

“Recognize all three of these vaccines (Johnson & Johnson Moderna and Pfizer) are highly effective vaccines and protect you from developing severe disease with COVID.” ~ Dr. Ohlson

CHAP Weekly Update

March 5, 2021

Johnson & Johnson COVID-19 Vaccine

Did You Know?

The Johnson & Johnson COVID-19 Vaccine was developed by Janssen Pharmaceutical Companies of Johnson & Johnson. It is also referred to as the “Janssen COVID-19 Vaccine” and the “J&J Vaccine.” In this bulletin we will refer to it as the Johnson & Johnson COVID-19 Vaccine.

On February 27, 2021 the FDA issued an emergency use authorization (EUA) allowing Johnson & Johnson COVID-19 Vaccine to be distributed in the U.S. for use in individuals 18 years and older.



- The Johnson & Johnson COVID-19 Vaccine is administered as a single dose.
- Each vial contains five doses.
- Once the first dose has been withdrawn, the vial may be stored for up to six hours at 2 to 8 degrees C or for up to two hours at room temperature. If the vial is not used within these times, it should be discarded. Do not pool excess vaccine from multiple vials.
- No diluent is required.

For the month of March, Alaska was allocated 8,900 doses of Johnson & Johnson COVID-19 Vaccine (compared to about 50,000 of the Pfizer vaccine). Providers can order the Johnson & Johnson now (in multiples of 100) and expect to receive them next week.

Johnson & Johnson COVID-19 Vaccine Resources

[Fact Sheet for Recipients and Caregivers](#)

[Fact Sheet for Healthcare Providers](#)

[The Johnson & Johnson Vaccine for COVID-19](#)



How Does Johnson & Johnson COVID-19 Vaccine Work?

The Johnson & Johnson COVID-19 Vaccine is produced using the same technology as many other vaccines. The process involves a virus called adenovirus, a common cause of respiratory infections. The DNA in the adenovirus is altered to have it produce the spike protein, a key part of the SARS-CoV-2. After the vaccine is administered, the **adenovirus** enters cells and releases the viral DNA. The cells use the viral DNA to produce **spike protein**, which the body develops an immune response to by producing antibodies and immune cells that recognize the spike protein. If a vaccinated person is exposed to SARS-CoV-2, their immune system will now recognize the virus and prevent infection by using antibodies and immune cells to kill SARS-CoV-2.

The adenovirus cannot multiply or cause an infection in the vaccinated person.

Transportation and Storage

The vaccine is shipped and stored at the same temperatures as most childhood vaccines (2 to 8 degrees C / 36 to 46 degrees F).

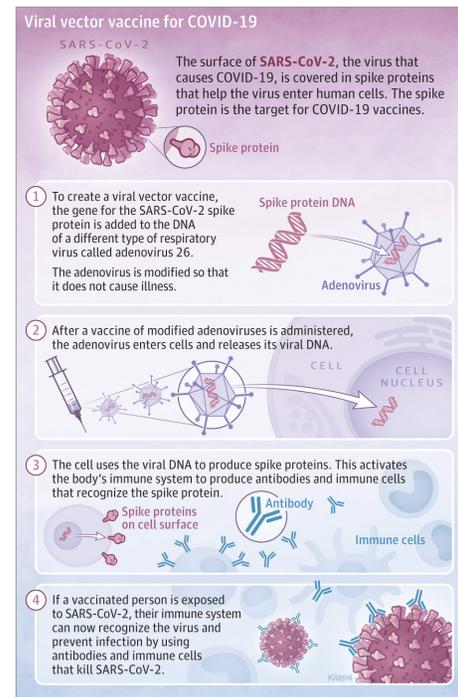


Image links to larger version

Let us know what you think! aka-CHAPCOVID-19weeklyupdates@anthc.org

Send questions for presenters and each other, and suggest topics for discussion.



“Just as in the flu world, there is no preference for one vaccine over the other.” ~ Matthew Bobo



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Johnson & Johnson Advantages

Where:

- Mobile or Pop Up Clinics
- Sites without freezer capacity, newly established vaccine sites

Who:

- Transit population
- Homebound population
- Individuals with fear of needles
- People who cannot return for a second dose
- People who want full immunity quickly



Vaccine Comparison – Days Until Fully Protected

The Johnson & Johnson COVID-19 Vaccine is the fastest choice to be fully vaccinated as soon as possible, approximately one month sooner than an mRNA vaccine.

Johnson & Johnson COVID-19 Vaccine:

Vaccine >> 14 days later = fully protected. (Total days: 14)

Moderna COVID-19 Vaccine:

Dose 1 >> 28 days later Dose 2 >> 14 days later= fully protected. (Total days: 42)

Pfizer COVID-19 Vaccine:

Dose 1 >> 21 days later Dose 2 >> 14 days later= fully protected. (Total days: 35)

Did You Know? The Johnson & Johnson COVID-19 Vaccine is considered to offer full protection two weeks after vaccine administration, and was also found in *Phase 3* trials to have no hospitalizations 28 days after vaccination and no positive cases occurring 49 days after vaccination.

Which Vaccine is “Better”?

All three vaccines (Johnson & Johnson, Pfizer, Moderna) are VERY similar in their efficacy of preventing severe disease and death after completing the series.



CDC Recommendation:

People should be vaccinated with the first vaccine available to them!

Johnson & Johnson COVID-19 Vaccine Efficacy:

During *Phase 3* trials in South Africa, Brazil, Mexico and the U.S., the Johnson & Johnson COVID-19 Vaccine was determined to be:

- 66.3% effective at preventing symptomatic, laboratory-confirmed COVID-19 starting 14 days after vaccination
- 93% effective at preventing hospitalization due to COVID-19 starting 14 days after vaccination
- 100% effective against COVID-19 related death starting 14 days after vaccination

Keep in Mind: The three vaccines were tested in very different environments! All three *Phase 3* trials differed by calendar time and geography. The mRNA vaccines were tested early in the pandemic when and where there was less virus and variant circulating. The Johnson & Johnson COVID-19 Vaccine trial took place **later** in the course of the pandemic when there was **more** virus circulation and in locations (South Africa & Brazil) which had circulation of **variants of concern**. The South Africa variant can evade the immune system with those who had prior COVID-19 disease and/or vaccine.

All authorized COVID-19 vaccines demonstrated high efficacy (greater than or equal to 89%) against COVID-19 severe enough to require hospitalization.

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ALASKA NATIVE
TRIBAL HEALTH
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Vaccine Questions From the Field

Viral Variants

What if a patient comes to my clinic having received the Pfizer vaccine and due for their 2nd dose, but our clinic only has Moderna vaccine?



The DHSS is working on a “matchmaker” system to help Alaskans receive the 2nd dose of their series. More information on this as early as next week will be shared via the Rural Provider ECHO on March 16th.

What if a person has had one dose of an mRNA vaccine and is unable or unwilling to get a 2nd dose due to severe reaction?



If a person has had a severe reaction to an mRNA vaccine, it may be possible for the person to receive the Johnson & Johnson COVID-19 Vaccine. This would not “complete” the mRNA series as one dose of the Johnson & Johnson COVID-19 Vaccine is considered its own series by receiving the single dose. It is not a swap! The CDC will be issuing more guidance soon.

What if the person has had one dose of an mRNA vaccine and is unable or unwilling to get a 2nd dose for any reason OTHER THAN severe reaction? Can they receive the Johnson & Johnson vaccine instead?



The mRNA vaccine and the Johnson & Johnson COVID-19 Vaccine are NOT interchangeable. The CDC’s one exception is if the person had a serious adverse reaction from an mRNA vaccine.

Thanks to:

Dr. Joe McLaughlin, Matthew Bobo & Dr. Elizabeth Ohlsen, Dr. Coleman Cutchins.



US COVID-19 Cases Caused by Variants



You’ve likely heard talk on the national news about variants. Although it has not impacted Alaska yet, epidemiologists are tracking them:

B.1.1.7 aka “the UK variant” The most prevalent variant in the U.S. Predicted to be the predominant strain in USA this summer (2021). 2400 reported cases in the USA now. It is expected that currently available vaccines will do a good job of covering this variant.

B.1.351 aka “the South Africa variant” Currently there is a low prevalence (53 cases) in the USA, but is concerning because our vaccines might not work as well against it.

P.1 aka the “Brazil variant” Currently there is a low prevalence in the USA (10 cases). Additional information is needed on impact on vaccine effectiveness.

B. 1.351 and P.1 are more concerning because of their potential to evade prior immunity. The vaccine efficacy has gone down slightly due to these two variants.

Take away: The variant of most concern in the US in the near term is the B.1.1.7 and it appears the vaccines will do a really good job at covering against this variant. ~ Dr. Joe McLaughlin

Source: [Alaska COVID Genomic Surveillance Situational Report](#)



SAVE THE DATE



March 9, 2021

Anne Fleetwood (Diabetes Nutrition Consultant) will discuss cholesterol and blood pressure control for patients with diabetes.

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