

Transcript for Navigating COVID-19 Webinar Series: Office Hours with DHHS to Discuss the COVID-19 Vaccine Distribution Plan

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6:00-7:00 pm

Presenters:

Dr. Betsey Tilson, State Health Director, Chief Medical Officer, NC DHHS

Dr. Amanda Fuller Moore, Pharmacist, DPH, NC DHHS

Dr. Charlene Wong, Associate Professor of Pediatrics, Duke Dept of Pediatrics

Hugh Tilson

Let's go ahead and get started. Good evening, everyone. Thank you so much for participating in this webinar on the COVID19 vaccinations. This is a follow up, put on by the North Carolina Department Health and Human Services to last week's webinar and we will provide relevant timely information about the COVID-19 vaccine distribution plans in response to questions raised during last week's webinar, and then provide an opportunity for providers to ask questions of the DHHS leaders that are participating tonight. My name is Hugh Tilson I'll be moderating, and there's a ton of great information coming your way so I'll be brief. First I want to thank all the DHHS team for all the great work that they're doing please know how grateful we are. All of you providers, we know these stressful times and we thank you for all that you are doing to make tonight a little bit easier just want to make sure you know that these slides are available on the NC AHEC website. There should be a link to those if it's not there now it will be there soon. And so you can download those and follow along. We wanted you to also know that, we'll record this will post the webinar on our website as well and give them to DHHS. Once you hear from our presenters will turn to your questions. As a reminder, you are muted. The only way you can submit questions is either using the q&a feature on the black bar at the bottom of the screen I see some of you already using that. Or, if you're on the phone, you can't do that so send an email to [questionscovid19webinar@gmail.com](mailto:questionscovid19webinar@gmail.com). Again, check the q&a link so that you can get the slides and now I'll turn it over to our State's health Director and Chief Medical Officer, Dr. Betsey Tilson.

Dr. Betsey Tilson

Wonderful. Thank you all very, very much. I'm really happy to be with you all again tonight. We had a really robust participation last week I think we had more than 1500 people on the webinar. Thank you for that great engagement. And then we got more than 300 questions from last week. So glad you all are so engaged and interested. And so we're really happy to do the follow up. And we'll be doing this throughout the new year as well since we know there's so much interest and questions and engagement, and we're really really grateful for that. What we'll do is, I will go through the deck that we have prepared in which we tried to be as responsive as possible to the vast majority of the questions I will walk through first half of the deck I'm going to turn it over to Dr. Amanda Fuller Moore who's going to walk through the second part of the deck. And we also have to our teammates, Charlene Wong and Danielle Brady, who are going

to be monitoring some of the chat questions to help be able to answer some of those online, and then we'll have time for more questions at the end. So we're happy to do this and again we're happy to do it in the new year because we know there is, there's a lot of questions, there's a lot of moving, moving parts so happy for your engagement.

Okay, but we started with the slide last week, and we're going to start with the slide again this week. So, this is probably more reminder for us to keep calm and carry on. But, but for the whole state. It is only day two of week two, so we are still very new to this. This is a massive operational massive operation we are going to get better every week, we'll have more answers every week we'll have more clarity every week we'll have more vaccine every week. So, remember we're only day two of week two, and we'll be, we'll be getting better and clearer as we move forward. But having said that, we're only day two of week two and a lot has happened in this past week, a huge amount has happened this past week so we'll update on some of that and then again try to be as responsive to some of those, and especially the frequently asked questions as we move forward, we don't have all that all the answers right now to all of your questions. There we know there's more that we need to work out but we want to make sure that at least you have the most updated information that we have today, but no, we'll keep working to keep making the system better. As we move forward. Okay. Next slide please.

Dr. Betsey Tilson

This week, continuous evaluation and continuous quality improvement, any big operation when you move from planning to operation. And you really try to, to make it real. All you learn all sorts of things in the in the first week, and then you continue to try to make it better. Every, every week. So we are in that continuous quality improvement phase and we anticipate that we will continue to be in that continuous quality improvement phase. Next slide please. Wonderful. So what we're gonna do is a little bit of update all sorts of things happens and federal level with a new brand new authorization for Moderna, some of the data responded to some of the questions clinical questions you all had on the data. A big update prioritization you may have heard that ACIP came out with new prioritization so give you an update on where we are in reaction to that general recommendation, lots of, lots of questions about how do I actually access vaccines so we're gonna get you a couple steps closer to really thinking about how to do that with what's providing the vaccine we have now and helping you to understand kind of on the horizon how that will work in the future. Lots of questions about provider enrollment and CVMS and how and when so we'll walk through that, and then a brand new element really really excited today was the first day of our data dashboard of our vaccines want to make sure we're sharing that with you as well. Okay. Next slide please.

Wonderful. So this was basically the same slide that we had last week but we made some updates which I bolded to try to be responsive to some questions that we had last week so this was specific to the data for Pfizer. The first question we had was, are the phase three clinical trials concluded. And yes, for Pfizer and Moderna, the phase three clinical trials are concluded. There's other vaccines that are still in development of AstraZeneca Johnson and Johnson there's several other vaccines that are still in their clinical trials, but both Pfizer and Moderna have concluded their phase three clinical trials. And so that's the data that we've been sharing with you and that's the data on which the emergency use authorizations and the recommendations were based. Second question we had was, was DHHS advocate for doing a half dose

for the first dose, and a full dose for the second dose. I think the person was asking with AstraZeneca they were finding it was potentially more effective if you did have to first have a full dose second. But for both Pfizer and Moderna. Both full doses have scheduled in the recommendations in the EUA 2 full doses. We had a question about how long does the vaccine, and the mRNA last in your body. And so, in some of the rationale and some of the wording that has to do with pregnant and lactating women, you will see that the mRNA is quickly degraded by normal cellular processes so it doesn't last very long in your body and everything else was other data that we have shared but I just want to keep up, give you that slide again and then just as an updated information based. The one thing I would also emphasize for Pfizer Pfizer was revised for 16 and up. Remember that as we get to Moderna. Okay. Next slide please. And then just a reminder was lots of questions about asking about the frequency of reactions to the vaccine. So this just gives you the data again on the future Pfizer the frequency of reaction to the vaccine. And what we found is that the second dose higher percentages of temporary reactions. after the second dose than the first dose and higher in younger people and lower in older people. And the lots of questions around, pre medication should we do pre medication and then generally the recommendation is not to do pre medication prior to dosing. Okay. Next slide please.

Wonderful. So this now is Moderna, and since we last spoke Moderna has also received an emergency use authorization that was on Friday, and has also received ACIP recommendation that happened on Saturday. So that is new, Moderna, is approved or authorized for people, 18 years and older. Whereas Pfizer is authorized for people 16 years and older so just wanted to highlight that difference. Otherwise as we presented last week the effectiveness data the safety profile all of that looks very similar between Pfizer and Moderna, Moderna is the one that is more easily stored just takes normal freezer temperature so that one will be easier and one that we'll be able to push out more to our community providers. It also is two full dose schedules and safety with Moderna, and we'll talk a little bit about the allergy to Pfizer but so far there are no anaphylactic or severe hypersensitivity reactions to either. Okay, that's a little bit. Oh, the other thing as well as pre clinical trial is concluded as well. Okay, next slide, to share with you this is the frequency of reactions to the Moderna, as opposed to Pfizer same trends. More likely after the second dose than the first dose, more likely in younger people less than 64. Forgive me, that's a typo, it should be 18 to 54, and then greater than 55 I apologize, but less common in older people than, than younger people as well. Then you'll see the same kind of symptoms are the same as with the Pfizer. Next slide please. Okay so here are some specific questions that we got after last week that we wanted to be able to address. First one is around policy, you've been hearing that probably in the news and it was asked last week. So in the Pfizer of trial there were four cases of Bell's Palsy in the vaccine group, none in the placebo, from Moderna there were three cases in the vaccine group, and one in the placebo group.

The analysis of that data is that the frequency is not above what is expected frequency in the general population. But the FDA, couldn't conclude one way or the other whether or not it might be causally related to the vaccination, even though it is within the expected frequency of general population. This will be one of the ones that post authorizations will be part of that surveillance, and and following forward, and that any occurrence of Bell's Palsy should be one that's reported up through there, and there is not a contraindication for anyone with a history of Bell's palsy, to receive the mRNA vaccine. That was a question somebody asked. Another question related to that was the case of Guillain-Barre, and I have no doubt in past in past vaccines, there have been some increased incidence of gamma ray but not for either a Pfizer or Moderna there's no cases of campylobacter in these clinical trial. Next slide please.

Okay. So last week we gave you the breakdown of the exact ingredients that's in Pfizer and now we also have the exact ingredients in Moderna that we had from the, from the EUA, and the database and so you can see side by side they both are very similar vaccines. They both have kind of little snippets of the RNA from the virus. And then they both have four lipids so these are the fat lipid envelopes into which that mRNA is inserted. We can see very similar lipids and you'll see that they both have that polyethylene glycol that's that first row under lipid they both have that polyethylene glycol which may be the one that is causing some potential anaphylaxis in Pfizer, but we will have, we'll have to see, and then they both have some just salts and sugars. So, if you're asked by your patients what exactly in the vaccines. This is what it is. And especially when we get the next slide.

When the contraindication about having an allergy to any of the ingredients. These are the actual ingredients. So that brings us to this there were a lot a lot of questions about allergies contraindications precautions. So let me just go into some of this. The only contraindication for either of the vaccines is a known allergy to any component in the vaccine and again on that prior slide you have all of the components in the vaccine. So that is the only true contraindication that in the EUA from the FDA, or the CDC and the Advisory Committee on Immunization practice has some language around precautions. So if you have a severe allergic reaction to any other vaccine or injectable therapy via that intramuscular intravenous or subcutaneous so any vaccine or injectable therapy. That is a precaution, but not a contraindication for this vaccine, as you can, people can still receive this vaccine if they have a reaction to another vaccine or injectable therapy, but they should be counseled about the risks. The risks, and the balances. Mild allergic reactions to a vaccine or injectable is not a contraindication or precaution. And we got a lot of questions about other allergies. What about snake venom. What about latex what about allergies to penicillin. What about any other food allergies, bee stings? So no other allergies are considered a precaution or a contraindication only the only complication is allergy to the component, and then a precaution for other injectable or our vaccine. A lot of questions around latex. The stoppers are not made from latex no contraindication for people with allergies, but because of this some patients having an allergic reaction, there is clinical guidance that anyone with a history of anaphylaxis should be monitored 30 minutes after the vaccine, and all other people 15 minutes after the vaccines. And then, if you're administering vaccines, making sure that you have the ability to respond to an allergic reaction.

Okay. Next slide please. Great. Couple other questions about a lot of questions about if I'm immunocompromised, if I'm, or if my patient is taking an immunosuppressive medication if I'm taking an immunosuppressive medication Prednisone, lots of questions around immunocompromised. And so the first thing is that one there should be counseling for patients who are immunocompromised or taking an immunosuppressive therapy that the vaccine may not be may not work as robustly for them but it still is not a contraindication, they may still receive the vaccine. The one places that though for people who have received passive antibody therapy specific for COVID-19. It is probably best to wait 90 days after that monoclonal antibody just so it doesn't interfere with the vaccine induced immune response. Specific monoclonal antibody to COVID-19 best to wait. Any other kind of immunocompromised immunosuppressive is not a contraindication.

Next slide please. And here is a lovely table that walks us through that, see on the right, the only pure contraindication is allergy, and you'll see the precautions in yellow. And then on the left, they proceed with a vaccination that's where you see a lot of other allergies that are not specific to the covid vaccine, so

a handy chart for you. Okay. Other questions around just the bread and butter of vaccine administration. No, they are not interchangeable if you start with Pfizer you need to end with Pfizer if you start with Moderna you need to end with Moderna. There is a little bit of a wiggle room between the second dose, there's a grace period that you can give a second dose on the, on the, the, the, typically scheduled dose which for Pfizer is 21 days, Moderna is 28 days, you can. There's a grace period. If you are four days before those doses, and they're all considered valid. However, what it says. The CDC/ACIP says if you do have a starting dose earlier than that. It's not recommended but you don't have to repeat it. The second dose, there isn't a wiggle room of four days before four days after you. There is no guidance for how many days after within that grace period but CDC does say that if the second dose should be administered as close as possible to the interval, but if you are beyond that, you, you don't have to repeat the dose, just get that second dose in, because you can make sure you're not right on the exact date. Lots of questions about coadministration of vaccine because in these clinical trials, this vaccine was industry by itself, we have no data about how well it might perform with other vaccines so the recommendation is a minimal minimal interval of 14 days before this vaccine and any other vaccines. I know that is different with other guidance, but that is, this is the recommendation from the ACIP.

Next slide. Oh, lots of questions of, when do we, how long will this last and how often do we need to do it and we'll see like flu that we have to do annually. Right. And this is directly out of ACIP as well that we don't know at this point how long the duration will last. And so, for right now. We don't have any guidance for when we would need to repeat the series after the first two dose, two doses. This is something that's going to be looked at for people who are enrolled in the clinical trials they'll be followed for two years, assessing their immunity we will have more information. As we have more data but for right now we don't, we don't have any guidance for how frequent you would need to do a vaccine and would you need boosters. And then lots of questions again about. What about somebody who's had had COVID. So the vaccines are recommended for people regardless of the history of COVID infection, symptomatic or not. If somebody actively is sick has acute illness of COVID-19, then the recommendation is to defer it until they are out of their active acute illness so defer after those first 10 days. And that general after those 10 days you can give a vaccine, but is probably is a project that people would have a pretty strong immunity 90 days after their natural infection so it might be is reasonable to think you might want to defer that vaccine until the end of that 90 days. But that is a recommendation but not a requirement. And there's no recommendation to do a COVID test prior to vaccination.

Okay, next slide, lots of questions about the VIF which are used to the vaccine information sheet. So, the the fact sheet for recipients and caregivers is pretty much the equivalent of. So that's what you'll be giving patients, and that as you're provided there's instructions specifically of what you need to go through and that fact sheet for recipients and caregivers but that's that's the equivalent of a VIF that you are used to. Next slide please. And then here are all the most helpful links that I could bring to you I know there was a little bit of a last week of the links not being live I hope that they're all now if not we'll make sure you have live links. A couple of things just to highlight again, the questions around are the phase three clinical trials completed. They are and that puts in the data brief that's the results of that and then you see all the specifics of the EUA, as well as the ACIP recommendations. Those are all the clinical recommendations that we've been walking through, you have the fact sheets for both healthcare providers and recipients and caregivers for both vaccines. These are the ones that you will be handing to patients that actually are recipients and caregivers will be the ones that you send to patients. And then that second to bottom link. The interim clinical considerations now they have this one document that covers both Pfizer and

Moderna, and really just covered mRNA COVID vaccine. So that's where you'll get all that in depth clinical information there. And then also in a really nice link to some communication tools that the CDC has.

Alright, so that was all of the clinical questions that we got and also an update on all of the new stuff with Madonna that came out since we last spoke. Moving a little bit more to operations, there was a couple questions about will this cost patients, or people. And no, I built in that on the top, there will be no cost to recipients and as, as you all enroll as that COVID vaccine providers that is in that provider enrollment, that there will be no cost to the person receiving the vaccine, the administrative cost is covered by Medicaid and Medicare you see those those rates. But the commercial plans. They need to cover them with no no cost sharing for the, for the person enrolled in insurance. And then we just said, for those of you treating uninsured patients. There is ability to get reimbursement through that, that provider really I know that that's a little bit awkward and slow but that is a method for reimbursement. There was questions about any other questions about what about uninsured people so making sure you have that information, and you have all that at your fingertips.

Okay. Next slide. Great, okay so that gets us through a lot of the nuts and bolts. Now, there was a huge amount of of questions around prioritization, where do I fit in, if I have this Where do I fit Where do I fit Where do I fit. And the really big news is that this is all now in revision. You may have heard the same Advisory Committee on Immunization practice that are the ones that putting up those clinical recommendations for the, for the vaccines have also now come out with recommendations for prioritization. So we are in the middle of digesting that. Looking at our prioritization, seeing about how we need to align or adjust based on the federal recommendations and I will highlight if you look at the top of this grid, those sentences, you'll see that very last sentence says may be revised based on phase three clinical trial safety and efficacy data and further federal guidance. This is the further federal guidance when it came out from ACIP on Sunday is the further federal guidance that we knew was going to come out and that we may need to make adjustments, so I don't want to. Especially when we get to 1B and 2, figure out where do people fit. Because we are in the middle of revising this a lot. There were a lot of questions about what specific chronic conditions count. Will there be attestation of chronic conditions do you need a doctor's note for chronic conditions. I want to hold on all that because this is all in revision. And so we are adjusting and then when we come into the new year we can bring back to you, the new prioritization grid especially it comes to 1B and 2, so just so you know, put that in a hold that we are making. We'll be making revisions at least for 1B. Hope hold on that be patient on that one. But the next slide.

I will want to go over the one phase 1A because a lot of agents will be in 1B, but we have phase, phase 1, including phase 1A, which is our that that very top level the healthcare workforce and our long term care so I do want to talk a little bit about phase 1A, because we have made some adjustments to the language around that and we also have thought through some of the mechanics of helping healthcare workers especially who fit in 1A how that may be able to access vaccines, so I'll just go through phase 1A little bit more with you and then again put a hold on that 1B because that is changing. So, first just to emphasize the goal of phase 1A is to stabilize the healthcare workforce critical to caring for patients with COVID-19, and to protect North Carolinians who are at the highest risk of being hospitalized or dying from COVID-19. This is a very very first phase again those are the goals stabilize our critical healthcare

workforce caring for our patients and protect people from dying or being hospitalized. And so it's a pretty narrow focus and goal of this, of this smaller 1A, so a little bit more clarity around the goal in the language phase 1A. Next slide.

This is why we really are trying to focus in on that. I hope you all are looking at our dashboard you're looking at our data you're seeing what happens is happening with our cases of our hospitalization. We are surging right now and are concerned in the next month or two, we're going to continue to surge. And at some point, we really may well get into trouble with our healthcare capacity and our critical, our critical care so the top graph is our cases. We are surging like the rest of the world and the country we are surging with our cases on the bottom left, you'll see our hospitalizations, are going up as well. We're getting, we're starting to get pretty tight and some of our hospitalizations, on the bottom right is our deaths. Unfortunately, also surging in death. And that's corresponding with our cases so in our immediate month or two, we really need to think about what's going on in the state what's going on with our people what's going on our health system and think through what is it that we can do in the next you know the next two months to stabilize our workforce who's caring for these patients and prevent people from getting sick enough and hospitalizations and prevent people from dying because that is really what what's in our, in our heads like right now in the in the first month or two. So that's the focus around 1A and really kind of address the trends that are that are really concerning and will be for the next couple months probably.

Okay, so that's why you'll see a little bit of clarity on some language in this slide, and again that healthcare workers are critical for caring for patients with COVID-19 at high risk of exposure. And so here you have some, some of that same language before but we did clarify in that third bullet which was the intention. But we didn't have it as clear and that third bullet really thinking through people who are performing high risk procedures, specifically on patients that are in COVID-19 so COVID patients with COVID-19 so it's part of that critical care and caring for patients with COVID-19, those, those people are those health care workers that are doing those high risk procedures as part of that care for patients with COVID-19, a little bit of clarity on that third bullet where I know they're giving people a lot of a lot of confusion which, which I can understand so we added that clarifying with COVID-19 in that bullet to be consistent with the other bullets. We also added language for where with outpatient providers, which we didn't have in that original language and you can see that it's those. Not all of our outpatient providers and there's a lot of different outpatient providers working in many many different outpatient settings. But with outpatient providers are really focused on COVID-19 patient evaluation that are doing a lot of respiratory care that are part of respiratory care team are frequently involved in COVID-19 testing sites but really, then the out really working with a lot of patients as part of that respiratory care a lot of testing. A lot of our testing sites. So we have expanded that language and more clarity around where with outpatient provider fit in with this. And then you can see that outpatient dentist and dental hygienists will fit into one a if they're meeting these criteria either again inpatient if they're working again we're having like oral surgeons or our trauma based folks who are maybe working in the COVID units or in the trauma bay, and then outpatient that doesn't meet the criteria for other outpatient providers. And then we also have our healthcare workers who are administering vaccines to this initial mass vaccination clinic are also part of that one age that we have that workforce who are doing the vaccination clinics. Next slide.

And I'll talk you through a little bit of logistics, how do health care workers, especially those not affiliated with the health care system how do they get vaccine, while we're in 1A, and I'm going to put up a big red

bold, we are still a work in progress. I think we've made a fair amount of progress since last week, but it is still, still a work in progress and we're going to continue to try to make some changes to improve this because I know this has been a question, lots of questions about. So, first thing again just to reiterate, and I think you all know that because of the very limited supply right now. The vaccine is going to hospitals, and then just starting yesterday, our local health department's just just yesterday some of our local health department started to receive appeals and only two places right now that have vaccines. And so all of our, all of our systems will play a role in helping to coordinate the health care workers in 1A. So your local health department's are compiling lists of health care providers who are not affiliated with the health system but who meet the criteria for phase 1A for health departments are already already doing that so if you are not affiliated to health care system. Good to connect in with your health department because they are gathering this list, and they are then working to pre register as many of those eligible healthcare workers in CVMS on to make that efficient, but also health departments as they're setting up those vaccination clinics, especially for the 1A. They can either pre register to the system but they can also register people at the time of the vaccination site so you don't have to be pre registered. Healthcare employers then should look at their own staff and employees, figure out who meets the criteria as described above. So they have their list of health care workers that meet that criteria and go ahead and contact their health department's, submit the names of those eligible healthcare workers. Again the health department's may well be able to pre register them or say, you know, this is when the, this is when the clinic is so we can schedule and register to them. But just to understand that the availability of the appointments and availability of vaccination will depend on the supply of vaccine, and we just don't have that much vaccine yet flowing in, so just know that it will get you on the list but that doesn't we won't have vaccine for everybody right in the beginning

So with our health systems. They also that are compiling list and pre registering their employees and we've been having conversations with our health systems as well and, and that they, they, they can. There was some confusion amongst health systems, I thought that they couldn't vaccinate those that aren't employed or affiliated, but they can and we've been talking through with them. And then also talking through them with having the hospitals and also work with the health department, the health departments are getting those lists of eligible. Eligible 1A's, and then with the health department hospitals working together to see if there's a way that that some of that one list can be included in some of the hospital health system vaccinations, that are going on we already had a great example in Robeson County where that health system had extra vaccine working already with the health system to think about how they work together so really encouraging more and more of that as we go forward and so we've had some really great conversations with health systems I think they're all happy to wanting to want to be part of the solution to helping them think through logistically, how to, how to make that work. So it won't be a word it's still a work in progress but but your first step would be, get in touch with the department, get on that list and then we can think about where is your point of access through, through them. Next slide please.

We talked about there'll be a couple ways that you can get registered in for a vaccine in 1A we talked about starting with your health department, and then again there may be ability to pre enter and pre register or the point of care registration vaccines. In the future, people will be able to self register as CVMS, but that functionality is not built yet that will be in a later version of CVMS so you can just kind of do it on your own, but you can't do that yet.

Okay, and then our other phase 1A is our long term care staff and residents we got lots of questions about this what facilities count. How will this work. And so, and it is all the staff and residents in long term care they all, they all can be vaccinated together. It does include questions about intermediate care facilities for individuals with IBD, that is included assisted living is included, you can see the types of facilities that are included, and that those facilities will be notified when the CVS or Walgreens are already going ahead and scheduling for those facilities now, so that's how the staff will be notified to their facility when when their availability. Lots of questions if it's too late to register for this long term pharmacy program from a long term care facility and unfortunately it is too late, that list was due a couple of weeks ago so it is too late to register for a long term care pharmacy program. Sorry about that. It is the one that through CVS and Walgreens they're the ones that are going to be doing the vaccination. And so if you didn't enroll in the long term care pharmacy program, then we've also asked our health departments so there's a lot on our health departments right now that they are also they have a list of long term care facilities that did not register for the long term care pharmacy program. They're going to work on trying to get vaccine into those facilities as well. Some big facilities local health departments may be able to go there, but some facilities were there, people are mobile especially maybe some of our group homes our six and under group home, where people are very mobile and maybe that those people then come to the health department on the part of some of the vaccination clinics that they are, they are standing at. We are also looking to enroll other Long Term Care pharmacies, outside of CVS and Walgreens who can who already maybe have establishment, established relationships with long term care facilities to see if we can enroll those long term care pharmacies to get at those at those other facilities, and we're also exploring possibility of doing a contract with other mobile providers that we could deploy to those facilities if we're not getting coverage with these other other access points. Okay. Next slide.

Okay, so this just gives you a little bit, a little bit more information at one time and turn it over to Dr. Fuller Moore but I think it's still just a little bit update on on the long term care pharmacy program we got lots of questions about it. We do have 100% of our skilled nursing facilities enrolled and about 80% of adult care homes and this includes assisted living is in the adult care home as well. The question was, when will that start. So, the allocation for Moderna that we got for this week. More than half of it. We had to then allocate to the long term care programs that pulled out of this week's Moderna allocation to go into the bank for the long term care program, they will start vaccinating in long term care facility, starting with nursing homes on the 28th. So in six days from now, they will start in nursing homes. Okay. All righty now as I alluded to that some. So that's the refinement around 1A. Phase 1B work in progress. Just, you'll see what was our proposed 1B, you will see what ACIP came out on Sunday, their 1B and 1C, and we are working to reconcile them. So, more to come on that. And I think this will be really important for your patient, which patients fit criteria. And so we're going to reconcile and work on that and hopefully make it more simple for you going forward so hold tight on that I wish I could give you the exact, but we are still working through the rapidly changing information so hold on that.

Dr. Betsey Tilson

Okay, next slide. How will people know where we are in the different phases? One way is that on our vaccine website, we will be indicating where we are as we move through the phases. So you can bookmark that. And know it's that we also will be doing proactive communication out to our providers, especially all of our enrolled providers, and other providers, but we will be proactively pushing out from the state when we're moving through phases. And we're also exploring got public listserv type where

people can enroll, and we can maybe push out messages to notify people as we're moving through the phases. So we haven't worked all that out. But these are some of the different mechanisms we're trying to think through to, to communicate when we're moving. Okay, next slide, please. Great. So as we move through the phases, then where will people be able to receive the vaccine, especially once we get into 1B, and we're out of the health care provider. So, again, right now, only our hospitals and our local health departments have the vaccines at the very beginning of 1B, when we when we moved to that, it may be that we still need to direct people to our hospitals and health departments, until we get more providers enrolled. And we have more vaccine that we can push out more and more widely to other enrolled providers. So initially, it'll be through the health departments and hospitals. And then again, as more people enroll, and the more providers we can get vaccine to then ultimately, people will be able to get it in their in their regular medical home and their practice but it'll take us a while to get enough vaccinated, enough providers enrolled to get that and then again, the same process will be there my ability to call and make an appointment and pre register or do that on site registration, same way as with our our 1A work. Okay, next slide. And then again as we move, that'd be 1B as we continue to move through the phases, we'll be enrolling more and more providers will have more vaccine and can get out to a lot of different places as we have more vaccine. And we hope to onboard this vaccine finder app so that people can search and know exactly where vaccine is, to make it a lot more easy, and especially more widespread vaccine. And how quickly we can move through the phases really depends on our available supply. And we don't have that much foresight on how much we're going to get we get our allocation just a week before we we have to allocate it. But we're hoping at least move to phase one be early in 2021. We hope sometime in January. We can move to 1B. But we are. We're still working on that. Now I'm going to stop talking turn over to Dr. Fuller Moore we will talk through some of the provider enrollment CVMS stuff. And then we'll go from there.

Dr. Amanda Fuller Moore

Great. Thank you, Dr. Tilson. So just a little bit about provider enrollment. And just to go through the steps, we have been enrolling our Local health departments, our hospitals have some of our FQHCs and safety net providers. We made a huge system change from our red cap system into our new CVMS provider enrollment system and have been slowly adding some new providers into provider enrollment to ensure that when we open up that system broadly that we really have smooth sailing. The other piece to the puzzle is that as we're going to talk about in a few minutes, our allocations are still so small that even having their providers enrolled right now we would not be able to provide allocations to them because the numbers just aren't there to support that. So as Dr. Tilson says, we do expect that in that first week or so of January, we will open up provider enrollment to be able to have more providers access and we will do that through having our local health department's work with providers in their communities. We will also post the post the link on our website if you'll go to the next slide, please. So just looking specifically at our allocation for the week of December 13th, which was last week we did have 85,800 dozens of the Pfizer vaccine come into North Carolina into 53 of our hospitals Then it is arriving this week that we're currently in, in a in a phase arrival from Monday, today and tomorrow will be 61,425 doses of Pfizer. And then a portion of the Moderna doses. So the Moderna doses this week as well the three following weeks will be split between our smaller hospitals and community settings, as well as our long term care programs. So the CDC federal program for long term care estimates that there are about 200,000 people in that program that are registered to receive vaccines from CVS and Walgreens. And so, as a part of that program, we were required to give to them about 50%. So we've given about our 50% and then we will do

the remaining 50% spread every week so that we will provide them allocations as they need them. So we are watching what they use to make sure that we don't have about vaccines sitting there either.

And this is a look at our weekly vaccine allocations by manufacturer and where we are sending those vaccines. And so right now we are in the process of working on our week 3 allocation. So that is the week of December 28. And we will have several things being allocated next week that we will have Pfizer Week One second doses, those doses will go to the hospitals, exactly as we ship them in week one so that they will have their second doses on hand. And then we also have an additional allocation of Pfizer vaccine of 78,000 Pfizer vaccines, because that Pfizer vaccine is only divisible by 975. That is only 80 increments of 975 that we have to spread around. Our hope remains that one day Pfizer will actually have a smaller amount that can be shipped. But at least into the spring, we expect to be bound by only shipping the Pfizer vaccine in increments of 975. Also next week, in addition to the Pfizer vaccine, we'll have 34,900 doses of Moderna going to CVS and Walgreens for the long term care program. And the remaining 25,900 doses will be divided up amongst our smaller hospitals and local health departments. We will continue this pattern but as you can see, the allocations still remain quite small. At at being able to ship that Pfizer vaccine and only 975 increments, it really limits what we can do, especially when we're talking about only 80 places and we have over 100 hospitals and 100 local health departments. So it really does constrain our allocation system with that large number. Next slide please.

So just a few more things about CVMS. So the CVMS system is our cloud based data management system. We are not using our North Carolina immunization registry, all data about COVID vaccines will go through our CVMS system. And then we use an internal system that will route that data to NCIR so that people will have a complete immunization record in the North Carolina immunization registry. But the immunizations themselves are entered into CVMS. So the Walgreens that long term care program, they do not enter their information specifically into the CVMS system. They have some different requirements part of their federal reporting structures, though we will still get that data so that again, we ensure that as a medical home, you do have access to being able to see what those vaccines are that have been given. Next slide, please.

So we did have a number of questions specific to provider enrollment, do you have to enroll to be able to receive vaccine? So in order for a vaccine to be able to be shipped to your site, or in order to be able to take vaccine away from an enrolled provider to a site and do administration's at a site not affiliated with the enrolled site, you do have to be enrolled. Every provider at that site, then that will prescribe the vaccine has to be on the provider enrollment. But the providers themselves do not sign up through provider enrollment individually. So a site signs up and then includes all of their prescribing authority providers on that provider enrollment form. And as we said, the broader picture of provider enrollment has to go out in early January, and you have the website there, where we will also have information on that.

Next slide please, just a picture of what that's gonna look like on our immunization registry, some key things there about provider enrollment, the training that's associated with that, how to get training. And those pieces of information will be held on this website. So you can also be checking this website. Next

slide, please. Next slide, please. So there are a number of training and support resources that we have through CVMS. We have our CVMS provider portal announcements, we have the ability to send out through a mailbox, information on that there's a step by step User Guide, we also offer a live training, we have a help desk that is based in email. And we also have a ServiceNow help desk where you can create an account and that ServiceNow account routes our help desk tickets in the background. Next slide, please. So again, just for your information, how it works that we have a provider who sends in a HelpDesk ticket, either through our email or through ServiceNow, our help desk personnel then route that appropriately for the answer and provide that answer back to the provider. These are our usual helpdesk hours, we will be working through the holiday and have limited helpdesk hours. I believe it is 10 to 2 on both the 24th 25th and as well as the 1st. Next slide, please.

So we've had lots of questions about CVMS. How do you get training, once you've been enrolled as a provider, you will have some outreach from the CVMS team. That then we are signing up for CVMS are enrolled providers. There is a section of CVMS that does help look at priority tiering and eligibility that is coming in a future release so that we can help providers work through that process. We do currently have a readiness checklist that we provide and providers are on boarded that helps work through some of the pieces. We get a lot of questions about when will you integrate in to EHR for CVMS. Right now, we are looking at the ability to do that we are bringing in some new staff to be able to work on that there are a lot of pieces to the puzzle in the background that have to happen to make that even be an option. So we are actively working on that because we know that that is really going to be a big step to not have to double document in an EHR as well as in our CVMS system. As I said before, the information will go from CVMS to NCIR, that's the back end process from us that that whole nation picture ends up in the North Carolina immunization registry. Next slide, please.

So just a quick look. As Dr. Tilson mentioned earlier, our data dashboard is already up on our website. It is the current administration for vaccine as of 8am. This morning, we will update that dashboard on a weekly basis then Tuesday is the day that we have planned to refresh that dashboard that will refresh it until next Tuesday. Just a couple of key notes about that. You can see that we've recorded 24,500 doses there is up to a 72 hour lag time in the recording of those doses and we also know that last week, the majority of our hospitals did not receive their vaccine until Thursday. So, in all reality, this is not even a picture of a full week's worth of vaccination because of our 53 hospitals that received vaccine last week, 42 of those did not receive their vaccine until Thursday, and many of them were late in the day on Thursday. So that really, this really is only the picture of vaccinations for Friday, Saturday, Sunday and Monday. So, again, we are really seeing the numbers. When we look at the day by day count, we are seeing that number of vaccines administered on a daily basis really shoot up. And we expect to have a much clearer picture of vaccines administered when we look at this dashboard update again next week. Next slide, please. So with that, I think all of our team that is here will be available to answer questions. And I think we can get started with that.

Hugh Tilson

Well, we've gotten a lot of questions. And I didn't know if there were any of you experts that have seen any of these that you particularly want to just jump out and respond to if you want me to pick a couple.

Dr. Charlene Wong

Dr. Tilson, are you able to answer a question? Just to give us one more overview of dentists? There are a lot of questions about some of our dental providers in the QA.

Dr. Betsey Tilson

Yeah, actually, I was in response to someone who emailed me directly in the middle of this. Yeah, I know, there's a lot of confusions around dentists. So I was trying to articulate that in this very, very first wave, the very initial wave. So 1A, the healthcare workers one are those that are critical for caring for people with covid, evaluating people with with COVID. So it's specifically around those health care workers who are critical for caring for people with COVID COVID illness, especially as I talked about, that, we're having this big wave of cases, wave of hospitalizations, waves of deaths that acritical health care workforce, that we need to care for those patients, evaluate, test care for those patients. That is the focus of the 1A healthcare healthcare workforce. We know there are all the other providers who are at risk for exposure. Absolutely. But the very first 1A is stabilizing that critical health care workforce that was actively testing, evaluating caring for patients with COVID-19 because as we are surging, we are in need, we need that workforce that can care for those people so that more people don't die or or if they're critically ill they can be cared for. There are a lot of other health care providers who have risk. Absolutely and dentists is one of them. And as quickly as we can move through our phases and get more and more of those other health care providers in great because we absolutely want to protect the health care providers, but the first 1A is specifically stabilizing the health care workforce who are caring for these COVID patients as we are surging to be sure we have the capacity to care for those those patients and stabilize that workforce.

Hugh Tilson

So Dr. Tilson there's a related question. This is coming in lots of ways, but lots of frustration. Many hospitals seem to be keeping the vaccine quote only for them. And they are ignoring the independent community and not hospital own practices. Can you talk about that?

Dr. Betsey Tilson

Yeah. And we've had lots of conversations, as I said, this is the work. This is a work in progress. We've had lots of conversations with our hospitals. You know, originally that had not been their plan, right? They're the, the, they were kind of tasked with figuring out their own 1A, but they're very open to pivoting. And so this is this work in progress, I think for right now, as we said, go through your local health department. And then we can have the health departments working with the health systems, and see about being able to accommodate non employed, non affiliated providers as they are working through. So we've had a lot a lot of conversations in the past week, I actually know already have some health systems that are that are reaching out actively, or, again, like in Roberson County, they're partnering with their health departments, because they had more vaccines. So it's, I think we'll be getting better as we go through. I know it's not perfect now, but we've had lots of really good conversations with our health systems. And they are thinking about how do I adjust? And how do we operationally do that? So I know

it's not perfect. And I know I'm sure many of you are hitting frustrating roadblocks. But we're moving in the right direction to try to figure out how we, how we make the system a little bit easier but for right now, go to your health departments. And then we are working with a health system that's going to help us work with the health system to be able to open up as much as we can. That'll be happening, I think more and more as we go.

Hugh Tilson

We were so we're just about at a time. Do you think maybe we could keep you guys on for just a couple more minutes? Because we got some other good questions or how do you want to handle it?

Dr. Betsey Tilson

I'm okay for a couple more minutes. If my colleagues I'm seeing nods.

Hugh Tilson

Got a question about is really a statement. But maybe you could comment on is NC DHHS works through the 1A, 1B, 2 criteria, how can we ensure that there's consistency across how the NC counties implement this there have been significant and consistencies in the first week?

Dr. Betsey Tilson

I think that's it's gonna be hard, we will get it. I think one of the things that they learned Week One was that we needed more clarity in the guidance and more simplicity in the guidance. So as we are thinking through 1B, then we will work to again, be more simple, and having more clarity, and people have that guidance. And then I think, from our role, then that's that's what we're gonna try to do, again, be consistent, and clear and consistent. I think there was any massive systems, there will probably be some, some variation as we roll out. But we are going to try to be more clear and more simple guidance can make it easier for people to follow guidance.

Hugh Tilson

Got this comment, it's very confusing to figure out exactly how to contact your local health departments to get enrolled currently finding the phone number to call or even email to write is not obvious. Any thoughts or advice?

Dr. Charlene Wong

For we're going to be working to collect that information and make that more easily available. We have heard that and Thanks for pointing that out. Amanda, did you really want to address the some of these

questions about that and how they can use ServiceNow? If they're having issues to make sure that we know.

Dr. Amanda Fuller Moore

Yep. So I've seen several things. One, Nevin, there's a couple of comments in there about going back to the dashboard slide, could you post it back to the dashboard, so you can get that instead of the questions. But you have specific examples. You know, we've had a couple of times where that made contact with the hospital because we had evidence from an email that they sent that indicated possibly there was some confusion about what might be 1A go can submit any of that documentation through ServiceNow. So that we are able to track if we are seeing a pattern in that we do not really have the ability to call on every single question but of course, when we are seeing patterns, we are reaching out on those. I will also say that we did send a reminder to all enrolled providers that the provider agreement does bind them to this state prioritization and sticking to that prioritization. And that is they have vaccinated staff for the phase that we are currently in. They should reach out into the community with the local health department to ensure that they are reaching people in the community that fit that 1A definition before people are vaccinating outside of 1A.

Dr. Charlene Wong

Looking through the questions I might just I might add, because a lot of people are asking about phase 1A, which Dr. Tilson reviewed and just for everyone to know that, that some of the information that was on that slide that I've been putting in for many of the responses will be also posted online very shortly, so that everyone can have that. And you all have it in the slides.

Hugh Tilson

Do you see other a lot of the similar versions of questions that you guys have already addressed or very kind of specific questions.

Dr. Betsey Tilson

There were a couple questions specifically do you have to register for CVMS, so CVMS has multiple functionalities of which you can enroll to be a vaccinating provider through CVMS, you can actually register people through CVMS you do all your dating data reports in CVMS so it has multiple, multiple functions. So one question and Dr Fuller Moore went over this. If, if you want to be a vaccinating provider and get vaccines and vaccinate, you have to be an enrolled provider, you have to enroll, through CVMS. If you are just a provider who wants to get a vaccine themselves, and you don't want to be a vaccinating provider. Then you. You don't have to go through CVMS. That's what we're saying that if you were to submit your information at this point with the local health department they may then, have you pre register. Or you might be able to do a walk in registration as well but you have to enroll in CVMS, if you want to be vaccinated provider.

Dr. Charlene Wong

I'll also just add there were many questions about, you know, where am I going to fall if I don't have chronic conditions and this person before this person is Dr. Tilson reviewed. That prioritization, particularly for phase 1B, and what CDC called one C for those of you who saw the ACIP recommendations. That's all being, we're revisiting that right now so just to say, please look back when that gets updated because I think many of the questions you all were asking will be answered for when we update that, which is being discussed currently, yeah.

Hugh Tilson

I will say that there's a comment I just want to say that I appreciate all of you are doing, what a feat, so please know that while there are lots of questions there are also folks recognizing that you're working hard and working diligently and they're grateful. Well, I don't know if you guys are seeing anything else in particular that you want to respond to.

Dr. Charlene Wong

Hugh I may just say one more thing there are several of you all I think from independent practices who are sort of sharing what it is you do and I think, just make sure that you refer back to which outpatient providers. For example, if you're doing frequent testing for COVID-19. And which of you all would qualify for that criteria that Dr. Tilson review that will put you at higher risk for exposure to COVID-19. Hopefully the information shared today will clarify that, again, but I just wanted to mention that because several of you guys were giving sort of specific examples and I think many of the examples entered would make it seem like you would likely qualify for phase 1A.

Hugh Tilson

Will the people that get the first dose we prioritize for the next round of just is available is there a callback system for when the supply comes in.

Dr. Amanda Fuller Moore

So, we have asked that provider, one provides a vaccination card, so that people know when there's second dose is due. And then also use any reminder recall functions that they have a second doses are held back by the federal government. And so, right now in this early phase, especially, we're doing the first round of second doses we will send the second does his first couple of rounds exactly as we sent the first dozen to ensure that the second does, is there and waiting for those first for the people to come back for their second doses.

Dr. Betsey Tilson

There's a couple things I've been looking at especially with family physicians. So the one thing is I just want to set expectations as well and Amanda went over. You know how much vaccine we have. So, there are going to be more people in 1A than we have vaccine for in the beginning. So I just want to set

expectations that even if you meet that 1A. There will not be enough vaccine for everybody in that 1A group. So getting in line you know getting registered. And so that you know that you're in line is great but I just want to be sure that just setting expectation of just getting into 1A does not mean that we're going to have vaccine for you which. There's a couple. There's a couple comments about, you know, we qualified for 1A we just can't get vaccine and. And I think that's going to be the case that so again just the expectation setting that even if we get you into 1A, we still are not going to have enough vaccine to get all of our 1A's until we can get far more vaccine we're going to have a little, just a little bit trickling in you heard from Dr. Fuller Moore like maybe 30,000 of Moderna, that's spread out across the entire state so it's it's gonna take us a while, even for those people who squarely fit in 1A it's going to take a while to get enough vaccine for everybody so I just want to be sure we're having that that expectation and level setting because I know people are frustrated, then I just want to be sure where we have that expectation setting that we can get to 1A but we can we can get enough vaccine to cover everybody. It just may take a little bit of time.

Hugh Tilson

So, we got this question is there a timeframe for the release of the revisions to 1B and others based on ACIP guidelines, do you have a sense of that.

Dr. Betsey Tilson

I'm looking at Dr. Wong, we are actively working on it. As we speak, so we want to, we want to turn that around as quickly as possible because we want to be able to move into 1B, as quickly as we can. And so we are we are we are working on that. Very, very quickly, so I won't give you a definitive timeline but know that we are actively working on it. Pen and paper.

Dr. Charlene Wong

Like all other states, like many, many other states. Because these new recommendations were released over the weekend, so just on Sunday, actually.

Dr. Betsey Tilson

Yeah. Yeah, and I was that kind of verbal and actually didn't get the written until today for the actual written recommendations did not come out till today we just had some of the verbal so we are trying to turn on a dime. But it's so soon

Hugh Tilson

We're past our deadline so unless there are other questions you guys see in the q&a that you want to respond to specifically want to just be respectful of everybody's time. So, let me thank everybody for participating in the webinar tonight great questions thank all the DHHS team for all the work that you're doing. Really appreciate it. And I'll turn it back over to you for any kind of final comments.

Dr. Betsey Tilson

Thank you very much for you all. I think maybe I'll just kind of end where I started. So one, you know, this is the biggest, most complex mass vaccination history ever at the fastest pace and clip. So things are happening and there was a 24 hour trying to turn around. It is, it is really, it is really come quick. And that's not an excuse I just it's just the reality it's really, it's really complex. And so, and we're again we're only a week, or only day two of week two, and we're gonna continue to get better. And so I know that it feels a little frustrating. Maybe very frustrating now, but know that we're going to be moving through phases quickly as we can, getting back to people as quickly as we can. That is 100% our goal is get back being out as much as possible as quickly as possible so even if it feels like it's not getting to you as quickly as you want know that we are working really hard to to get it to you. So, just want to end on that and to thank you all for being so engaged, and so interested in and being such great partners for your patients for your colleagues. And for us, we really appreciate that and know that we are working very hard to try to get the system working as best as we can. I don't know if my colleagues when I say anything else. Before we end. Okay. Thank you. I'll let you. I'll let you close this out.

Hugh Tilson

Great, well thank you everybody and I hope everybody has a happy, healthy and safe holiday season and follows the three W's and does all those other preventive measures that we all need to be doing, so that we can minimize the spread as best as we can and thank you very much for all that you do. Take care everybody.