

Transcript for LTC Settings Vaccination and Infection Prevention Best Practices

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10:00-11:00 a.m.

Presenters:

Hugh Tilson

Dr. Carrie Brown

Dr. Susan Kansagra

Hugh Tilson

Good morning, everybody. And thank you so much for participating in today's webinar for providers. This webinar is put on by NC DHHS and supported by NC AHEC to discuss the COVID-19 vaccine, and to provide a forum for you to ask questions of DHHS, DHHS experts, we've got a full agenda, lots of timely information for you today. My name is Hugh Tilson. I'll be moderating today, and turn it over to Dr. Carrie Brown in just a second before I do, I'd like to just thank everybody, both our panelists and our participants for making time in your busy schedules to participate today. Your work is really important. We know how busy you are. And we hope that the information presented today will help you do that important work, and help make navigating these trying times a little easier. Next slide. For logistics, again, you'll hear from presenters, and then we'll have time for question and answers. So you can submit your questions using that q&a feature on the black bar on the bottom of the screen, you'll see that it's q&a, and we'll turn to those we are going to put these slides on the NC AHEC website for your convenience. So you can follow along, try to get a link in there as soon as possible. But if you go to www.ncahec.net, there's a green bar where you can click on that it'll take you to the COVID resources. And down towards the bottom. There's a link of all the link to all of these webinars. And you can get the slides, and we'll try to put a link in the q&a as quickly as possible. I tell you that because you're going to have questions we've learned in past webinars, the presenters will often address your questions during their presentations. So we should have time to get to your questions. I encourage you to wait until the presenters are through with a presentation before submitting a question. Especially if it's something that's on a slide. You are muted. So again, the only way you can submit that question is using the q&a feature in the black bar on the bottom of the screen. And we will send all the questions to DHHS, and that's whether we get to them or not. Hopefully, we can. So they can be used to inform subsequent guidance and future webinar content. And we will put a recording of the slides of this webinar along with the slides on the NCAA website, along with a written transcript so that you can have records of the answers to some of the questions that get asked. So I think those are all from a logistics perspective. Now let me turn over Dr. Brown.

Dr. Carrie Brown

Thank you. Good afternoon, everyone. Thanks for taking the time to learn about vaccines, which is really the light at the end of the tunnel of this very long pandemic. And I know long term care has been absolutely on the front lines and we really appreciate everyone's dedication, because you all had a really rough I guess we're almost 11 months now. And and I know that from my role as medical director for the state run skilled nursing facilities.

So what we want to talk about today is vaccines. And as you all know that we have two EUA approved vaccines, they are free. And so we're going to dive into what you need to know about them. Next slide, please. It's really critical that we lead with equity, when we are rolling out this vaccine. And the department has taken this extremely seriously to heart. And, you know, we're very aware that racism runs through our social, economic and health care systems. And we really want to do better. So North Carolina has been drawing upon the expertise of leaders from historically marginalized communities to help develop our vaccine and roll out. And, but but we also understand that it's going to take time to rebuild trust. But we're committed to doing that next slide.

Scientists had a head start. So I know you know there has people have expressed concern about the speed at which the vaccine vaccines were developed. But when you think about it, actually, it's really based on decades of research on coronaviruses and that allows scientists to hit the ground running with their research in developing these vaccines. And we also have a North Carolina superstar has been involved in the development of vaccines. So Dr. Corbett, is a viral immunologist, the vaccine research center at NIH. And that's a picture of her and Dr. Corbett began her career in research in research in Hurdle Mills, North Carolina, we're very proud to have that connection. Next slide. All vaccines are rigorously tested for safety and effectiveness. And it's important to understand that none of the steps in developing a vaccine and proving its safety were skipped. The thing that was done differently in the development of the Pfizer and Moderna vaccines is that the federal government took the financial risk of paying for manufacturing while awaiting the results of difficult clinical trial phases that everything goes through it, this gamble paid off because at the end of all of all the normal clinical phases, we ended up with two incredibly safe and effective vaccines that had been already manufactured. So they were ready to go. More than 70,000 people volunteered in the clinical trials to make sure that they were safe and work to prevent COVID. Now we can we're up to over 13 million Americans received the vaccine. Although there are no serious safety concerns that we're seeing in either in the clinical trials for either vaccine, it is important to remember that that we anticipate temporary reactions like almost everyone has a sore arm. Frequently, people might have a headache or, or muscle aches the next day, and maybe even a mild fever, it's important to know about this is that is a sign that the vaccine is working and your immune system is responding to the vaccine. And that you are you are building that protection, so that when and if you're exposed to the virus, you will not be impacted by it. Next slide, please.

Dr. Susan Kansagra

In the development of both of these vaccines there, there was an intentional effort to make sure that individuals were recruited across the country that represented the United States, and that we had

inclusion of historically marginalized populations. Just as a sort of quick check on that, in terms of how well we did with these two trials this time. The depending on which census you you look at the percentage of African Americans in the US is around 12 and a half percent. Both the Moderna and the Pfizer biotech trials had 10%. So it's not perfect. But it is absolutely a step in the right direction. Next slide, please. Vaccines, there are many different kinds of vaccines out there. And it is important to know that with the COVID-19 vaccines, there is absolutely no way you can get the virus from the vaccine. Well, it is true that there are some vaccines out there that use an attenuated live virus, there is no live virus involved in the COVID-19 vaccine. The way this vaccine works is the it provides the instructions for your cells to make a protein. And when your cells make that protein, your body immediately develops antibodies to that protein. And that protein is the same protein that's on the COVID-19 virus so that when you are exposed to the virus, your body has a head start and it can immediately stamp out the virus with all antibodies. There's nothing that remains in you after all, this is important to know that that coding to make that happen. degrades, you know, almost instantaneously after the after the spike protein is made, that protein also degrades is gone, there is nothing left other than the antibodies. And, you know, we all have antibodies against all kinds of things that that stay with us forever and that or maybe not forever but but we're hoping that they'll stay for a pretty long time because that's what makes sure that you're protected when. Next slide please.

Dr. Carrie Brown

Two shots are necessary for both existing vaccines and the Pfizer and the Moderna and they will either be three weeks apart or four weeks apart depending on which product and it's really crucial that individuals get both doses. While there probably is a little bit of immune immunity from after your first dose, and we just don't have good numbers are how much. In order to you know, when we're saying that these vaccines are 95% effective, we are saying that based on two doses, and North Carolina has built a system or COVID-19 vaccine management system that helps ensure that people are safe and get the second dose at the right time. Next slide. I love this slide because it's no less so out of date. Back on the seventh of January two weeks ago We are around 6 million In and I actually haven't looked up numbers for today but I bet you were closer to 14 million, so more than double in the last two weeks the number of Americans that have been vaccinated. I love this quote because I think it's really helpful to understand everyone's 'Why' just like everyone has a why for wearing facial coverings. Everyone has a why for taking the vaccine and Representative Willingham just talks so eloquently about his grandkids and I encourage you to ask others that have received the vaccine. You know what's their Why for getting the vaccine. Next slide. There's nothing in the vaccine that can be tracked. There just is as I mentioned before, the only thing that remains in your system is your antibodies. To the virus and even though we do have this COVID-19 vaccine management, that simply allows us to make sure that people get right second shot at the right time that we can ensure that we are rolling out the vaccine in an equitable manner. None of your personal information goes anywhere, it all remains protected and your personal and any information that goes on to the CDC or something Government is completely deidentified. Next slide please.

Dr. Susan Kansagra

This is a picture graph of our phases and I know there lot of developments in this area As the entire country trys to figure out what the best way to get this vaccine to the most number of people and prevent the most number of deaths. And what we've seen in North Carolina is that majority of deaths have occurred individuals are 65 years and older, so 83% of the deaths in North Carolina are individuals who are 65 and I'm older and And this isn't this is more not an exact number but around 50% the deaths a little bit under 50% on the desk of her individuals living in congregate care or long term care. And so that's the rationale why health workers because providing care in these settings and residents and long term care settings as well as older adults defined as 65 and older are our first groups to get vaccinated and both of those groups are actively being vaccinated right now. We will then move on to front line essential workers and then adults that have medical conditions that make them at high risk for complications from COVID-19 and then we will move on to everyone that wants a vaccine. So rest assured there's a spot for everyone. We will continue on this fight until everyone in North Carolina who wants a vaccine has received a vaccine.

Dr. Carrie Brown

This just gives us an example of where we are now. So we've got health care workers, which is defined wrong So it's individuals that are working in a healthcare setting. Have either direct or indirect exposure to patients and long term care staff and residents which is what most representative for this group that's on the call today and as well as older adults And most of the vaccinations that are happening right now are happening through our health care. systems are large healthcare systems and our local health departments and that's primarily because the have the facilities to easily store and distribute the vaccine. And in order to make sure that we have access for all of our long term care settings. The federal government created the long term care pharmacy partnership with CVS and Walgreens as many of you are familiar with. So skilled nursing facilities and adult care homes were able to sign up for this partnership and be matched with either CVS or Walgreens. For either pharmacy to come into your facility and vaccinate both residents and employees. We have now I think the last number I saw we had done close to 800 clinics that had been completed and long term care facilities by CVS and Walgreens. That will continue through February and March. Next Slide.

Leading medical and professional organizations are all joining together to encourage Americans to get vaccinated and it's a range of professional organizations supporting this effort, slide please. I want to make sure that you remember you are aware of all the resources available to educate yourself. If you're if you're an employer, educate your employees, educate your friends, your family, we we recognize that this is complicated, and it's all happening fast. And so we are trying to put out a tremendous amount of resources to be helpful to go to yourspotyourshot.nc.gov that is the best place to see the most up to date resources including this presentation, which is the vaccine 101 deck and that actually will be updated again and probably there'll be a new version by Monday of next week. You can find the infographic on prioritization, which I think is helpful. There's also frequently asked questions, which the department updates every week. And then there are some public service announcement videos from trusted messengers, which I encourage you to take a look at. They're really very powerful and are great to share with friends, family and colleagues. Next slide.

Dr. Susan Kansagra

Wonderful news that we have a vaccine that we can see the light at the end of this very long tunnel. But we can't stress enough the importance of continuing to practice the three W's of wearing your face coverings, waiting six feet apart and washing your hands frequently. Because at this point in time, we don't know we haven't ruled out the possibility that individuals that have received the vaccine couldn't be still be silent carriers of the virus and spread it to others, so until we have more information and until more Americans are vaccinated until we get to a place where so many Americans have been vaccinated, the virus has no place to live. And goes away. We need to be diligent about practicing the three W's. But if we continue to practice the three W's and get the vaccine, we will get to the end of this pandemic and return to normal which, which everyone is so looking forward to next slide, please.

Dr. Carrie Brown

Let's work together to share this information. Help people direct them to their spots and reliable information about the vaccine. You now have knowledge that you can share with your loved ones. With your with your friends, with your colleagues with with people you strike up a conversation with in the grocery store, we're all in this together as North Carolinians. It's important to mention the safety In the effectiveness of vaccines. It's 95% effective which is really impressive. It's actually better than we even hopes for. What that means is in straightforward terms, if you've got 100 people vaccinated, 95 of them when they're exposed to the virus won't get sick. And what's really unique about these vaccines is the five people out of that 100, even though they got the vaccine they may they will get the virus, none of those five people in our clinical trials ended up in the hospital, or deceased from the virus, so every reason to, to take the vaccine to protect yourself, because even if you're not in the 95, in the five, your chances of living are much, much higher. Next slide please.

We know that there are questions about enrollment in the Long Term Care pharmacy partnership with the federal guard developed with CVS and Walgreens. And so if your facility wishes to get that that enrollment has has closed at this point. But if your facility wants to enroll as a vaccine provider, meaning if you if you would like to be able to provide the vaccine yourself at your own facility, then if you visit the CVMS vaccine support page, and you click on Register, you can register to basically receive the vaccine directly to administer it. Currently, we are health systems and local health departments are live in the system. And we are in the process of activating federally qualified health care centers and long term care pharmacies, that's the next group. And then beyond that will be additional health settings, primary care practices, etc. COVID-19 vaccine providers do have to be qualified under the CDC agreement to prescribe COVID-19 vaccines and be authorized under the appropriate NC licensing authority and also have to have the ability to store the vaccine and ensure the vaccines safety. And the way as I mentioned, the way that new vaccine will provide will be activated is based on where we are in our prioritization phases. Next slide please. Oh, great. Here's our here's the data that I was trying to remember. Oh, see, look, I was totally off. I said 800 look at that 957 clinics have been completed to date and that means

we've covered almost 72000 beds in North Carolina and long term care and almost 70,000 vaccinations. That's a that's a pretty good start for only being a month into this. Next slide please.

Dr. Susan Kansagra

I want to call everyone's attention to an additional webinar on this specifically also designed for long term care staff and that's going to be happening tomorrow. Our own virtual meeting January 22, from 12 to one And if you go to the instructions on how to register and this is this one is also on the AHEC website This is a panel discussion with Members of the long term care community and OB GYN physician and COVID-19, health equity champions from the state. So I encourage you, particularly since sometimes may remember, you may think of questions after today's webinar. This, you know, bring those questions to tomorrow. Because we're definitely here to answer everyone's questions.

Hugh Tilson

Carrie this is Hugh. Let me just clarify a little bit. The link is in the q&a. We don't have that link on our website, but the link is in the q&a for the webinar.

Dr. Susan Kansagra

Thank you. Sorry about that. Next slide. I think the next slide is just I think we're moving on to questions.

Hugh Tilson

As a reminder, you can submit questions using the q&a feature on the black bar at the bottom of the screen, and we have a couple of questions that have come in, will a person have to get COVID vaccine each year like the influenza vaccine.

Dr. Susan Kansagra

Apology I was having trouble getting myself off mute. So that is an excellent question. And it is an important one. I wish I had a better answer. But I think the answer we just don't know. We haven't. There are individuals that have had the vaccine for in their system for a year yet. So we don't we don't have a sense of how we know that the immunity with the vaccine last several months, we are hopeful that it can last as long as a year and may last longer than a year. But that isn't on the ongoing area where we're waiting for additional information. Thank you.

Hugh Tilson

We have staff who interact directly with people with IDD, these staff fall into the group 1A category for vaccination. We cannot get them vaccine appointments, as many health departments are now vaccinating people 65 and older. How can we get staff who are in the 1A group vaccinated in a timely manner.

Dr. Susan Kansagra

So we are absolutely still vaccinating all healthcare workers. So we are currently in group one and group two are activated. So what that means is, it may require a little pushback on local health departments. It is not only 65 and older, it's also any health care workers, so it may be a little bit. Of course there's more individuals needing to get appointments or if think about everyone that's 65 and older, we're talking about over a million individuals. So granted, we have to share the appointments, but it but 65 and older do not come ahead of health care workers so the health care workers and 65 or older are active at the same time

Hugh Tilson

Question is how do you how do you elbow out the 65 and older so that the healthcare workers can get appointments so that they can keep working. And that was the that's where they're trying to go with that. The residents in our community want to get vaccinated but cannot travel to the health department to get vaccinated because some of them are bed bound can the health department or county send a nurse to administer vaccines to them.

Dr. Susan Kansagra

So if you area a long term care setting that did not sign up for the federal partnership so that CVS and Walgreens are not coming to you to do to do the vaccinations. Then your local health department Got a list of your facilities name and you should be in contact with your local health department because they, we've asked them to coordinate with you figure out what's the best to get your residents vaccinated and it may be now that we have additional vaccinators coming online for long term care pharmacies. That is another option that you can work with a long term care for to come to you to vaccinate your your residents.

Hugh Tilson

Do you have any suggestions on how we can combat anxiety with about long term effects of the vaccine.

Dr. Susan Kansagra

Great question. Many different ways to to address this. I think what what helpful to me is thinking about what we know about the vaccine and what do we know about COVID-19 versus what we don't know. So

meaning Is it possible there is some Rare Long term side effects from the vaccine That theoretically possible. However, we now have 13 million Americans have received this vaccine without and serious side effects other than allergic react which you could have with anything and can be treated. And then if you pair that what we know about COVID-19 becoming effective COVID-19 is, is a very significant risk for multiple health problems not only you've been If you survive virus but also long term consequences of being infected with COVID-19. And so if each individual obviously has to weigh the risks and benefits for themselves, but when you look at that and balance that that's often helpful for clarifying for people.

Hugh Tilson

We got a specific follow up question which is I'm on insulin. How would that work for me?

Dr. Susan Kansagra

You can still get the vaccine if you are taking receiving insulin.

Hugh Tilson

How long after the second dose before the 95% of effectiveness comes into place?

Dr. Susan Kansagra

I believe you it's and others correct me if I'm wrong I believe it's 14 days until full immunity after your second dose.

Hugh Tilson

Thank you. We've begun giving vaccine, can you touch on the medication BAM and the reason for waiting on the COVID 19 vaccine vaccine for 90 days.

Dr. Susan Kansagra

So I think what they're talking about is a monoclonal antibody. One of the available treatments and we don't have a lot of treatments with COVID19, but one of the available treatments is monoclonal antibody which can be given as an infusion to individuals. There's a variety of things that you need to in order to qualify, very simply it's individuals that don't require hospitalization from their COVID-19 and have risk factors for severe COVID-19 so. For example individuals are 65 and older. If you receive the antibody infusion then there is a request, the EUA for the vaccine says that you should wait 90 days before you receive the vaccine. There's there's multiple reasons for this. We know that just being infected with COVID-19 without ever having a vaccine gives you natural immunity typically for 90 days,

you've received the monoclonal antibody that means that you've had COVID-19 and you are probably covered for 90 days. And, and thus it makes the most sense to do your vaccine after that, in order to make sure that your the immune system builds the longest immunity for you.

Hugh Tilson

Are provider agencies that provide one to one services to the IDD population required slash able to register staff to get vaccinated? If so, please provide a direct contact person at the health department. We've not had any success getting this question answered by health department.

Dr. Carrie Brown

Yes. So if you are a provider agency that is supporting employing health care, direct service providers, then you as the employer can provide a list of your employees That are health care workers to your local Health Department so they can upload names into CVMS. Which then triggers an email to your employee to register to get the vaccine. This is all of the local health departments have the ability to do this. So it sounds like what I'm hearing though is that the health department's are maybe needing additional resources to be able to do this in efficient manner because there are so many individuals trying get vaccinated. The specific health departments that they are having difficulty with then I think It would be worth reaching out to Dr. Kansagra?

Dr. Susan Kansagra

Yeah. Hey, Dr. Brown. Let me provide a suggestion on that. I think, you know, if you are having a problem connecting to your health department, maybe in the chat you can send us a message with your facility name and county perhaps we can help with some of those connections on the back end. For facilities that didn't sign up for the CVS and Walgreens program, right, the expectation there was really more that the health department in the facility coordinate directly and come up with a plan on how to be able to vaccinate residents and I know in many cases that means residents can't go to a mass vaccination site. So the coordination needs to happen at that level, but we're happy to help facilitate some of those connections. So I think if folks could just to keep it efficient if folks could put that in the chat that last few people have made that comment we can try to follow up with them.

Hugh Tilson

Thank you. Can CVS or Walgreens vaccinate group 1B on site are they only able to do on site clinics for 1A?

Dr. Susan Kansagra

Just to be clear, we don't have 1A and 1B anymore. We have groups 1 2 3 4 and 5. So, I'm not sure exactly what group you're referring to with the 1B, group two is older adults who are 65 and older. And then group three is frontline essential workers but the rest of your question is about CVS and Walgreens and CVS and Walgreens at this moment can only vaccinate the facilities that they have been matched with through the federal program and they are not yet available to do sort of one off vaccinations. That may be something that will be available in the future.

Billy

Dr. Brown? To jump in, just wanted to add for the question regarding immunity after the vaccine, for the Pfizer it's seven days after the second vaccine and for Moderna it's 14 days after the second vaccine

Dr. Carrie Brown

Thank you, Billy. I knew I was forgetting something. All right, so seven days guys for the seven days after your second dose for booster and 14 days after your second dose for booster

Hugh Tilson

So thank you. There are a couple of emails and names in the q&a Dr. Kansagra, so I will leave those in there and try to work around them as we respond to the questions. Can a nurse come out to a mental health business facility to give staff the vaccine on one scheduled day. That question, maybe not just can one but how would they get that set up.

Dr. Susan Kansagra

And that would be working with your local health department. And it would depend on what your local health department has the ability to, has staff to send out into the community to do some sort of local visit. I know there are local health departments that do have that capacity and are doing that. But again, it would be it'd be arranged through your local health department.

Hugh Tilson

At first CVS clinic, some staff were deferred because they had recently had another vaccine, I know the CDC now says covaccination is okay, and the COVID-19 vaccine can be given to those who have recently received another vaccine, are CVS and Walgreens now following the new CDC guidance.

Dr. Susan Kansagra

I don't know that I can speak for CVS and Walgreens. But we do meet with CVS and Walgreens. And so we're happy to pass that message on. I believe you're referring to the 14, it currently originally asked like have you received another vaccine within the past 14 days? If the answer was yes, then you were instructed to defer the COVID-19 vaccine. We can a lot with CVS and Walgreens to see if they have adjusted their forms based on that guidance, and last, does either Billy or Dr. Kansagra know anything more about that?

I think the one additional thing I'll add there, you know, while I don't know the answer to that specific question. Since the teams are coming in 28 days later, you know, staff that did not get it on the first clinic date will still have the opportunity to get it on the second clinic date. So you know, if that was the case, on the first hopefully, it's already been another four weeks, and they, you know, would regardless would be able to get it on that second clinic date anyway. So regardless of the reason they didn't get on the first they still have the opportunity when they come back.

Hugh Tilson

Thank you. How long? Or how many months does full immunity last after taking the second vaccine?

Dr. Susan Kansagra

Yea h, so that's the question that we don't we don't fully know the answer to yet. We don't know. We know that it lasts at least a couple months. But we got to remember that vaccine is still relatively new. Those that received it in a clinical trial, we're not a year out. So we don't we don't fully know how many months that immunity lasts, but with every, you know, month that passes, we should have that answer by the end of year. Thank you.

Hugh Tilson

With some new admissions, their first vaccine dose was given elsewhere. And their second dose does not line up with our current plan dates with CVS, CVS, for the second dose. For instance, their second dose is due on the 10th. How many days before or after, is it acceptable for them to receive the dose? If it's not available on the 28th day?

Dr. Susan Kansagra

Well, I don't want to say this wrong. You're gonna need to talk to CVS and Walgreens directly. I believe for the Moderna product, there is a four day window meaning you can you can give it four days before it's due. And then it just the EUA just says as soon as possible afterwards, but I think typically people are sort of interpreting as a four day window on either side. So I would encourage you to try to work with CVS and Walgreens to do that. The other thing is people, it may be possible to arrange for that individual to go back to that site where they received the first dose. I know that's not always possible.

But we were really encouraging people wherever possible to get a second dose at the same place as their first dose, because that's actually where their second will get shipped to. And so and ideally the appointment for their second dose is being made at the time of the first first steps are granted, this is all you know, so new, it may require some individual problem solving for individuals to try to do the best, the best the individual can. I think if regardless, you know, what's important thing is that they get a second chance and it's not ideal if it's late, but you can still administer it late.

Dr. Susan Kansagra

And if I could add one point on that I know in the CDC guidance is also stating that the length of time in between doses. If you push it back, let's see if it goes longer than 21 or 28 days for Moderna. You don't need to restart the series. So even on the back end, if it's longer than 28 days, or even past that four day and or you were talking about four days earlier, but even if it's past four days later, and you know, they happen to get it, they don't need to restart the series, they can just get their second dose. And the one other thing while I just have a second, I know for a turn to jot down facilities that are putting in things, but to mention also, if you have been having trouble with that local health department contact coming on site, the one thing to mention is for your staff we really encouraged for your staff, any any clinic that is now open, the staff qualified being in that group one. So it's still encouraged staff who might mobile and might be able to get to one of these, you know, bigger vaccination clinics that the health department's are holding to go ahead and do that, while perhaps other plans might be needed for the residents. But for the staff, that would be something that they can do now.

Dr. Carrie Brown

Yeah, that's a really good point. Because there are large health systems, for example, or doing mass vaccination events for qualifying individuals. And so it may be that if you're having trouble paying your employees that are health care workers into the health department that they can, they can go to one of these larger vaccination events. Because again, they qualify as being health care providers. And I believe a list of those events are just starting is available on the DHHS website I don't know if Dr. Kansagra or Billy has additional information.

Dr. Susan Kansagra

Yeah, well, we'll put it on the chat again. But there is a location finder in the DHHS website for every county and it lists to different locations, including health department or a health system that's offering the vaccination. And again, for appointments for staff, I think, you know, getting folks to come on site to do staff might be a little bit harder at this point in time. But staff can certainly go to any one of these sites and say they are a staff in long term care, and be considered as part of that initial group. Thank you.

Hugh Tilson

Will there ever be new facilities accepted into the pharmacy partnership program that were not accepted before? And I got an email in my personal email that says they're part of a CCRC, the long term care facilities are part of the CVS program, but the residential folks weren't. Will it ever be extended to them? Or what should they do? This is for related questions.

Dr. Susan Kansagra

I was waiting to see if Billy wants to do.

Billy

Yes, sir. So basically, they are no longer enrolling new facilities into their program. And the second thing is they will vaccinate the Independent Living residents for the facility if those residents were actually included in the number of vaccinations needed when they when the facility enrolled. Also, you might reach out if it's not an extremely large number of independent living residents, you can also reach out to your whether CVS Walgreens account executive, I think that's the term they're using to communicate with them that you do have independent living residents and provide that number and then they can look, it's really based on staffing. And if they have the vaccines available to do that, like I said, mainly they'll do it for facilities that have that included those numbers because all this vaccine has been allocated to all the different facilities based on those numbers. So you can definitely reach out to your person at CVS and Walgreens and ask if they help you with that. It's definitely something they that they do now basically have permission to vaccinate those Independent Living residents. If they have enough vaccine to do.

Hugh Tilson

They don't in which is independent.

Billy

At that point, then that's where we are referring them to the health department at this time to try to create other modes of getting vaccination services to those residents. And then as Carrie mentioned earlier, we are growing Long Term Care pharmacies at this time now that will be available in the future, as well. Thank you very much.

Dr. Carrie Brown

That's helpful. It's helpful just for context is we don't currently have enough vaccine in North Carolina to cover group one and group two. Remember, if you think about all health care workers, right, and all people that are over 65, I mean, that's a couple million people. We haven't received a couple million doses in North Carolina. So supplies are still limited, that will get better with time. But that is part of the

reason why there are there are some difficulties accessing it immediately. It's a supply and demand, we just simply don't have enough vaccine yet. ..Vaccine, and then that will make it you know, easier and easier. I know that it's hard to be patient. I'm sure we've all been we've been through this for a year. But I do think that's important to know that the healthcare, the health department's of the health systems are working as fast as they can to get the vaccine if they have it, but we know that the vaccine won't reach everone? So it's going to take a little bit of time. Other than, you know, there's plenty there's not a vaccine set aside, if you enrolled in the long term care, pharmacy, you know, with CVS and Walgreens. So there's not a limit, there's not a limited supply there. That's been set aside. But everywhere else, you know, coming into North Carolina is limited. So it will be you know, it takes weeks in order to even cover everyone currently eligible.

Billy

Just to add that perspective to what Dr. Brown does mentioned. So basically, in the program so far, with enrollments, CVS and Walgreens currently conducting a total of about 4500 clinics in 10 weeks. So they all have that vaccine, as Dr. Brown mentioned, that has been allocated based on the numbers that were provided when they were enrolled. So they may not have enough to help you out with another facility. At this time, just because of that, they're they're already you know, allocated vaccine based on those numbers of those, all those clinics. There are already there getting to a lot of people. But like we said, the vaccine is extremely limited.

Hugh Tilson

There's a follow up question about CVS, Walgreens after the three clinics are completed with CVS or Walgreens is there a plan in place for how we'll be able to get vaccines for long term care, new admissions or new employees?

Dr. Carrie Brown

I think the hope is that by the time we get to that point, that there will be more vaccines and more options for you. It won't just be the health department and health systems, but primary care offices and retail pharmacies, etc, will have access to the vaccine. So there's not any specific plan for CVS and Walgreens in terms of the clinic visits, the federal program was limited to three visits. But hopefully by the time they finish that there'll be additional places available to get to get vaccine.

Hugh Tilson

I've got a couple questions about the strength of the second dose. One is, is the vaccine for the second dose, the same strength or the same vaccine as administered in the first dose? The question is, is the person more likely to have serious side effects from the second dose? And the other was if somebody not there, somebody shows up later, can they get their first dose with a second dose that had been allocated? In other words, can you swap the second the first dose safely, those questions make sense.

Dr. Carrie Brown

Yes. And I know the Pfizer product it. I believe that both. Honestly, I don't I'm not 100% certain, I believe that the first and second dose is the same strength. But they're not necessarily the same strength as the other products, you cannot mix a Pfizer and Moderna, for example. And in terms of side effects, it is true that people are more likely to experience the muscle aches. We saw in the clinical trials, sort of the muscle aches and mild fever after the second dose, their immune system continues to sort of ramp up because the second exposure so that part is true. But I don't think so in terms of mixing doses, I think that they are actually the same. It's just that we don't want to mix the second and the first because you don't want to confuse people. Right now and we have limited supply, you want to make sure that you have a second dose to give to someone from their first dose, I don't think that there are actually two different products.

Billy

They are not. If you get the Moderna it's the same strength in the second dose and the same with Pfizer. So there is no there's no difference.

Hugh Tilson

There's a follow up question. If you've already had first dose residents, are they guaranteed to get the second dose so the first dose isn't futile is the word that they use? Because they're guaranteed the second dose is coming.

Dr. Carrie Brown

Yes, there's always a yes, thank you. That's a good question. And that's why we we we are really encouraging people to get the second dose in place of their first dose, because the way the system works is say you're a local health department, if you receive 100 Moderna vaccines, you will automatically receive another 100 Moderna vaccines, three and a half weeks later to prepare you to give it to the fourth week. So though, it's an automatic shipment that happens based on where the first shipment went. And in terms of the long term care partnership, CVS, and Walgreens have been allocated all of that ahead of time. So they have sufficient supply to make sure that any resident that gets a first shot at one of their days can get a second shot.

Hugh Tilson

We got a comment, can we choose or explain between using the word groups or phases when discussing the organization and scheduling the vaccine? This is confusing.

Dr. Carrie Brown

Yeah, I think that's a good point. We it was phases, and we have called them we are like we're calling them groups now group one through five. So I think that that's a good flags, we just need to be very clear that in this case, when you're talking about a group that's ready for for vaccination, that's the same as a phase of the vaccination. So I appreciate you bringing that up.

Hugh Tilson

How about outpatient mental health professionals? When are they what group are they what do they do to get vaccinated?

Dr. Carrie Brown

So outpatient mental health professionals are healthcare workers, they are eligible now to be vaccinated. Again, it's it's working with your local health system, or your local public health department, you know, based on their availability of those supplies the vaccine to get your employees scheduled. But they are eligible now. So and there's a very specific, there's not a very, there's a very broad definition, but that makes it very clear mental health falls into health care worker and that's in a deeper dive document that's on the website and it goes through exactly who's in behavioral health is absolutely healthcare worker.

Hugh Tilson

Staff who are pregnant or attempting to become pregnant are scared to take this and do not like feeling pressured to do so. As there's no real long term research on long term potential effects, either fertility or birth defects. How should we handle this

Dr. Carrie Brown

So, while it's true, yeah, I mean, I guess the best way to individuals that are concerned to make sure that they can get answers to the questions from a trusted source, and and, you know, particularly referring them back to their ob gyn is particularly can be helpful so the OB GYN can walk through the risks and benefits for their, their specific, specific person. While it's true that pregnant women were not enrolled in clinical trials, there, there have been studies in animals without any evidence of complication, I think you have to also weigh the risk of getting COVID-19 while you're pregnant, because we do know that women that are pregnant and get COVID-19 have worse outcomes than women that are not pregnant. And based on how the vaccine works, and how similar vaccines work, there's no reason to think it would pose a risk, I recognize that's not the same as having absolute proof. But there that is why the CDC recommended that individuals that are pregnant, consider getting the vaccine because there's really not evidence of harm and there absolutely is evidence of harm of getting COVID-19 while you're pregnant. Thank you.

Hugh Tilson

Discharge residents coming back to get their second shot are visitors and visitors are not allowed in our building due to the outbreak. CVS has said they will not go outside to vaccinate former residents. What do we do about this any solutions or suggestions?

Dr. Susan Kansagra

I can help with this question. And I think short answer is we will discuss with the CVS and Walgreens teams. You know, they have said that they will vaccinate if there is a resident that was discharged that that resident can come back to get the second dose. But I think the discussion of the logistics on that right. You know that where that takes place inside outside, I think we can we can follow up with that unless Dr. Brown has other suggestions there. No, no.

Hugh Tilson

So it looks like the rest of the comments are people looking for help. Except do you foresee the vaccine being mandated across our industry in the near future?

Dr. Carrie Brown

I don't feel like I can give a clear answer to that, at some point in the future will -- in general mandate COVID-19 vaccine like they mandate flu vaccine? Probably. With that, when that may happen is I think anybody's guess, and probably wouldn't happen until the vaccines get the full, complete FDA approval. Remember, right now they're operating under emergency use authorization. And both the Pfizer the Moderna, I believe expect to complete that process sometime in 2021. But again, that process shouldn't be rushed, it will happen when it happens. I think what's more important is to think about, you know, regardless of mandating or not, is to focus on what are people's concerns about taking the vaccine? And how can we address those concerns, so people can feel comfortable taking the vaccine to be able to protect themselves and the family member and the individuals they care for.

Hugh Tilson

Thank you. Um, we're just about out of time. So let me do this. Let me we've gotten a couple more questions. I just don't think we have time to respond to it and still be sensitive to the 11 o'clock deadline. So we'll forward these questions in the comments to Dr. Kansagra her team to look at. I want to just stop to thank you Dr. Brown for an incredibly informative presentation. I always learn a lot hearing you and appreciate all that you and everybody else are doing to provide this information. We turn it back over to you guys for any final words. Before we adjourn for the day.

Dr. Susan Kansagra

I'll just add one final word. And Dr. Brown will defer to you on any additional, but just two quick things. One is, if you are signed up for the CVS Walgreens program, you know they are will be starting their second dose clinics next month. And so, you know, this represents the last opportunity for both staff and residents to get both dose one and two, through this program where you do not have to wait in line, you do not have to make phone calls. And so I would really encourage to provide as much information as you can to both residents and staff. So they can make that decision because they have, you know, they have that first class boarding ticket to get get that vaccine done soon through this program without going through, you know, those other steps that many of us need to do to call and try to get an appointment slot. So just want to remind folks on that and then get for those of you that are inquiring about your staff, and I've been jotting this down again, if staff can travel, the Dr. Brown mentioned this, they might not be able to get an appointment right away they are in a day to day, it might take many weeks to cover all of the folks that are in the current groups given the vaccine allocation, but they will need to continue to try and continue to evolve our website. So that would be the last piece of advice, you know, that folks will need to continue to work on, you know, finding a spot which can open up or a new site. So anyway, I'll leave with that. Unless Dr. Brown you have other comments.

Dr. Carrie Brown

Yeah, that's a second everything that you just said. And I appreciate everybody's time today.

Hugh Tilson

Let me just thank all you guys at DHHS for just so much work on all this stuff. We know it's a lot. We are grateful. Thank you. On that note, thanks, everybody, and we'll talk to you next time. We talk to you