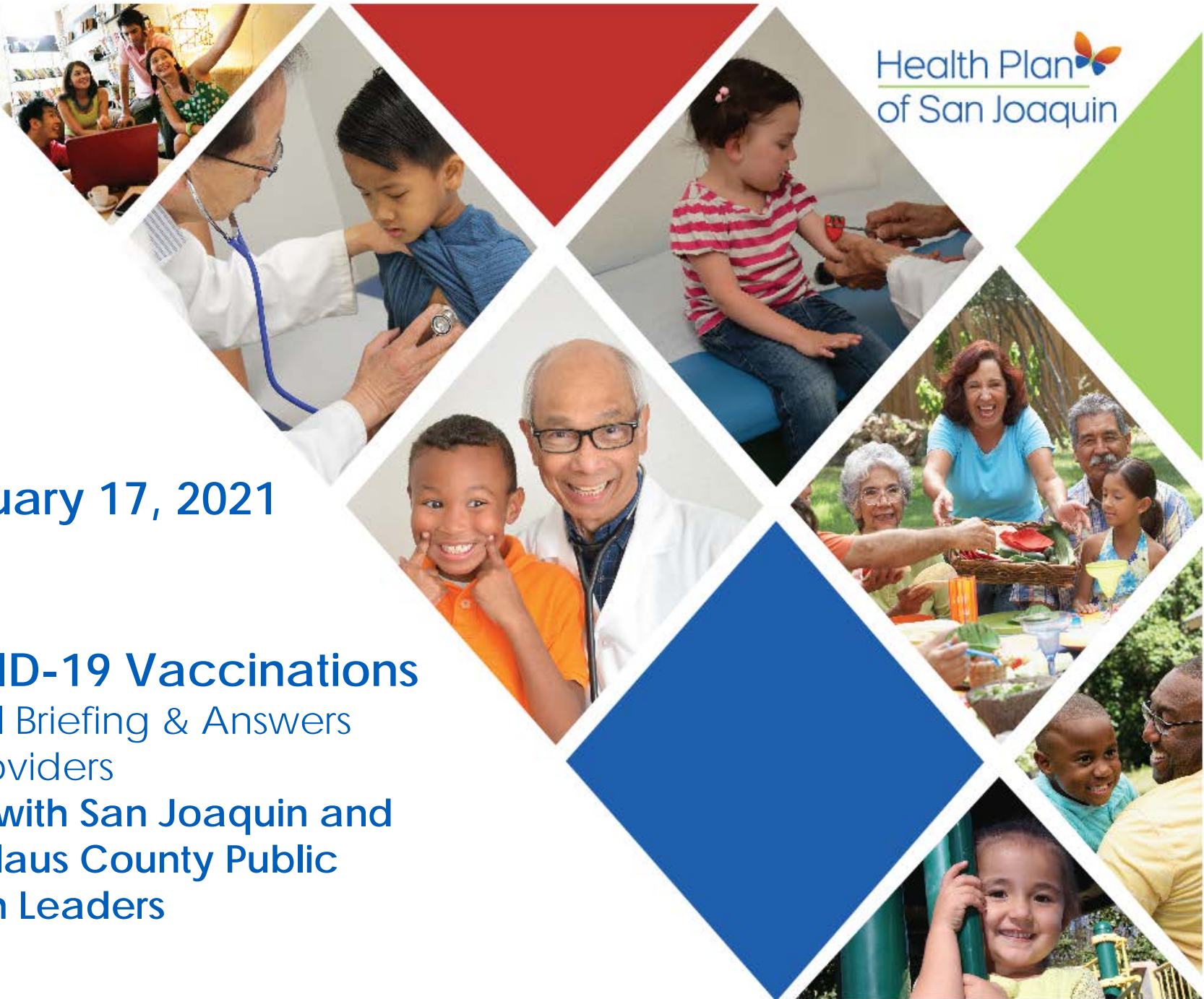


February 17, 2021

## COVID-19 Vaccinations

Virtual Briefing & Answers  
for Providers

Meet with San Joaquin and  
Stanislaus County Public  
Health Leaders



**Lakshmi Dhanvanthari, MD**  
HPSJ Chief Medical Officer



# Logistics and Introductions

## Housekeeping – in Virtual Time

- All but our presenters have been muted
- This session is being recorded
- Handouts, including this recording, will be available by February 19, at [hpsj.com/covid-19-provider-information/](https://hpsj.com/covid-19-provider-information/)
- Questions will come after the presentations; they can be submitted via the TEAMS Q/A button

## Who you will hear from this evening

- First you will hear from Dr. Maggie Park
- Next you will hear from Dr. Julie Vaishampayan
- Third, you will hear briefly from Terry Cumpian, HPSJ's Claims Director – on Vaccination Administration, how does that work
- Questions will come at the end, through HPSJ's Benefits Administration Director Vena Ford



# Agenda

Topic	Presenter
<p data-bbox="42 254 602 302"><b>Logistics &amp; Introductions</b></p> <p data-bbox="79 359 382 402"><b>Presentation:</b></p> <p data-bbox="79 471 527 511">Efficacy and Safety Data</p> <p data-bbox="79 561 743 601">Talking with Patients and community</p> <ul data-bbox="117 605 579 682" style="list-style-type: none"><li>• Getting the vaccination</li><li>• After the vaccination</li></ul> <p data-bbox="79 739 757 773">Priorities for Shots: Next Phases &amp; Tiers</p> <p data-bbox="79 825 823 865">Timeline: Supplies &amp; Vaccination Pipeline</p> <p data-bbox="79 916 751 956">(2) Registrations: Vaccine Providers –</p> <ul data-bbox="117 961 645 1038" style="list-style-type: none"><li>• Healthy Futures/RIDE system</li><li>• CalVAX</li></ul>	<p data-bbox="987 225 1615 325"><b>Lakshmi Dhanvanthari, MD</b> HPSJ Chief Medical Officer</p> <p data-bbox="987 548 1789 705"><b>Maggie Park, MD</b> San Joaquin County Public Health Officer</p> <p data-bbox="987 776 1895 876"><b>Julie Vaishampayan, MD, MPH, FIDSA</b> Stanislaus County Public Health Officer</p>
<p data-bbox="42 1133 923 1182"><b>How to Bill for Administering Vaccines</b></p>	<p data-bbox="987 1105 1464 1205"><b>Terry Cumpian</b> HPSJ Claims Director</p>
<p data-bbox="42 1290 931 1339"><b>Questions &amp; Answers, via Q &amp; A Button</b></p>	<p data-bbox="987 1262 1843 1362"><b>Vena Ford</b> HPSJ Benefits Administration Director</p>

**Maggie Park, MD**

San Joaquin County  
Public Health Officer

**Julie Vaishampayan, MD, MPH, FIDSA**

Stanislaus County  
Public Health Officer



# COVID-19 Vaccination



**Vaccinate San Joaquin**

Together we can end the pandemic.



**Vaccinate Stanislaus**

Together we can end the pandemic.

**February 17, 2021**

# Vaccines



**Vaccinate San Joaquin**

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**Vaccinate Stanislaus**

Together we can end the pandemic.

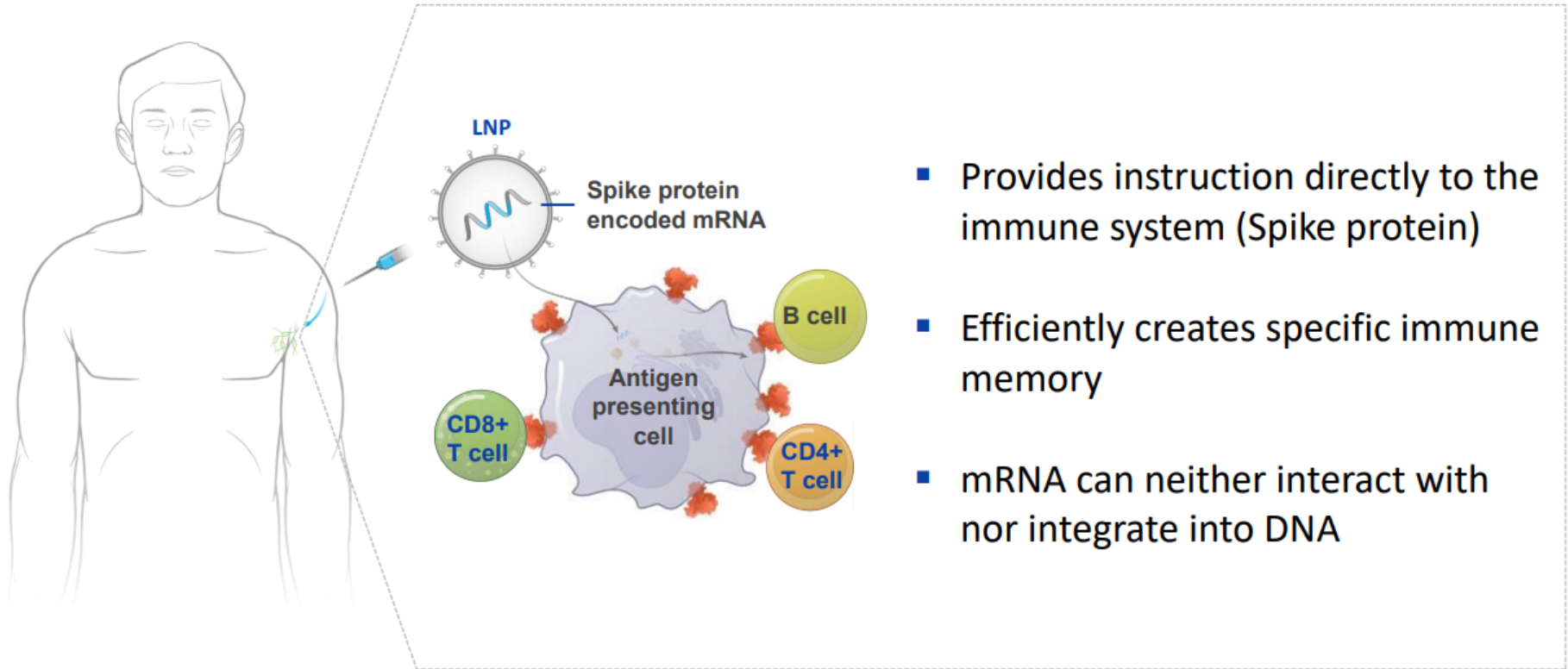
## mRNA Vaccines



- Are new, but the technology has been studied for decades (flu, Zika, rabies, CMV, cancer)
- Take advantage of the process that human cells use to make proteins to trigger an immune response
- Are safe and effective



# Messenger RNA vaccines



- Provides instruction directly to the immune system (Spike protein)
- Efficiently creates specific immune memory
- mRNA can neither interact with nor integrate into DNA

# How a new vaccine is developed, approved and manufactured

The Food and Drug Administration (FDA) sets rules for the three phases of clinical trials to ensure the safety of the volunteers. Researchers test vaccines with adults first.

## PHASE 1

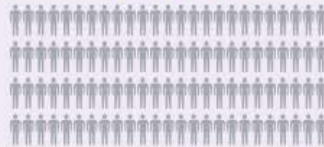


**20-100  
healthy volunteers**



- Is this vaccine safe?
- Does this vaccine seem to work?
- Are there any serious side effects?
- How is the size of the dose related to side effects?

## PHASE 2



**several hundred  
volunteers**

- What are the most common short-term side effects?
- How are the volunteers' immune systems responding to the vaccine?

## PHASE 3



**hundreds or thousands  
of volunteers**

- How do people who get the vaccine and people who do not get the vaccine compare?
- Is the vaccine safe?
- Is the vaccine effective?
- What are the most common side effects?

**FDA licenses the vaccine only if:**

- It's safe and effective
- Benefits outweigh risks

Vaccines are made in batches called lots.



Manufacturers must test all lots to make sure they are safe, pure and potent. The lots can only be released once FDA reviews their safety and quality.

The FDA inspects manufacturing facilities regularly to ensure quality and safety.



FOR MORE INFORMATION, VISIT [HTTPS://WWW.FDA.GOV/CBER](https://www.fda.gov/cber)

Both Pfizer and Moderna passed rigorous safety reviews by the FDA

No step was skipped

Pfizer: 44,000 participants

Moderna: 30,000 participants

# Efficacy

## Pfizer BioNTech

- Primary efficacy endpoint: Symptomatic, laboratory-confirmed COVID-19 among subjects without evidence of prior infection – Efficacy: 95.0% (90.3–97.6%)
- High efficacy ( $\geq 92\%$ ) for additional efficacy analysis: across age, sex, race, and ethnicity categories, and those with underlying medical conditions – Efficacy among adults  $\geq 65$  years of age: 94.7% (66.7–99.9%)
- Efficacy noted against severe disease as well – FDA definition\* : 66.4% (-124.8–96.3%) – CDC definition\*\* : 100% (-9.9–100%)
- Numbers of observed COVID-19 associated hospitalization or death are low – Five COVID-19 associated hospitalizations occurred, all in placebo recipients – No COVID-19 associated deaths occurred

## Moderna

- Primary efficacy endpoint: Symptomatic, laboratory-confirmed COVID-19 among subjects without evidence of prior infection – Efficacy: 94.1% (89.3%–96.8%)
- High efficacy for additional efficacy analysis, across age, sex, race, and ethnicity categories, and those with underlying medical conditions – Efficacy among adults 18-64 years of age: 95.6% (90.6%–97.9%) – Efficacy among adults  $\geq 65$  years of age: 86.4% (61.4%–95.5%) - Efficacy among adults  $\geq 75$  years of age: 100%
- 30 cases of severe disease\* noted in placebo group, 1 in vaccine group – VE estimate: 97% (76%-100%)
- Numbers of observed COVID-19 associated hospitalization or death are low – Nine COVID-19 associated hospitalizations in placebo recipient, 1 in vaccine recipient – One COVID-19 associated death occurred in placebo recipient

\*FDA definition: Respiratory Rate  $\geq 30$ , Heart Rate  $\geq 125$ , SpO<sub>2</sub>  $\leq 93\%$  on room air at sea level or PaO<sub>2</sub>/FIO<sub>2</sub>  $< 300$  mm Hg; OR Respiratory failure or Acute Respiratory Distress Syndrome (ARDS), defined as needing high-flow oxygen, non-invasive or mechanical ventilation, or ECMO; OR evidence of shock (systolic blood pressure

\*Definition: Respiratory Rate  $\geq 30$ , Heart Rate  $\geq 125$ , SpO<sub>2</sub>  $\leq 93\%$  on room air at sea level or PaO<sub>2</sub>/FIO<sub>2</sub>  $< 300$  mm Hg; OR respiratory failure or Acute Respiratory Distress Syndrome (ARDS), defined as needing high-flow oxygen, non-invasive or mechanical ventilation, or ECMO; OR evidence of shock (systolic blood pressure

# Safety

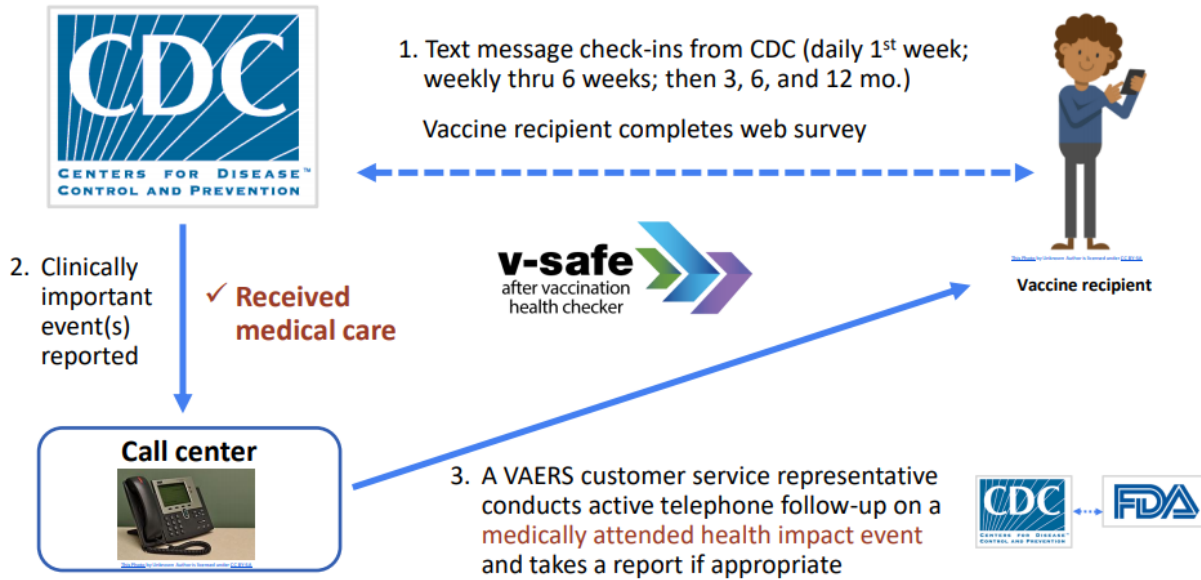
## Pfizer BioNTech

- Serious adverse events were reported in a similar proportion among recipients of vaccine and placebo (0.6% vs 0.5%).
- Severe reactions were more common in vaccine recipients; any grade  $\geq 3$  reaction was reported by 8.8% of vaccinated versus 2.1% of placebo group.
- Local reactions occurring within 7 days were common – Pain at the injection site most common
- Systemic reactions within 7 days were common – Fatigue, headache and muscle pain most common
- Symptom onset was usually 1-2 days post-vaccine receipt
- Most symptoms resolved after 1 day (median duration)

## Moderna

- Serious adverse events were reported in a similar proportion among recipients of vaccine and placebo (1.0% vs 1.0%).
- Severe reactions were more common in vaccine recipients; any grade  $\geq 3$  reaction was reported by 21.5% of vaccinated versus 4.4% of placebo group.
- Local reactions occurring within 7 days were common – Pain at the injection site most common
- Systemic reactions within 7 days were common – Fatigue, headache, and myalgia most common
- Symptom onset was usually 1-2 days post-vaccine receipt
- Symptom onset was usually 1-2 days post-vaccine receipt

# Ongoing Safety Monitoring



*Get vaccinated.  
Get your smartphone.  
Get started with v-safe.*

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.

Sign up with your smartphone's browser at [vsafe.cdc.gov](https://vsafe.cdc.gov)

**OR**  
Aim your smartphone's camera at this code

Learn more about **v-safe** [www.cdc.gov/vsafe](https://www.cdc.gov/vsafe)



# Summary of V-Safe Data

	Pfizer-BioNTech	Moderna	All COVID-19 vaccines
People receiving 1 or more doses in the United States*	12,153,536	9,689,497	21,843,033
Registrants completing at least 1 v-safe health check-in†	997,042	1,083,174	2,080,216
Pregnancies reported to v-safe	8,633	6,498	15,131

\* COVID Data Tracker data as of 1/24/2021

† v-safe data as of 1/20/2021, 5:00 AM ET

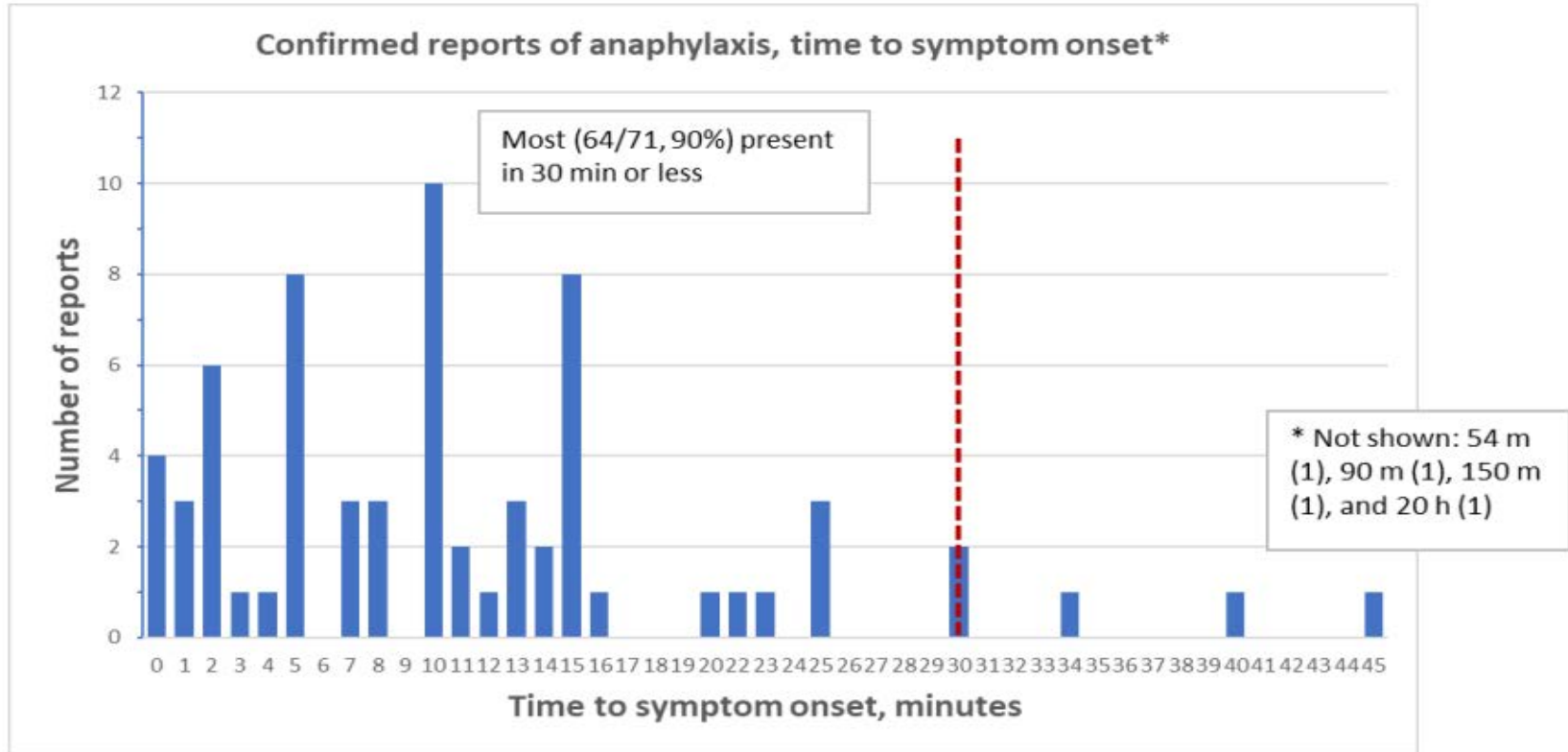
# Reactogenicity reported to V-Safe

Local and systemic reactions, day 0-7 <sup>*,†</sup>	All vaccines %	Pfizer- BioNTech dose 1 %	Pfizer-BioNtech dose 2 %	Moderna dose 1 %
Pain	70.7	67.7	74.8	70.1
Fatigue	33.4	28.6	50.0	29.7
Headache	29.4	25.6	41.9	26.0
Myalgia	22.8	17.2	41.6	19.6
Chills	11.5	7.0	26.7	9.3
Fever	11.4	7.4	25.2	9.1
Swelling	11.0	6.8	26.7	13.4
Joint pain	10.4	7.1	21.2	8.6
Nausea	8.9	7.0	13.9	7.7

\* v-safe data lock point 1/14/2021, 5:00 AM ET

† Reported on at least one health check-in completed on days 0-7 after receipt of vaccine

# Reports to VAERS



Data through January 18, 2021

Reported vaccine doses administered	Anaphylaxis cases	Reporting rate (analytic period Dec 14-Jan 18)
Pfizer-BioNTech: 9,943,247	50	5.0 per million doses admin.
Moderna: 7,581,429	21	2.8 per million doses admin.



# Triage of persons presenting for mRNA COVID-19 vaccination

	CONTRAINDICATION TO VACCINATION	PRECAUTION TO VACCINATION	MAY PROCEED WITH VACCINATION
ALLERGIES	<p>History of the following are contraindications to receiving either of the mRNA COVID-19 vaccines*:</p> <ul style="list-style-type: none"> <li>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components</li> <li>• Immediate allergic reaction<sup>†</sup> of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components<sup>†</sup> (including polyethylene glycol)<sup>#</sup></li> <li>• Immediate allergic reaction of any severity to polysorbate<sup>#</sup></li> </ul>	<p>Among persons without a contraindication, a history of:</p> <ul style="list-style-type: none"> <li>• Any immediate allergic reaction<sup>†</sup> to other vaccines or injectable therapies*</li> </ul>	<p>Among persons without a contraindication or precaution, a history of:</p> <ul style="list-style-type: none"> <li>• Allergy to oral medications (including the oral equivalent of an injectable medication)</li> <li>• History of food, pet, insect, venom, environmental, latex, etc., allergies</li> <li>• Family history of allergies</li> </ul>
ACTIONS	<ul style="list-style-type: none"> <li>• Do not vaccinate<sup>#</sup></li> <li>• Consider referral to allergist-immunologist</li> </ul>	<ul style="list-style-type: none"> <li>• Risk assessment</li> <li>• 30-minute observation period if vaccinated</li> <li>• Consider deferral of vaccination for further risk assessment and possible referral to allergist-immunologist</li> </ul>	<ul style="list-style-type: none"> <li>• 30-minute observation period: Persons with a history of anaphylaxis (due to any cause)</li> <li>• 15-minute observation period: All other persons</li> </ul>

# Ingredients included in mRNA Vaccines

Description	Pfizer-BioNTech	Moderna
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide	Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)	SM-102
Salts, sugars, buffers	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	sucrose

# Communication



**Vaccinate San Joaquin**

Together we can end the pandemic.



**Vaccinate Stanislaus**

Together we can end the pandemic.

# Talking with patients

## Containing Vaccine Misinformation

- Vaccines misinformation has raised questions among parents about the safety and benefits of vaccines
- False claims must be effectively contained and countered with accurate information to maintain and strengthen public confidence in immunization
- This requires a particular focus on the patient-provider interaction
- Health providers are the most trusted source of information by patients

## COVID-19 VACCINE IS HERE

STAY INFORMED. KEEP WEARING YOUR MASK.

- Validated by the nation's top medical experts to be safe and effective
- Provided at no cost
- Phased distribution plan based on risk and level of exposure
- Widely available later in 2021



Vaccinate ALL 58

# Vaccine Hesitancy

## What factors influence decisions about vaccination?



### Contextual

- Media and public communication
- Local politics
- Religion, culture
- Accessibility of services
- Trust in authorities



### Individual and group influences

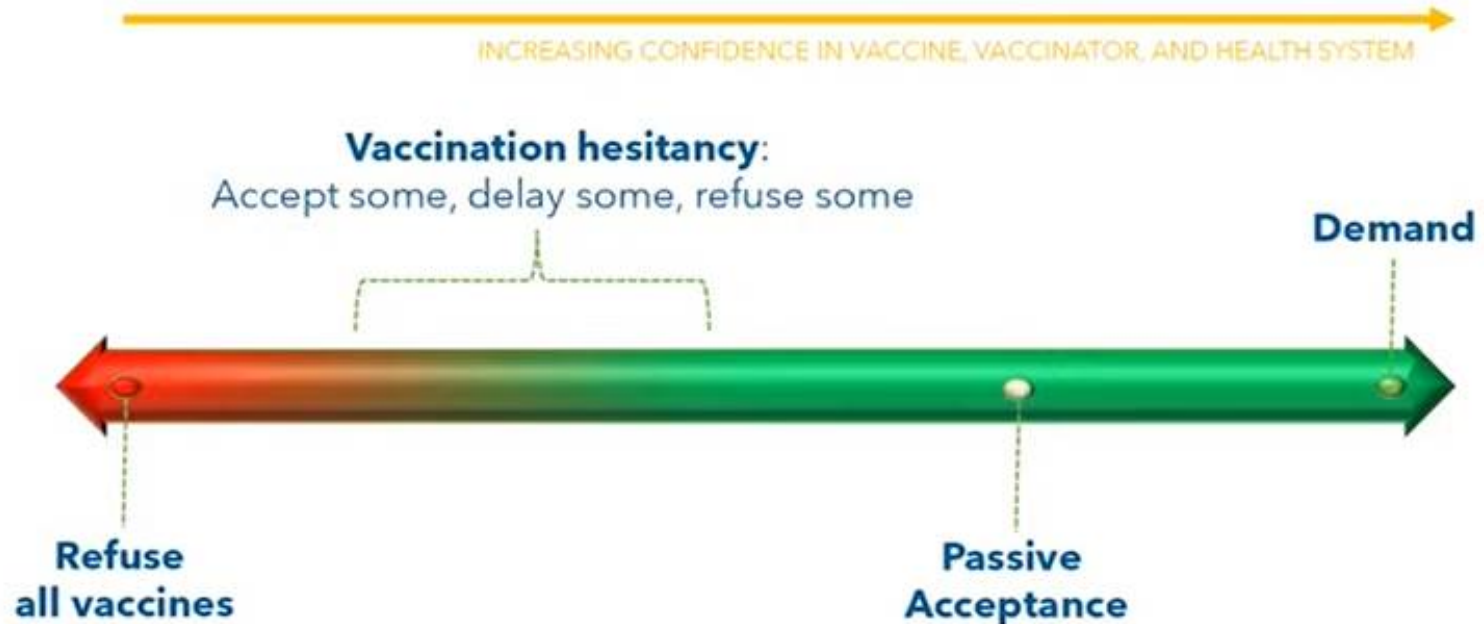
- Beliefs and attitudes about health and disease prevention
- Knowledge and awareness
- Poor quality health service experience



### Vaccine/vaccination - specific issues

- Mode of administration
- Source of the vaccine
- Vaccination schedule
- Any costs associated with vaccination
- Knowledge/attitudes of healthcare professionals

# The vaccine demand continuum



# Myths and Facts

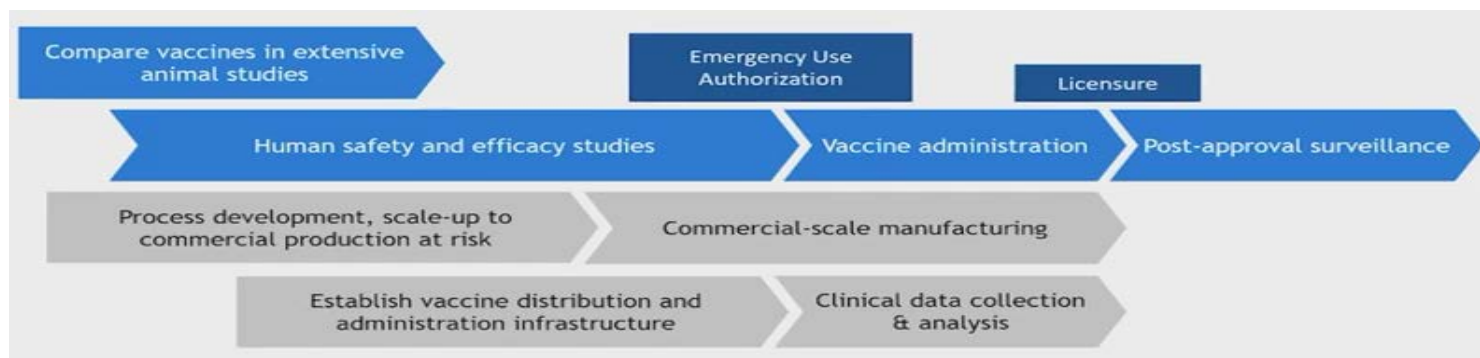
- Can a COVID-19 vaccine make me sick with COVID-19? **NO**
- After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral test? **No**
- If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine? **Yes**
- Will a COVID-19 vaccination protect me from getting sick with COVID-19? **Yes**
- Will a COVID-19 vaccine alter my DNA? **No**
- Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day? **Yes**

# Accelerated Vaccine Development

## Traditional



## EUA



“No matter how quickly vaccines are developed, CDC and FDA will deploy their routine procedure and systems to ensure vaccines are safe and effective”. Dr. Nancy Messonnier, CDC



# CDPH Vaccine Fact Sheet

## Know the Facts



Vaccinate **ALL 58**  
Together we can end the pandemic.

Californians have made extraordinary sacrifices to help slow the spread of COVID-19. Help is on the way as the state begins its rollout of safe and effective COVID-19 vaccine. Now the work begins to Vaccinate All 58. Together, we can end the pandemic – in all of California's 58 counties.

### COVID-19 Vaccine is Here

- ▶ COVID-19 vaccine for California is here — it is safe and effective.
- ▶ California is receiving shipments of COVID-19 vaccines produced by Pfizer-BioNTech and Moderna. Health care workers and residents in long-term care will be the first to be vaccinated.
- ▶ California is working closely with community partners and stakeholders to help guide the planning process and ensure the vaccine is distributed and administered equitably.
- ▶ California is committed to a fair and equitable allocation and distribution process. No one should bypass the established vaccine allocation and distribution process.
- ▶ Individuals with the highest risk of becoming infected and spreading COVID-19 will receive vaccines first. Later in 2021, most Californians will have an opportunity to get vaccinated.
- ▶ Vaccines are available at no cost.

### COVID-19 Vaccine is Safe and Effective

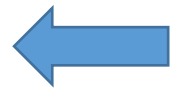
- ▶ California has its own Scientific Safety Review Workgroup comprised of immunization, public health, academic and other experts who are vetting vaccine safety.
- ▶ The Scientific Safety Review Workgroup has confirmed that the Pfizer-BioNTech and Moderna vaccines have met high standards for safety and efficacy.
- ▶ The Moderna vaccine is approved for those 18 years and older, consists of two doses given 28 days apart, and is 94 percent effective against COVID-19.
- ▶ Sometimes vaccination can cause a sore arm, aches, fatigue or fever for a few days after getting the vaccine, but these are not harmful.
- ▶ Vaccinated individuals should keep wearing masks, washing hands and watching their distance until the vaccine has been widely distributed.

#### About The Vaccines

- ▶ The Pfizer-BioNTech vaccine is approved for those 16 years and older, consists of two doses given 21 days apart, and is 95 percent effective against COVID-19.

**Remember, your actions continue to save lives. Wear a mask, wash your hands, keep your distance, and when it's your turn, get vaccinated.**

For the latest facts, please visit [covid19.ca.gov/vaccines](https://covid19.ca.gov/vaccines).



Be honest about potential reactions



# A Communicator's Tip Sheet for COVID-19 Vaccination



## Three Communication Considerations

### 1. WHAT

Define communication goals

### 2. WHO

Identify needs and perspectives of intended audience

### 3. HOW

Create and disseminate tailored messages

## Do's

- ✓ Tailor message to the information needs and values of the intended audience.
- ✓ Appeal to positive emotions (hope, caring for others).
- ✓ Make vaccination the easy choice.
- ✓ Use appealing formats: simple graphics, videos, personal narratives.
- ✓ Use accessible language and ensure culturally sensitive translation into other languages.
- ✓ Frame vaccination as a social norm.
- ✓ Support people in making informed decisions about vaccination.
- ✓ Emphasize unity and message consistency across the political spectrum.
- ✓ Adapt to diverse platforms by partnering with traditional and social media outlets.
- ✓ Monitor misinformation and respond when appropriate.

## Don'ts

- ✗ Use a "one size fits all" approach.
- ✗ Incite negative emotions, such as fear and shame.
- ✗ Use judgmental language that may alienate some people.
- ✗ Use directive language to suggest vaccination is a requirement or mandate.
- ✗ Overwhelm with complicated statistics and lengthy scientific explanations.
- ✗ Set unrealistic expectations about vaccine availability.
- ✗ Exaggerate the vaccine's ability to instantly end the pandemic.
- ✗ Dismiss widely shared concerns about side effects or adverse outcomes.
- ✗ Repeat the same message in the same way, inducing message fatigue.
- ✗ Politicize COVID-19 vaccination.

# CONSUMER LANGUAGE DO'S & DON'TS

## DO SAY

A safe and effective vaccine

Authorized by FDA based on clinical testing

Get the latest information

Keep your family safe; keep those most vulnerable safe

Public Health

Medical experts and doctors

People who have questions

## DON'T SAY

A vaccine developed quickly

Operation Warp Speed; Emergency Use Authorization

There are things we still don't know

Keep your country safe

Government

Scientists

People who are hesitant, skeptical, resistant, or "Anti-vaxxers"

# After Vaccination

Continue to :

- Stay home and isolate from others when sick
- Wear masks
- Wash hands
- Physically distance and avoid crowds

# Quarantine if you're vaccinated

Vaccinated people who have been exposed to someone with suspected or confirmed COVID-19 are not required to [quarantine](#) if they meet all of the following criteria, according to the CDC:

- Are fully vaccinated (it's been 2 weeks or more since getting the second dose in a 2-dose series, or 2 weeks or more since getting one dose of a single-dose vaccine)
- Are within 3 months of getting the last dose in the series
- Have had no symptoms since the exposure

People who do not meet all 3 of the above criteria should quarantine. Follow current [quarantine guidance](#).

Fully vaccinated people who do not need to quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure. If they experience symptoms, they should be evaluated for COVID-19, including coronavirus testing if indicated. In addition, vaccinated people should continue to follow [current guidance](#) to protect themselves and others, including [travel recommendations](#).

<https://covid19.ca.gov/vaccines/#California-vaccines-dashboard>

# Phases and Tiers



**Vaccinate San Joaquin**

Together we can end the pandemic.



**Vaccinate Stanislaus**

Together we can end the pandemic.

# Who decides the phases and tiers?

- Federal - Advisory Committee on Immunization Practices (ACIP)

<https://www.cdc.gov/vaccines/acip/index.html>

- California

- Drafting guidelines workgroup

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Drafting-Guidelines-Workgroup.aspx>

- California community advisory committee

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx>

# Who is getting vaccinated now?

## Phase 1A

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### NOW VACCINATING

- Healthcare workers
- Long-term care residents

## Phase 1B

---

### NOW VACCINATING AS SUPPLIES ALLOW

- Individuals 65 and older
- Sector populations:
  - Education and childcare
  - Emergency services
  - Food and agriculture





I am looking for



I am a



Programs



A-Z Index



[COVID-19 Home](#)

[Protect Your Health](#) ▾

[Get Latest Guidance](#) ▾

[See the Numbers](#) ▾

[Learn More](#) ▾

# Updated COVID-19 Vaccine Allocation Guidelines

February 13, 2021

Based on available supply, individuals described below are or will be eligible for COVID-19 vaccines:

- Phase 1A\* (healthcare workers and LTC residents): 3,142,166 Californians
- Phase 1B
  - Food/Agriculture\*\*\*, Education/Childcare\*\*, and Emergency Services\*\*\*: 5,960,528 Californians
  - 65+: 6,254,300 Californians

Beginning March 15, healthcare providers may use their clinical judgement to vaccinate individuals age 16-64 who are deemed to be at the very highest risk for morbidity and mortality from COVID-19 as a direct result of one or more of the severe health conditions included in [this provider bulletin](#).

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/VaccineAllocationGuidelines.aspx#>

# Phase 1B - Education

- All formal and informal childcare workers, including day care providers
- All staff in colleges, universities, junior colleges, community colleges, and other postsecondary education facilities
- All staff in educational support services and administration
- All staff in Pre-kindergarten, elementary, middle, and high schools – **17,414**
- All staff in technical and trade schools
- Any other workers involved in child and/or student care, including school bus drivers and monitors, crosswalk guards, etc.

# Phase 1B – Emergency Services

- Emergency management, law enforcement (1,153), fire and rescue services, emergency medical services, corrections, rehabilitation and reentry, search and rescue, hazardous material response
- Public Safety Answering Points and 911 call center
- Fusion Center
- Weather and natural hazard disaster monitoring, response, mitigation, and prevention
- Maintain, manufacture, or supply equipment and services supporting emergency services
- Those responding to abuse and neglect of children, elders and dependent adults
- Animal control officers and humane officers
- Security staff to maintain building access control and physical security measures
- Maintain and provide services and supplies to public safety facilities

# Phase 1B – Food and Agriculture

- Agriculture – **34,425**
- Grocery - **3,895**
- Still need to include restaurants among others

# Population estimates for Stanislaus County

**Phase 1A** Estimated 35,000 - 40,000

---

NOW VACCINATING

- Healthcare workers
- Long-term care residents

**Phase 1B** Estimated 135,000 – 160,000

---

NOW VACCINATING AS SUPPLIES ALLOW

- Individuals 65 and older 74,371 (DOF)
- Sector populations:
  - Education and childcare 17,414++
  - Emergency services 1,153++
  - Food and agriculture 38,320++

~430,000 eligible in Stanislaus County; Phase 1B 31-37%

# COVID-19 Vaccine Pipeline



**Vaccinate Stanislaus**

Together we can end the pandemic.



**Vaccinate San Joaquin**

Together we can end the pandemic.

# The confusing pipeline of vaccine in the County

(may not be all-inclusive...)

- Federal
  - **Federal pharmacy partnership**
  - **Federal pharmacy retail program**
  - FQHC
  - DOD
  - **VA**
  - Federal prisons
  - FEMA mass-vax sites
- State
  - **Multi-county entities (MCEs)**
  - State prisons
  - State hospitals
  - State mass-vax sites
- Local

# What do we know?

- Doses in Stanislaus County as of Saturday, February 13
  - Federal (FPP) – 7,748 administered
  - State (MCE) – 32,350 received
  - Local – 59,400
- ~100,000 doses in the County
- 430,132 eligible residents (aged 16 years and older)



# What does this mean?

- If we want everyone vaccinated by July, need 38,000 doses per week
- No estimates available for weekly vaccine coming into the county
- Currently public health is allocated ~9,000 doses per week
- Third Party Administrator – Blue Shield ?????

# We clearly need more vaccine

- Pfizer
- Moderna
- Janssen/Johnson & Johnson

We will also need more vaccinators

# COVID-19 Vaccine Provider Requirements



**Vaccinate San Joaquin**

Together we can end the pandemic.



**Vaccinate Stanislaus**

Together we can end the pandemic.

Help us understand your desire to  
participate as a vaccinator

<https://www.surveymonkey.com/r/MGYF5SC>

# Enrollment requirements

- Enrolling/Participating in the state Immunization Information System (CAIR2, SDIR, RIDE)
- Completing required trainings upon content availability
- Reporting vaccine administration within 24 hours to CDPH
- Agreeing to automatic enrollment in Vaccine finder and daily reporting of vaccine inventory
- Obtaining approval from CDPH and completing a Vaccine Redistribution Agreement if redistributing vaccines
- Reporting all vaccine repositioning (i.e. vaccine transfers)
- Immediately notifying CDPH in the event of any shipping incident

# Required systems

- COVIDReadi → CalVax → myCAvax
- Immunization Registry (Healthy Futures)
- My Turn

## Preparing for Enrollment

Before your organization can enroll in the COVID-19 Vaccination Program, you must complete the steps below. Once your staff has **completed the required training (step 5)** you will be able to start the enrollment process.



### STEP 1 Enroll in IIS

Registration in the state's Immunization Information System is required to participate in the program.

[Register for CAIR](#)



### STEP 2 Storage Equipment Guidelines

Your vaccine storage equipment must meet CDC guidelines and be installed prior to enrolling in CalVax.

[View guidelines](#)



### STEP 3 Enrollment Worksheet

Use the Provider Enrollment Worksheet to gather information needed ahead of time to complete the online enrollment form.

[View worksheet](#)



### STEP 4 Notify Contacts

Your organization will need e-signatures from the Chief Medical and Chief Executive Officers during the enrollment process.

[Identify key roles](#)



### STEP 5 **Required:** Train Your Staff

Your staff must complete required training before your organization can begin the enrollment process.

[Log in to access training](#)



### STEP 6 CA COVID-19 Vaccination Program

View program information, guidelines, and resources. Stay up to date with Program communications.

[Stay updated](#)

<https://calvax.cdph.ca.gov/s/>



# Healthy Futures

**HealthyFutures**

Home

Provider Forms

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Meaningful Use

Links

SJCPHS Website

Login

## Provider Forms and Information

### COVID-19 Vaccine Distribution and Reporting (1/11/2021)

To be able to order COVID-19 vaccine online, receive distributions of vaccine, and fulfill mandated reporting of COVID-19 immunizations to the CDC, your organization, clinic sites, and staff members must be enrolled in the RIDE/Healthy Futures Immunization Registry:

- **Step 1: Register your organization and clinic sites** - Complete and return a [Registry Provider Agreement Form](#). You will be issued an "IIS ID", which is required for enrollment in COVIDReadi/CalVax to be eligible for COVID-19 vaccine distribution.
- **Step 2: Register your staff members** - Complete and return a [Registry Request For Access Form](#) for each member of your staff who will be entering immunizations and/or managing vaccine inventory. Note that at least one person on your team must be designated as a Clinic Administrator, to allow them to manage vaccine inventory and request COVID-19 vaccine.
- **Step 3 (optional): Set up Electronic Data Exchange** - If your organization would like to send data electronically from your EHR system, [please click here for more information](#). This is not required for COVID-19 vaccine distribution.

Once your organization, clinic sites, and staff members are enrolled, your COVID-19 immunizations will be automatically reported to CDC.

If you have any questions, please contact the Registry Help Desk at:

- Phone: (209) 468-2292
- Email: [support@myhealthyfutures.org](mailto:support@myhealthyfutures.org)

<http://www.myhealthyfutures.org/providerinfo.html>

# My Turn

- Coming soon...
- <https://myturn.ca.gov/>

## COVID-19 vaccination: Find out if it's your turn

Everyone in California will have an opportunity to get vaccinated against COVID-19. But our vaccine supply is limited right now. So we're starting with the groups who are at highest risk, like people with a high chance of exposure and people 65 and older.

### Are you eligible?

Find out if it's your turn by answering a few questions. It only takes a few minutes. If you're eligible and vaccine appointments are available through My Turn, you can schedule one. If it's not your turn yet or appointments are not available, you can register to be notified when you're eligible or when appointments open up.

If you're near San Francisco, Los Angeles, or San Diego, you may be able to schedule your appointment today. We are adding appointments to My Turn daily, and expanding statewide.

English



[Click to check your eligibility for the COVID-19 vaccine](#)

# My Turn - two components

- My Turn – Clinic: allow LHDs and Providers to receive inventory, assign inventory to a location, add a location to hold a clinic or POD, and capture vaccine recipient information to report back to the immunization registry
- My Turn – Public: a scheduling functionality for the public to
  - determine eligibility for vaccine
  - receive notifications when eligibility status changes
  - schedule a vaccination appointment in their county if eligible
  - help track those who have yet to receive a second vaccine dose and need additional outreach
- All LHDs and Providers are required to utilize My Turn – Public

# Summary

- Vaccines are safe, effective, and key to ending the pandemic
- The situation continues to change rapidly
- Vaccine shortage currently

But...

- Need to prepare for widespread availability

**Terry Cumpian**  
HPSJ Claims Director



# Billing COVID-19 Vaccines Claims

- Providers are cleared to start submitting claims as of December 29, 2020
- The initial supply of COVID-19 immunizations will be federally purchased
- The vaccine provider must be enrolled in Medi-Cal for purposes of obtaining reimbursement from DHCS for the vaccine administration fee
- **Billing and payment for the COVID-19 vaccine administration fee will be through the Medi-Cal Fee-for-Service delivery system**
- Payments are based on Medicare rates
  - 1<sup>st</sup> dose \$16.94
  - 2<sup>nd</sup> dose \$28.39

Vaccine Name	Vaccine Administration Fee Code
Pfizer-BioNTech	0001A (1 <sup>st</sup> dose) 0002A (2 <sup>nd</sup> dose)
Moderna	0011A (1 <sup>st</sup> dose) 0012A (2 <sup>nd</sup> dose)

**Vena Ford**  
HPSJ  
Benefits Administration Director

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## Questions & Answers

