

Transcript for LTC Vaccination and Infection Prevention Best Practices

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12:30-2:00pm

Presenters:

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Hugh Tilson

All right everybody it's 1230, let's go ahead and get started. Good afternoon and thank you for participating in today's webinar for long term care providers. This webinar is put on by North County Department Health and Human Services and supported by North Carolina AHEC discuss vaccination, best practices and infection control best practices, and they will provide a forum for you to ask questions of folks. The DHHS experts have to you've heard from the presenters. My name is Hugh Tilson I'll be moderating today. I'm gonna turn it over to Dr. Carrie Brown just a couple minutes before I do that, let me run through some quick logistics. Before I do that, let me thank everybody both our panelists and our participants for making time in your schedules to participate in today's webinar. We know how important your work is and how busy you are. We sure hope that the information you get today will help you do that important work and make navigating these trying times a little bit easier. As for logistics, you'll hear from our presenters the presenter updates now return to your questions. So next slide. No, actually this is the right side, I'm so sorry about that. You can submit questions two ways. One is by using the q&a feature on by far the bottom of the screen. And then the other is by sending us an email at questionscovid19webinar@gmail.com. If you're on the phone. That's the only way you could submit a question. I will just observe that in the past, the presenters will often address your questions during their presentations. So, the next slide, you can see the agenda. And I would encourage everybody to please wait until the presenters are through with a particular topic on presentation before submitting a question. So you can see if it gets answered during the presentation, please know that we'll send all of our questions to DHHS, whether we get to them or not in this call and they can be used to inform subsequent guidance and webinar content. We will record the webinar will make the recording and a written transcript of it, and the slides available on the NC AHEC website as soon as possible. And now let me turn it over to Dr. Brown.

Dr. Carrie Brown

Thank you. Good afternoon, everyone. Thanks for having me back I'm glad to be here again this afternoon. Talking about what is so exciting for our country and our state and the world really that we have a vaccine. So let's just launch right in. Next slide please. Even though the vaccine is coming and actually vaccine is here in North Carolina which is absolutely wonderful we need to remember that COVID prevention is not going to just be the vaccine. There are many prevention tools in our arsenal. Of course the three W's. And it's really important that you share with your staff and the individuals who care for their families, the department's winter holiday guidance. This data can be found on our website, and the websites linked here on their specific guidance just to think through the holiday season. And

then there's also a lot of communication tools about the vaccinations so we'll cover a lot today but, but, obviously we can't cover everything, and so I encourage you to remember that we have a web page dedicated entirely to COVID-19 vaccines in North Carolina, and that there are, that is being updated real time and there'll be additional resources there as, as each day passes.

So, next, Next slide please. Okay so this this slide, which I showed last week as well but I do think it's worth looking at for just a moment, because this is one of the key points that I want everyone to be able to hear and be able to express to their colleagues and friends and loved ones that you the COVID-19 vaccine development process was a complete one. No steps were skipped. As you can see here all all phases one two and three were completed as well as the FDA review and the CDC review. What's different and what what made it so that we could get here in the time that we did is we did something that we've never done before, the federal government took a huge financial risk and started manufacturing vaccines before they had completed the process, they didn't give them to anyone right but they just manufactured them so that that allowed us to run a couple phase, couple parts concurrently. And that's why we were able to get to where we where we are today. But again, no steps were skipped. Next slide please.

So we have one approved vaccine, and the Pfizer vaccine, which has now been completely through the entire process. And just a brief points about the Pfizer vaccine, the phase three trial, which is the last phase of clinical trial had over 43,000 participants and 42% were with diverse backgrounds and then they included individuals from age 16, all the way through 85. 46%, almost half of the individuals participating in the trial had comorbidities like cancer, heart disease, lung disease, diabetes, obesity. So we know that the vaccine is safe, individuals are at high risk for complications for COVID19. And you can see in the pie graph, the demographic racial demographic breakdown of participants. Then the initial efficacy data is is honestly just incredible. 95% effective in preventing illness that's far better than what we would expect and potentially that's because we, this vaccine was built on years of research on coronaviruses, and this uses mRNA technology. And so the Pfizer vaccine and the Moderna vaccine, which we'll talk about just a second, use mRNA technology and what that means is it's just a tiny piece of genetic material that that is has sort of a lipid fatty cover, and that allows us to get into your cells, and then your cells produce, use that information is that sort of code RNAs or code to produce a protein. And that protein is the spike protein which you probably have heard about because that is the protein that's on the outside of the COVID-19 virus and allows a virus to get into a cell. This process then triggers your immune system so that you produce antibodies to that spike protein. There's no way that you can get infected with a virus from the vaccine that's not, It's just not technically possible. All it does is allow you to make proteins that you can make antibodies and that you can have a memory of that, so that in the future when and if you're infected with a COVID-19 virus, your immune system has a headstart and and can get rid of the virus, very quickly. There were no reports of serious safety concerns in any of the clinical trials, I know people who are watching the news there were some reports when it rolled out in the UK, of a couple of instances of allergic reactions. So it does have a labeling that if you have a history of severe allergic reactions you want to consider that in whether you consider taking a vaccine or not. But remember even an allergic reaction can be treated and all the sites that will be administering vaccine, a part of the requirements are that they are able to treat a severe allergic reaction should it occur. The other thing with the Pfizer vaccine to know is that it is a two dose schedule. You have to get both doses in order to be fully protected from COVID-19, and those doses need to be 21 days apart.

Next slide please. And this is the Moderna vaccine and the Moderna vaccine is the one with the FDA and independent panel is voting today with a direct make recommendation to the FDA to approve this vaccine. It's very similar to the Pfizer vaccine. The main difference to be aware of is that the two doses,

have to be 28 days apart instead of 21 days apart. The other thing is that it had, it's equally as effective 94.1% versus 95% is statistically irrelevant. It also included a 37% with diverse backgrounds and 27% with comorbidities. The other difference is that this vaccine if approved will only be approved for ages 18 and older because it didn't test in individuals lower younger than 18. And the other big difference is just that this vaccine does not need to be kept in ultra cold storage. So, it does not require the minus 70 degrees Celsius and so practically speaking, what that means is that the Pfizer vaccine and across the country the Pfizer vaccine is going to large hospital systems that have the infrastructure to support keeping the vaccine that cold, and the Moderna vaccine is able to be used for smaller hospitals that may have cold storage, or the same infrastructure. And also local health departments. But the main point here is assuming that Moderna makes it through the process this weekend, all the data indicates that there's no difference between either one so as long as you get one of them, you will be protected. Next slide.

And this slide really is just to say that the vaccine is free, it is at no cost. I since most people listening today are long term care organizations and have probably signed up for the long term care pharmacy partnership with CVS and Walgreens, the one flag I want to read for you all is that, don't be surprised if CVS or Walgreens ask for an insurance plan, but that is not because you will not be charged, your staff will not be charged your patients will not be charged. That is because they have the ability to bill, insurance, or there's a process for them to build the uninsured for an administration fee, but that, by law, not be passed on to the recipient of the vaccine. Next slide please. Just showing our five tenants of our vaccine plan our vision of success. We want equitable access, we want to make sure that our planning and distribution is inclusive you want to be transparent accurate and frequent public communications, which is why you may hear us repeat ourselves a few times. But, but this information is complex, so it's important that we are out there and talking. It's based on data, and we really have a strong belief that we have a responsibility to be appropriate stewards of this resource. Next slide.

This is a pictorial of our vaccination rollout plan. And so, we are in the current phase that we're in, is phase 1A. And the way 1A is defined is it's looking at, at the people that are most at risk for for catching COVID-19, and areas where we've had the worst outcomes in terms of deaths have been highest in long term care. So, if you are a health care worker that is at high risk of COVID-19, meaning you're taking care of COVID-19 patients which which we have, unfortunately, more and more across our state, then you are eligible for a vaccine now. If you are long term care staff, or if you're a resident of a long term care facility, then you are eligible now, and then we will move on to phases 1b, 2, 3 and 4. Next slide please. This is just another picture that shows how many individuals we estimate. In each of the phases, and importantly we will get through all four phases, everyone that wants a vaccine will have access to the vaccine. But because of the supply is, is rolling out on a rolling basis, if we ask everyone to be patient with the process, but right now. Again, just the majority of people listening to this call our long term care and long term cares, is to find a skilled nursing facilities, adult care homes, group homes and ICS. So, everyone in those groups is eligible for the vaccine right now.

Next slide please. So this just says it again. Basically healthcare workers at highest risk. And it's not just the doctors and nurses it's also the individuals that are in our environmental services that are cleaning areas, used by COVID-19 patients because we know that they are also at risk. So, so there's a broad definition of health care workers. And then long term care staff and residents. And it's aware that vaccinated so the health care workers that are at highest that are taking care of individuals with COVID-19 of those hospitals directly enrolled with the state to become a vaccine provider and so those hospitals received some of the bigger, some of them received it this week, and, and those that could manage the Pfizer vaccine and then the remainder of the hospitals will receive vaccine next week. And

for long term care staff and residents. The primary option is the long term care pharmacy program with CVS and Walgreens, which you all have signed up for previously, and they are going to get started as soon as they possibly can. The way it works is that the state we North Carolina selected Moderna for CVS and Walgreens, because of what I talked about earlier, just the ease of moving around without having to use the ultra cold storage. The Moderna product can be kept in a refrigerator for 30 days. And so we we as a state have to earn our allotment and then we can turn on the program. And so, the CVS and Walgreens, we will, or the state of North Carolina will earn those vaccines, next week. And so we can turn on the program, or sorry, the week of the 21st. I'm getting my, oh wait that is next week, sorry, like everyone else it's hard to remember which one it is. But, and then so them they can place their orders, but they won't be able to schedule clinics, with facilities until the week of the 28th just everyone's prepared. That's the earliest they can get started.

Next slide. And this just shows providers, enrollment into our vaccine management system, and for phase 1A providers, that's the hospitals are providing vaccines and local health departments. And actually, of course CVS and Walgreens are also part of 1A but they have already enrolled, and then we will move on to other providers in the vaccine system, you all long term care facilities don't need to particularly worry about this because either CVS and Walgreens will be doing your vaccinations and they will take care of all the documentation required from the federal government in terms of receiving the vaccine, or you will be working with the local health department and they will be responsible for it. Next slide please. So again, the Federal Long Term Care pharmacy program that I mentioned with CVS and Walgreens. The key program dates so we turn we said we wanted to turn it on as soon as possible. And then 12/21 which is next week, they can start pulling vaccines from the Moderna allocation banks, and then the week of the 28th, they can start administering vaccines and 390 skilled nursing facilities across the state of North Carolina enrolled and 498 adult care homes.

Next slide. So what happens if you didn't enroll in the CDC partnership with CVS or Walgreens, that enrollment period has closed so soon, you don't unfortunately have the ability to sign up for that program, but for those that are not enrolled, the local health department will be reaching out to you, you're local health department will be reaching out to you to coordinate offering vaccine services to residents and staff, and local health departments and all facilities or long term care facilities in North Carolina will be receiving. In the next little bit here, a list to be able to confirm their status. And we'll also I think at the end, there is if you, if you want to check whether you are enrolled with CVS or Walgreens, you can go to CVS and Walgreens and we'll post those websites. At the end, to check your enrollments and or if you need to update the contact information, something like that. Next slide please. Again, this is the vaccine management system. We'll just skip over that, because the CVS and Walgreens are will will send their data directly to the CDC, and then the state will work on getting that data back into CVMS.

Next slide please. So we're really focusing on providing early frequent consistent information to everyone. Next slide please. I think there are a few things to remember. And, and that is that there has been great care taken in making the COVID-19 vaccine safe and effective. As I said, scientists did have a head start because they've been working on coronavirus for a while, and testing was thorough and successful, we didn't skip any phases, we just read we just manufactured at the same time as we were going through the phases. And we really are trying to draw upon the experience of experts and leaders from historically marginalized communities who have been disproportionately impacted by this pandemic, in terms of the development and implementation of our vaccine plan for North Carolina. It's important to remember that everyone that wants a vaccine will get the vaccine but those that are most at risk will get it first. And, you know, make a call to action, you have a spot. Take your shot. And in the meantime continue to practice three W's and follow other prevention guidance.

Next slide. We have a wealth of online resources that are updated regularly and this is again shows the website that I was mentioned earlier, which is the page focused on on vaccines and has a lot of tools that you can use to educate your staff, the individuals who care and their families. Next slide. This is really cool i do want us to take a few minutes just to watch this quick video. I think if if the embedded video works. Okay, well then we should just pause it the people. Yeah. But these, these videos are all available on the website that we just showed, and I encourage you, is their individual speaking about their decision making process for taking the vaccine and reasons why they're taking the vaccine. Next slide.

Jennifer MacFarquhar

Hey everyone, good afternoon. Unfortunately, it doesn't look like this is the most updated by set so I will speak extemporaneously. Just a couple of quick reminders and thanks to Dr. Brown for for that informative presentation about the vaccine and the rollout process and just to dovetail on one thing that Dr. Brown mentioned, it is important to remember that you know this is while an important step, and we encourage everyone to receive the vaccine, you know, it's still important to adhere to the other prevention measures as they are also key to preventing transmission of illness. So again, we just can't emphasize enough that using all have the prevention measures that are available including the three W's. And also just want to remind people, so vaccinated healthcare personnel, and residents. Again, should continue to to follow all of the current Infection Prevention and Control recommendations. And this does include wearing all recommended personal protective equipment when caring for for residents. And also, again adhering to Universal source controls, social distancing, and very careful attention to hand hygiene as well. We know that there are potential short term. post vaccination symptoms that may arise again. This is a fairly common with with with all vaccines. And that could include fever fatigue, headache, or chills. This preliminary data do indicate that most of the signs and symptoms are mild to moderate and occur within the first three days of vaccination and do quickly resolve that can be from one to two days of onset and are more frequent and severe following the second dose, and also among younger persons compared to those who are over 55 years of age. So, again, so for the post vaccination symptoms if you do have a health care provider or staff member, and also a resident, the staff exclude from work, pending further evaluation, and then residents should also be restricted to their rooms, placed in a single patient room. And obviously staff caring for that patient should adhere to transmission based precautions pending further evaluation of that resident.

So, one of the other things that have come up is CDC did update their guidance I believe roughly two weeks ago, around the length of time for quarantine and offered some, some shorter duration so it was seven or 10 day quarantine period with other measures. We here in North Carolina are strongly recommending that a 14 day quarantine period, continue to be implemented, both for healthcare providers on staff and then also patients and residents and long term care facilities. So, and then last but not least we do continue to receive a lot of questions about personal protective equipment specifically, N95 use. If implementing strategies to optimize the supply of N95 respire respirators, it is recommended to limit their use to one shift if possible, and then discard. You know if reuse is necessary, the amount of time between uses should should not exceed that, or should exceed the 72 hour survival time as recommended by the CDC so again if you have to use them more than one day. It's recommended to store them in a breathable paper bag. And then again, not reuse for at least 72 hours. Another important thing that they've, they've updated slightly in the guidance, is that if no manufacturer guidance is available for reuse again it is recommended to limit the number of reuses to more to no more than five uses and this is actually five times putting it on. So that would be 5 donnings per device by the same health care provider again just to assure that adequate respirator performance can be

assured. So again, each time and then if I was put on that those people one donning so just to keep in mind that that respirator may really only be good for one day. Again so those are my updates and I'm actually going to hand it over to my colleague, Emily Berns.

Emily Berns

Hi, thank you, Jennifer, for those updates. And actually if you can go back one slide. Yeah, thank you. So yeah, good afternoon. On behalf of the Division of Public Health Infection Prevention team, we wanted to again take this opportunity, and share some successful, best practices for infection prevention in long term care facility, as well as highlight a few facilities that have been successful in preventing COVID outbreaks. So our team held focused meetings with a subset of facilities list this year that have not experienced the transmission of COVID to their residents as of November 1. And the purpose of these focus groups was to discuss the IP practices that help them protect their staff in residents. We've summarized recommendations in a best practices document that I'm reviewing and this will also be posted on our website in the near future. We sincerely appreciated the time that these facilities spent with us. And certainly thank them for that time in their presentation. And again, we'd also like to hear from you about what has worked well so be invite you to share your successful strategies, as well as any questions during the q&a session. And you can advance to the next slide.

And so, yeah, go all the way through the presentation to the one that says, test the first best practice. Again. Yes, that's great. Thank you. So, this list summarizes the main takeaways from our conversations with facilities, and we feel they strongly support infection prevention during and beyond this pandemic. And additionally, some of these key practices like establishing trust and open communication across all staff level, and offering frequent, easily accessible education can support your vaccination efforts. First is to consistently prioritize infection prevention activities. Ideally, this means dedicating a full time staff position to IP and education. Infection prevention has long been established as a foundation to the health and safety of patients and residents and the facilities expect to highlighted the importance of dedicating the appropriate time and resources. We also know that leadership support is critical to ensuring that this can happen. If resources are limited, you can work with existing staff to define their responsibilities and sharing each person understands the importance of their role. The IP staffing worksheet link here, can also be a guide to ensure that all of these key duties have been assigned. Second, is to engage all staff, residents and families in IP activities. Facilities emphasize the importance of engagement collaboration and trust to secure a shared investment in protecting residents and staff. Everyone in the facility can help each other stay accountable, and be open to reminders from each other on these best practices. Next Slide

Third, is to incorporate IP education into your facilities regular routine. So a major theme from these groups, was the importance of education, frequent, consistent and supportive, rather than punitive. An effective way to provide this was during existing practices like staffwide testing, huddles and visual reminders from centrally located education boards. Next slide. Four, is to have consistent staff working at the facility. So clearly, multiple factors affect where staff work, but it can help to explore new options to promote consistency, such as compensation and scheduling options, communicating with staff about them, and hiring the same temporary staff each time as possible. Five, to create an environment of open communication for everyone in the facility. So we heard how fostering a communicative environment and keeping everyone informed can encourage staff to ask questions and build confidence in their ability to protect residents and one another. And one more slide. Six, is to follow CDC guidance for appropriate selection and use of PPE, including when or if extended use and limited reuse is appropriate. So these points were essentially covered in clarification that Jennifer just shared. But you can never over emphasize the importance of hand hygiene, including immediately before putting on and

after removing PPE. And again, it is recommended to limit use of N95s to a single shift, whenever possible. And lastly, seven to safely modify facilities layouts and procedures to support social distancing. These changes can help ensure the easiest choice is also the safest choice and examples, refer to include, removing chairs in the break room, or if the residents dining room is still closed, using this as a staff break room to allow for more distancing. And that wraps up the best practices. I'll move on to the q&a. Again, thanks so much for all you are doing. And we are really excited for you as this next step, vaccination roll out.

Hugh Tilson

Thank you very much. Just as a reminder, you can submit questions using the q&a button on the bottom we've gotten a number of questions already most are vaccine related. We did get one question about the N95 recommendations and whether they're the same for the KN95. Jennifer is that one for you.

Jennifer MacFarquhar

Hey yeah, this is Jennifer I think too. And so, so I'll take that and then certainly others to weigh in also actually so CDC guidance is pretty specific to N95, but what I would say is to look at the manufacturer's recommendations for reuse, and so it actually might be that those, those particular brands are not recommended for reuse.

Hugh Tilson

Great. Thank you. Um, as we're answering these questions I got requests for slides, and one to let you know there are a couple of links in there. One is to the NC AHEC website where today's slides are mounted, and the other is a direct link. So it's in one of the first questions that we answered in the q&a so just want to let you know that those are there. I'm going to go ahead and read through some of the questions that have come in that haven't already been answered. Do we know when the vaccines are effective it's after first dose or the second dose and how long before effectiveness is reached?

Dr. Carrie Brown

You're gonna have to do both doses in order to be fully protected, I believe the Pfizer product, or it could have been the Moderna I don't remember had substantial immunity within 14 days after the second dose and I don't know if anyone remembers which one that was. All that that that level of detail, will be in the emergency use authorization. In terms of the data that we know so far. So if, for Pfizer in the EUA is public knowledge you can look it up, and Moderna doesn't have one yet because they're meeting today but theoretically by Monday Moderna's EUA will be published with all of that information. But to my knowledge, all the information we have thus far [Indiscernible]

Hugh Tilson

Kind of related questions how critical is precise timing of the second dose, like a 21, 28 day target.

Dr. Carrie Brown

That's a very good question. I don't have any specific information on that. Other than that is the goal so I don't know if there is information out there about what happens if you don't meet the goal. Anyone else on the call knew the answer to that?

Hugh Tilson

We can keep looking into that and see if we can follow up. Got a couple questions about what happens if a staff refuses to take the vaccine. Is there a requirement for that.

Dr. Carrie Brown

So North Carolina as a state, cannot mandate the vaccine, and it will be up to your individual employer, whether they choose to require it. I think a better way to look at it is what we really want to do is encourage, educate and encourage everyone to volunteer to take the vaccine, because there's good reason to do so to not only protect themselves but to protect the individuals that they're caring for and protect others. You need to speak with your specific employer to determine. But, but in general it's not, my understanding is it's, it's not a requirement.

Hugh Tilson

How about, do you know how long the immunity will last with a vaccine? Do we know that.

Dr. Carrie Brown

So I don't think it's been enough time for us to have a conclusive answer on that. And that's just because the phase three trials, only completed within the past month or a month or two. So, as time goes on, we'll have more accurate data to be able to officially answer that and that's something that the CDC will make recommendations around, I think we just we just don't have that information.

Hugh Tilson

Getting some questions about the demographics and equity considerations. So, can you speak to why or the rationale for the breakdown demographics in both vaccines majority of the subjects are white, and a significant drop in Hispanics, blacks etc in that order. And are there implications to that. And what are we doing to communicate about that.

Dr. Carrie Brown

Sure. So one of the things that we're trying to do to help communicate is to be very transparent and specifically show those numbers. You know, in the United States. Unfortunately, most of the individuals that agree to clinical trials are Caucasian, and so therefore, that's that and a lot of the data. However, both Pfizer and Moderna made a concerted effort to recruit individuals from historically marginalized populations particularly Latin x populations and African American populations. So that we would be able to have the data that we need and the NIH made recommendations for certain percentages that the true, the trials had to meet in order for them to consider before they consider the results. But that is something that we want, we want to just continue the discussion because we want more and more individuals being willing to enter into clinical trials and we need to be very know that those populations have been disproportionately impacted by the pandemic, and we will get more and more data over time.

Hugh Tilson

Thank you. Is there a template for an ICP for adult care homes, do we know that?

Jennifer MacFarquhar

This is Jennifer, yeah, I'm not sure what exactly that question is referring to. So if I get clarity, we can answer it

Hugh Tilson

Sounds great. While I've got you let me ask you another question that is sent a follow up that said, is it now a recommendation that we stop reusing PPE?

Jennifer MacFarquhar

Yeah, actually I think I just responded to that in the chat but happy to yeah, exactly. So you know, you have to evaluate your PPE supplies and you know as PPE supplies return to normal. Then, it is recommended that you that you stop reuse altogether and I think I actually included a link to that optimization of PPE supplies. So I did include a link in that q&a as well so if folks are interested they can look at that.

Hugh Tilson

Thank you. Going back to vaccines, do you foresee this vaccine being a yearly routine? Like an annual booster type?

Dr. Carrie Brown

I don't think we have enough information to answer that question yet.

Hugh Tilson

Okay, how about staff and residents that have tested positive for COVID Can they receive the vaccine and if so, is there any timing considerations.

Dr. Carrie Brown

There are timing considerations, and it'll you'll, it'll be, it may be different for the different vaccines so again. It'll be, that's detailed in the EA and that will be a question before you receive the vaccine, and the consent process. If you have previously had COVID before like six months ago or I don't know the time frame, then absolutely you would get the vaccine and we want you to still get the vaccine even if you've had covid. Where if you are actively having COVID at the time that someone is offering you the vaccine from then it's not recommended. And there is a time period I just don't have that memorized so that will be part of the consent process.

Hugh Tilson

Is there a timing issue with regular flu vaccines? Do they align?

Dr. Carrie Brown

So, for the Pfizer vaccine, they recommend that you don't that you haven't had any other vaccine within 14 days of the Pfizer vaccine. I imagine Moderna would be similar, but we will know that after the EUA is released.

Hugh Tilson

Thank you. Got a couple of questions about the implications of vaccination so for example. Once the resident is vaccinated will the restrictions be lifted in regards to him or her moving in the facility and going out on outings with families, etc.

Dr. Carrie Brown

I think we're going. Go ahead Jennifer.

Jennifer MacFarquhar

Yeah, I'll start. Feel free to add in, you know, at the moment, we still don't know enough about the vaccine and efficacy so at the moment we do still recommend that those infection prevention measures, remain in place.

Hugh Tilson

Same with staff having to wear masks etc.

Dr. Carrie Brown

Yeah. You absolutely will need to continue wearing PPE, even if you've had the vaccine.

Hugh Tilson

How about testing, would that have to continue testing residents after they've been vaccinated.

Dr. Susan Kansagra

Let me help with that question this is Susan, if somebody has signs or symptoms of COVID, they should absolutely be tested whether it's residents, or staff. I know right now there are regulations and requirements for example from CMS that require staff to be tested in routine intervals, you know, as we move into the future it will be interesting to see how the vaccine, you know uptake impacts those types of policies but for now, you know, any resident, or staff assignments or symptoms they should be continued to be tested and you should still continue to follow the CMS requirements, you know, until that point at which they are changed.

Hugh Tilson

Thank you, a couple questions about allergies and reactions one is general or their allergy reaction risk of allergy or reaction risks with the vaccine. And there's a specific one about is the vaccine causing Bell's Palsy.

Dr. Carrie Brown

So you can be allergic to unfortunately we can be allergic to anything. So you will want to review, allergies, you want to review all the components of the vaccine that you're going to be receiving to make sure that you don't have a specific allergy to one of the components. And of course, with allergies it's possible to develop a new allergy that you didn't know you had. However allergies can be even a severe allergic reaction can be treated and hence why, there'll be a period of monitoring after the vaccine is administered.

Hugh Tilson

Going back to a question. What about positivity in vaccine what if you don't know you're positive and take the vaccine without knowing. Do we know what that would do.

Dr. Carrie Brown

I think we don't, my guess is that we don't know.

Hugh Tilson

I have a couple more kind of administrative questions. So what's the plan for our facilities after the third clinic day, do we continue working with CVS, Walgreens.

Dr. Susan Kansagra

I can help with that. Okay. Great. Thanks.

Brennan Beck

Yeah, this is Brendan I'm a regional healthcare director with Walgreens and a pharmacist in Charlotte. So right now we are contracted to go through three clinics at each facility. And our hope is to be able to vaccinate everybody in that amount of time. Beyond that, that's not what's covered on the long term

care agreement with, with the CDC so we would have to work on those individual one offs but that would not be included in the greater program.

Dr. Susan Kansagra

Thanks Brendan and you know I would add once we are further into, you know state distributions you know our hope is that also vaccine slowly becomes more available with community providers as well, you know with already mentioned, for example, local health departments and FQHCs are one but also there's many other providers now that are trying to sign up to become vaccine providers as we get into the future and as registration becomes available so particularly as you think about staff and new staff and coming on board, you know, there will be more options and over time. In addition, long term care pharmacies. Many will be signing up to be immunization providers as well you might be able to work with your long term care pharmacy, that might already have a relationship with you as well. So those all could be options as we go into the future and as we have more allocation available to our state overall. Number is not available on that date. You know to. Also remember that especially as we go to the future. Now that's not going to be available right away, but that would be an option but to the extent possible, really for long term care facilities and their staff really encourage them to, you know, consider making sure that everybody is available for those dates and that folks are coming into.

Hugh Tilson

Yeah, we were getting some follow ups about, residents that are admitted afterwards. Will they wasn't vaccine available for them.

Brennan Beck

So I try to jump in on that, again, I'm sorry. I think that goes back to the reason that there's going to be three clinic dates scheduled up front. So if they miss the first clinic or somebody gets admitted in for the in time for the second clinic we'd still be able to get to two doses. I'll also emphasize it's important to get the two doses of the same vaccine, we don't want to mix between Pfizer and Moderna. And then again, beyond that after the third time. There's many providers out across North Carolina that would be able to assist with getting out if it's beyond the third clinic date.

Hugh Tilson

Thank you, getting questions about consent, a specific one since I have you is Walgreens going to accept verbal consent over the phone.

Brennan Beck

Yeah, great question. It's a very popular question. So the way we're handling this is, we're not going to micromanage the way the facilities obtain consent we understand that you all, obtain consent. Probably daily. So, we do need to have a signature on the VAR form, which is prior to giving the vaccine vaccination. So the facility is able to sign on behalf of the individual or a representative that's giving verbal on behalf of the individual. So, it comes back to the fact of whatever you use to capture consent. We're not going to manage that portion, but we will need somebody from this facility to sign on behalf of each resident, if they're not able to.

Hugh Tilson

Thank you. I'm getting questions about one of our long term care facilities chose Walgreens as their vaccine partner but have not received communications from Walgreens we've sent an email but have not received any response, what should we do.

Brennan Beck

Okay, I think, I think some of that relates back to the fact that the vaccine has gotten that EUA yet, but I do have vaccine leads across the state of North Carolina that are right now currently reaching out and making phone calls, again, just Walgreens, making outreach to all of the facilities so it's possible that all that outreach hasn't happened yet. We are hoping to be scheduling in the very near days. Assuming that the vaccine has been approved, so that we can get those three clinic dates scheduled out, starting the week of the 28th, and just want to emphasize we won't be able to do every facility the week of the 28th. I think it was covered in that chat that our goal is to go through one round of each facility. Within those four weeks and then prioritizing skilled nursing facilities first.

Hugh Tilson

Thanks. I'm not seeing a master list of facilities who have signed up with the LTC pharmacy Partnerships Program, all 11 of our facilities were signed up at one time prior to the deadline. And we received confirmation email. And we're being informed that only two of our facilities are actually enrolled. Is there a link directly to that list.

Dr. Susan Kansagra

So that list, we are working right now to work with both our CVS, Walgreens partners to make sure we have a final accurate list of who is signed up for CVS and Walgreens and who is not signed up and our goal is to get that out through the administrator listserv that DHR has. So that facilities can check themselves, what their status is whether they are enrolled and assigned to a specific partner or not enrolled, and so we will be sending that out in the next 24 hours I know that's been a question that many folks have asked, Am I enrolled Am I not. We will be sending that out shortly.

Hugh Tilson

And there's a follow up that says, not only can they check on what pharmacy their clinic will be under but also clinic dates which I, sounds like are different processes, but that was the question.

Brennan Beck

I'm happy to. Sorry. Go ahead. Yeah, happy to take that again on the clinic date so the, the goal is to make sure that we're able to spread the clinics out over those three to four weeks to ensure adequate supply of vaccine we don't want to have to come into a facility and not be able to take care of the residents and staff. As mentioned, the vaccine leads are going to be assigned the facility, and they're in the process of reaching out to the contact that was submitted to the CDC. From there, they'll schedule three dates for clinic one clinic two and clinic three, and we are working under Moderna so it in theory it will take over 60 days to complete. So we have to make sure we have them spaced out so if we come in on the 28th. Then we're going to have to come back within 28 days. For the second one, and then 28 days for the third one, but the facilities. Once they get those schedules should have the outreach we are making sure that we have everything prioritized because we want to make sure again that we can take care of the skilled nursing facilities first from a prioritization perspective. Thank you.

Hugh Tilson

What if a resident, or POA refuses the vaccine on behalf of the resident I think we already talked about that but just got that follow up question.

Dr. Susan Kansagra

You know individuals can refuse the vaccine if they choose not to take the vaccine so you know certainly that may happen as, you know, facilities are seeking consent, it's not required but certainly you know

this is being offered to them and as much as we can help share all the information so families can make informed decisions, would be our goal.

Hugh Tilson

Related to that has the VAR been updated reviewed recently. If so we sent out the initial form that was mailed centers from Walgreens, do we need to take new consents.

Brennan Beck

I'm sorry I did not quite understand the full question. It was related to VAR.

Hugh Tilson

Yes whether it's been updated and revised recently and if they sent out a prior version do they send you'd send out a new version.

Brennan Beck

From a VAR perspective. I'm not aware of any updates now North Carolina does have a state specific VAR form that needs to be filled out. So I might have to take that just as a follow up but I don't believe there's been any updates to that but we do need to make sure that it's state specific for North Carolina and the vaccine leads will be sending out to state specific VARs just to be sure.

Hugh Tilson

Thank you. What if you need for clinics because some people want to get the first vaccine on the third clinic many they would need another one 28 days after that last scheduled clinic.

Brennan Beck

Yeah, as much as we'd like to be able to come back to that fourth time logistically we, I don't know that we know what we don't know yet. We have contracted through the federal program which is how the supply allocations come. So the it's kind of the right quantity based on the number of clinics and number of residents to take care of. So, again, I think, if they are going to be getting the third a dose at the third clinic they'd have to make sure that they got the same vaccination. Again, but potentially it might have to come from a number of different providers. We wouldn't, we wouldn't by practice be going back and forth time. That's why it's important to try to coordinate as best as possible for all the residents and staff to make these days.

Hugh Tilson

Thanks. Got a follow up can you confirm that we can accept verbal consent for the VAR resident representative. We were under the impression that verbal consent phone call was not permitted.

Brennan Beck

Yes, so if the facility accepts verbal consent from the residents, they can accept verbal consent from residents, or a POA etc. Whatever, however the facility would accept consent for other processes, or vaccines, medications, and the facility does need to sign on behalf of the resident that verbal consent was received on the VAR.

Hugh Tilson

Thank you. So, we were told the VAR has been revised with a change in COVID-19 vaccine name to the Moderna COVID-19 vaccine. That's just a follow up to the prior comment.

Brennan Beck

Okay. Yes, and I think that, so but yeah we do need to have the most updated VAR in my vaccine leads upon outreach we'll be providing the North Carolina specific VAR, along with the Moderna so that is going to be the most updated and most recent.

Hugh Tilson

Thank you. And LTCFs that have day program visitors, which phased the visitors fall

Dr. Susan Kansagra

Visitors would fall under the other phases of the vaccination prioritization scheme so that would depend on you know if that visitors 65, or over if they have chronic conditions, that really depends back to that other broader prioritization for, you know, any member of our state.

Hugh Tilson

Nursing Home staff receive the vaccine through the hospital if they don't want to wait for CVS slash Walgreens.

Dr. Susan Kansagra

Certainly there you know if staff, if there was, for example, hospitals, we have been, you know, there are hospitals in the state that are receiving vaccines and they will, you know after doing their own staff some of these hospitals might be opening up clinics for other community members that fall into phase 1A. And so if that was the case. Yes, the staff member could get vaccinated through there they would need to ensure that there is a mechanism to have that follow up vaccination done in 28 days and that they will get the same type of vaccine, but certainly that could be an option if that's available in the community,

Hugh Tilson

Can medical directors, therapists and others who are not on the payroll of the LTC facility, get the vaccine if they work at the facility.

Dr. Carrie Brown

So is a question for CVS and Walgreens about whether contractors can be vaccinated,

Brennan Beck

I don't have that granularity of detail. If it is somebody who regularly is working at the facility, it's my understanding that they fall under as a staff. I think it's important when the leads are reaching out to actually schedule to quantify that number based on the facility. So again, it's, I think if it's an individual that is regularly working at the location they would qualify as as a long term care staff, but that granularity I don't think I can answer.

Hugh Tilson

Thank you. Are all local health departments on board for administering the vaccine if adult care home/family care homes have not registered with CVS or Walgreens,

Dr. Susan Kansagra

Local health departments are in the process of getting their allocations and creating their own vaccination plans. Now certainly I think different health departments will have, you know, some are larger than others and their planning might be different but all are being told at this point for especially

for the facilities that are not enrolled, to reach out to the non enrolled facilities in the CDC program to coordinate on how to vaccinate residents and staff.

Hugh Tilson

Two quick questions and then just a general one, are there any medications that are known as contraindicated with the vaccine so medications that are contraindicated

Dr. Carrie Brown

Any of that information will be in the specific consent that you've signed for your specific vaccine. And as we've said we don't have until the EUA from Moderna is published we won't have that level of detail.

Hugh Tilson

Do you know, do we know if there'll be a definite six month or more process with getting everyone vaccinated, who's required or desired to be vaccinated. Do we have a sense of timing, I guess, this question is getting at. Think in six months will anybody who wants it, we'll have it, we have a sense of that.

Dr. Carrie Brown

North Carolina is absolutely committed to getting a vaccine to anyone who wants the vaccine. We are working as fast as we can. I think a lot of this will depend on on how quickly the manufacturing process can proceed. I do think it's realistic to expect it will be a matter of months. Could it be less than six months I think that's certainly possible. But regardless, we're committed to getting a vaccine to every single North Carolinian that wants a vaccine.

Dr. Susan Kansagra

Yeah. And just to add one clarification to that or one additional point to that is, you know, for those facilities that signed up for the CVS and Walgreens they're the estimated timeline right now is to get through the first doses and the first first dose clinics for all those facilities that will probably take four weeks and so if you think about first, second and third dose that will take at least 12 weeks. And that's the timeframe for the long term care facilities but thinking more broadly to our general population as Carrie mentioned your timing for that depends also on uptake how many people are in how quickly we move through as a state, each of those phases to get to different populations will depend on allocation to our state, and the uptake of that allocation by our communities as mentioned.

Hugh Tilson

Thank you. Got a couple, follow up questions. One just got answered. How will the LTC facility procure vaccine to maintain for new staff, new admits.

Dr. Carrie Brown

Over time we expect to have more and more locations where individuals, receive vaccine. So, there we will eventually get to a place where major pharmacies, have the vaccine primary care doctors have vaccine, local health departments have vaccine individual facilities can order vaccine. So I think it'll just depend on on when the new admission arrives, and what's available at that moment in time.

Hugh Tilson

Thank you and then clarification on consent. So there are two consents Walgreens/CVS and quote specific consents after info on Madonna gets EUA, or when you just update the consents after Madonna gets its authorization, it's EUA.

Brennan Beck

I think that there would be one consent form on the VAR. And those will be. Those will be emailed to the individual facilities for them to get from the residence, they will need a new VAR consent form for the before each dose, so I will have to have one for each resident and staff for the first dose and one for the second dose. But no either, there's going to be one state specific VAR. They will be receiving that from the vaccine leads. When they do the outreach to schedule the clinics.

Hugh Tilson

Will they be in Spanish do you know.

Brennan Beck

That is a great question. I do not know that answer I will take that back as something to try to get.

Hugh Tilson

Will y'all carry epi pens to locations if there's an immediate allergic reaction.

Brennan Beck

Yes, we'll have emergency kits. With epi pens and the pharmacist will obviously be trained in CPR, but they will have epi pens along with them.

Hugh Tilson

I got this general question I don't really know what it means but what should we do so we could get the vaccine is just a general question so I don't know, I don't know. Do you have any sense of what the person asking the question might be getting at.

Dr. Carrie Brown

No, I don't either.

Hugh Tilson

So, maybe, Amy if you want to kind of provide additional information then we can ask it again. Just a couple quick reminders we got a couple questions about can this information be included with the slides. Great presentation, feedback and questions. What we will do is we will post the slides will post the recording of this video, and a transcript of it, so that you can access the questions and the answers. We don't typically just kind of post the questions. So, we don't typically do that and although Susan we can talk about what would be best on a go forward basis. So those are all the questions that we have typically when I say that and I say, Thank you everybody for your time we get one or two more questions, but I don't see those coming in so Dr Kansagra when they turn it back up here we go got another question I told you what happened. We have VARs but it doesn't give specific information like that is referred to several times, when questions have been asked so for example, when it was asked what medications are contraindicated the answer was that specific information will be in the consent, it is not. Are we asked to collect those now.

Brennan Beck

Yes, so the again the EUA is that been authorized fully hasn't been fully authorized, they will upon leaving they will also get the information sheet. So, the darker guns are I'm not sure what the best way is to get like information as it relates to like the most up to date side effects and things like that in the facility, do you have any thoughts or recommendations.

Dr. Susan Kansagra

I think once a EUA is out we can certainly help distribute that information, usually you know when you sign a consent, you're referring to like a vaccine information sheet and so even though it's not on the consent the consent says you have read the vaccine information sheet. You know, and are aware of that information as you sign their concern so you know that if there is something there that we can send out as soon as the EUA for Moderna is approved, we're happy to get that out through the facility listserv.

Hugh Tilson

And then clarification on prior question is for a question was it too late to get registered with CVS or Walgreens, to get vaccine I was told the program was closed. And if it is too late. What should they do.

Dr. Susan Kansagra

Yeah, so it is too late to register at this point in time and so for facilities that did not enroll or for any reason were ineligible I don't think it was a big number but perhaps a few there. What we are asking local health departments to do. We are giving them a list of the facilities in their county that were enrolled and those that were not enrolled. We're going to make that same list available to, to, again, through our listserv so facilities can confirm also directly, and look that up since that is a frequent question but for those local health departments, we will be asking them to reach out to any facilities that were not enrolled in their county to coordinate on plans, you know, facilities need to make alternative arrangements that could be through their local health department that could in the future be through their long term care pharmacy could be through a hospital partner in the community but as first step, local health departments will be helping to reach out to you to discuss those plans.

Hugh Tilson

Well we have no more questions. So, let me thank you guys for all the just incredible work that you're doing, thank all the people who tuned in today for making the time to tune in hope it got useful information, and I'll turn it back over to y'all for final words.

Dr. Susan Kansagra

Before we close out I just wanted to see if there was any additional information, you know I know our CVS colleagues might be on the call too I just wanted to see if there was anything else they wanted to add as we wrap up. If not, it's okay but I just wanted ...

Courtney Caring

I am here Dr. Kansagra, this is Courtney Caring with CVS I'm sorry guys, I was on for the first portion had to step away in this part of the QA, but we appreciate the state and all of our long term care facility partners for any q&a that I might have missed. I will coordinate with the team here and see if we can get the answers out. And we just look forward to the partnership going forward and being a part of these phone calls, and webinars, so thank you for including us, and we look forward to getting our patients and constituents vaccinated.

Dr. Susan Kansagra

Great, thank you so much, Courtney really appreciate that. Right.

Hugh Tilson

A big thank you. That's all that we have.