Incident Overview

• Over 200 TCHD staff activated throughout the incident
• Over 6500 calls to the COVID-19 Call Center
• Over 9000 positive COVID-19 cases investigated
• Over 1750 complaints received due to Public Health Orders
• Strong internal and external partnership and coordination
Data Updates
COVID-19 Cases by County (3-day average)

Adams County Cases: Past 42 Days
3-Day Rolling Average | Slope: -0.789226

Arapahoe County Cases: Past 42 Days
3-Day Rolling Average | Slope: -1.40392

Douglas County Cases: Past 42 Days
3-Day Rolling Average | Slope: -0.410947
Daily COVID-19 Cases by County
COVID-19 Cases Living in Long Term Care Facilities

Weekly Trend of COVID-19 Cases
Living in a Long Term Care Facility

County of Residence (gro.):
- (AI)
- Adams
- Arapahoe
- Douglas
- Undetermined

Living in Institution:
- No
- Yes

Report Date [2020]:
- Mar 8: 6
- Mar 15: 16
- Mar 22: 358
- Apr 5: 62
- Apr 19: 116
- Apr 23: 671
- Apr 26: 144
- Apr 30: 119
- May 3: 89
- May 17: 91
- May 31: 73
- Jun 14: 72

Number of Cases:
- Mar 8: 6
- Mar 15: 16
- Mar 22: 358
- Apr 5: 62
- Apr 19: 116
- Apr 23: 671
- Apr 26: 144
- Apr 30: 119
- May 3: 89
- May 17: 91
- May 31: 73
- Jun 14: 72

Note: The chart illustrates the number of COVID-19 cases living in Long Term Care Facilities by week from March 8 to June 14, 2020, highlighting the number of cases by report date and the county of residence.
COVID-19 Related Hospitalizations and ICU Admissions

Daily Trend of COVID-19 Hospitalizations and ICU Admissions

Does not include hospitalizations after initial case investigation
Counts of hospitalizations include ICU admissions

Measure Names
- Hospitalized
- ICU

County
- (All)
- Adams
- Arapahoe
- Douglas
- Location Pending
Number of Deaths Among COVID-19 Cases in Tri-County Health Dept. Area by Date of Deaths

Daily Trend of COVID-19 Related Deaths by County

County (group)
- (All)
- Adams
- Arapahoe
- Douglas
- Location Pending

Total Count of COVID-19 Related Deaths

Date of Death [2020]
COVID-19 Deaths, Living in an Institution

<table>
<thead>
<tr>
<th>County</th>
<th># Deaths LTCF</th>
<th>% Deaths LTCF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>35</td>
<td>47.3%</td>
</tr>
<tr>
<td>Arapahoe</td>
<td>209</td>
<td>70.8%</td>
</tr>
<tr>
<td>Douglas</td>
<td>23</td>
<td>57.5%</td>
</tr>
</tbody>
</table>
COVID-19 Cases by Race/Ethnicity

Race/Ethnicity of Cases

Percent of Cases by Race/Ethnicity in TCHD

- White: 32.74%
- Hispanic/Latino: 52.55%
- Black: 9.16%
- Asian: 5.53%

Crude Rate by Race/Ethnicity per 1,000 in TCHD

- White (TCHD) Crude Rate: 0.65
- Hispanic/Latino (TCHD) Crude Rate: 5.30
- Black (TCHD) Crude Rate: 1.12
- Asian (TCHD) Crude Rate: 1.11

Rate of Hospitalizations per 1,000 in TCHD

- White (TCHD): 0.53
- Hispanic/Latino (TCHD): 1.41
- Black (TCHD): 1.43
- Asian (TCHD): 1.04
Maps of cases cumulatively
Syndromic Surveillance

Updated COVID Definition - TCHD COVID-19 Related Hospital Visits by Hospital Visit Types, 03/25/2020-06/09/2020*

* This data includes TCHD residents only (Adams, Arapahoe, and Douglas Counties).
* Children’s Hospital is currently planning on submitting SyS.
* Other COVID Related Visit Types include: emergency department and outpatient visits.
Operations Section Updates: Disease Control, Community Testing, Community Services and Environmental Health Branches
Operations Section Updates, cont.

- **Disease Control Branch**
  - Expanded efforts for case investigation and contact tracing
  - Training of surge support/volunteers
  - Additional Task forces for Long Term Care Facilities as well as Community Outbreaks

- **Community Services Branch**
  - Referral program for case/contact investigations
  - Providing linkages to community services for those under isolation/quarantine

- **Community Testing Branch**
  - Community testing update

- **Environmental Health Branch**
  - Updates on compliance/support for businesses
  - Childcare Task Force
  - Mask observations assessment update
**Case investigation & Contact Notification**

- **Currently**: Work has been largely focused on case investigation and limited contact notification (i.e., household, high-risk settings)

- **In Process**: Ramping up the workforce in a systematic and phased-in approach to build up teams and knowledge depth; finalizing workflows, database, training and creating documentation.

- **Next Week**: Expanded contact notification for their protection and reduction of community transmission.

<table>
<thead>
<tr>
<th>Case Investigators</th>
<th>Contact Tracers</th>
<th>Contact Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct initial follow-up with household contacts to provide consistency in messaging within home unit.</td>
<td>Will follow-up on contacts outside of household. Depending on staffing levels and case load, may also follow-up with household contacts.</td>
<td>Will follow-up with contacts over 14 day period to assess symptoms. Frequency will depend on staffing levels and technology resources (i.e., texting ability)</td>
</tr>
</tbody>
</table>
### Staffing Estimations Per Day

Estimated Workforce Based on Average Caseload: Full Investigation & Tracing

<table>
<thead>
<tr>
<th>TCHD COVID-19¹</th>
<th>50 Cases/Day</th>
<th>175 Cases/Day</th>
<th>350 Cases/day</th>
<th>525 Cases/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Teams Needed</strong></td>
<td>3</td>
<td>11</td>
<td>22</td>
<td>33</td>
</tr>
<tr>
<td><strong>Investigation Supervisor</strong></td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Investigation Coordinator</strong></td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Investigation Team Lead</strong></td>
<td>3</td>
<td>11</td>
<td>22</td>
<td>33</td>
</tr>
<tr>
<td><strong>Case Investigator</strong></td>
<td>7</td>
<td>22</td>
<td>44</td>
<td>66</td>
</tr>
<tr>
<td><strong>Investigation Contact Tracer</strong></td>
<td>14</td>
<td>45</td>
<td>90</td>
<td>135</td>
</tr>
<tr>
<td><strong>Investigation Contact Monitor</strong></td>
<td>7</td>
<td>22</td>
<td>44</td>
<td>66</td>
</tr>
<tr>
<td><strong>CEDRS Coordinator</strong></td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Outbreak Task Force</strong></td>
<td>10</td>
<td>13</td>
<td>26</td>
<td>39</td>
</tr>
<tr>
<td><strong>LTCF Outbreak Task Force</strong></td>
<td>11</td>
<td>15</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td><strong>TCHD TOTAL STAFFING NEEDS</strong></td>
<td>56</td>
<td>134</td>
<td>268</td>
<td>402</td>
</tr>
<tr>
<td><strong>1 Team of 9 staff for every 16 cases</strong></td>
<td>1 Lead, 2 Case Investigators, 4 Contact Tracers, 2 Contact Monitors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ These figures assume 8 case investigations per day per staff and 10 contacts per case. These assumptions can be impacted by many factors such as the length of questionnaires, the learning curve of new staff, incomplete or errors in CEDRS reporting, technology used to manage information, and data entry requirements. With time and full implementation of the plan, staffing estimates may change with improved specificity.
Recruit, Onboard & Train

Recruitment & Onboard Volunteers / Contractors

Schedule: Availability, Assigned to team

Training: Pre-requisite Online Modules, TCHD Specific Training/Shadowing

Determine start date and activated to assigned position
Information Management Technology

COVID19 Case and Contact Tracing Portal

- COVID19 Case Investigation
- COVID19 Contact Tracing
- COVID19 Internal Analytics

- CEDRS Coordinator
- Case Investigator
- Contact Tracing
- Case Analytics
Community Outbreak Task Force

• TCHD notified of suspect outbreaks through a variety of avenues – case investigators, call center complaints, facility reports, reports from other public health agencies

• Facilities reporting even a single case will receive a follow-up call

• TCHD efforts
  • Perform rapid assessment of the situation
  • Provide disease control measures and guidance for management and mitigation for facilities and review illness surveillance logs
  • Ensure deficiencies identified/corrected and determine if facility needs to voluntarily close
  • Work with facility to manage and monitor outbreak until resolved (i.e. 28 days from the last illness onset)

• Confirmed outbreaks submitted to CDPHE for public notification and suspect cases monitored by TCHD but not reported unless facility becomes a confirmed outbreak
Long Term Care Facility (LTCF) Outbreak Task Force

• Provide guidance specific to each facility’s setting and monitors
• Review CDPHE (LTCF, independent living, assisted living) and/or CDC guidance (dental, small medical practices) and infection control check lists with each facility
• Available to answer questions about guidance, working through Personal Protection Equipment (PPE) or staffing shortages and any other issues that arise
• Serve as primary data gatherers for information for the outbreak to provide this to CDPHE for statewide weekly reporting
• As needed, may coordinate with CDPHE to conduct video conference calls for virtual facility walk-through
Community Services Branch

- The purpose of this branch is to connect and link cases and contacts to community services to support isolation or quarantine or other identified needs.
- Team of resource connectors to call individuals in need of services.
- Developed screening questions and workflows for hand off from case investigators and contract tracers to the Community Services Branch.
- Seven focus areas: delivery of essential goods/supplies, affordability of essential goods, financial assistance, job rights/return, in-home care, connection to a medical provider and testing, and shelter to be safely separated.
- Resource handout will shared with every case and contact with a variety of community services regardless if there is a specific request at the time of the call.
Overview of TCHD Efforts in Community Testing Branch

Structure:
- Community Testing Branch (CTB) activated 4/27/2020 to lead community testing
- Internally, CTB works with ESF 6 Workgroups, Community Services Branch, Public Information Section and Disease Control Branch
- Externally, CTB is informed by MDPH, County led ESF 6 response, CDPHE, HHS

CTB Team:
- Wendy Nading, CTB Lead & Regional Health Connector Team

TCHD Community Testing Plan:
- Support health care partner testing
- Support community based organization testing

TCHD support includes providing:
- Staff to plan community testing initiatives
- Access to a full range of COVID-19 public health data
- TA for site planning and testing technology
- Access to testing resources
- Connection to testing partners across communities
- Coordination of testing efforts, including communication and marketing
Overview of TCHD Efforts in Community Testing

Planning for Priority Populations:
• People who are unhoused
• People who are detained or incarcerated
• People residing in long-term care, assisted living facilities, and supportive living environments such as group homes
• Medically vulnerable
• New Americans: immigrants, refugees, migrant agricultural workers, and undocumented
• Individuals that work in essential industries who may not have adequate protections and supports such as personal protective equipment, dangerous job conditions, low wages and no sick leave

Planning & Guidance Documents:
• TCHD Community Testing Plan
• Department of Health and Human Services (HHS) COVID 19 Strategic Testing Plan
• Metro Denver Partnership for Health:
  o COVID-19 Community Testing Guidance Document for Health Systems
  o COVID-19 Community Testing Manual for CBOs
  o COVID-19 Public Health Strategies for Priority Populations
Daily Trend of COVID-19 Testing

Adams Daily Testing Goal: 777

*Tests exclude IgG, IgA, and IgM

**Measure Names**
- Number of Records
- Positive Tests

**Testing Date (2020)**
- Mar 11
- Mar 21
- Mar 31
- Apr 10
- Apr 20
- Apr 30
- May 10
- May 20
- May 30
- Jun 9

**Average Number of Tests (by week)**

<table>
<thead>
<tr>
<th>Week</th>
<th>Completed Tests</th>
<th>Needed Test (based on testing goal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 31 - June 6</td>
<td>382</td>
<td>395</td>
</tr>
<tr>
<td>May 24 - May 30</td>
<td>346</td>
<td>431</td>
</tr>
<tr>
<td>May 10 - May 16</td>
<td>367</td>
<td>410</td>
</tr>
<tr>
<td>May 3 - May 9</td>
<td>344</td>
<td>433</td>
</tr>
</tbody>
</table>

*Testing result for previous 7 days are most likely incomplete based on time necessary to process and report test results.*
Daily Trend of COVID-19 Testing
in Arapahoe County
*Tests exclude IgG, IgA, and IgM

Arapahoe Daily Testing Goal: 990

Measure Names
- Number of Records
- Positive Tests

Number of COVID-19 Tests

Testing Date [2020]

May 31 - June 6
- Completed Tests: 461
- Needed Test: 529

May 24 - May 30
- Completed Tests: 489
- Needed Test: 501

May 17 - May 23
- Completed Tests: 476
- Needed Test: 514

May 10 - May 16
- Completed Tests: 453
- Needed Test: 537

*Testing result for previous 7 days are most likely incomplete based on time necessary to process and report test results.
Daily Trend of COVID-19 Testing in Douglas County
*Tests exclude IgG, IgA, and IgM

Douglas Daily Testing Goal: 521

Average Number of Tests (by week) in Douglas County

- **May 31 - June 6**
  - Completed Tests: 158
  - Needed Test (based on testing goal): 363

- **May 24 - May 30**
  - Completed Tests: 155
  - Needed Test (based on testing goal): 366

- **May 17 - May 23**
  - Completed Tests: 149
  - Needed Test (based on testing goal): 372

- **May 10 - May 16**
  - Completed Tests: 167
  - Needed Test (based on testing goal): 354

*Testing result for previous 7 days are most likely incomplete based on time necessary to process and report test results.*
Current and Emerging Community Testing Efforts: Adams County Snapshot

• Pilot for uninsured/undocumented in Commerce City and Westminster (Uninsured and Healthcare Task Force with Commissioner Tedesco) is expanding marketing and to homeless.
• Salud: Testing in Commerce City, Brighton, Aurora, beginning the week of 6/8
• Walgreens in Thornton, coming soon
• Thornton Fire Department launched testing June 2: 2 testing sites weekly with 300 tests/site
• Walmart (72nd and Sheridan)
• Pepsi Center, now testing asymptomatic individuals
• University Hospital: outpatient testing sites expanded to general public, beginning the week of 6/8
Current and Emerging Community Testing Efforts: 
Arapahoe County Snapshot

• STRIDE offering significant capacity since early in the response, with plans to continue testing; 1 drive thru site and one mobile unit
• Pilot drive through testing for Refugee and Immigrant community on June 5\textsuperscript{th}
• Salud: Testing in Aurora, beginning the week of 6/8
• Walgreens in Aurora, coming soon
• Walmart in Aurora (I-225 & Exposition)
• Center for African American Health offering testing on 6 dates in June, including church locations
• Pepsi Center, now testing asymptomatic individuals
• University Hospital: outpatient testing sites expanded to general public, beginning the week of 6/8
Current and Emerging Community Testing Efforts: Douglas County Snapshot

- Higher insured population, low positivity rate driving a different testing picture in Douglas County
- Robust urgent care system with significant access and capacity for testing
  - 4 companies with 6 locations in Douglas County
- Primary care clinics with access and capacity for testing
- County Managers Office has designated Holly Carrell, Special Projects Manager, to support community testing efforts
  - Currently exploring contracting to expand community testing and testing for County employees using Cares dollars
- STRIDE Community Testing Event
  - One time event 6/4/2020: 42 individuals tested in approx 3 hours; target minimum is 50 with goal of 200
Consumer Tool
2-1-1: Find a Test Site (100+ in Denver Metro Area)
Compliance/Complaint Response

• Complaint Driven Process
• By the numbers
  ▪ 1,750: complaints since mid-March
  ▪ Primary areas of non-compliance
    ➢ 27% - Critical business not social distancing
    ➢ 25% - Not following current PH Order
    ➢ 22% - Non-critical business operating
    ➢ 19% - Masks not being worn
    ➢ 7% - Gathering in public/other
  ▪ 71: Warning Letters Issued
  ▪ 4: Orders to Close Issued
Child Care Task Force

• Purpose
  • To coordinate efforts and communication with the following:
    • External child care partners (Early Childhood Councils, Colorado Department of Human Services Licensing Specialists, CDPHE, etc.)
    • Child care providers and
    • Internal child care support and response efforts related to call center complaints, child care reopenings and outbreak preparation and response.

• Virtual Inspections
  • The Child Care Task Force conducted 30 remote/virtual child care inspections which ranged from summer camps adding additional spaces, new facility openings, evaluating the division of spaces to accommodate social distancing, and changing classroom age ranges.
  • Some of these inspections were done as a need to participate in the Emergency Child Care Collaborative.
Face Covering/Mask Assessments

• Purpose
  • Evaluate effectiveness of public education campaign
  • Snapshot of the % of public wearing face coverings
  • Conducted outside various businesses in the community

• Baseline Surveys (April 30 & May 1)
  • Adams – 19 stores – 84% public wearing face coverings
  • Arapahoe – 15 stores – 74% public wearing face coverings
  • Douglas – 14 stores – 75% public wearing face coverings
  • TCHD – 48 stores – 78% public wearing face coverings

• Ongoing Assessments (started week of 6/2)
  • Adams – 20 stores – 79% public wearing face coverings
  • Arapahoe - 20 stores – 82% public wearing face coverings
  • Douglas – 20 stores – 69% public wearing face coverings
Recovery/Business Re-Opening Task Force
The Business Re-Opening Task Force

• Provides guidance and technical assistance to businesses in Adams, Arapahoe and Douglas Counties as they plan for safe re-openings with COVID-19 precautions.

• Began operations on May 8th and has received over 1100 inquiries by phone and email. The Task Force is now averaging 200+ inquiries each week.

• Working with trusted Business Community partners to provide regular updates through guidance materials, webinars and town halls. Our first webinar for the Spanish Speaking Community will be held on June 18th at 4:30pm.

• Regular updates including webinar information, guidance materials, and a variety of safe opening tools can be found on TCHD’s COVID Business Page: www.tchd.org/836/Safer-at-Home-Guidance-for-Businesses

• Available Monday-Friday, 8am-5pm by phone and email
  – covidbusinessrecovery@tchd.org
  – 720-713-6030
Public Information Response
Media

1 Virtual Press Conference

9 Press Releases

108 Requests for interviews
**COVID-19**

**Telephone Town Hall**

- 4 Virtual Town Halls with Arapahoe County
- > 12k Viewers/Listeners
- 6 Telephone Town Hall Arapahoe and Douglas Counties
- > 98k Listeners
Followers

Total people who have liked (or “followed”) our social media accounts.
Social Media

**Engagement**
Total number of interactions people have with our content. (i.e. likes, comments, shares, retweets, etc.)

**Impressions**
Total number of times our content was displayed to people.
Call Center

Started March 12

Helping local callers who could not get through to the Colorado Health Emergency Line for the Public (CO HELP)

> 6500

Calls from providers, businesses, and the public

Themes

- Weddings
- Youth Sports
- Pools

303-220-9200  @  callcenter@tchd.org
Collateral Material

- Multilingual fact sheets created: >12
- Videos created: >6
- Web redesigns: 3
  - tchd.org/coronavirus
- Partner COVID-19 update newsletters: 35
  - >1,000 subscribers
  - 50% average of open rate
Life with COVID-19 campaign

My community will soon grow stronger because I follow all of the COVID-19 prevention tips.

Staying safe and healthy with COVID-19 in our lives
www.tchd.org/coronavirus
Staff

14
All staff webinars with Dr. Douglas, Michele Askenazi and Jennifer Ludwig

28
Connecting during COVID-19 newsletters

11
Special edition COVID Triangles

Launched our new COVID-19 Employee Link intranet webpage
Moving Beyond Safer-at-Home Orders: What’s Next?
Public Health Orders: Safer at Home and In the Vast, Great Outdoors

• More entities opening up with specific criteria (e.g., gyms, outdoor recreation, pools, places of worship, day camps, etc.)

• Any business/activity not addressed may operate in accordance with general guidance

• Not yet: malls, bars, casinos, theaters, residential camps, public gatherings >10, etc.

• Vulnerable persons asked to limit activity

• Variance process through counties
  • Douglas—several granted, several others pending; letter requesting general opening sent to Governor
  • Arapahoe—request pending
  • Adams—under consideration
What’s on Horizon for Next 6-9 Months?

- Monitoring safe and progressive re-opening of businesses and community facilities and activities
  - Safe re-opening of schools as safely as possible especially important
- Promoting prevention
  - Testing, case investigation/contact tracing capacity
  - Outbreak prevention and control
  - Social distancing (especially high-risk)
  - Face coverings
  - Routine immunizations (eg, childhood, influenza)
- Key parameters
  - Cases, hospitalizations
  - Testing, case investigation/contact tracing capacity
  - Hospital capacity
  - Potential triggers for further social distancing?
Current/Potential Funding to Support Public Health Response

• Public Health Emergency Preparedness (PHEP) supplemental funding for COVID Response:
  • Overall Public Health Response: $829,361 (March 2020 – March 2020)
  • Epidemiology Capacity Support: $374,400 (March 2020 – March 2020)

• CARES Funding (supported by 3 counties)
  • Support case investigation and contact tracing and operating costs: (May 2020 – December 2020)
  • Request to counties under consideration

• Potential Additional Source of Funding to Public Health
  • Epidemiology and Laboratory Capacity (ELC) from May 2020 through November 2022 (Scope of Work for Funding to by determined by CDPHE by mid-June):
    • Total to State of Colorado: $10.9 million
    • Total to Local Public Health: $55 million
    • Total to Tribal Nations: $5 million
    • Allocation formula for LPHAs and allowable expenses under consideration
The Potential for Vaccines

- Fastest vaccine development effort in history
  - 100+ under development
  - NIH/HHS will prioritize support of ~ 10
  - Likely that 3-5 will enter large-scale clinical trial
  - Manufacturing capacity to be prioritized while trials underway
  - Variety of approaches (recombinant protein, RNA, DNA)

- Challenges
  - Scientific: changing epidemiology, response in different populations
  - Manufacturing: capacity, ancillary products, competition w existing vaccines
  - Vaccine confidence
  - Ethics of equitable distribution
Considerations for Achieving Herd Immunity*

- Herd immunity calculation
  - $1 - 1/Ro$; if $Ro = 3.0$, then 65%
- If population susceptibility not uniform (due to behavior or biology), Herd Immunity Threshold (HIT) could be lower
  - If most susceptible individuals infected/vaccinated first, remaining population is less at risk
- Even if HIT is met, outbreaks can still occur (e.g., measles in 2019)
- HI depends on both vaccine efficacy (and duration of immunity) and coverage
  - 80% effective vaccine needs 80% coverage to get to HIT
  - 65% effective vaccine needs 100% coverage to get to HIT
- Herd immunity is a continuum
  - Even a partially effective vaccine can provide value/save lives

* Adapted from Dr. David Dowdy, Johns Hopkins U, NVAC meeting 6/9/20
COVID Vaccine Survey Results: NORC (6/9/20 NVAC presentation)
COVID Vaccine Survey Results: NORC (6/9/20 NVAC presentation)

Among those who plan to get the vaccine, most see it as a way to protect themselves, their families, their communities, and a way to feel safe around other people.

- Want to protect self: 93%
- Want to protect family: 88%
- Best way to avoid getting seriously ill from virus: 82%
- Allow me to feel safe around other people: 81%
- Want to protect community: 78%
- Life won’t return to normal until most vaccinated: 72%
- My doctor recommends vaccines: 48%
- I have a chronic health condition so important to vaccinate: 33%

Source: AP-NORC Poll conducted May 14-18, 2020 with 1,056 adults nationwide
COVID Vaccine Survey Results: NORC (6/9/20 NVAC presentation)

Among those who do not plan to get the vaccine, concern about side effects is overwhelmingly the top reason against getting it.

- Concerned about side effects from the vaccine: 70%
- Concerned about getting infected with COVID from the vaccine: 42%
- Not concerned about getting seriously ill from COVID: 31%
- Don’t think vaccines work very well: 30%
- Coronavirus outbreak is not as serious as people say: 24%
- I don’t like needles: 10%
- I am allergic to vaccines: 6%
- I won’t have time to get vaccinated: 2%

Question: ASKED OF THOSE WHO SAY THEY WOULD NOT GET VACCINATED: Which of the following are reasons you would not get a coronavirus vaccine?

Source: AP-NORC Poll conducted May 14-18, 2020 with 1,056 adults nationwide.
COVID Vaccine Survey Results: IPSOS (6/9/20 NVAC presentation)
Role of TCHD in COVID Vaccines

• More than a theoretical question
• Potential roles
  • Information and education
  • Provision of vaccines, as with H1N1
    • Potential involvement of new case investigator/contact tracer staff?
  • Maintenance of other vaccine efforts
Questions?
TCHD COVID-19 Website:
http://www.tchd.org/818/Coronavirus-COVID-19