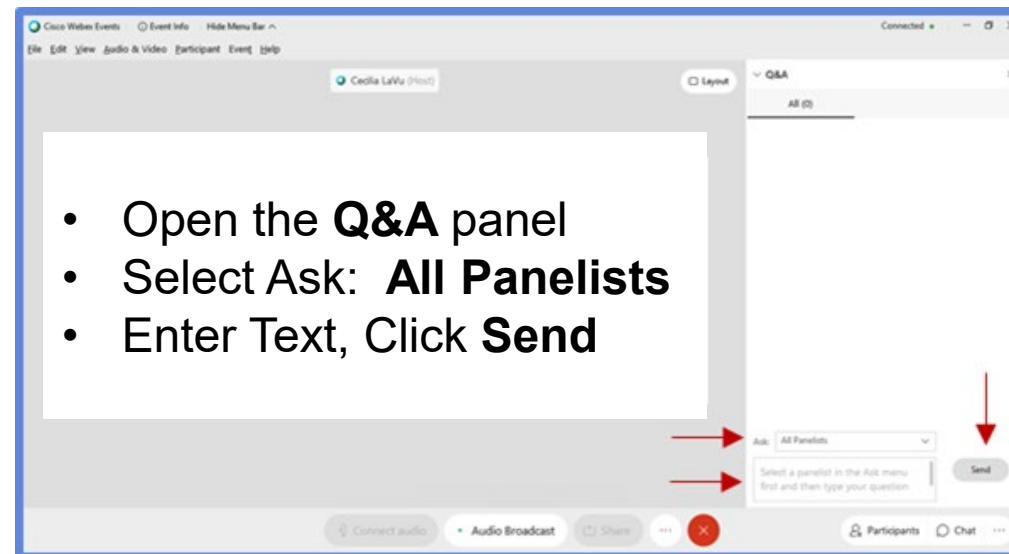


Welcome to Provider Office Hours

During the session, please use the Q&A panel to comment or ask a question:

Q&A Panel



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- Open the **Q&A** panel
- Select Ask: **All Panelists**
- Enter Text, Click **Send**

Housekeeping

Reminder to Panelists:

Please mute yourself when not speaking.

Please monitor the Q&A panel for questions you may be able to answer.

Reminder to Participants:

Please access today's slides and archived presentations at: <https://eziz.org/covid/>



Agenda

Guest Speaker

- Allocation Update – Larry Hilty, Vice President, Enterprise Transformation & Operations
- Trust & Safety Team – Angela Eaddy

Announcements

- Weekly VA58 Newsletter – Amy Pine
- Janssen COVID-19 Vaccine Educational Webinars – Amy Pine
- My Turn in 12 Languages – Amy Pine
- Vaccinate All 58 communications report – Asbury Jones

Vaccine Updates

- Allocations – Amy Pine
- myCAvax – Claudia Aguiluz
- Storage & Handling – Kate McHugh
- Provider Call Center – Brenton Louie

Q&A



Allocation Update

Larry Hilty
Vice President, Enterprise Transformation & Operations

Accelerating Vaccine Distribution and Administration for Californians

March 26, 2021

California's
Statewide Vaccine
Network is designed
to save more lives.

Delivering an improved
and connected
experience



More options to vaccinate Californians faster

- Statewide network of providers
- Geographically diverse mega sites
- Home visits
- Mobile providers
- Pharmacies

More resources to reach diverse communities

- Network designed to reach the most vulnerable and those disproportionately affected by COVID-19 infection and death
- Support to providers and local health jurisdictions for FEMA-eligible costs associated with supporting the transition to a new system and workflow
- Patient navigators
- Support services, including extended hours, language capacity, accommodations for physical accessibility and mobile clinics

More user data and reporting for transparency

- A more consistent and reliable user experience for all Californians
- Timely data sharing
- Daily allocation reports to ensure equity, efficiency, and speed of network
- Ongoing community and stakeholder engagement

Without a dramatically improved data collection and performance management system, we will be unable to:

Maximize CA allocation of vaccine



Total doses delivered to CA ¹	10.5 million
Total doses administered in CA ¹	8.0 million
Total doses of inventory in CA¹	2.5 million

First dose allocations to CA have been flat. We must demonstrate the ability to administer the vaccine supply we have, in advance of the federal government increasing supply rapidly

Hit our equity goals



- Consistently prioritize our highest risk populations for vaccinations
- Know precisely who has been vaccinated on the same day
- Understand equity performance at an individual provider/site level and make appropriate changes to improve it
- Reserve vaccination appointments statewide for target populations

¹ As of 2/25/21

Current state

- ✘ Recorded on **multiple systems** (including paper-based at some sites)
- ✘ **Lags** in data reporting
- ✘ **Gaps** in data reported
- ✘ **Difficulty supporting real-time** decision-making
- ✘ **Missing or unaccounted** for vaccines
- ✘ **Inconsistent user experience** for access to and getting vaccinated



Future state

- ✓ **One system** for data collection – from appointments to vaccine administration
- ✓ **Enhanced availability of data** for data monitoring and tracking as well as reporting
- ✓ **User-friendly tool for the public** to register (via My Turn) for vaccinations
- ✓ Consistent **tracking for follow-up doses**
- ✓ Consistent and **integrated user experience**



... while supporting the local health jurisdictions and current vaccinators through the power of “and”

How we will support...

Develop a rigorous, reliable, **statewide** performance management system

and

Maintain and enhance the performance of local health jurisdictions

Get all network providers to adopt the operational and technical changes needed to support the new performance management system

and

Position network providers to succeed without disruption

Vaccinate equitably, ensuring we are prioritizing the highest risk populations first

and

Vaccinate efficiently, effectively, and rapidly

AND TIME IS OF THE ESSENCE

Source: CA COVID-19 Vaccine Task Force

Transition Plan to a State-Led Direct Allocation to Accelerate Vaccine Distribution and Administration

03/26/2021

Context

Overview of the TPA direct allocation process

Transition process to direct allocation

Context

The state is changing the way vaccines will be allocated by transitioning to direct-to-provider-site allocation (“push” model). The goals are to maximize distribution efficiency, have real-time transparency into where the vaccines are and to whom they’ve been administered, and ensure they are distributed to communities disproportionately impacted by COVID-19.

Throughout March the State will transition to allocate vaccines directly to providers and their vaccination site(s). Direct allocation supports three primary goals for all Californians:

Equity

- Promote the State's vaccine equity goals by consistently targeting the state's hardest hit communities. The State is setting aside at least 40 percent of vaccine doses for most impacted communities; seeks to reach 2 million vaccine doses in those communities to move counties through tiers and open more activities safely.

A Consistent Experience for Eligibility and Appointments

- A single platform, MyTurn, that allows Californians to learn when they are eligible to be vaccinated and a place to make an appointment when eligible. The State will incorporate MyTurn data into the direct allocation methodology to ensure demand meets supply.

Provider Performance

- The State and TPA will use consistent key performance metrics for all providers to maximize efficiency in the delivery of vaccine (no doses sitting in freezers).

Context

Overview of the TPA direct allocation process

Transition process to direct allocation

Current process

CDPH gives an allocation of vaccine doses to LHJs/MCEs based on CA state-wide allocation

Providers request orders of vaccine for individual sites

LHJ/MCEs review order requests and allocates to sites, based on total allocation and capacity

CDPH compiles LHJ/MCE site level allocation and submits orders to manufacturers

Manufacturers ship vaccine to providers



Direct allocation process for 1st and 2nd doses

- 1 Providers submit site-level capacity, scheduled 2nd dose appointments and inventory each week in myCAvax
- 2 TPA in collaboration with LHJs runs site-level allocation model based on state guidance to allocate vaccine to TPA network
- 3 TPA recommends and State approves allocation
- 4 State compiles full allocation and submits orders to manufacturers
- 5 Manufacturers ship vaccine to providers

LHJ/MCEs will be asked for recommendations during step 2 (see slide 7)

Overview of process

The TPA will partner with LHJs/MCEs to identify providers and allocation amount for those providers in their jurisdiction for the next allocation.

The TPA will run an initial site-level allocation, based on the state's criteria and include other data inputs (e.g. inventory levels), to update previous projections.

TPA will seek additional feedback from the LHJs/MCEs after the draft allocation is available.

Once the final CDC allocations are released, the TPA will run a final allocation model.

State makes final decisions.

¹ Will be allocated using an HPI weighting

Source: TPA supply chain and allocation workstreams

Inputs into the allocation model

- The total doses available for allocation
- Overall weighting based on State criteria (e.g. 16+)
- Equity weighting to reflect the State's equity priorities¹
- LHJ provider recommendations
- Site level metrics, including zip codes served, performance (including success in vaccinating target populations), capacity, storage, inventory-on hand, compliance to network requirements

Individual providers and sites will **no longer request an order through their LHJ**; the State will conduct direct site-level allocation, based on known site-level information.

Each provider site is required to **submit information on a weekly basis through myCAvax**, which will be used to ensure an appropriate allocation for that week and projections for future allocations¹

LHJs will provide feedback on providers' site(s) in their area

Providers report administration metrics to help improve future allocations

¹ Sites must be in myCAvax and have capacity data provided in order to receive an allocation

Source: TPA supply chain and communications workstreams

Context

Overview of the TPA direct allocation process

Transition process to direct allocation

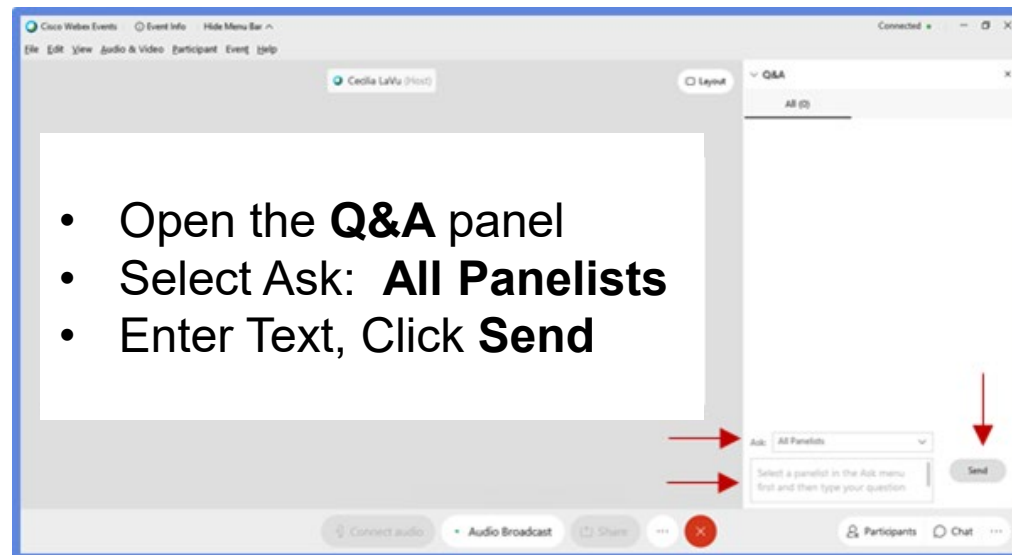
- Partner weekly with each LHJ to obtain the LHJs' recommendations for allocation to providers in their communities.
- Develop a detailed transition plan based on dialogue with each local health jurisdiction.
- Maintain account managers for each local health jurisdiction who will function as day-to-day contacts for any issues that arise.
- Collaborate as much as possible with the LHJs given the urgency of our collective situation.
- Ensure there is a reliable, fully staffed process for onboarding to My Turn
- In partnership with the state, develop and communicate a release schedule of additional capabilities in My Turn (e.g., electronic medical record interface, ability to block off appointments and target them to specific populations)
- All while also hitting aggressive deadlines we agreed to with the state.

- For allocations on Tuesday, March 30th, the TPA will begin a push model for all providers that have signed contracts with the TPA. For the time being, providers who have not yet signed a contract with the TPA can still receive allocations via the LHJ.
- By first week of April, only providers who have signed a contract with the TPA or LHJs who signed an MOU with the state will be able to receive allocations. Any 2nd dose requirements will be fulfilled.
- For the March 23rd allocation ordered by Thursday, the normal process of allocation by the LHJ to providers will occur. The only exception are those counties who have already transitioned as Wave 1 counties.
- In addition to this normal work, LHJs are asked to fill out a spreadsheet by Wednesday, March 24 of this week indicating how much vaccine should be allocated to each provider in their jurisdiction for the March 30th allocation. The information provided by the LHJ will be a key driver of the allocations.
- The push model for the week of March 30th will be a combination of direct allocation by the State / TPA for providers who have signed onto the TPA network, and the remainder of allocations going through the normal LHJ allocation process. *Note: This dual workload will continue for a couple of weeks until the system is completely transitioned to the statewide TPA network.*

Provider Office Hours Q&A

Please use the Q&A panel to comment or ask a question:

Q&A Panel



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At the bottom of the interface, there are buttons for "Connect audio", "Audio Broadcast", "Share", and "Participants".



Vaccinate ALL 58

Together we can end the pandemic.

**CA Department of Public Health
Trust & Safety Team**

Local Health Jurisdictions and Providers

Friday, March 26, 2021

For Discussion Purposes Only

CDPH Trust and Safety Team Overview

Mission

The California Department of Public Health (CDPH) Trust and Safety Team identifies, analyzes, and provides options for responding to misinformation and disinformation (mis/dis) and other narratives in online and social media that pose risks to public COVID-19 vaccine acceptance in California.

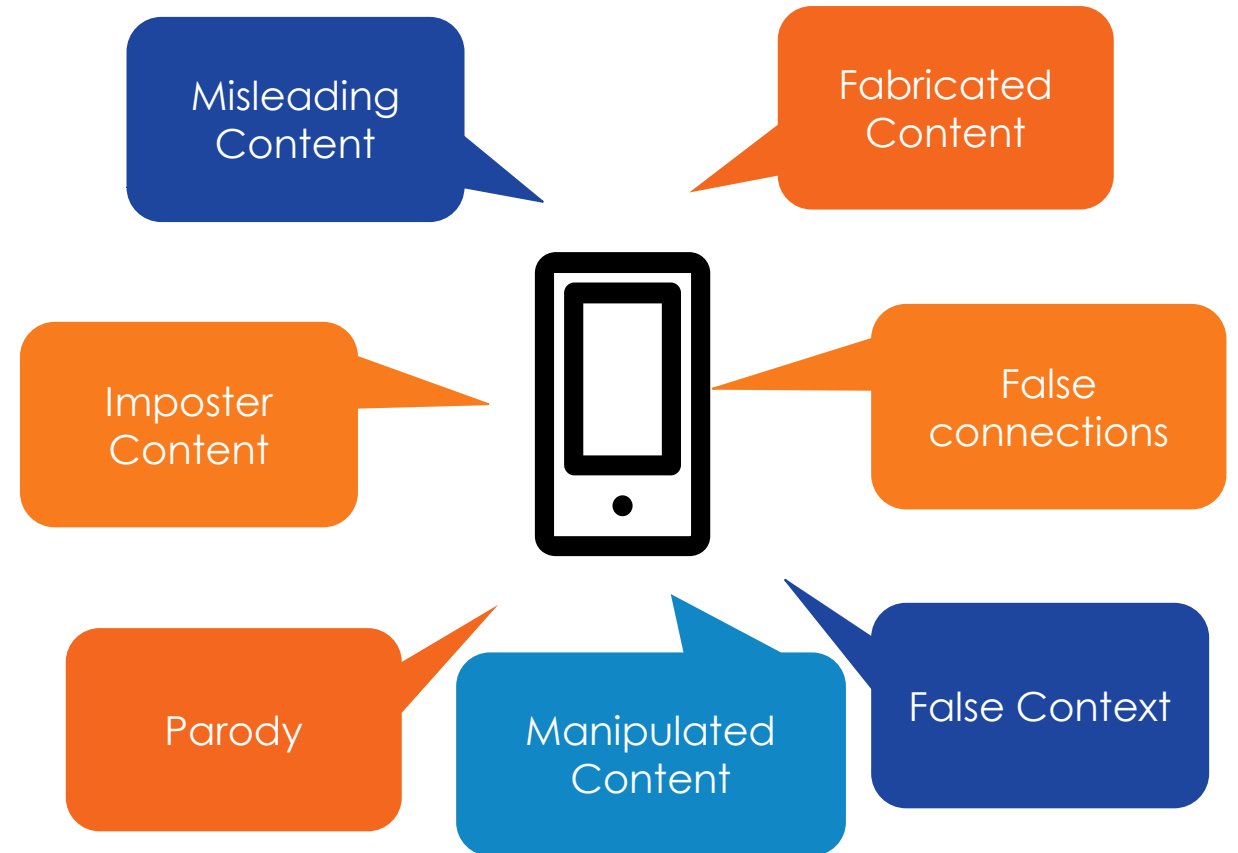
Key Activities

The CDPH Trust and Safety Team consists of Sensing & Analysis and Partnerships teams that perform two key sets of functions:

- 1 Use social listening tools and analytical methodologies to identify, analyze, and report on mis/dis and other narratives that pose risks to public COVID-19 vaccine acceptance in California.
- 2 Provide response options to address mis/dis and other narratives; establish and strengthen partnerships with community-based organizations, federal, state, local, territorial, and tribal governments, social media platforms, academia, and law enforcement.

Defining Misinformation and Disinformation (Mis/Dis)

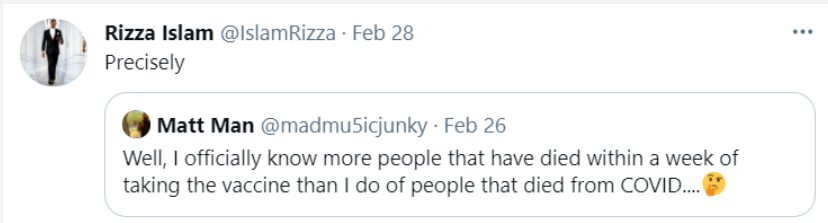
- **Misinformation** is unknowingly false or misleading information crafted and disseminated without the intent to harm, deceive, or manipulate an audience.
- **Disinformation** is deliberately false or misleading information crafted and disseminated with the intent to harm, deceive, or manipulate an audience.



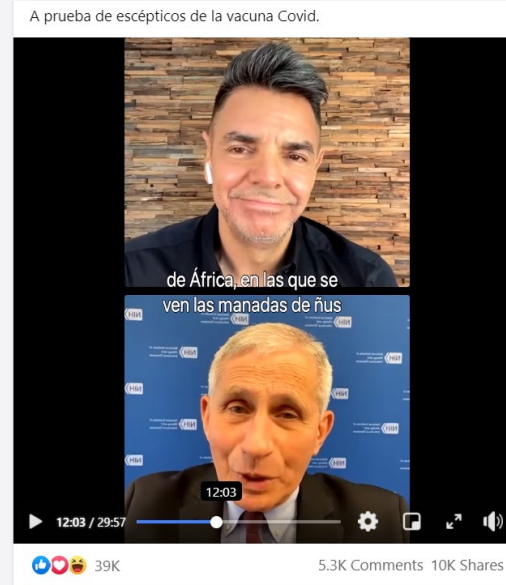
Examples of Content to Report



The following posts are examples of content that should be shared with the Trust and Safety Team through the Rumors Inbox for awareness and possible action.



Personal “word-of-mouth” accounts that could sow doubt in CDPH operations.



Unfounded doubts about the safety and efficacy of COVID-19 mRNA vaccines, particularly if promoted by prominent celebrities or community influencers.

“CDC/FDA Adverse Incident Reports Show 966 Deaths Following Vaccination for COVID-19” -- by Celia Farber, @EpochTimes (Gab, Substack: @CeliaFarber)



Adverse Incident Reports Show 966 Deaths Following Vaccination for COVID-19 According to adverse incident reports collected by the Centers for Disease Control and Prevention (CDC) and the Food ...
theepochtimes.com

Use of manufactured medical data or misuse of actual medical data that could increase doubt in the COVID-19 vaccines' safety.

Working Together

Your Role

- **Help identify COVID-19 vaccine rumors** – Share potential false claims, confusing information, and potential mis/dis that you hear or see in your communities with Rumors@cdph.ca.gov.
- **Share out the facts** – Share COVID-19 vaccine facts, information, and content across your channels from authoritative sources to inform and educate the public.

Our Role

- **Provide regular reporting** – We will provide a regular bi-weekly report on narratives that pose risks to public COVID-19 vaccine acceptance in California.
- **Identify authoritative content** – We will pass along timely and accurate information about COVID-19 vaccines and the vaccination campaign to share back with your communities.

Thank you

Questions?



**Trust and Safety Partnerships
Team**

Hayley Cain: Hayley.cain@cdph.ca.gov

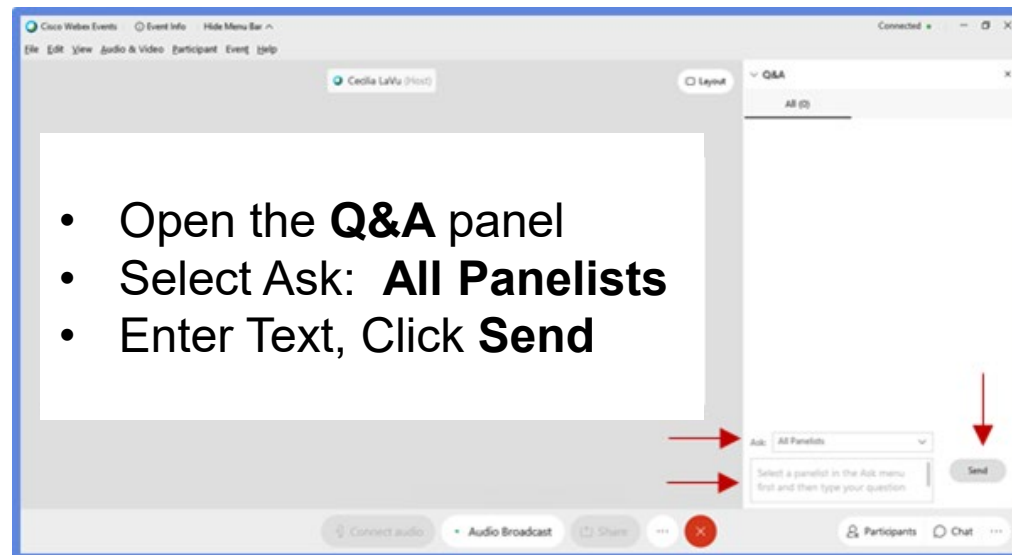
Angela Eaddy: Angela.eaddy@cdph.ca.gov

Lindsay Sapienza: Lindsay.Sapienza@cdph.ca.gov

Provider Office Hours Q&A

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Core Areas of Sensing: Themes

The Trust and Safety Team has identified the following themes with related narratives that may pose risks to public COVID-19 vaccine acceptance in California. These themes will likely evolve over time.



COVID-19 vaccine distribution and administration is flawed

- Ex. Narrative: California is prioritizing vaccinating the rich and powerful.
- Ex. Narrative: Undocumented individuals will have to pay for a COVID-19 vaccine out of pocket.



Concern about COVID-19 is not justified

- Ex. Narrative: COVID-19 is a hoax by “elites and insiders” for personal gain and profit.
- Ex. Narrative: COVID-19 vaccines are unnecessary because treatments already exist for those who contract COVID-19.



COVID-19 vaccines cause adverse effects

- Ex. Narrative: The safety and efficacy of the COVID-19 vaccines can't be trusted because the development timelines were rushed and used new and unproven technologies.
- Ex. Narrative: The COVID-19 vaccines have caused allergic reactions in the elderly and killed hundreds of people.

Announcements

Weekly VA58 Newsletter – Amy Pine

- ✓ Top California doctors tout Johnson & Johnson COVID vaccine
- ✓ New expanded vaccination eligibility
- ✓ All nine Bay Area counties issue joint statement on Johnson & Johnson COVID-19 vaccine
- ✓ There's no such thing as a second-class COVID vaccine

To subscribe, email VA58@cdph.ca.gov and put “please add me to the weekly VA58 newsletter list” in subject line.

VA58 Weekly Newsletter: Sharing Information From Our Team to Yours

The Vaccinate ALL 58 Weekly Newsletter is meant to share the latest news, key messages, tools and resources around the vaccine and to help keep you up to date on what's happening at the federal, state and local level.

Ideas? Newsletter-related questions? Send us a note at VA58@cdph.ca.gov.



Weekly Updates
March 18, 2021

**Total Doses
Administered in
California: 13,382,046**
"Numbers do not represent true day-to-day change as reporting may be delayed."

Monitoring Mis- and Disinformation

CDPH has established a Trust and Safety team committed to making sure the public has accurate and timely information on COVID-19 vaccination across the State. If you see or hear of any vaccine-related rumors across social media or in your communities, share them with the Trust and Safety team at Rumors@cdph.ca.gov for awareness and possible action. Scroll down in this week's newsletter to see how to combat myths with facts.

Send an Email

From the State

- Two Million COVID-19 Vaccine Doses Delivered to California's Hardest-Hit Communities
- CDPH Launches "Let's Get to ImmUnity" Campaign to Boost COVID-19 Vaccine Acceptance

For Providers

- Letter from CDPH Director to All Vaccination Providers
- See Fact Sheet Regarding Vaccines for People with High-Risk Medical Conditions or Disabilities
- The My Turn COVID-19 Scheduling System Expanding to Include Six Additional Languages, for a Total of 14

One in four CA adults have received at least one vaccine dose

What's Making News This Week?



Top California doctors tout Johnson & Johnson COVID vaccine

New expanded vaccination eligibility

All nine Bay Area counties issue joint statement on Johnson & Johnson COVID-19 vaccine

Janssen COVID-19 Vaccine Educational Webinars

— Amy Pine

- Information for healthcare providers administering vaccine
- Multiple time/date options
- To register, please visit JanssenCOVID19VaccineWebinar.com

janssen Infectious Diseases & Vaccines
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

Janssen COVID-19 Vaccine Educational Webinar

Your Time Zone: Pacific

The Janssen COVID-19 Vaccine has not been approved or licensed by the U.S. Food and Drug Administration (FDA), but has been authorized by FDA through an Emergency Use Authorization (EUA) for active immunization to prevent Coronavirus Disease 2019 (COVID-19) in individuals 18 years of age and older. The emergency use of this product is authorized only for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of the medical product under Section 564(b)(1) of the FD&C Act, unless the declaration is terminated or authorization revoked sooner.

Please see the Janssen COVID-19 Vaccine Important Safety Information below.

MEETING SELECTION CENTER

Click [Schedule Now](#) to begin the registration process.

Week	Topic	View All
Tue, Mar 23, 2021	1:00 PM ET Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now
Wed, Mar 24, 2021	3:00 PM ET Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now
Thu, Mar 25, 2021	7:00 PM ET Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now
Fri, Mar 26, 2021	1:00 PM ET Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now
Mon, Mar 29, 2021	1:00 PM ET Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now
Tue, Mar 30, 2021	7:00 PM ET Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now
Wed, Mar 31, 2021	12:00 PM PT Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now
Thu, Apr 1, 2021	4:00 PM PT Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now
Fri, Apr 2, 2021	12:00 PM PT Janssen COVID-19 Vaccine: Information for Healthcare Providers Administering Vaccine	Rick Nettles, MD Schedule Now

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

WARNINGS AND PRECAUTIONS

- **Management of Acute Allergic Reactions:** Appropriate medical treatment to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of the Janssen COVID-19 Vaccine. Monitor Janssen COVID-19 Vaccine recipients for the occurrence of immediate adverse reactions according to the Centers for Disease Control and Prevention guidelines (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html>).
- **Altered Immunocompetence:** Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Janssen COVID-19 Vaccine.
- **Limitations of Vaccine Effectiveness:** The Janssen COVID-19 Vaccine may not protect all vaccinated individuals.

ADVERSE REACTIONS

Adverse reactions reported in a clinical trial following administration of the Janssen COVID-19 Vaccine include injection site pain, headache, fatigue, myalgia, nausea, fever, injection site erythema and injection site swelling. In clinical studies, severe allergic reactions, including anaphylaxis, have been reported following the administration of the Janssen COVID-19 Vaccine.

Additional adverse reactions, some of which may be serious, may become apparent with more widespread use of the Janssen COVID-19 Vaccine.

My Turn available in Multiple Languages – Amy Pine

Full Functionality in 12 Languages!

- ✓ Armenian
- ✓ Simplified Chinese
- ✓ Traditional Chinese
- ✓ Japanese
- ✓ Khmer
- ✓ Korean
- ✓ Punjabi
- ✓ Russian
- ✓ Spanish
- ✓ Tagalog
- ✓ Vietnamese
- ✓ English



Вакцинация против коронавирусной инфекции COVID-19: узнать, когда наступит ваша очередь

У каждого человека в Калифорнии будет возможность пройти вакцинацию против коронавирусной инфекции COVID-19 бесплатно. Однако в данный момент наши поставки вакцин ограничены. Поэтому мы начинаем вакцинацию с групп повышенного риска, таких как люди с высокой вероятностью заразиться, а также люди от 65 лет и старше.


Соответствуете ли вы критериям?

Чтобы узнать, когда наступит ваша очередь, ответьте на несколько вопросов. Это займет всего несколько минут. Если вы соответствуете критериям, а запись на вакцинацию доступна через My Turn, вы можете запланировать запись на прием. Если ваша очередь еще не наступила, либо нет доступного времени для записи на прием, вы можете зарегистрироваться, чтобы получить уведомление о том, когда вы будете соответствовать критериям либо когда откроется дополнительное время для записи.

записи

- Español
- English
- 简化字
- Tagalog
- 한국어
- 正體字
- Tiếng Việt
- អង់គ្លេស
- русский
- 英語
- Անգլերեն
- ਪੰਜਾਬੀ

русский

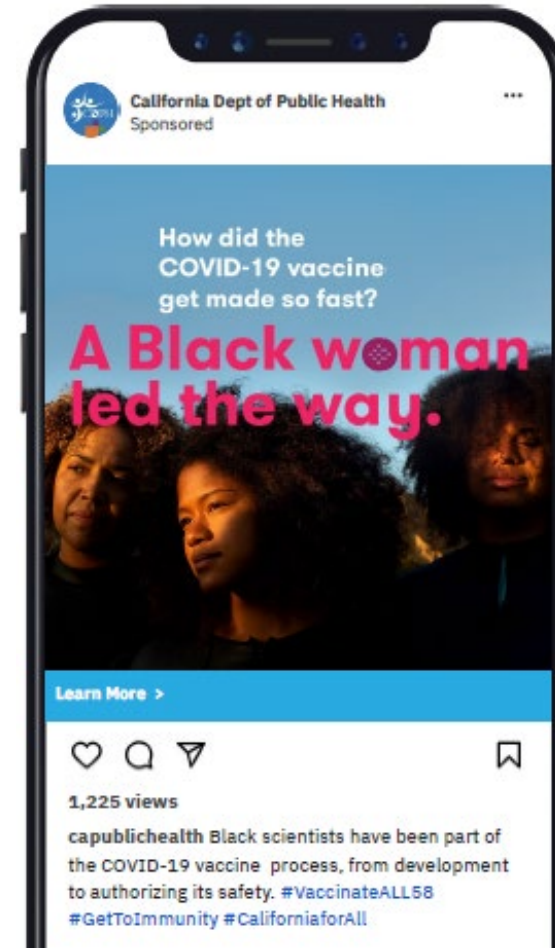


VaccinateALL58: Communications Report

– Asbury Jones

CDPH “Let’s Get to Immunity” Campaign

Multicultural & African American Social Media Ads



VaccinateALL58: Communications Report

— Asbury Jones

Multicultural TV Ad



<https://youtu.be/eyhaxTinO8c>

Vaccine Updates

Administration and Allocation

Amy Pine

Eligibility Expansion is Coming Soon!



GAVIN NEWSOM
GOVERNOR OF CALIFORNIA

FOR IMMEDIATE RELEASE: Thursday, March 25, 2021
Contact: Governor's Press Office (916) 445-4571

State Expands Vaccine Eligibility to 50+ Californians Starting April 1 and All Individuals 16+ on April 15 Based on Expected Supply Increases

Even with increased vaccine supply, vaccination of willing Californians will take several months

State supporting trusted providers and counties for non-traditional outreach in hard-to-reach communities

SACRAMENTO – With supply of vaccines expected to significantly increase in the coming weeks, the state is expanding vaccine eligibility to more Californians. Starting April 1, individuals aged 50+ will be eligible to make an appointment, and individuals 16+ will be eligible to make an appointment to be vaccinated starting on April 15.

"With vaccine supply increasing and by expanding eligibility to more Californians, the light at the end of the tunnel continues to get brighter," said Governor Newsom. "We remain focused on equity as we extend vaccine eligibility to those older than 50 starting April 1, and those older than 16 starting April 15. This is possible thanks to the leadership of the Biden-Harris Administration and the countless public health officials across the state who have stepped up to get shots into arms."

The state has the capacity to administer more than 3 million vaccines per week, and is building the capacity to administer 4 million vaccines weekly by the end of April.

When you can get vaccinated

California is allocating COVID-19 vaccines as they become available to ensure equitable distribution. Vaccinations are prioritized according to risk and age.

Healthcare workers and long-term care residents (Phase 1A) **Now vaccinating**

People with a high chance of exposure and those 65 or older (Phase 1B) **Now vaccinating**

Sector populations with high chance of exposure:

- Agriculture and food
- Education and childcare
- Emergency services

Individuals age 16 or older at higher risk **Now vaccinating**

People with certain significant high-risk:

- Medical conditions
- Disabilities
- Illnesses
- Living spaces
- Work environments

Individuals 50 or older **Starts April 1, 2021**

Every Californian 16 or older **Starts April 15, 2021**

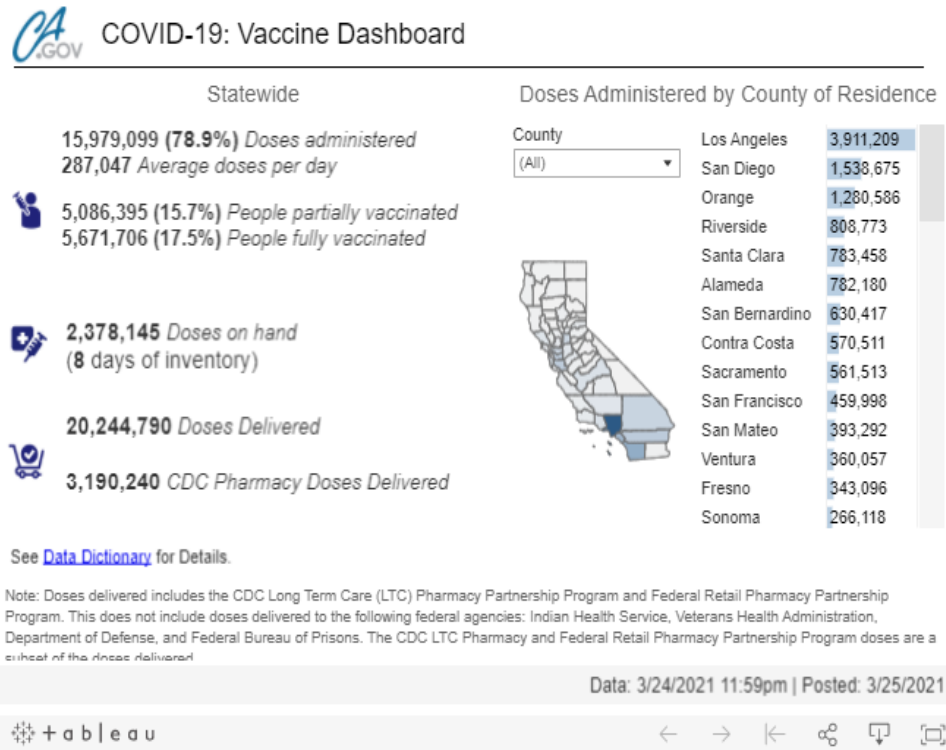
Vaccination of people younger than 16 will start as soon as the COVID-19 vaccines are approved for them

See CDPH's [Updated COVID-19 Vaccine Eligibility Guidelines](#) for details.

Doses Administered (3/24)

[Vaccines - Coronavirus COVID-19 Response \(ca.gov\)](https://www.ca.gov)

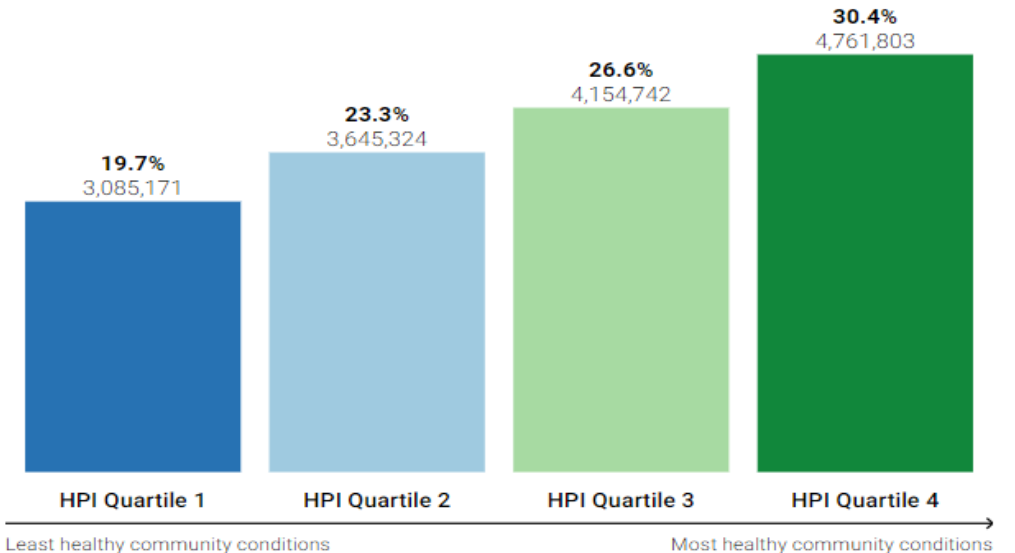
Vaccine administration by county of residence



Vaccinations by doses administered

Number of vaccine doses given in California

■ % of total and number of doses administered



Updated March 25, 2021 with data from March 24, 2021. Excludes doses without an HPI score, including out-of-state residents or records with missing zip codes. Percentage for doses calculated as doses administered in a quartile divided by total doses administered statewide.

CA's Allocation (3/23)

	Doses	Boxes
Janssen	44,000	440
Pfizer	644,670	551
Moderna	380,300	3803
Total	1,068,970	4,794

- ✓ Supply remains limited for eligible population
- ✓ Supply expected to INCREASE mid-April
- ✓ **Prioritize second doses** over immunizing additional patients with first doses

Posted on [Vaccinate all 58](#) website:

- Doses on-hand **by provider**
- Weekly allocations of vaccine by health jurisdiction and multi-county-entity (MCE)

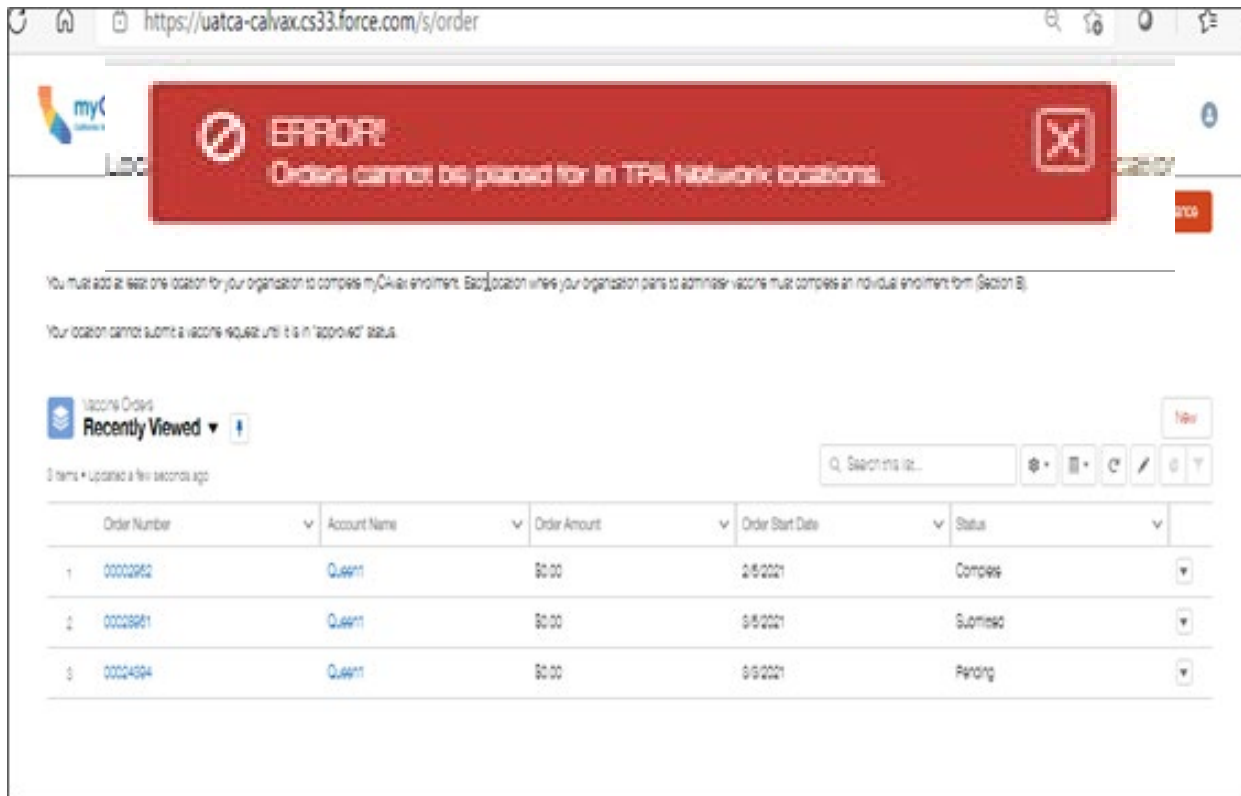


myCAvax

Claudia Aguiluz

TPA Transition & myCAvax functionality

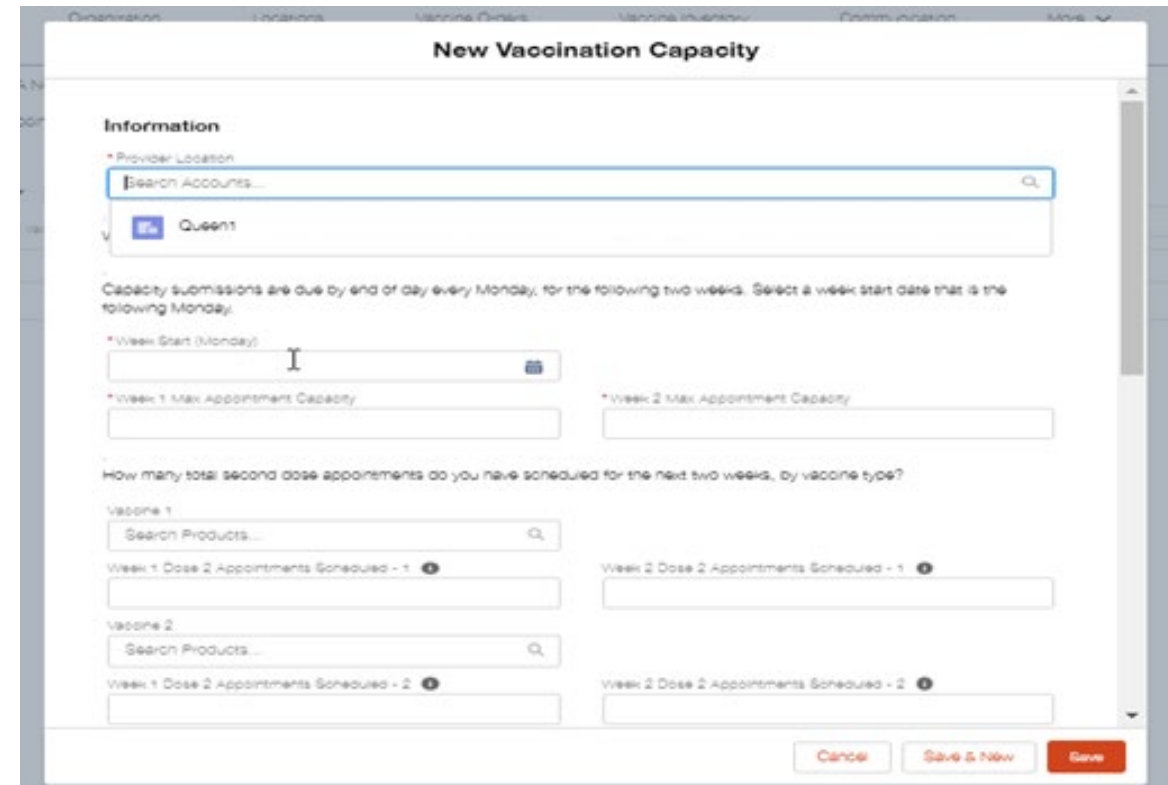
Error Message: Order cannot be placed for in-TPA-network locations



A screenshot of a web browser showing an error message. The error message is a red box with a white 'X' icon and the text: "ERROR! Orders cannot be placed for in-TPA Network locations." Below the error message, there is a paragraph of text: "You must add at least one location for your organization to complete myCAvax enrollment. Each location where your organization plans to administer vaccines must complete an individual enrollment form (Section B). Your location cannot submit a vaccine request until it is in 'approved' status." Below this text, there is a section titled "Vaccine Orders" with a "Recently Viewed" dropdown and a table of orders. The table has columns for Order Number, Account Name, Order Amount, Order Start Date, and Status. There are three rows of data.

Order Number	Account Name	Order Amount	Order Start Date	Status
1	Queen1	\$0.00	2/5/2021	Complete
2	Queen1	\$0.00	5/5/2021	Submitted
3	Queen1	\$0.00	5/5/2021	Pending

Once in the TPA network, orders functionality will be disabled. Instead, sites will be submitting a Weekly Vaccination Capacity Form



A screenshot of a web form titled "New Vaccination Capacity". The form has several sections: "Information" with a "Provider Location" search field showing "Queen1"; a note about capacity submissions being due by Monday; fields for "Week Start (Monday)", "Week 1 Max Appointment Capacity", and "Week 2 Max Appointment Capacity"; and a section for "How many total second dose appointments do you have scheduled for the next two weeks, by vaccine type?". This section includes search fields for "Vaccine 1" and "Vaccine 2", and input fields for "Week 1 Dose 2 Appointments Scheduled" and "Week 2 Dose 2 Appointments Scheduled" for each vaccine. At the bottom, there are "Cancel", "Save & New", and "Save" buttons.

TPA Transition & myCAvax functionality

New Vaccination Capacity

Information

* Provider Location

Search Accounts...

Capacity submissions are due by end of day every Monday, for the following two weeks. Select a week start date that is the following Monday.

*Week Start (Monday):

*Week 1 Max Appointment Capacity:

*Week 2 Max Appointment Capacity:

How many total second dose appointments do you have scheduled for the next two weeks, by vaccine type?

Vaccine 1

Search Products...

Week 1 Dose 2 Appointments Scheduled - 1:

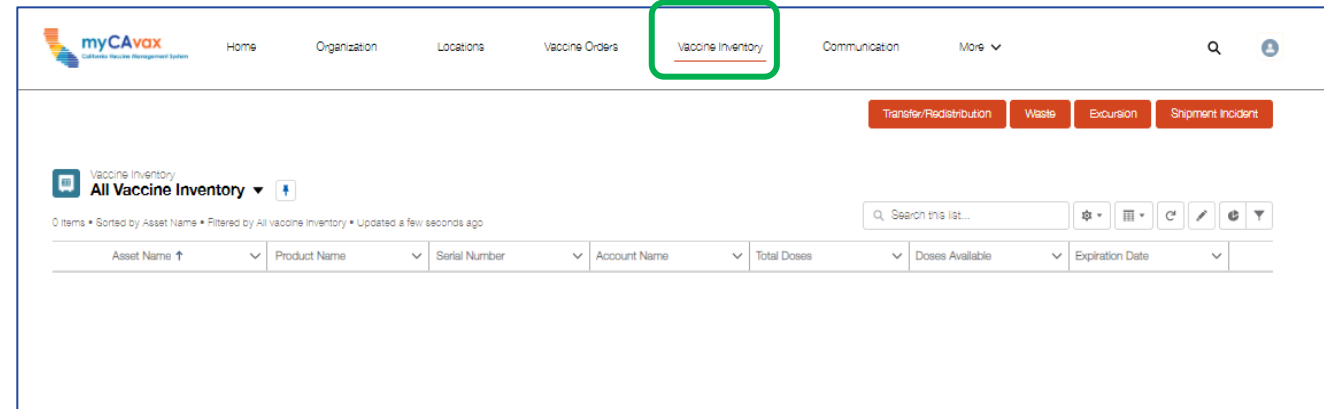
Week 2 Dose 2 Appointments Scheduled - 1:

Vaccine 2

Search Products...

Week 1 Dose 2 Appointments Scheduled - 2:

Week 2 Dose 2 Appointments Scheduled - 2:



myCAvax Vaccine Inventory Management System

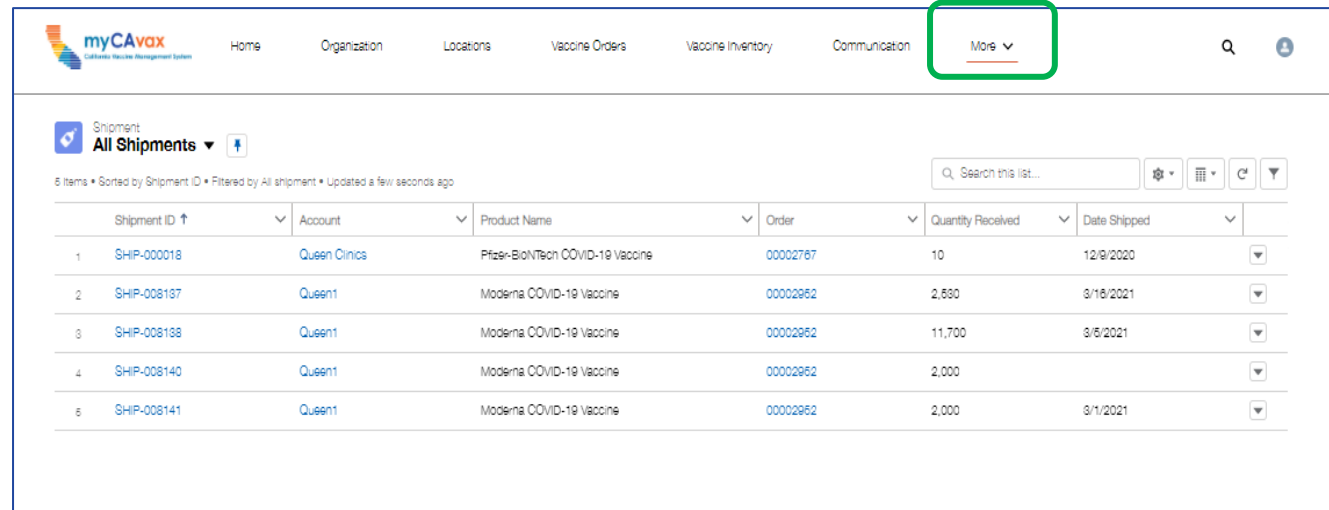
Home Organization Locations Vaccine Orders **Vaccine Inventory** Communication More

Vaccine Inventory **All Vaccine Inventory**

0 items • Sorted by Asset Name • Filtered by All vaccine inventory • Updated a few seconds ago

Search this list...

Asset Name	Product Name	Serial Number	Account Name	Total Doses	Doses Available	Expiration Date
------------	--------------	---------------	--------------	-------------	-----------------	-----------------



myCAvax Vaccine Inventory Management System

Home Organization Locations Vaccine Orders Vaccine Inventory Communication **More**

Shipment **All Shipments**

8 items • Sorted by Shipment ID • Filtered by All shipment • Updated a few seconds ago

Search this list...

Shipment ID	Account	Product Name	Order	Quantity Received	Date Shipped
1 SHIP-000018	Queen Clinics	Pfizer-BioNTech COVID-19 Vaccine	00002787	10	12/9/2020
2 SHIP-008187	Queen1	Moderna COVID-19 Vaccine	00002982	2,500	3/16/2021
3 SHIP-008188	Queen1	Moderna COVID-19 Vaccine	00002982	11,700	3/5/2021
4 SHIP-008140	Queen1	Moderna COVID-19 Vaccine	00002982	2,000	
5 SHIP-008141	Queen1	Moderna COVID-19 Vaccine	00002982	2,000	3/1/2021

Reporting Shipping Incidents

Reporting Shipment Incidents

California COVID-19 Vaccination Program



Vaccine shipments must be received and inspected immediately upon arrival. (See Receiving & Storing Pfizer | Moderna | Janssen Vaccine for details.) Report all shipment incidents for vaccine product or kits (including product viability, damage or packing slip discrepancies) the same day the shipment arrived at the office as documented by the carrier.

Centrally Distributed Vaccines (McKesson)

Moderna and Janssen vaccines and standard ancillary supply administration kit ship from McKesson. McKesson requires that shipment incidents be reported the day of receipt for resolution.

- Shipping packing slip must be compared against what was ordered and contents in the box; any discrepancies (e.g., missing doses or overage) must be reported immediately upon discovery
- Note the box (if multiple boxes were received) and its tracking number
- Scan and attach the packing list for all incidents
- Include picture of the TagAlert temperature monitoring device and its location in the shipping container (for temperature excursions only)

Login to the myCAvax provider system and click **Vaccine Inventory** to gather the information needed to resolve the shipping incident. Then contact the manufacturer or McKesson to resolve the incident directly and report the case number and any resolution in your shipment incident report.

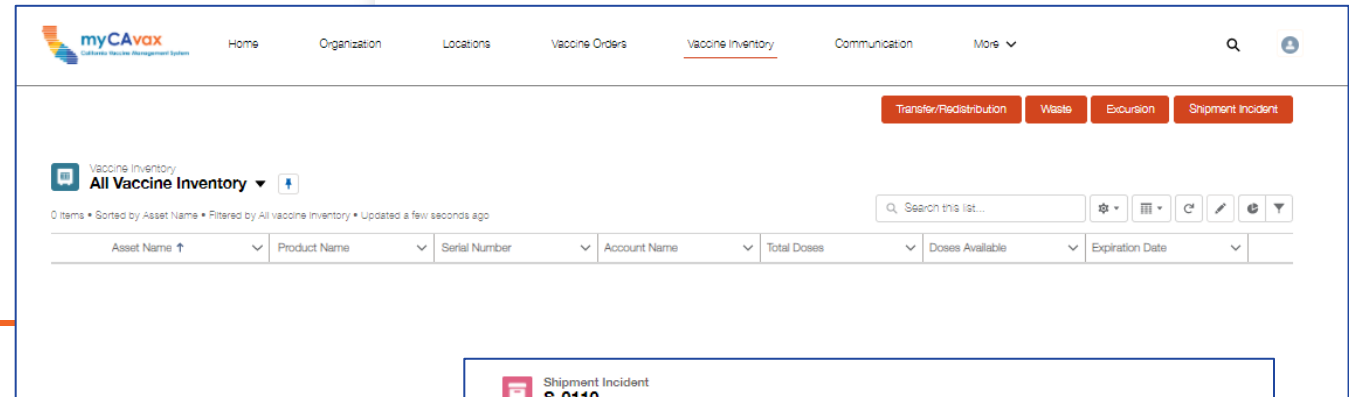
	Point of Contact	Contact Info
General Vaccine Shipment Issues	McKesson Customer Service	Phone: 833-343-2703
Temperature Excursions during shipment	McKesson Customer Service	Vaccine Viability – Temperature Excursions during shipment for McKesson Specialty Distributed COVID Vaccine. Questions/concerns about vaccine viability issues during shipment must be reported on the <u>same day as delivery</u> . Phone: (833) 272-6635 Monday – Friday, 8 a.m. - 8 p.m. ET Email: COVIDVaccineSupport@McKesson.com (only send email if after hours)
Ancillary kit issues	McKesson Customer Service	Phone #: 833-272-6634 Email: SNSSupport@McKesson.com

Vaccine shipments must be received and inspected immediately upon arrival.

- ✓ Report all shipment incidents for vaccine product or kits (including product viability, damage or packing slip discrepancies) **the same day** the shipment arrives at the office as documented by the carrier.
- ✓ Login to the myCAvax and click Vaccine Inventory to gather the information needed to resolve the shipping incident. Then, contact the manufacturer or McKesson to resolve the incident directly, and report the case number and any resolution in your shipment incident report.

Reporting Shipping Incidents

- Login to myCAvax and click Vaccine Inventory to gather the information needed to resolve the shipping incident.
- Then, contact the manufacturer or McKesson to report the incident directly and report the case number and any resolution in your shipment incident report.
- Important: If product is missing, you will need to document the # of missing products and the affected boxes (if multiple boxes were received).



The screenshot shows the 'Shipment Incident' report form, titled 'S-0110'. The form is divided into 'DETAILS' and 'RELATED' sections. The 'DETAILS' section is further divided into three steps:

- Step 1: Shipment Incident**
 - Account: [Queen1](#)
 - Date shipment was received: 8/25/2021
 - Product: [Moderna COVID-19 Vaccine](#)
 - Status: Open
 - Resolution:
 - Shipper: McKesson
 - Lot Number: 858
- Step 2: Incident Details**
 - Incident type: Out-of-range temperature
 - Incident related to: Vaccine
 - Tracking Number: 2865
 - Packing Slip for Correct Provider:
 - Number of doses impacted (damaged): 400
 - Packing Slip matches Shipping Label:
 - Number of missing doses/vials:
 - Number of additional doses/vial trays:
 - Number of missing clients:
 - Additional Comments:
- Step 3: Manufacturer/Shipper communication**
 - Case or incident number:
 - Guidance/resolution:

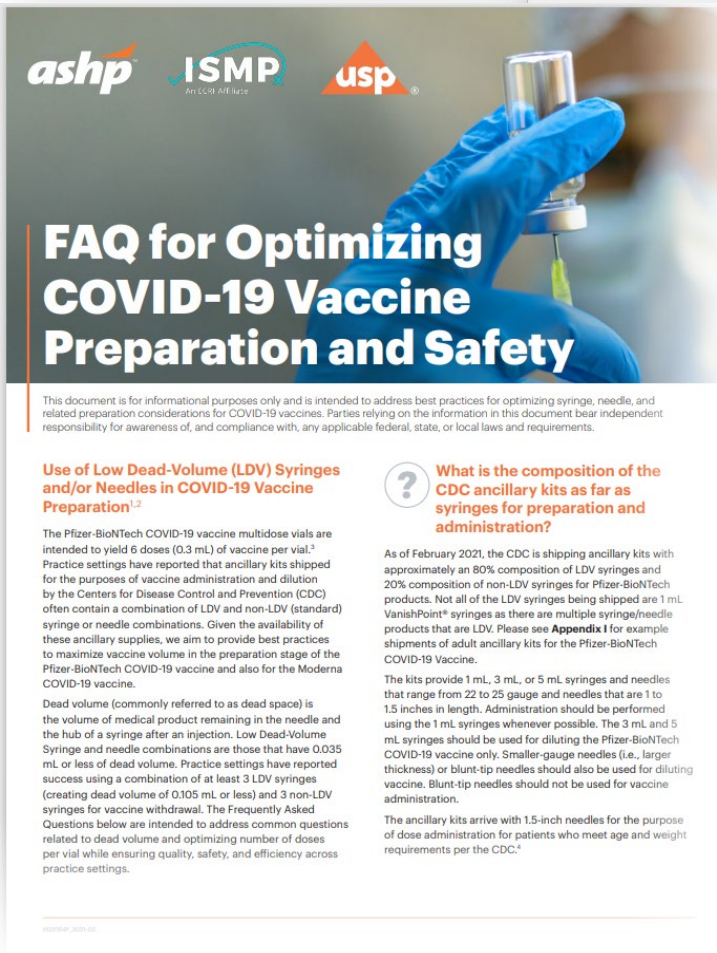
At the bottom, there is a 'System Information' section with a right-pointing arrow.

Storage & Handling

Kate McHugh

Pfizer-BioNTech 6th Dose and Low Dead-Volume Syringes

- New FAQs released by United States Pharmacopeia (USP) address common questions related to low dead-volume (LDV) syringe and needle combinations in the Pfizer-BioNTech ancillary kit and extraction of a sixth dose per vaccine vial.
- Practice settings have reported success using a combination of 3 LDV syringes and 3 non-LDV syringes for vaccine withdrawal. To ensure success, the CDC is shipping ancillary kits with approximately 80% LDV syringes and 20% non-LDV syringes.
- This 5:1 ratio should ensure providers are able to obtain all six doses from the Pfizer-BioNTech vial. For additional information see: [FAQ for Optimizing COVID-19 Vaccine Preparation and Safety \(ashp.org\)](https://www.ashp.org/FAQ-for-Optimizing-COVID-19-Vaccine-Preparation-and-Safety).



ashp **ISMP** **usp**

FAQ for Optimizing COVID-19 Vaccine Preparation and Safety

This document is for informational purposes only and is intended to address best practices for optimizing syringe, needle, and related preparation considerations for COVID-19 vaccines. Parties relying on the information in this document bear independent responsibility for awareness of, and compliance with, any applicable federal, state, or local laws and requirements.

Use of Low Dead-Volume (LDV) Syringes and/or Needles in COVID-19 Vaccine Preparation^{1,2}

The Pfizer-BioNTech COVID-19 vaccine multidose vials are intended to yield 6 doses (0.3 mL) of vaccine per vial.² Practice settings have reported that ancillary kits shipped for the purposes of vaccine administration and dilution by the Centers for Disease Control and Prevention (CDC) often contain a combination of LDV and non-LDV (standard) syringe or needle combinations. Given the availability of these ancillary supplies, we aim to provide best practices to maximize vaccine volume in the preparation stage of the Pfizer-BioNTech COVID-19 vaccine and also for the Moderna COVID-19 vaccine.

Dead volume (commonly referred to as dead space) is the volume of medical product remaining in the needle and the hub of a syringe after an injection. Low Dead-Volume Syringe and needle combinations are those that have 0.035 mL or less of dead volume. Practice settings have reported success using a combination of at least 3 LDV syringes (creating dead volume of 0.105 mL or less) and 3 non-LDV syringes for vaccine withdrawal. The Frequently Asked Questions below are intended to address common questions related to dead volume and optimizing number of doses per vial while ensuring quality, safety, and efficiency across practice settings.

What is the composition of the CDC ancillary kits as far as syringes for preparation and administration?

As of February 2021, the CDC is shipping ancillary kits with approximately an 80% composition of LDV syringes and 20% composition of non-LDV syringes for Pfizer-BioNTech products. Not all of the LDV syringes being shipped are 1 mL VanishPoint[®] syringes as there are multiple syringe/needle products that are LDV. Please see **Appendix I** for example shipments of adult ancillary kits for the Pfizer-BioNTech COVID-19 Vaccine.

The kits provide 1 mL, 3 mL, or 5 mL syringes and needles that range from 22 to 25 gauge and needles that are 1 to 1.5 inches in length. Administration should be performed using the 1 mL syringes whenever possible. The 3 mL and 5 mL syringes should be used for diluting the Pfizer-BioNTech COVID-19 vaccine only. Smaller-gauge needles (i.e., larger thickness) or blunt-tip needles should also be used for diluting vaccine. Blunt-tip needles should not be used for vaccine administration.

The ancillary kits arrive with 1.5-inch needles for the purpose of dose administration for patients who meet age and weight requirements per the CDC.⁴

1/28/21 2:28:52



FAQ for Optimizing COVID-19 Vaccine Preparation and Safety

? I am aware that I can ignore certain air bubbles in a syringe. What is an example of what I can ignore and what I should address, particularly for an intramuscular injection?

- Air bubbles in a syringe are typically problematic due to their impact on accuracy of vaccine dose (i.e., large air bubbles reduce the volume of vaccine in syringe, thus creating risk for underdosing).
- While small air bubbles can be ignored, large air bubbles can lead to underdosing and should be addressed. Minimize tapping of the syringe due to theoretical risk of inactivating the vaccine or degrading quality.
- **Figure 1** demonstrates examples of air bubbles that must be addressed (while needle is still in vial, to prevent vaccine loss and contamination) and smaller bubbles that can be ignored.



Figure 1: Example of small air bubbles (acceptable) and large air bubbles (must remove)

strategy for recapping needles and withdrawal?



1. Hold syringe towards...
2. Gently insert needle bevel into cap opening.
3. Push cap to slide down needle.
4. Click needle cap into place.

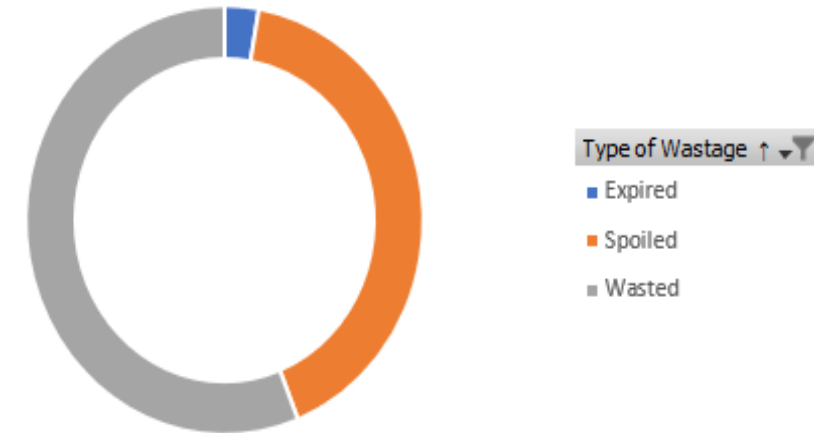
Recap the needle during the recapping process.
Do not recap needles after administration.

Periodically updated with new questions. Submit questions or comments to PracticeAdvancement@ashp.org

Posted on
EZIZ.org/COVID too!

Vaccine Waste

- It is required to track, document, and report! This is a requirement outlined in your provider agreement.
 - Report to myCAVax
 - Even one dose wasted should be reported!
 - Report when you can't pull 6 doses out of Pfizer
- Common reasons for waste:
 - Dilution errors (Pfizer) or syringes were drawn up with the incorrect dosage
 - Pre-drew too many doses and beyond use time was reached
 - Dropped syringes or syringe malfunctioned or leaked



Preventing Vaccine Waste

- CDPH will release resources in the near future
- Pay careful attention to how many doses are being pre-drawn or removed from the refrigerator at mass vaccination clinics
- Have a list of potential patients on standby to call in at the end of the day for unused doses
- Inspect the syringe/needle prior to drawing up the vaccine, tighten if needed
- Staff training on dilution and drawing up doses
- Keep a close eye on Beyond Use and expiration dates
 - Contact your LHD if you have vials that will be expiring soon and need help with a plan



CDPH is Monitoring Vaccine Waste

- We are tracking waste by provider
- We will contact high-waste producing providers to help them work on improvement measures if waste events increase beyond levels that are deemed appropriate
- Vaccine inventory is very limited, so we all need to work to ensure we are wasting as little as possible to best serve the public
- Many providers are very diligent about reporting waste, please keep up the good work!

Provider Call Center

Brenton Louie

Correction from last week

Who can submit orders in myCAvax?

Location Coordinators and Organization Coordinators can both submit vaccine order requests in myCAvax on behalf of a location.

Update Account Info in myCAvax

- Ensure refrigerator and freezer information is up to date!
 - Organization and Location Coordinators can log in to myCAvax to update account information
 - Contact myCAvax Help Desk if you're unable to edit a field – myCAvax.HD@Accenture.com
- Shipment Incidents – report immediately!
 - Count vaccines to verify they match the packing slip.
 - Count ancillary supplies to verify they match the packing slip.
- Log in to your myCAvax account routinely to avoid deactivation.

COVID-19 Provider Call Center: Contact Us!

For questions from Providers/LHJs regarding the COVID-19 Vaccine Program:

Email: covidcallcenter@cdph.ca.gov

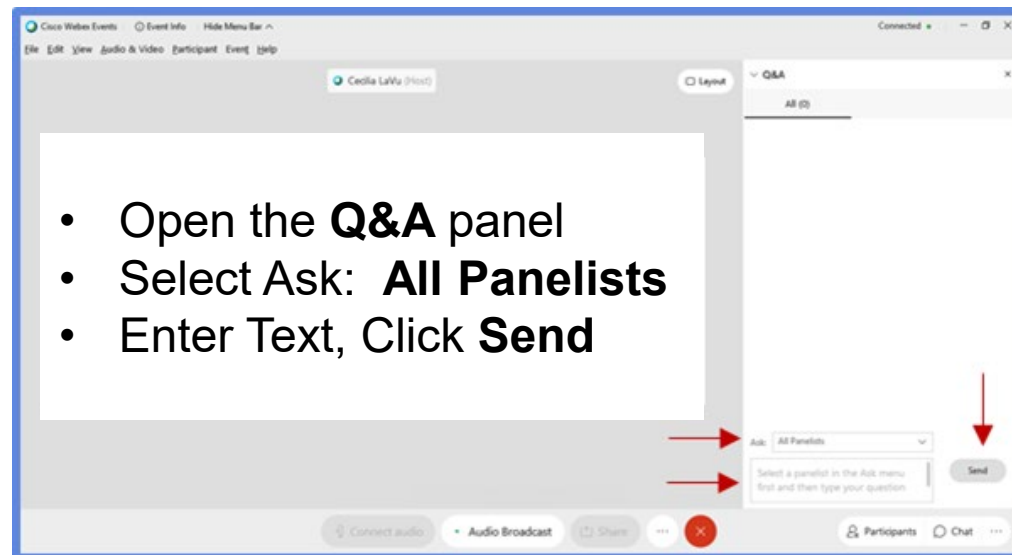
Phone: (833) 502-1245, M-F 8 AM – 8 PM



Provider Office Hours Q&A

Please use the Q&A panel to comment or ask a question:

Q&A Panel



The screenshot shows a Cisco Webex Events interface. On the left, a large white box contains the following instructions:

- Open the **Q&A** panel
- Select Ask: **All Panelists**
- Enter Text, Click **Send**

On the right, the Q&A panel is visible, showing a dropdown menu set to "All Panelists" and a "Send" button. A red arrow points to the "Send" button. Below the instructions, two red arrows point to the "Ask:" dropdown and the text input field. The bottom of the interface shows a toolbar with "Connect audio", "Audio Broadcast", "Share", and "Participants" buttons.

Your Feedback is Important to Us

Poll: How helpful was today's Provider Office Hours to your work?

- A. Very helpful
- B. Helpful
- C. Somewhat helpful
- D. Slightly helpful
- E. Not helpful at all



Thank you



for our next weekly
Provider Office Hours
Friday, April 2nd
9:00 AM

Provider Resources

COVID-19 Provider Call Center – for questions related to the COVID-19 Vaccine Program

- Email: covidcallcenter@cdph.ca.gov
- Phone: (833) 502-1245
Monday – Friday from 8 AM–8 PM

myCAvax Technical Help – for technical questions

- Email: myCAvax.HD@accenture.com

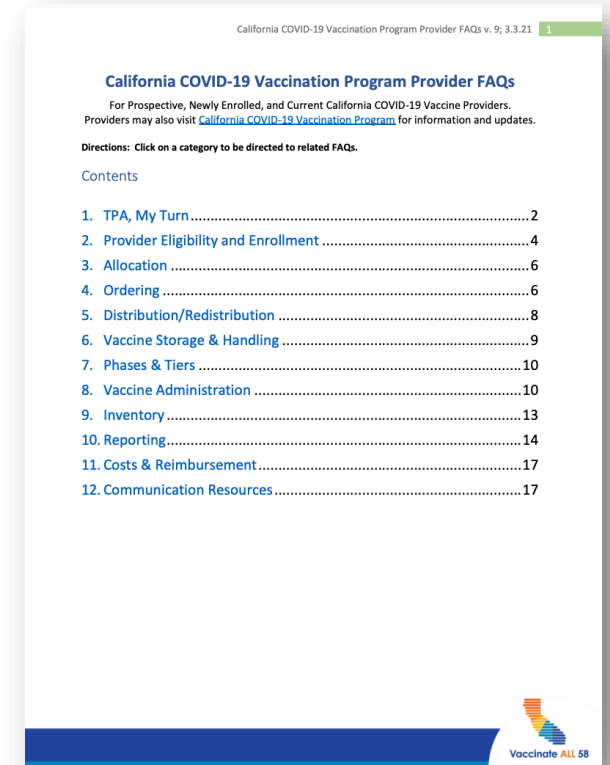
My Turn – for questions regarding My Turn application

- Email about onboarding: myturnonboarding@cdph.ca.gov
- Email about general questions: myturninfo@cdph.ca.gov

Third-Party Administrator Blue Shield of California

- TPA_Inquiry@Blueshieldca.com
(Note: There is an underscore "_" between TPA and Inquiry.)

Provider FAQs



<https://eziz.org/assets/docs/COVID19/Vax58ProviderFAQs.pdf>