

Vaccine Planning Work Group

In order to keep an accurate roll call, we ask that everyone joining this meeting rename themselves to include the following information:

- First Name
- Last Name
- Organization

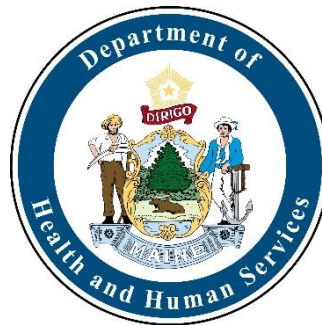
Please type all questions into the chat box.

Presentations slides will be sent to meeting attendees by COB today. If you did not receive an invitation to this meeting directly from the Maine Immunization Program, please email Jessica.Shiminski@Maine.Gov to be added to the distribution list.

We appreciate the time and effort taken by everyone joining to help the Maine CDC with COVID-19 vaccine planning.

Vaccine Planning Work Group

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Maine Immunization Program
September 30, 2020



Disclaimer

All information in this presentation is subject to change.
Information shared in these slides are assumptions
as of 9/30/2020.

This presentation is being recorded.
If there are any objections, please disconnect now.

Agenda

- Health Care Worker Immunization Rule
- Planning
- Pharmacy Rollout Planning
- COVID-19 Email Box

HealthCare Worker Rulemaking Notice

Notice of rulemaking by the Maine Center for Disease Control and Prevention for 10-144 CMR chapter 264, Immunization Requirements for Healthcare Workers.

- Adding seasonal influenza to the list of vaccine preventable diseases for which employees must show proof of immunization or documented immunity
- Adding public health threat and extreme public health emergency to definitions
- Rule changes are proposed to clarify the Department's authority to impose control measures due to a public health emergency

Comment Deadline: 5:00 p.m.; Friday, October 30, 2020

<https://www.maine.gov/dhhs/mecdc/rules/maine-cdc-rules.shtml>

Planning

Planning in three phases:

1. Phase 1: Potentially limited supply of COVID-19 vaccine doses available

- Focus initial efforts on reaching the critical populations.
- Ensure vaccination locations selected can reach populations, manage cold chain requirements, and meet reporting requirements for vaccine supply and uptake.

2. Phase 2: Large number of vaccine doses available

- Focus on ensuring access to vaccine for members of Phase 1 critical populations who were not yet vaccinated as well as for the general population; expand provider network.

3. Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses)

- Focus on ensuring equitable vaccination access across your entire system. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.

Planning

Training of COVID-19 vaccination provider is vital to ensure the success of the COVID-19 Vaccination Program.

Ensure that key staff are:

- Available for training including back up's.
- Understand Storage and Handling requirement and temperature reporting
- Know how to order vaccine
- How to store the vaccine when it arrives
- Ensure that medical records and the IIS have administration data
- Reconcile vaccine inventory

Planning

Staffing

- Having enough adequately trained staff with current situational awareness is key to a successful COVID-19 Vaccination Program.
- Specialized expertise is required, and it is important to have backups in each specialty area to guard against interruption of activities because of illness or other personal situations.
 - For example, if staff are supporting temporary or off-site COVID-19 vaccination clinics, the hours are likely to be long and physically taxing. Managers and supervisors need to regularly check in with and support assigned staff's wellness and overall resilience to perform the assigned tasks.

Planning

Supplies

- Important activities during the COVID-19 Vaccination clinics might be halted if certain supplies are depleted without replenishment.
- Develop lists and track inventory for various program components (e.g., temporary/off-site clinics, vaccination provider enrollment and training, vaccine management).
- Regular monitoring of such records will foster early prompts to order and replenish supplies and ensure availability as needed.
 - For example monitor use of PPE throughout the response and have ordering and procurement protocols in place for securing additional supplies.

Planning- 2nd dose

- COVID-19 vaccination record cards will be provided as part of vaccine ancillary kits. Vaccination providers should be highly encouraged to complete these cards with accurate vaccine information (i.e., vaccine manufacturer, lot number, date of first dose administration, and second dose due date),
- Give them to each patient who receives vaccine to ensure a basic vaccination record is provided.
- Vaccination providers should encourage vaccine recipients to keep the card in case the IIS or other system is not available when they return for their second dose.

Planning- 2nd dose

- If vaccine recipients have a smartphone, they may consider documenting their vaccine administration with a photo of their vaccination record and entering the date the next vaccine dose is due on their electronic calendar.
- The card provides room for a written reminder for a second-dose appointment.
- Redundant methods and systems should be used to remind vaccine recipients about their need for second doses.
- Many pharmacies and healthcare systems have their own systems for patient notifications and reminders, some using functionality within their electronic health record (EHR) systems.
- You may consider exploring the use of automated patient phone calls (“robocalls”), emails, and SMS text message-based systems.

Testing Plans

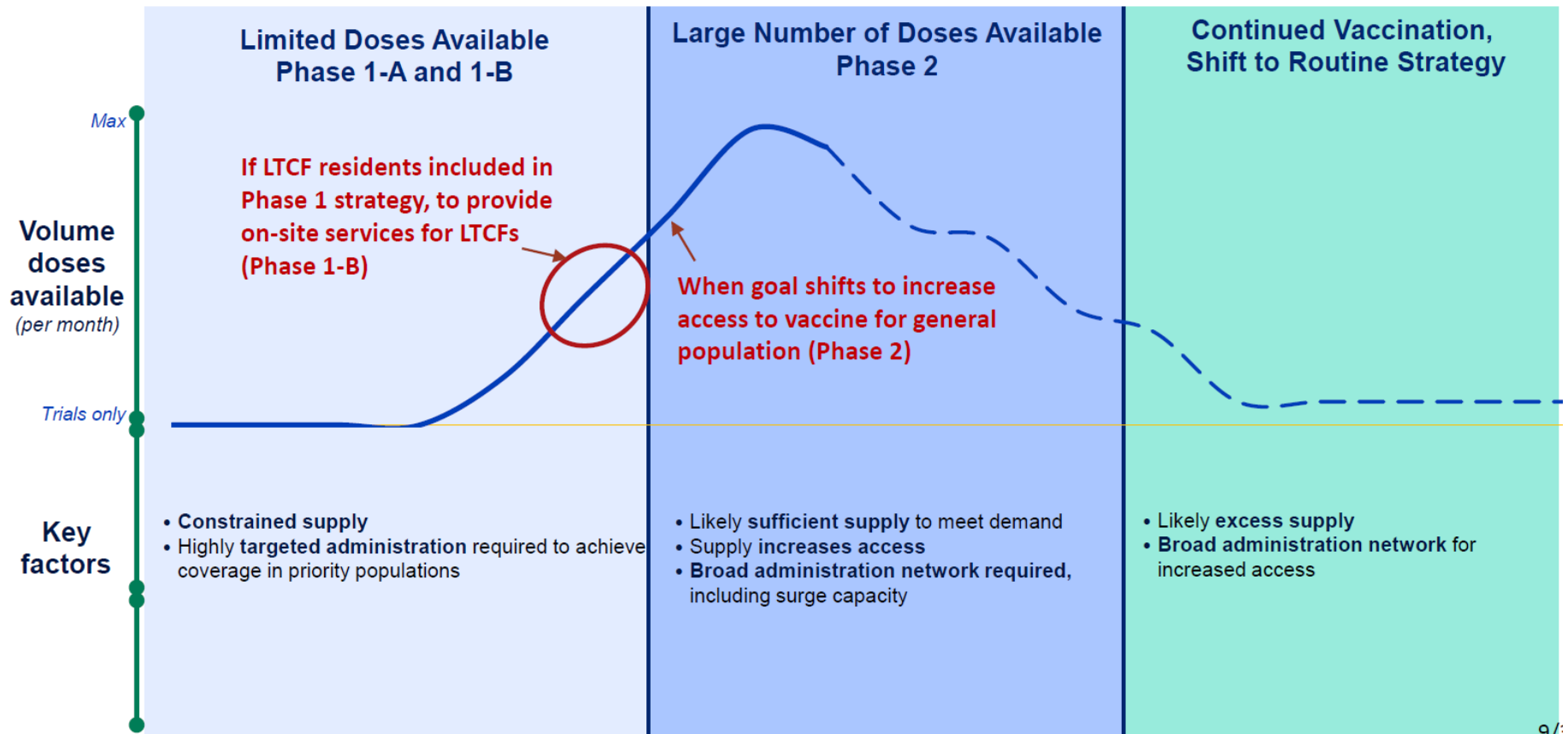
Improvement planning is the identification of strengths, areas for improvement, and corrective actions that results from workshops, exercises, or real-world events.

Conduct exercises, including workshops or tabletop, functional, or full-scale exercises.

Gaps in program planning are often identified when plans are tested, whether through a real event, such as a hepatitis A outbreak, or a full-scale vaccination exercise.

Pharmacy Rollout Planning

Leveraging Pharmacy Partnerships to Increase Access



Key Planning Assumptions

- Pharmacists are trained to provide vaccinations; pharmacies provide ~32% of adult influenza vaccinations (Nov 2018)ⁱ
- Most large national pharmacy chains are now connected to state immunization information systems to facilitate timely reporting.
 - Can adopt CDC vaccine administration management system if needed for advance patient registration, mobile clinics, or drive through services.
- Pharmacies have systems in place to facilitate reimbursement of administration fees by third-party payers.
- Many pharmacies have 2-dose recall capabilities because of experience with shingles vaccine.
- Established cold chain capabilities in all stores for refrigerated temp (2-8C); many store locations have freezer capability (-20C).
 - Any product that requires ultra-cold storage will not be included in federal allocation for pharmacy partners.

Who Are Pharmacy Partners

National retail chains (e.g., CVS, Walgreens, Walmart, Kroger)

Regional retail chains (e.g., H-E-B, Publix, Wegmans, Giant Eagle)

Independent/community pharmacies
(often part of networks called "PSAOs" or pharmacy services administrative organizations)

Long-term care pharmacies

Characteristics of Partners that Receive Federal Direct Allocation of COVID Vaccines

- Single entity legally able to sign provider agreements on behalf of all their stores
 - Can reach at least 200 locations via a single pharmacy agreement
- Single point of ordering (one VTrckS account)
- Responsible for:
 - Proper storage/distribution of product from partner depot (e.g., cold chain)
 - Data reporting (supply, administration/uptake data)
- Entities that cannot meet this requirement encouraged to be part of the COVID-19 vaccination program by working with their jurisdictions

Engaging Pharmacies During Phase 1

- CDC is not planning to provide direct allocation to pharmacy partners during Phase 1, except to support potential vaccination efforts in long-term care facilities.*
- CDC will partner with national chains to provide vaccination services to long-term care facility residents.
- Jurisdictions should consider reaching out to pharmacy partners that can provide off-site vaccination or mass vaccination clinic services to support Phase 1 efforts.

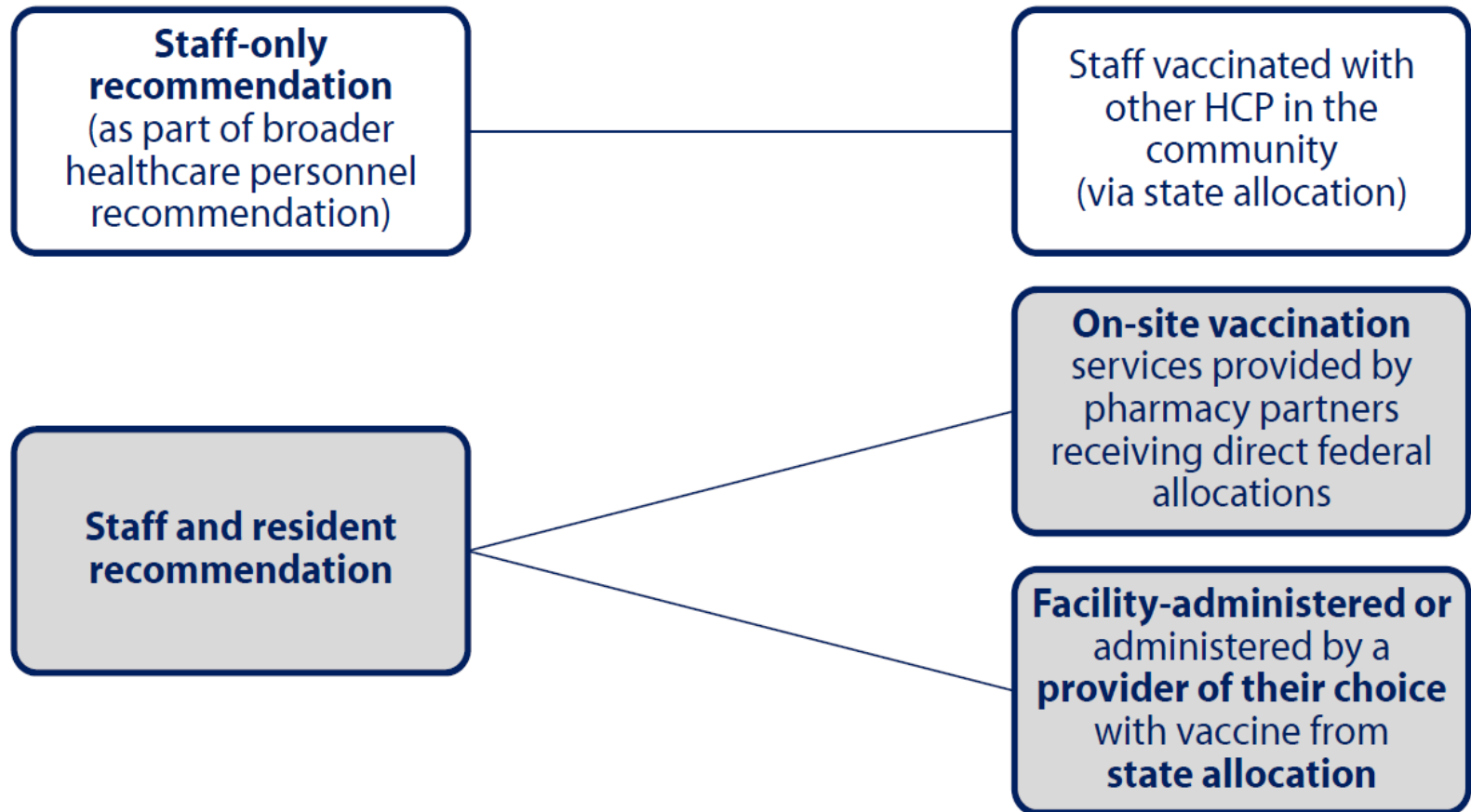
Data Reporting

- Supply/inventory reporting
 - Will ask pharmacy partners to report store-level inventory daily
 - VaccineFinder
- Vaccine administration data to be submitted to jurisdictions/CDC via:
 - Extracts coordinated with CDC for sharing with CDC
 - State immunization information systems (IISs)
 - Clinic applications (i.e. Vaccine Administration Management System)

Pharmacy Partner That Have Expressed Interest

- CVS Health Corporation
- Walgreens Boots Alliance
- Walmart Stores, Inc
- Rite Aid Corp
- The Kroger Co
- Albertsons Companies
- Publix
- Ahold Delhaize/Retail Business Services Costco Wholesale Corp
- H-E-B
- Hy-Vee Inc
- Meijer Great Lakes Limited Partnership
- Southeastern Grocers LLC
- Wakefern
- Medicine Shoppe
- Health Mart
- Good Neighbor Pharmacy
- CPESN

Pharmacy Roles with Long Term Care

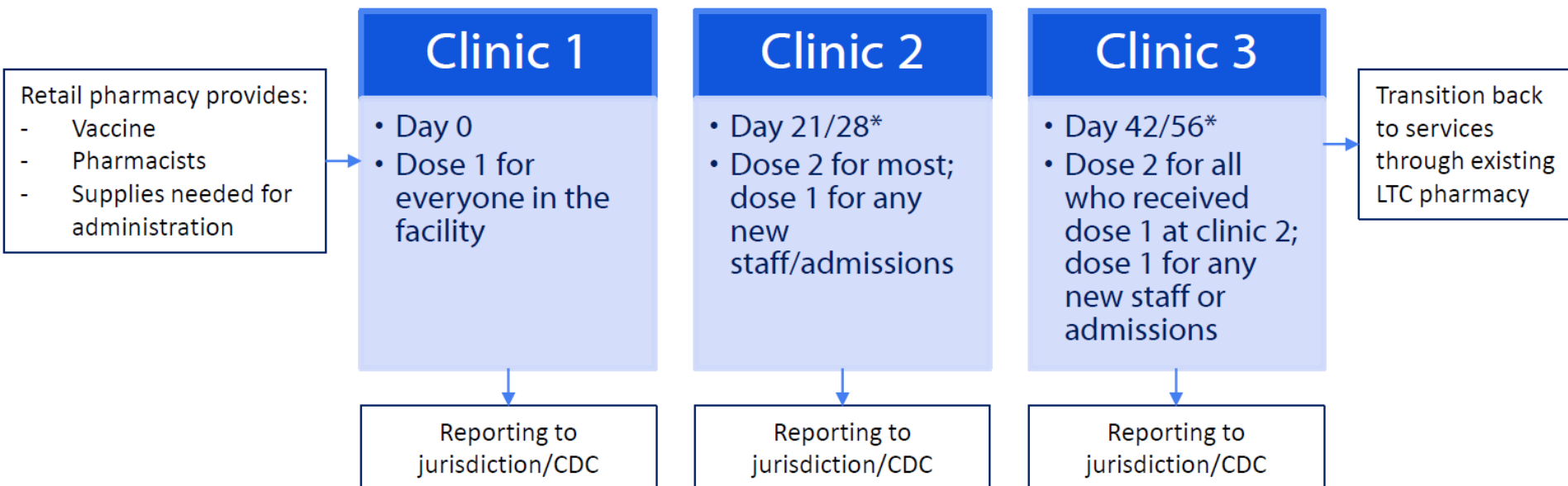


Overview Of On-Site Services Provided by Retail Pharmacy Partners

- On-site clinics for residents will be free to facilities.
- Available to residents and any staff not already vaccinated
- End-to-end management by pharmacy partner, including:
 - Scheduling/coordination (with the LTCF)
 - Ordering, distribution, and cold chain management
 - On-site administration
 - Data reporting to states/CDC

Proposed On-Site Pharmacy Services

Service offerings may change pending discussions with partners



Facility Sign-Up

Starting October 15, Facilities may sign up for on-site clinic via:

- National Healthcare Safety Network (SNFs)
 - There will be a COVID19 module available
- REDCap (ALFs)
 - There will be a survey available

More information to come

New Contact Information

C19Vaccine.MECDC@maine.gov

This new inbox is for questions regarding vaccine planning for COVID-19:

- Provider Enrollment Requirements
- CDC COVID-19 Vaccine Provider Agreement
- Any follow-up questions to these weekly Vaccine Planning Work Group Meetings

Questions?

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