactivated*
MMR	✓*	✗	✓	Live
Meningococcal	✓	✗ (MenB)	✓	Inactivated
Pneumococcal	✓	✓	✓	Inactivated
Tdap	✓	✓	✓	Toxoid-inactivated
Td	✓	✓	✓	Toxoid
Varicella	✓*	✗	✓	Live

Vaccine	BEFORE Pregnancy	DURING Pregnancy	AFTER Pregnancy	Type
<i>COVID</i>	✓	✓	✓	<i>mRNA, inactivated</i>
Hepatitis A	✓	✓	✓	Inactivated
Hepatitis B	✓	✓	✓	Inactivated
HPV	✓	✗	✓	Inactivated
Influenza	✓	✓	✓	Inactivated*
MMR	✓*	✗	✓	Live
Meningococcal	✓	✗ (MenB)	✓	Inactivated
Pneumococcal	✓	✓	✓	Inactivated
Tdap	✓	✓	✓	Toxoid-inactivated
Td	✓	✓	✓	Toxoid
Varicella	✓*	✗	✓	Live

ACOG COMMITTEE OPINION 732: INFLUENZA

All adults should receive an annual influenza vaccine and that women who are or will be pregnant during influenza (flu) season receive an inactivated influenza vaccine as soon as it is available

ACOG COMMITTEE OPINION: INFLUENZA

Influenza vaccination during pregnancy is safe during all trimesters

OBGYN offices should stock and administer influenza vaccine. Staff and providers should be vaccinated

Patients with flu-like illness should be treated with antiviral medications presumptively regardless of vaccination status

Postexposure antiviral chemoprophylaxis is recommended for pregnant and postpartum persons

ACOG COMMITTEE OPINION 718: TDAP

A dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) should be administered **during each pregnancy**, irrespective of the prior history of receiving Tdap. The recommended timing for maternal Tdap vaccination is between **27 weeks and 36 weeks** of gestation. To maximize the maternal antibody response and passive antibody transfer and levels in the newborn, vaccination as early as possible in the 27–36-weeks of gestation window is recommended

ACOG COMMITTEE OPINION: TDAP

Tdap vaccination during pregnancy is safe

OBGYN offices should stock and administer Tdap

Partners, family members and infant caregivers should be vaccinated with Tdap, ideally within 2 wks before contact

Tdap should be given immediately postpartum if not previously received

ACOG PRACTICE ADVISORY: COVID- 19

Symptomatic pregnant patients with COVID-19 may be at increased risk of more severe illness

-ICU admission, need for mechanical ventilation and ventilatory support (ECMO), and death

Pregnant patients with obesity and diabetes may be even higher risk of severe illness

[Ellington MMWR 2020](#), [Collin 2020](#), [Delahoy MMWR 2020](#), [Panagiotakopoulos MMWR 2020](#), [Zambrano MMWR 2020](#))
[Zambrano MMWR 2020](#)

ACOG PRACTICE ADVISORY: COVID- 19

COVID-19 vaccines should not be withheld from pregnant individuals

COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals

Pregnant individuals should make their own decision regarding COVID-19 vaccination

Vaccines currently available under EUA have not been tested in pregnant women. Therefore, limited safety data specific to use in pregnancy is available

Pregnancy testing should not be a requirement prior to receiving any EUA-approved COVID-19 vaccine

Unfounded claims linking COVID-19 vaccines to infertility have been scientifically disproven

ACADEMY OF BREASTFEEDING MEDICINE: COVID 19

Does not recommend cessation of breastfeeding for individuals who are vaccinated against COVID-19. Individuals who are lactating should discuss the risks and benefits of vaccination with their health care provider, within the context of their risk of contracting COVID-19 and of developing severe disease

During lactation, it is unlikely that the vaccine lipid would enter the blood stream and reach breast tissue. If it does, it is even less likely that either the intact nanoparticle or mRNA transfer into milk. In the unlikely event that mRNA is present in milk, it would be expected to be digested by the child and would be unlikely to have any biological effects

COVID-19 vaccine response in pregnant and lactating women: a cohort study

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Galit Alter, PhD  **  • Andrea G. Edlow, MD, MSc  **  • [Show all authors](#) • [Show footnotes](#)

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- COVID-19 mRNA vaccines generated robust humoral immunity in pregnant and lactating women, with immunogenicity and reactogenicity similar to that observed in non-pregnant women.
- Vaccine-induced immune responses were significantly greater than the response to natural infection
- Immune transfer to neonates occurred via placenta and breastmilk

FENWAY HEALTH: COVID VACCINATION

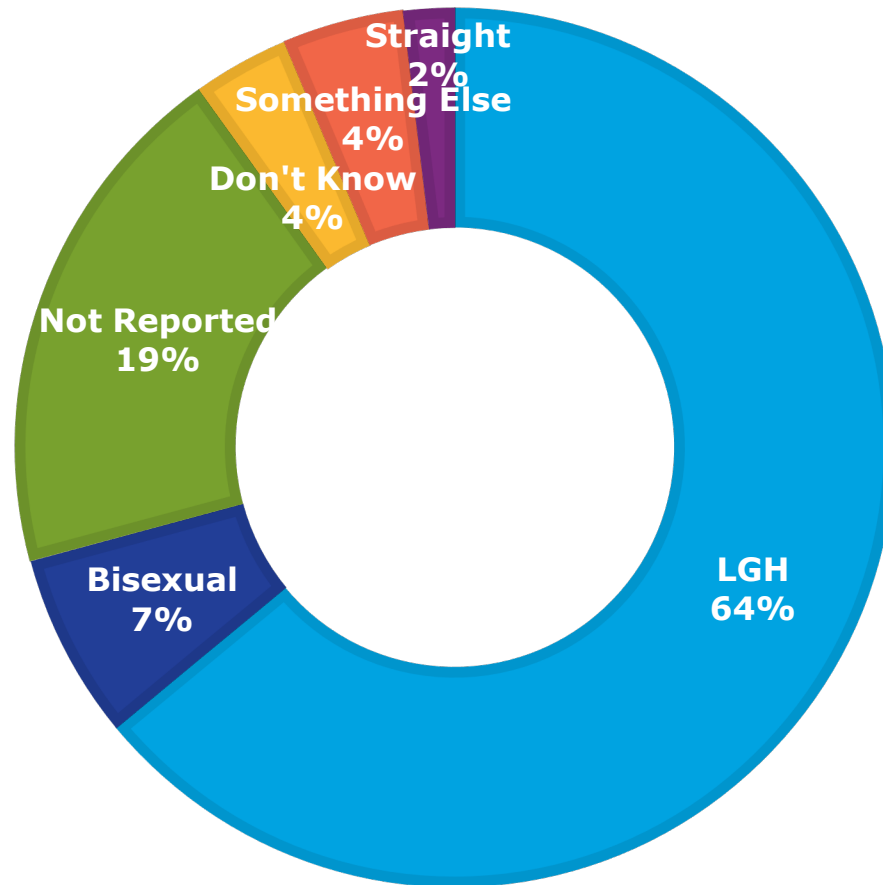
Patient vaccination began in February

425 Patients have had at least one
vaccination

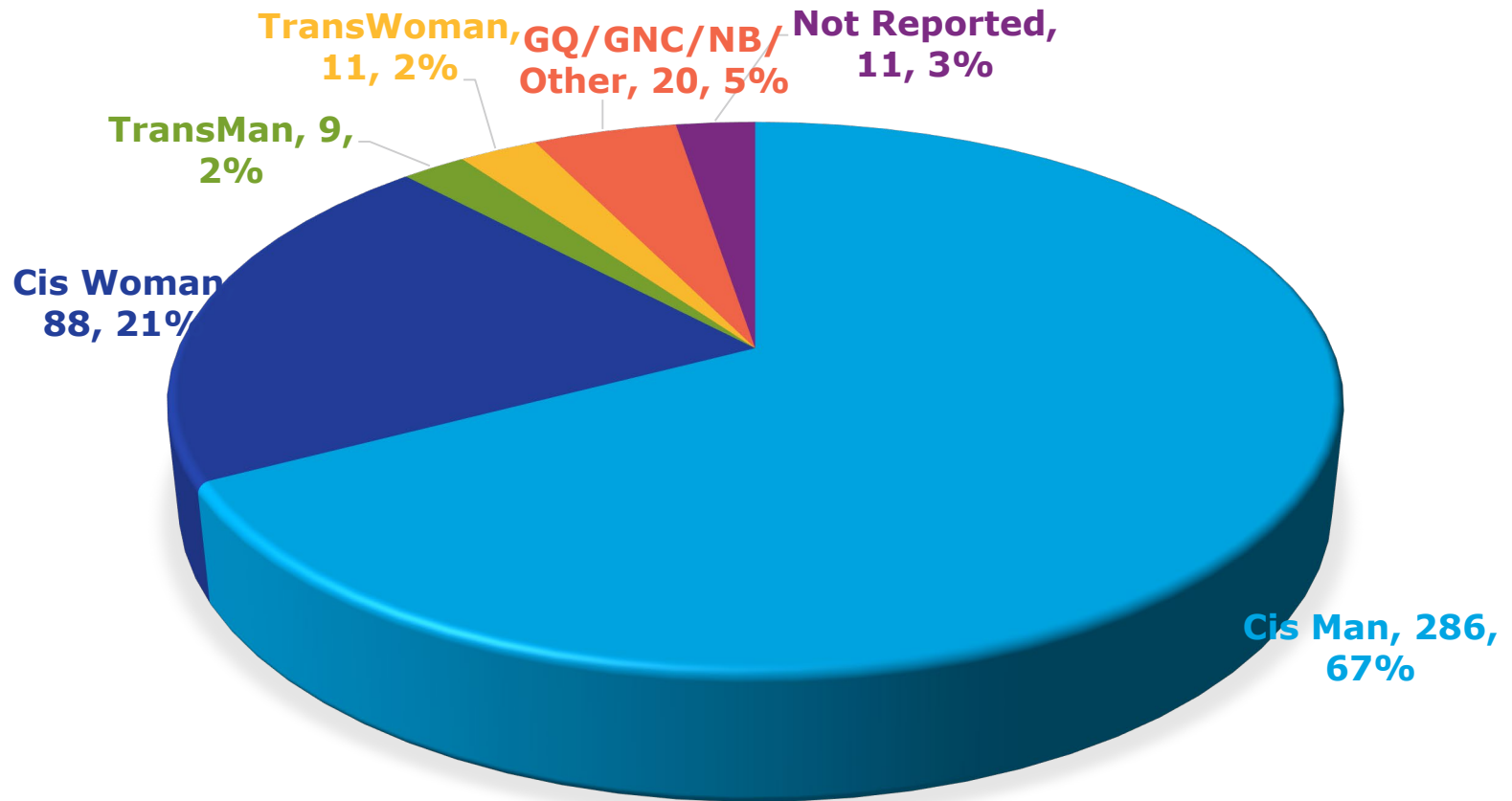
194 (45%) have completed vaccine series

SEXUAL ORIENTATION

■ LGH ■ Bisexual ■ Not Reported ■ Don't Know ■ Something Else ■ Straight



GENDER IDENTITY



COVID-19 VACCINE INFORMATION

What are vaccines and how can they help control the spread of disease?

- › Vaccines protect us from disease by teaching our body's immune system to recognize and fight the disease faster and more effectively.
- › A vaccine is usually made from parts that look like pieces of the virus. This allows your body to recognize the active virus when you are exposed to it, and prime it to be able to fight back.
- › You cannot get the disease from a vaccine, but without a vaccine you may get the disease.
- › Many diseases have become rare or eradicated as a result of vaccines developed to protect us against them.
- › It is likely to take several months to find one or more effective vaccines against COVID-19.
- › Vaccines are created after many rounds of testing and research to see what side effects are possible and how safe and effective they are.
- › Different research institutions across the country are working on developing possible vaccines.
- › Without an effective vaccine against COVID-19, we may be wearing a mask and staying 6 feet apart for a very long time.
- › Our future depends on what steps we take together to control the spread of the disease.

A Shot @ A Better Future



TFR-229

Help take control and make a difference by doing your part in ending the pandemic. For more information, email us at bethechange@fenwayhealth.org or call 617-927-6450.



If you post about getting
your vaccine, we'd love
it if you included

#GivingHopeAShotAtFH



TAKE HOME POINTS

Support. Gender-affirming language and provider knowledge improves patient experience

Health Surveillance. Same health issues that impact cisgender health & fertility impact LGBTQIA+ health & fertility.