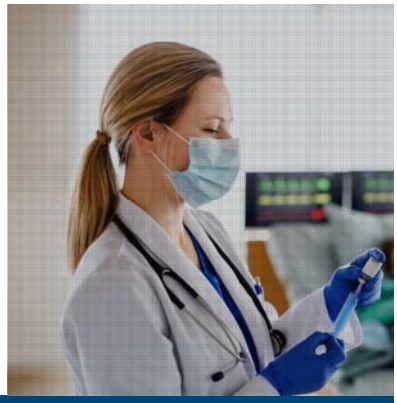
NC DHHS COVID-19 Vaccination Briefing for Pharmacists

Part 1

Jan 6, 2020

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



NC DHHS COVID – 19 Response

We will get there…….

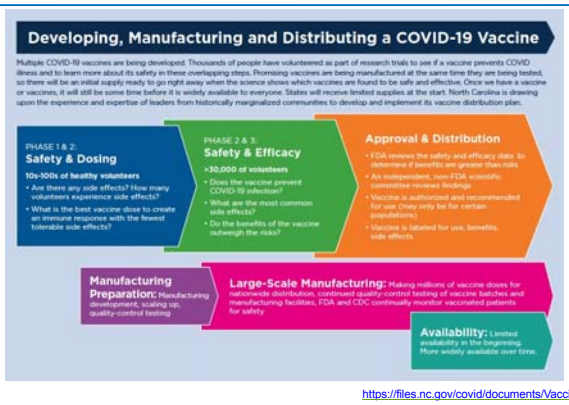
Agenda – Part 1

- Vaccine Authorization and Guidance
- NC Vaccine Response Principles
- Priority Groups
- Overview of Plan
- Questions

Agenda – Part 2 next week

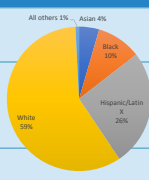
- Allocations
- Logistics of accessing vaccine
- Provider Enrollment and CVMS
- Standing Order for Immunizing Pharmacists
- Questions

The COVID-19 Vaccine Development Process



https://files.nc.gov/covid/documents/Vaccine-Timeline.pdf

Pfizer Vaccine – Data Brief	
Enrollment	• Phase 3 trial **concluded** - 43,000 particicpants, 42% with diverse backgrounds • 16 - 85 years, 46% with co-morbidities (e.g., cancer, heart disease, lung disease, diabetes, obesity, hypertension)
Efficacy Data	• 95% effectiveness in preventing illness, 7 days after second dose. • 162/170 cases were in placebo group, 9/10 severe cases were in placebo group • Uniform effectiveness across age, co-morbidity, demographic groups • No waning of protection for at least 2 months after second doses • Did not look at data on if a vaccinated person can carry/transmit the virus
Authorization	• Applied for EUA 11/20/20, FDA Advisory Committee endorsed12/10/20 • FDA EUA 12/11/20, ACIP recommendation 12/12/20 – 16 years and up
Storage	• Requires ultra-cold storage (-75 degrees Celsius). • Permanent or shipping container refilled with dry ice every 5 days up 30 days. 5 days at refrigerated temps
Dosing	• 2-**full** dose schedule; 21 days apart (17-21 days), some protection starts 14 days after 1st dose, • Insufficient data to determine protection of 1 dose because almost all got a second dose
Type of Vaccine	• mRNA technology from the coronavirus's own genes. Tiny piece of genetic material that instructs people's cells make 1 viral protein (spike protein) that triggers immune system to produce antibodies against the COVID virus. mRNA **is degraded quickly by normal cellular processes.** mRNA technology has been developing for past 2-3 years for other viruses
Safety	• No reports of serious safety during clinical trials. Temporary reactions (e.g., soreness at site, fatigue, headache, fever) noted 24-48 hours after vaccination, lasts 1-2 days, more after second dose, less with people over 55.



FREQUENCY OF TEMPORARY REACTIONS IN CLINICAL TRIALS BY DOSE AND AGE GROUP, MORE WITH SECOND DOSE, LESS WITH OLDER PEOPLE

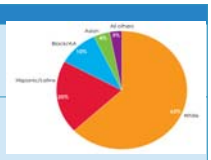
Symptom	18-55 year olds		> 55 years	
	Dose 1	Dose 2	Dose 1	Dose 2
Local reaction				
Pain at site	83%	78%	71%	66%
Redness at site	5%	6%	5%	7%
Swelling at site	6%	6%	7%	8%
Systemic				
Fatigue	47%	59%	34%	51%
Headache	42%	52%	25%	39%
Muscle pain	21%	37%	14%	29%
Chills	14%	35%	6%	23%
Diarrhea	11%	10%	8%	8%
Joint pain	11%	22%	9%	19%
Fever	3.7%	16%	1.4%	11%
Vomiting	1%	2%	0.5%	0.7%

3/15,000 people receiving vaccine outside of clinical trial had a severe allergic reaction

Moderna Vaccine	
Enrollment	• Phase 3 trial **concluded** included 30,000 adult participants • 37% with diverse backgrounds. • 27% with co-morbidities • (e.g., diabetes, heart disease, lung disease, obesity)

Preliminary Efficacy Data	• 94.1% effectiveness in preventing illness, 14 days after second dose.
	  • 185/196 cases were in placebo group
	  • 30/30 severe cases were in placebo group
	  • 95.5% effective 18-<65, 86.4% effective ≥ 65
	• Lasts at least 90 days after 2nd dose

Timing of EUA	• Applied for EUA 11/30 • FDA External Advisory Board Recommended Dec 17th • Expect decision on FDA EUA 12/18/20, ACIP recommendation 12/19 – 18 years and up
Temperature and Storage	• Requires storage at -20 degrees Celsius (similar to the chickenpox vaccine) for up to 6 months. • Lasts up to 30 days at refrigerated temperatures.
Dosing	• 2-dose schedule • Administered 28 days apart (24-28 days).
Type of Vaccine	• mRNA technology
Safety	• No reports of serious safety concerns. Temporary reactions (e.g., fever, soreness at site of injection, fatigue) noted 24-48 hours after vaccination, more after second dose. There were no anaphylactic or severe hypersensitivity reactions with close temporal relation to the vaccine.



MODERNA - FREQUENCY OF TEMPORARY REACTIONS IN CLINICAL TRIALS BY DOSE AND AGE GROUP, MORE WITH SECOND DOSE, LESS WITH OLDER PEOPLE

Symptom	18-<64 year olds		> 55 years	
	Dose 1	Dose 2	Dose 1	Dose 2
Local reaction				
Pain at site	87%	90%	74%	83%
Redness at site	3%	9%	2%	7%
Swelling at site	7%	13%	4%	11%
Systemic				
Fatigue	39%	68%	34%	51%
Headache	35%	63%	25%	46%
Muscle pain	24%	6%	20%	47%
Chills	9%	48%	5%	31%
Diarrhea	11%	10%	8%	8%
Joint pain	17%	45%	17%	35%
Fever	1%	17%	0.3%	10%
Nausea/Vomiting	10%	21%	5%	12%

NEUROLOGIC CONDITIONS: BELL'S PALSY & GBS

- Cases of Bell's Palsy reported in both Pfizer (4 in vaccine group/0 in placebo) and Moderna (3 in vaccine group, 1 in placebo) clinical trials
- Not above frequency expected in general population
- FDA has not concluded that cases were causally related to vaccination
- Post-authorization safety surveillance will be important, Any occurrence of Bell's Palsy should be reported to VAERS
- Persons with h/o Bell's Palsy may receive an mRNA vaccine
- No cases of Guillain-Barre syndrome in either Pfizer or Moderna clinical trials

INGREDIENTS

Description	Pfizer-BioNTech COVID-19 vaccine	Moderna COVID-19 vaccine
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide	Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)	SM-102 (Proprietary to Moderna)
Salts, sugars, buffers	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	Sucrose

Neither of the Pfizer-BioNTech or Moderna COVID-19 vaccines contains preservatives.

CONTRAINDICATIONS AND PRECAUTIONS - ALLERGIES

Contraindications

Per EUA

- Do not administer to individuals with known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech or the Moderna COVID-19 Vaccine

Per CDC

- A history of the following is a contraindication to vaccination with both the Pfizer-BioNTech and Moderna COVID-19 vaccines:
  - Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components
  - Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])*
  - Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)*

Per CDC ACIP Precaution

- A history of severe allergic reaction (e.g., anaphylaxis) to any other vaccine or injectable therapy (e.g., intramuscular, intravenous, or subcutaneous) is a precaution but not a contraindication to vaccination for both the Pfizer-BioNTech and Moderna COVID-19 vaccines (as these vaccines contain ingredients in common).
- These persons may still receive mRNA COVID-19 vaccination, but they should be counseled about the unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination.
- A history of mild allergic reaction to a vaccine or injectable therapy, such as localized urticaria alone without signs or symptoms of anaphylaxis, is not a contraindication or precaution to vaccination with either mRNA COVID-19 vaccine.
- Allergic reactions (including severe allergic reactions) not related to vaccines or injectable therapies (e.g., food, pet, venom, or environmental allergies; allergies to oral medications [including the oral equivalents of injectable medications]) are not a contraindication or precaution to vaccination with either mRNA COVID-19 vaccine.
- The vial stoppers of these mRNA vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for persons with a latex allergy.
- Vaccine providers should observe patients after vaccination to monitor for and be ready to respond to the occurrence of immediate adverse reactions:
  - Persons with a history of anaphylaxis: 30 minutes
  - All other persons: 15 mins

Special Population Considerations for Moderna & Pfizer

	MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
CONDITIONS	CONDITIONS • Immunocompromising conditions • Pregnancy • Lactation ACTIONS • Additional information provided* • 15 minute observation period	CONDITIONS • Moderate/severe acute illness ACTIONS • Risk assessment • Potential deferral of vaccination • 15 minute observation period if vaccinated	CONDITIONS • None ACTIONS • N/A
ALLERGIES	ALLERGIES • History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies • History of allergy to oral medications (including the oral equivalent of an injectable medication) • Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis) • Family history of anaphylaxis • Any other history of anaphylaxis that is not related to a vaccine or injectable therapy ACTIONS • 30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause • 15 minute observation period: Persons with allergic reaction, but not anaphylaxis	ALLERGIES • History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including mRNA COVID-19 vaccines†) • History of severe allergic reaction (e.g., anaphylaxis) to an injectable therapy ACTIONS: • Risk assessment • Potential deferral of vaccination • 30 minute observation period if vaccinated	ALLERGIES • History of severe allergic reaction (e.g., anaphylaxis) to any component of an mRNA COVID-19 vaccine† ACTIONS • Do not vaccinate

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

Special Population Considerations

- **Pregnancy and Lactation**
  - COVID-19 and pregnancy – Increased risk of severe illness (ICU admission, mechanical ventilation and death) – Might be an increased risk of adverse pregnancy outcomes, such as preterm birth
  - mRNA vaccine is not a live virus and the mRNA is degraded quickly by normal cellular processes
  - If a woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine and is pregnant or lactating, she may choose to be vaccinated.
- **Persons with underlying medical conditions or immunocompromised persons**
  - Vaccine may be administered to persons with underlying medical conditions or who are immunocompromised who have no contraindications to vaccination
  - Persons with HIV infection, other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19 and may still receive COVID-19 vaccine unless otherwise contraindicated
- **Persons who previously received passive antibody therapy for COVID-19**
  - Currently no data on safety or efficacy of COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment
  - Vaccination should be deferred for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses

FOR BOTH PFIZER AND MODERNA

- **Not interchangeable**
- Both doses administered intramuscularly:
  - Second doses administered within a grace period of ≤4 days from the recommended date for the second dose are considered valid; however, doses administered earlier do not need to be repeated.
  - The second dose should be administered as close to the recommended interval as possible; however, there is no maximum interval between the first and second dose for either vaccine.
- **Co-Administration**: No data on the safety and efficacy of mRNA COVID-19 vaccines administered simultaneously with other vaccines. The vaccine series should be administered alone, with a minimum interval of 14 days before or after administration with any other vaccines. If mRNA COVID-19 vaccines are inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

FOR BOTH PFIZER AND MODERNA

- **Duration of Immunity**: The need for and timing of booster doses for mRNA COVID-19 vaccines has not been established. No additional doses beyond the two-dose primary series are recommended at this time.
- Vaccination should be offered to persons **regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection**
  - Vaccination should be deferred until recovery from acute illness and criteria have been met to discontinue isolation
  - No minimal interval between infection and vaccination - however, current evidence suggests reinfection uncommon in the 90 days after initial infection and thus persons with documented acute infection in the preceding 90 days may defer vaccination until the end of this period, if desired
  - No COVID test recommended prior to vaccination

MORE FROM FDA EUA – CONSENT

- Due to the FDA Emergency Use Authorization, written informed consent as part of participation in an investigational vaccine development process is no longer required.
- Per the EUA, the vaccination provider, must communicate to the recipient or their caregiver, information consistent with the "Fact Sheet for Recipients and Caregivers" (and provide a copy or direct the individual to the website www.cvdvaccine.com to obtain the Fact Sheet) prior to the individual receiving Pfizer-BioNTech COVID-19 Vaccine, including:
  - FDA has authorized the emergency use of the COVID-19 Vaccine, which is not an FDA-approved vaccine.
  - The recipient or their caregiver has the option to accept or refuse COVID-19 Vaccine.
  - The significant known and potential risks and benefits of COVID-19 Vaccine, and the extent to which such risks and benefits are unknown.
  - Information about available alternative vaccines and the risks and benefits of those alternatives.
- Consent must be obtained prior to vaccination, but that consent can be verbal or written.

COVID-19 Vaccine Safety Monitoring Overview

- Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems with vaccine. VAERS continuously monitors the safety of vaccines given to children and adults in the US. VAERS is co-administered by CDC and FDA.

- The vaccination provider is responsible for mandatory reporting of the following to the Vaccine Adverse Event Reporting System (VAERS):
  - vaccine administration errors whether or not associated with an adverse event
  - serious adverse events* (irrespective of attribution to vaccination)
  - cases of Multisystem Inflammatory Syndrome (MIS) in adults and children
  - cases of COVID-19 that result in hospitalization or death.
- Vaccination provider should provide V-safe information for patients to self-enroll and report adverse events
  - CDC has developed a new, voluntary smartphone-based tool, v-safe, that uses text messaging and web surveys to provide personalized health check-ins after patients receive a COVID-19 vaccination. V-safe allows patients to report any side effects after COVID-19 vaccination to CDC in almost real time. It also gives them a convenient reminder to get their second COVID-19 vaccine dose if they need one.

COVID-19 Vaccine Safety Monitoring Website Links and Phone Number

Vaccine Adverse Event Reporting System (VAERS)

www.vaers.hhs.gov

(800) 822-7967

V-safe is a smartphone-based tool **only for COVID-19 vaccine** that uses text messaging and web surveys to provide personalized health check-ins to vaccine recipients following COVID-19 vaccination and serves as an important active surveillance system for adverse events.

V-safe also provides second dose vaccine reminders

All providers who administer COVID-19 vaccine are asked to provide printed hard copies of the v-safe information sheet to each vaccinated individual and counsel them on the importance of enrolling in v-safe.

Helpful Links

Helpful Links
Pfizer Website
Pfizer data briefing document for FDA – Result of Phase 3 of clinical trials
Full Pfizer-BioNTech COVID-19 Vaccine EUA Letter of Authorization
Pfizer Fact Sheet for Healthcare Providers Administering Vaccine (Vaccine Providers)
Pfizer Fact Sheet for Recipients and Caregivers
The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine
Moderna data briefing document for FDA
Moderna COVID-19 Vaccine EUA Letter of Authorization
The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Moderna COVID-19 Vaccine
Moderna Fact Sheet for Healthcare Providers Administering Vaccine (Vaccine Providers)
Moderna Fact Sheet for Recipients and Caregivers
Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the US
CDCs COVID-19 Vaccination Communication Toolkit for Medical Center, Clinics, and Clinicians

CMS Payment Toolkit Information – Reimbursement Landscape

Provider agreement language updated to reflect that the vaccine must be provided at no cost to recipient;
Vaccine cost covered by federal government; administrative costs covered by Medicare, Medicaid, and commercial insurance; HRSA will reimburse providers for COVID-19 vaccines administered to uninsured individuals.

Medicaid

- As long as a state is claiming enhanced Medicaid match as part of the Public Health Emergency, the state must cover, without cost sharing, "any testing services and treatments for COVID-19, including vaccines;" this extends to vaccines authorized via EUA.

First dose $16.94

Second dose $28.39

Medicare

- The CARES Act mandated that Medicare Part B cover a COVID-19 vaccine without any cost sharing in cases where "such vaccine is licensed under section 351 of the Public Health Service Act"; a vaccine authorized by an EUA would not meet this standard.
- To address this gap, CMS [illegible] a new rule on October 28th guaranteeing Medicare coverage for a vaccine approved via EUA; this guarantee applies to beneficiaries enrolled in both traditional Medicare and Medicare Advantage.

First dose $16.94

Second dose $28.39

Uninsured

- HRSA will reimburse providers for COVID-19 vaccines administered to uninsured individuals, once a COVID-19 vaccine receives either an EUA or full licensure from the FDA.Provider Relief Fund (https://www.hrsa.gov/CovidUninsuredClaim)
- Consistent with HRSA's prior guidance regarding treatment services, an individual with public or private health coverage will be deemed "uninsured" for purposes of the HRSA Program if the individual has a form of health coverage that excludes vaccines (e.g., individuals enrolled in a limited Medicaid family planning program).

Commercial

- Current law and regulations require vaccines recommended by ACIP to be covered as an Essential Health Benefit without cost sharing.

COVID-19 Vaccine Toolkit

NC COVID-19 Vaccination Plan: Vision of Success

GOAL

Immunize every person living in North Carolina who is eligible and wants to receive a COVID-19 vaccine

GUIDING PRINCIPLES

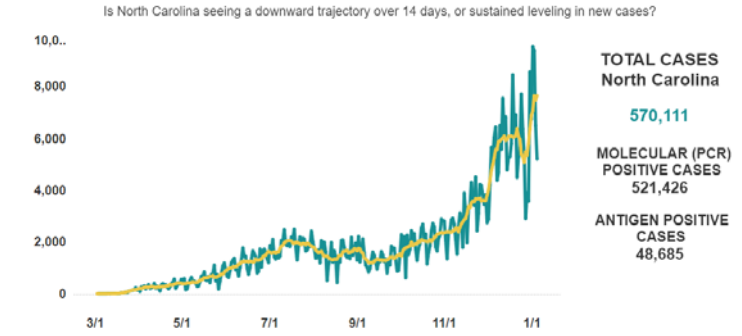
- All North Carolinians have equitable access to vaccines
- Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations
- Transparent, accurate, and frequent public communications is essential to building trust
- Data is used to promote equity, track progress and guide decision-making
- Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation

Advisors

- **COVID-19 Vaccine Advisory Committee**
  - **Purpose**: Provide updates from industry and stakeholders to ensure alignment
  - Group of >60 stakeholders
- **Historically Marginalized Populations Advisory Group**
  - **Purpose:** Identify and address issues related to HMP in the COVID pandemic response
  - Vaccine team presents regularly to HMP Advisory Group for input and partnership opportunities
  - Group of >80 internal and external stakeholders
- **COVID-19 Vaccine Communications Advisory Group**
  - **Purpose**: Enhance the development of North Carolina's COVID-19 Vaccine Communications Plan and to serve as dissemination partners to extend the reach of the communications efforts, especially to prioritized, critical, and historically marginalized populations

Prioritization Framework

UPDATE ON TRENDS – WE ARE SURGING



Goals of Early Phases

- Respond to the surge of hospitalizations and deaths and maintain hospital capacity
- Stabilize the health care workforce critical to caring for patients with severe COVID-19 illness
- Protect North Carolinians who are at the highest risk of being hospitalized or dying from COVID-19.

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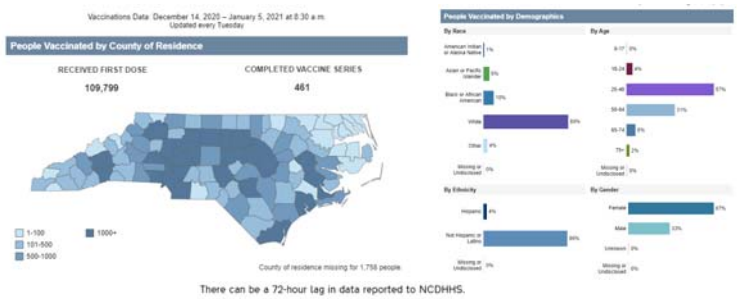
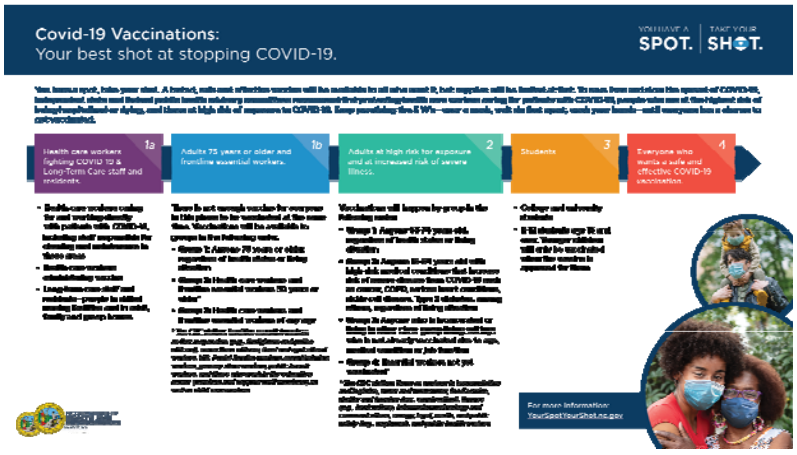
Data Dashboard - https://covid19.ncdhhs.gov/dashboard/vaccinations **-**



There can be a 72-hour lag in data reported to NCDHHS.

Data shown below does not currently include information on the 165,990 vaccination doses allocated as of Jan. 4, 2021, for long-term care (LTC) facilities, as those are being managed by the federal government through a contract with CVS and Walgreens. Those doses are part of the state's total allocation, not in addition to. As of Jan. 4, 2021, CVS and Walgreens reported to NCDHHS that there were 13,338 doses administered through the federal program at the LTC facilities.



Review of Phase 1a - Deep Dive Phase 1a

Health care workers caring for and working directly with patients with COVID-19, including working directly with at high risk for exposure to COVID-19 are defined as those:

- caring for patients with COVID-19
- working directly in areas where patients with COVID-19 are cared for, including staff responsible for cleaning, providing food service, and maintenance in those areas
- performing procedures at high risk of aerosolization on patients with COVID-19 (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR)
- handling decedents with COVID-19

Outpatient providers who have an increased risk of exposure beyond that of a typical general outpatient setting. This could include outpatient providers who are focused on COVID-19 patient evaluation, respiratory care such as respiratory diagnostic testing centers, members of a dedicated respiratory care team, or frequently involved in COVID-19 testing sites. Outpatient dentists or dental hygienists are included in Phase 1a if they meet the above criteria for outpatient providers.

Health care workers administering vaccine in initial vaccination clinics

Long Term Care staff and residents

Long Term care - Phase 1a

Long-Term Care (LTC) staff and residents

- Long Term care staff and residents qualify in Phase 1a
- This includes skilled nursing facilities, adult care homes, family care homes, group homes, and intermediate care facilities for individuals with IDD (ICF-DD), assisted living.
- LTC facilities will be notified when vaccines will be available to be administered to staff and residents.

Pharmacy Partnership for Long-Term Care Program

- Provides for on-sitev vaccination in long-term care facilities in partnership with CVS and Walgreens
- Those that did not enroll in the federal program can work with local health departments to get vaccinated. We are also enrolling other long-term pharmacies to provide vaccinations to LTC facilities and exploring possibilities of mobile providers

Vaccine: Federal long-term care pharmacy program

LTC ENROLLMENT DASHBOARD

~498 Adult Care Homes **(79%%)**

427 Skilled Nursing Facilities **(100%)**

KEY PROGRAM DATES

- **12/7** — Notification of Fed Government to turn on program
- **12/21** — Start pulling vaccines from Moderna allocation banks
- **12/28** — Start administering vaccines

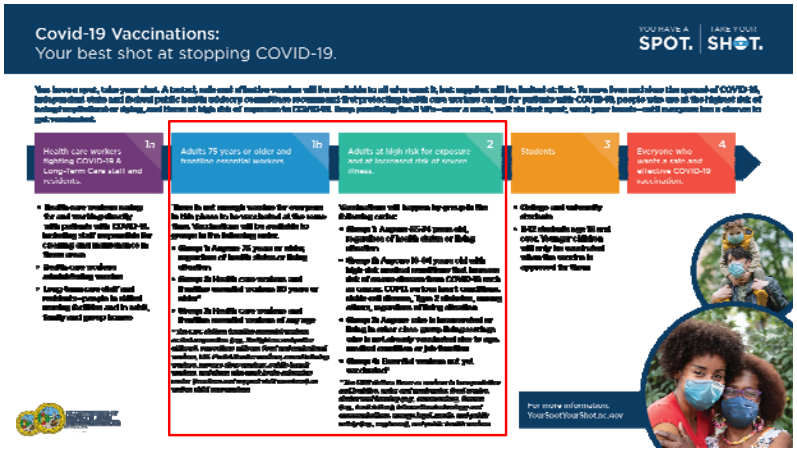
The federal government – in coordination with the CDC – has created the **Pharmacy Partnership for Long-term Care (LTC) Program** in partnership with CVS and Walgreens to vaccinate those in LTC settings

Program Details

As part of this program, pharmacies will:

- Schedule and coordinate clinic dates with each facility
- Order vaccines and associated supplies
- Ensure cold chain management for vaccine
- Provide on-site administration of vaccine including patient information and consents as needed
- Report required vaccination data to local, state/territorial, and federal jurisdictions within 72 hours of administration

Allocation will come from state allocation starting with NC's week 2 allocation



Deeper Dive – Phase 1b

Due to limited supply, phase 1b will not be open to everyone at first. Vaccinations will happen by group in the following order:

- *Group 1*: **Persons 75 years and older**: All people age 75 and older will be eligible to be vaccinated first in this group. There is no requirement to have certain qualifying chronic conditions.
- *Group 2*: **Any patient facing direct health care workers not vaccinated in Phase 1a and essential frontline workers and over age 50**: Patient facing direct health care workers are those directly caring for or working directly in areas where in-person patient care occurs. Essential frontline workers are defined by the CDC as workers who are in sectors essential to the functioning of society and who are substantially higher risk for exposure to COVID-19. There is no requirement to have certain qualifying chronic conditions.
- *Group 3*: **All other patient facing direct health care workers not vaccinated in Phase 1a and frontline essential workers of any age.** There is no requirement to have certain qualifying chronic conditions.

Patient facing direct health care workers includes any paid or unpaid health care workers with direct patient contact including, but not limited to:

- behavioral health providers
- community health workers
- dental hygienists
- dentists
- EMT/paramedics
- environmental services staff
- food services staff
- health care trainees (e.g., medical students, pharmacy students, nursing students)
- home health workers
- laboratory and phlebotomy staff
- nurses
- nursing aides and assistants
- nursing techs
- front desk administrative staff
- personal care aides
- Pharmacists
- Pharmacy techs
- physicians
- public health and emergency preparedness workers
- public health nurses
- respiratory techs

Frontline essential workers as defined by the CDC include these jobs:

- First responders (firefighters, police)
- Education (teachers, support staff, day care)
- Manufacturing
- Corrections workers
- Public transit workers
- Grocery store workers
- Food and agriculture
- US postal workers

Why start with People ≥75 years?

Core principle: Protect people who are at the highest risk of being hospitalized or dying.

	% of Cases	% of Deaths
NC ≥75	7%	60%
NC ≥65	15%	83%
US ≥65	14.4%	80.7%

As of December 20, 2020, the cumulative COVID-19-associated hospitalization rate was **1,211 per 100,000 for persons aged ≥75** years and **642 per 100,000 for persons aged 65-74 years**.

Age Alone Does not Address Equity

Compared with non-Hispanic White persons aged ≥65 years, hospitalization rates were:

- 2.1 times higher among Non-Hispanic American Indian or Alaska Native persons
- 2.4 times higher among Hispanic or Latino persons
- 2.5 times higher among non-Hispanic Black persons.

However, adults ≥65 years of age

- are a heterogenous population
- are underrepresented by racial and ethnic minority groups
- Therefore, per ACIP - **"a strict age-based criterion could inadvertently increase disparities due to racial and social inequities, such as occupation, income, and access to health care."**

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html

Why Health Care Workers and Frontline Essential Workers and ≥50 years, then any age

Core Principle: Protect people who are at the highest risk of being hospitalized or dying and those at high risk of exposure to COVID-19.

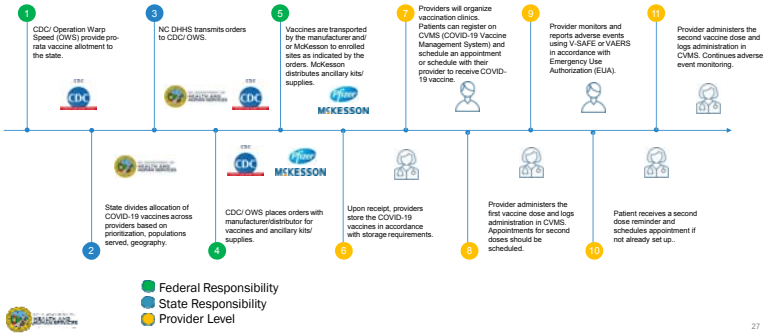
- People over 50 have increased rates of hospitalization and death
- Direct Health Care workers increased risk of exposure
- Frontline essential workers
  - have higher rates of chronic conditions, putting them at higher risk for severe illness
  - are disproportionately from historically marginalized populations
  - often face occupational risks that increase risk of exposure, including in ability to work from home, high-density workplaces, prolonged close contact with coworkers, congregate/crowded housing, reliance on public or shared transportation, the need to hold multiple jobs, and frequent community contact among workers.

How will people know when we move through the phases?

- Website - https://covid19.ncdhhs.gov/vaccines

- Communication to providers
- Exploring a public listserv that can notify people as we move through the phases

High level Overview of the Vaccine Journey



Agenda – Part 2 next week

- **Allocations**
- **Logistics of accessing vaccine**
- **Provider Enrollment and CVMS**
- **Standing Order for Immunizing Pharmacists**
- **Data Dashboard**
- **Questions**

Vaccine: Provider enrollment

AS OF 1/4/2021

PROVIDER ENROLLMENT DASHBOARD

Hospitals **(100%)**

336 Provider Organization

LHDs **(100%)**

Enrollment Complete	Currently Enrolling	Next to Enroll	Coming Soon
Initial provider enrollment: Hospitals and Local Health Departments (LHDs)	FQHC's, Rural Health Centers and Free and Charitable Clinics Federal enrollment of pharmacies (Walgreens and CVS) for long term care settings	Corrections health, occupational health, providers serving congregate living settings, etc.	**Remaining provider enrollment** (e.g., primary care) **is expected to begin in early January (expected Jan 11)** Federal enrollment of more pharmacies

NC's provider enrollment strategy is based upon **the prioritization strategy**

Recorded sessions available on https://immunize.nc.gov/providers/covid-19training.htm

Questions?