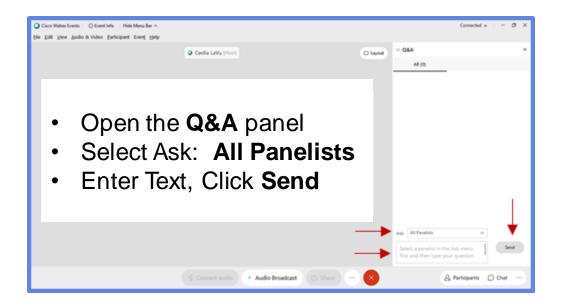
Welcome to Provider Office Hours

Thank you for joining our call. Please stand by; we will begin momentarily. During the session, please use the Q&A panel to comment or ask a question:

Q&A Panel





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/education/



Agenda

No.	Item	Speaker	Time (AM)
1	Welcome & Announcements	Leslie Amani (Facilitator)	9:00 - 9:03
2	School Districts & COVID-19 Vaccine	NIsha Gandhi (CDPH)	9:03 – 9:05
3	Administration & Allocation	Amy Pine (CDPH)	9:05 – 9:10
4	Pediatric Vaccination Update	Rob Schechter, MD (CDPH)	9:10 – 9:15
5	TPA Update	Paul Brown & Jeff Merritt (TPA)	9:15 – 9:20
	Q&A for Pediatric Vaccination / TPA		
6	My Turn & myCAvax Update	Eric Norton (My Turn), Claudia Aguiluz & Nisha Gandhi (CDPH)	9:30 – 9:40
7	Clinical Update	Louise McNitt, MD (CDPH)	9:40 – 9:45
8	Storage & Handling	Kate McHugh (CDPH)	9:45 – 9:50
9	Wrap-Up & Feedback Poll	Leslie Amani (Facilitator)	
Q&A for My Turn/myCAvax / General 9:			



Announcements



Pfizer-BioNTech COVID-19 Vaccine for Adolescents



Today, Friday, May 14, 11AM-12PM, PST





COCA Call





COCA Call: Link to Join

Dial-in US:

US:+1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590

Webinar ID: 161 316 1163

Passcode: 810483



Program Updates

Program Enrollment

My Turn Onboarding

Vaccine Management

Vaccine Administration

Reporting Requirements

Archived Communications

Provider Support

Patient Resources

COVID Call Center

Email: For Program Info

Phone: (833) 502-1245 Hours: Mon-Fri, 8AM-8PM

mvCAvax Help Desk

Phone: (833) 502-1245,

Manufacturer Contacts

Email: For Onboarding,

Clinic Translation Line:

Third Party Administrator

Email: For Allocations,

TPA Agreement,

General Questions

Technical Support Help Desk: (415) 621-9494

Sun-Sat, 7AM-7PM

(833) 980-3933.

M-F 8AM-8PM, Sun-Sat 8AM-5PM

option 2

Vaccines

My Turn

Email: For Technical Support

California COVID-19 Vaccination Program

Stay informed! Provider Resources on eziz.org/covid

Frequent Content Updates:

- Alerts
- **Program Enrollment**
- My Turn Onboarding
- Reporting Requirements
- Patient Resources
- **Archived Communications**
- Education & Support **Materials**
- More to explore!



Program Updates

The state of California signed a Third Party Administrator (TPA) contract wit Shield of California to help the state optimize and accelerate COVID-19 vac allocation and distribution equitably, efficiently, and safely throughout the s TPA is working closely with local health departments to identify facilities tha the capacity to properly maintain COVID-19 vaccine and meet additional fee state requirements.

Providers currently enrolled or in the process of enrolling in the California C Vaccination Program can access program-related resources and communica Vaccinate ALL 58 this website.



Program Education and Support

- Provider Office Hours and myCAvax Training Sessions
- COVID Call Center and Vaccine Manufacturers' Contact Info
- Guide to Other COVID-19 Vaccine Related Websites
- Frequently Asked Questions Updated 5/6



Alerts:

Providers of Pediatric Services

- How to Enroll in the California COVID-19 Vaccination Program webinar 5/11
- Read about changes to requirements for non-TPA-contracted providers of pediatric services, individual practitioners, small group practices for COVID-19 Vaccine Program and Network
- What Clinicians Need to Know About Pfizer-BioNTech COVID-19 Vaccination of Adolescents (CDC Webinar): Friday, May 14, 2021, 11 AM - 12 PM PT

myCAvax Users: We Need Your Feedback

• Please take the survey for your user type: Provider or LHD/MCE by 7:00 p.m. on May 18.

Submit Vaccine Capacity Form by 4pm Monday

Providers in the TPA Network need to complete the Capacity Form by 4pm Monday, every week. Please submit the form even if you do not need doses for the following week.

TPA Information

- TPA-Direct Allocation Process and Cadence
- Changes to requirements for non-TPA-contracted pediatricians, individual practitioners and small group practices for participation in COVID-19 Vaccine Program and Network
- TPA and My Turn Presentations at Provider Office Hours





Provider FAQs

- Answers to Provider questions
- Updated weekly: Last updated 05.13.2021
- Currently in its 19th iteration!



A: No. The TPA agreement is optional for new pediatric Providers. For information on how to enroll in the California COVID-19 Vaccination Program, please visit <u>Steps to Enrollment for Providers of Pediatric Services</u>.



Q: Do Providers need to be enrolled in the Vaccines for Children (VFC) Program to enroll in the California COVID-19 Vaccination Program?

A: No. All Providers with pediatric populations aged 12-17 who meet the requirements of the program and agree to the CDC COVID-19 Vaccination Program Provider Agreement may enroll in the California COVID-19 Vaccination Program. To review program requirements, please visit Steps to Enrollment for Providers of Pediatric Services.



Q: Can pediatric Providers also vaccinate family members of pediatric patients?

A: Yes. Although not required, pediatric Providers are encouraged to vaccinate family members of pediatric patients. Pediatric Providers must report all vaccine administration data to the immunization registry (IIS) through My Turn or the California Immunization Registry (CAIR). For more information about enrolling with a local registry, please visit Steps to Enrollment for Providers of Pediatric Services.

California COVID-19	Vaccination Program	ı Provider FAQ
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For Prospective, Newly Enrolled, and Current California COVID-19 Vaccine Providers.

Providers may also visit California COVID-19 Vaccination Program for information and updates.

Directions: Click on a category to be directed to related FAQs.

Contents

New and Updated FAQs	
Vaccine Program Management	
Provider Enrollment	
Allocation	
Ordering	
Distribution/Redistribution	1
Vaccine Storage & Handling	1
Phases & Tiers	1
Vaccine Administration	
Inventory	
Reporting	
Costs & Reimbursement	
Communication Resources	4



Link: Provider FAQs on EZIZ:



We Appreciate Your Feedback!

- ➤ We will have a short, 1-question poll at the end of our agenda items.
- ▶ Please complete our poll!





School Districts and COVID-19 Vaccine

Nisha Gandhi, CDPH



School Districts as Vaccine Providers

- School districts have expressed an interest in becoming COVID-19 vaccine providers.
- Information is expected to be distributed to school districts to assist them in the enrollment process.
- We are encouraging districts who can't meet the requirements to become a provider or who don't wish to enroll but want to become sites for vaccination to partner with a provider in the community or their local health department.



Administration & Allocation

Amy Pine, CDPH



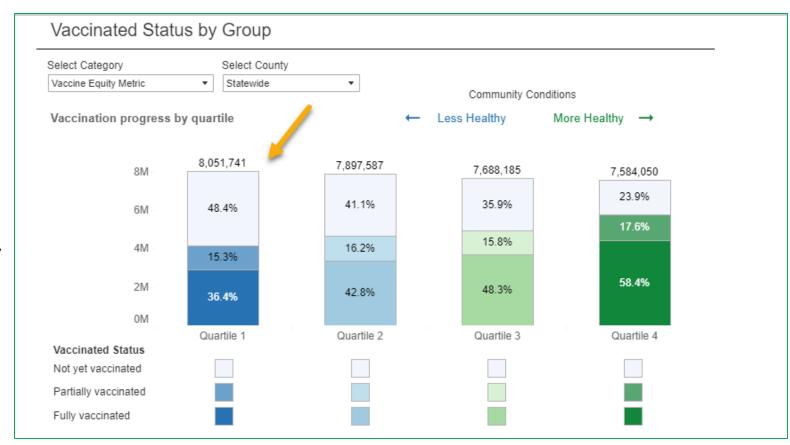
Doses Administered to Date (5/12/2021)

33,352,542 doses administered!

62.6% of 16+ population has received at least one dose!

46.7% of 16+ population is fully protected.

GOAL: protect/immunize at least 75% of Q1 population.



California's Allocations (as of 5/11/21)

1st Dose Vaccine (week of 5/10/21)	Doses	Boxes
Janssen	0	0
Moderna	438,000	4,380
Pfizer	575,640	492
Total	1,013,640	4,872
Cumulative 42,360,380 Total Doses Delivered!		



Dose/Allocation Source	Program State or Pharmacy	Doses Shipped	Doses Delivered
Direct Federal Allocation	Dialysis Partnership	10,530	10,530
Direct Federal Allocation	FEMA	755,430	755,430
Direct Federal Allocation	HRSA-Funded Health Centers	2,724,330	2,724,130
Direct Federal Allocation	Pharmacy Partnership	9,460,820	9,248,150
Federal Doses	Federal Entity	1,097,740	1,085,910
State Allocation	Jurisdiction	29,980,765	29,622,140
Totals		44,029,615	43,446,290
Totals Minus Fed		42,931,875	42,360,380

Posted on COVID19.CA.Gov/Vaccine Dashboard Website:

- Overview of vaccine administration
- √ <u>Vaccination progress by group</u>
- Vaccinating equitably across groups





Pfizer BioNTech Expanded Eligibility: Adolescent/Pediatric Vaccinations

Dr. Rob Schechter, CDPH



Vaccine Authorization Update

- Emergency Use Authorization for Pfizer-BioNTech vaccine extended to persons 12-15 years of age.
 - Fact sheets for <u>providers</u> and <u>recipients and caregivers</u> have been updated.
- ACIP voted to recommend Pfizer-BioNTech for all people 12+
 - Link to ACIP meeting slides: <u>ACIP Meetings Information | CDC</u>
- Western States Science Work Group voted to recommend Pfizer for all people 12+
- Updates to <u>Interim Clinical Considerations for Use of COVID-19 Vaccines</u> <u>CDC</u> are expected today
 - Dose volume and timing for vaccination of 12-15y/o are the same for adults:
 - 0.3ml per dose, given 21 days apart



Supporting and Expanding Adolescent Provider Network

- Efforts underway to enroll more Pediatric Providers in myCAvax and establish more redistribution hubs
- Requirements waived (optional) for new adolescent Providers
 - TPA agreement, My Turn
 - Transition to demand/order-driven model
- Enhancements in My Turn to accommodate younger vaccinees
- Increased access at retail pharmacies
- Kickoff webinar for provider recruitment held Tuesday, May 11, 2021, at 5PM.
 - o CMA, CA-AAP, CAFP, CPCA assisting in recruitment



Information for Pediatric Providers

- Webinar for Providers of Pediatric Services: How to Enroll in the California COVID-19 Vaccination Program
 - Archived <u>webinar</u> and <u>slides</u>
- COCA Call for Clinicians
 - Webinar May 14, 2021 What Clinicians Need to Know About Pfizer-BioNTech COVID-19 Vaccination of Adolescents (cdc.gov)
 - Today, Friday May 14, 2021, 11:00AM-12:00PM, PST
- Stay tuned for upcoming webinar opportunities!



TPA Update: Adolescent Strategy (12-17-year-olds)

Paul Brown & Jeff Merritt, Third Party Administrator (TPA)



TPA approach to vaccinating 12-17 population

Deep dive on next page

The State and the TPA are taking a comprehensive approach to assessing how to best vaccinate the adolescent population

The approach includes 4 pathways to vaccination for the adolescent population (e.g., 12-17)

The CMA partners with the State to engage individual pediatricians / family practice physicians (including Vaccine for Children (VFC) providers), help them onboard and prepare to receive vaccine doses



Р	athways	Description
1 pr	ndividual pediatricians/family ractice physicians (including FC¹)	CMA in partnership with the State is driving efforts with smaller pediatric practices/individual pediatricians/VFC ¹ (no TPA Network participation required)
	ederally qualified health centers FQHCs)	FQHCs that are part of the TPA network employ a variety of clinician types incl. pediatricians and are more accessible to population in HPI Q1 areas
3 M	Julti-county entities (MCEs)	Major health systems (Adventist, AHMC, Dignity, Kaiser, Providence, Sutter, UC systems) are already part of the TPA network and employ or have affiliations with a variety of clinicians including pediatricians and family medicine physicians
4 N	Ion-MCE health systems	Non-MCE health systems already part of the TPA network that have capacity to treat the pediatric patient population (e.g., children's hospitals)
5	school districts partnering with LHJs)	Schools may serve as convenient vaccination sites for adolescents. 3rd-party providers (e.g., Optum, Color) would potentially administer vaccines. Involves collaboration and partnership with LHJs

1. Vaccines for Children

Source: TPA Network workstream



1. Individual pediatricians/family practice physicians through CMA

To further expand capacity for vaccinating population aged 12-17, the CMA will drive efforts to directly partner with individual pediatricians and family practice physicians (including those associated with Vaccines for Children program)

Roles and responsibilities

Individual pediatricians/ family practice physicians	 Enroll in myCAVax (if not already enrolled) Use MyTurn if they do not have EMR currently sending data to CAIR Administer vaccines to the adolescent population aged 12-17 (can also vaccinate adult family members who are not yet vaccinated)
CDPH and CMA	 Identify and engage individual pediatricians and family practice physicians in CA (e.g., VFC) who are willing to administer COVID-19 vaccines Provide full-service support to providers with MyTurn and myCAVax onboarding
LHJs	Collaborate with CDPH, CMA, and TPA to ensure new providers are receiving allocations
TPA	 Provide support for providers who are already contracted with the TPA or with whom the TPA has already initiated outreach Collaborate with CDPH, CMA, and LHJs to allocate doses to new providers



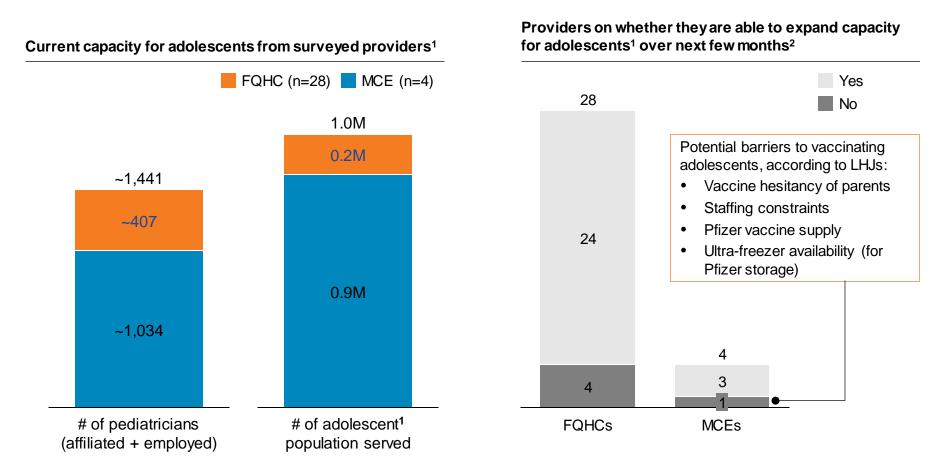
New providers onboarded through the CMA's efforts will:

- not participate in the TPA network
- be able to register as either closed or open clinic

Source: TPA Netw ork Workstream



2 & 3. Current TPA network capacity from FQHCs and MCEs



- Survey responses received as **of May 10**:
- 28 FQHCs, out of
 116 in-network
 FQHCs treating
 pediatric population³
- 4 MCEs, out of 7 innetwork MCEs treating pediatric population³
- Together, the 32 providers who responded:
 - treat ~1M
 adolescent¹ patients
 or ~34% of total CA
 adolescent¹
 population
 - represent ~600K doses/week in total potential capacity⁴

- 1. Population aged 12-17, w hich totals ~3M in CA state
- 2. Question asked in survey: "Do you have the ability to increase capacity for vaccinating ages 12-17 over next few months?"
- 3. As self-reported by providers on my CAVax; includes children's hospitals
- 4. Question asked in survey: "How much capacity do you have for vaccinating ages 12-17 population per w eek?" Does not factor in ULT capacity for Pfizer doses

Source: Adolescent provider outreach questionnaire (responses received as of 5/10/2021); total CA population figures from 2015-2019 American Community Survey 5-year estimates, table S0101



FAQs: TPA approach to vaccinating adolescents

1. How is the TPA thinking about expansion of eligibility?

- The TPA is taking a comprehensive approach to vaccinating adolescents, including the following 4 "pathways" to vaccination
 - Individual pediatricians/family practice physicians partnering with CMA
 - FQHCs in TPA network
 - MCEs in TPA network
 - School districts (in partnership with LHJs)

2. Will new pediatricians/family practice physicians become part of the network? Will new providers sign a contract with the TPA?

 Pediatricians and family practice physicians will be part of the State vaccination network; however, they are not required to sign TPA contracts. Pediatricians and family practice physicians will partner directly with CDPH to join the vaccination network

3. Will new pediatrician/family practice physicians be required to use MyTurn?

 Yes, providers will be required to use MyTurn, unless they have existing EMR that sends data to California Immunization Registry (CAIR)

4. Will the LHJs become the central repository for vaccine for smaller practice providers?

To be confirmed for each LHJ (CDPH/CMA are currently in discussion with LHJs)

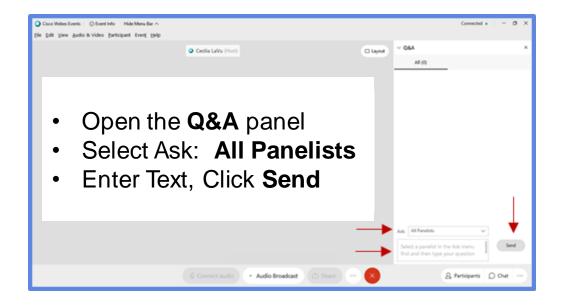
Source: TPA Netw ork w orkstream



Provider Office Hours Q&A

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

Q&A Panel







My Turn and myCAvax Update

Eric Norton, Claudia Aguiluz & Nisha Gandhi







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- New Home Page: Walk-In Clinics
- Consent Process for Minors
- myCAvax Release 9 Enhancements
- myCAvax Survey Update



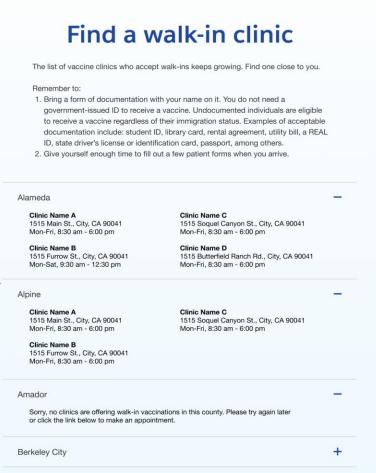
New Home Page: Walk-In Clinics

Residents can now view a list of clinics that do not require appointments and readily accept walk-ins.

The COVID-19 vaccine is here Hello Now it's your turn Safe, free, and effective COVID-19 vaccines are now available to everyone age 16 and up. Let's end this pandemic. Check for available appointments and book your vaccination as soon as you can Start here Find a walk-in clinic Hundreds of COVID-19 vaccine clinics now accept walk-ins. And the list is growing every Or book your appointment There are thousands of My Turn clinics. Simply answer a few quick questions, choose your location, then select a date & time. Find an appointment

We added a button to "find walk-in clinics" on the new landing page

The button takes users to a page that lists out all clinics accepting walkins, sorted by county



Butte

Calaveras



Consent Process for Minors

Once approved, 12–15-year-olds can book appointments for the **Pfizer vaccine** on My Turn. Residents will be prompted to check each LHJ's specific consent guidelines by clicking "Find out more" if scheduling for a minor.

✓ 12○ 13 - 17○ 18 and older	A parent required scheduling
I certify that I, the person completing the registration process, is over the age of 18 years old. Parent/guardian name	Parent/G number o optional.
Parent/guardian phone number Please enter a valid mobile number (555-555-5555)	13–17-ye Parent/G
Parent/guardian address (optional) Please enter parent/guardian address if different than minor's (Street address, City, State, Zip code)	number,

olds:

or guardian (18+) will be to attest that they are ng for the minor.

Guardian name and phone are required; address is

ar-olds:

Guardian name, phone and address are optional.

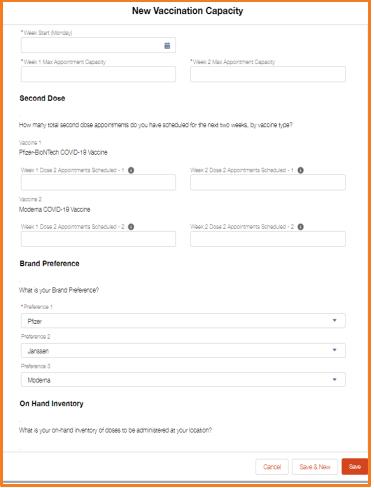
Please select the patient's age range
If scheduling for a minor, please check with your local health department on consent requirements. <u>Find out more</u>
O 12
✓ 13 - 17
18 and older
I certify that I am at least 18 years of age, or the parent or legal guardian of the minor patient.
Parent/guardian name (optional)
Parent/guardian phone number (optional)
Please enter a valid mobile number (555-555-5555)
Parent (quardian address (antional)
Parent/guardian address (optional) Please enter parent/guardian address if different than minor's (Street address, City, State, Zip code)

Release 9 Enhancements

New functionality and enhancements are available in the myCAvax system today! Providers will notice the following changes:

ENHANCEMENTS	RATIONALE	
 The Vaccination Capacity	 Providers can specify their	
Report includes a new	vaccine brand preference in	
Vaccine Brand Preference	the Vaccination Capacity	
section	Report	
 The Vaccination Capacity	 Improves organization and	
Report is updated to include	usability of the Vaccination	
section names	Capacity Report	











New functionality and enhancements are available in the myCAvax system this week! Providers will notice the following changes:

ENHANCEMENTS	RATIONALE
 The system directly notifies Providers of rejected Vaccine Order Requests by sending an automated email 	 Providers are notified quickly when Vaccine Order Requests are rejected for better and faster visibility
 LHD Name and Inventory Number are added to the Order Record 	 CDPH can reconcile the LHD inventory that an order is placed against
Audit History turned on for new objects related to myCAvax	 CDPH can view detailed information pertaining to changes made on Accounts, LHD/MCE & CDPH Virtual Inventories, as well as Allocations

myCAvax Survey Update!



Reminder – Give us your feedback! Survey Open until May 20

Your responses help us to improve the support you need.



In less than 5 minutes, you can help us help you.

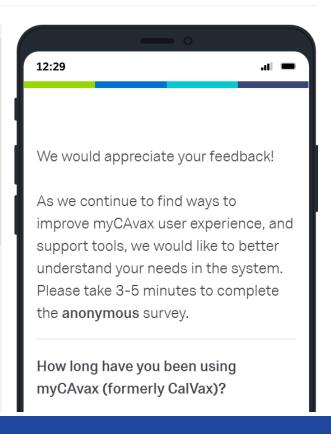
We would appreciate your feedback!

As we continue to find ways to improve myCAvax user experience, and support tools, we would like to better understand your needs in the system. Please take 3-5 minutes to complete the **anonymous** survey.

How long have you been using myCAvax (formerly CalVax)?

Have not used

Less than a month



Clinical Update

Louise McNitt, MD, CDPH



Co-administration

 The <u>American Academy of Pediatrics</u> supports coadministration of routine childhood and adolescent immunizations with COVID-19 vaccines (or vaccination in the days before or after) for children and adolescents who are behind on or due for immunizations and/or at increased risk from vaccine-preventable diseases.



- CDC expected to provide similar guidance soon.
 - Check <u>Interim Clinical Considerations for Use of</u>
 <u>COVID-19 Vaccines | CDC</u> for updates.



Thrombocytopenia with Thrombosis Syndrome

- As of 5/7/21, 28-cases of thrombocytopenia with thrombosis syndrome (TTS) reported to VAERs in patients who received Janssen (J&J) vaccine
- 22-reports of cases in women, 8 reports in men
- Most cases (18 ct.) were in women aged 18-49
- Highest report rates in women 30-49y/o
 - 30-39y/o: 12.4 per million
 - 40-49y/o: 9.4 per million
- Reporting rates in men are lower
 - Highest rate in men 18-29y/o: 2.8 per million
- No reports in 65+ population



Thrombocytopenia with Thrombosis Syndrome

- Thrombocytopenia with Thrombosis Syndrom (TTS) is a rare, clinically serious and potentially life-threatening condition with plausible causal association with the Janssen COVID-19 vaccine.
- Clinical features of TTS following Janssen vaccination is similar to what is being observed following AstraZeneca vaccination.
- Recognize TTS early and initiate appropriate treatment.
 - Do not treat with heparin unless heparin-PF4 ELISA HIT (heparin-induced thrombocytopenia) antibody testing is negative.
 - Clinical information
 - COCA Call on the Janssen COVID-19 Vaccine and Thrombosis with Thrombocytopenia syndrome.
 - Clinical guidelines from the American Society of Hematology: <u>Thrombosis with</u> <u>Thrombocytopenia Syndrome - Hematology.org</u>



Thrombocytopenia with Thrombosis Syndrome

- CDC review of risk benefit analysis supports continued use of Janssen COVID-19 vaccine in the U.S.
- No change to current recommendations on the use of Janssen COVID-19 vaccine in all people 18+.
- Janssen vaccine recipients should continue to receive information on risk of TTS provided in <u>EUA Fact Sheet</u>.
- Providers should continue to report adverse events related to vaccination to the Vaccine Adverse Event Reporting System at https://vaers.hhs.gov/reportevent.html.



Vaccine Effectiveness (VE) Updates

- Initial COVID-19 VE estimates from recently published reports demonstrate consistent results across studies with a variety of methods and in different populations.
 - Studies show >80% to upper 90% vaccine effectiveness against hospitalization and death.
- CDC VE assessments ongoing with outcomes including
 - VE against MIS-C (Multisystem Inflammatory Syndrome in Children)
 - Impact of variants on VE
 - Duration of protection (to assess need for booster doses)
 - VE in outbreak settings (LTCF, corrections)



VE and SARS-CoV-2 Variants

- B.1.1.7 most prevalent variant in the US
 - Preliminary data shows minimal impact on VE
 - Continue to monitor for additional mutations that may affect VE
- B.1.351 currently <1% of variants sequenced
 - Moderate impact on VE for some vaccines
 - All FDA-authorized vaccines appear to provide protection against severe disease.
- P.1 prevalence increasing in US
 - Same 3 receptor binding domain mutations as B.1.351
 - Additional data is needed on the potential impact on VE
- FDA-authorized vaccines offer protection against SARS-CoV-2 variants.
- Monitoring of variants and VE is ongoing
- Increased vaccine coverage can mitigate impact of variants.



Recommendations for People Vaccinated Outside the U.S.A.

Complete series with WHO-authorized vaccine – do not need to repeat dose

• Partially vaccinated or vaccinated with non-WHO approved vaccine — offer

FDA-authorized vaccine

 Wait at least 28 days from last dose of unauthorized vaccine

WHO authorized vaccines

- Pfizer-BioNTech
- o Moderna
- o Janssen
- AstraZeneca/Serum Institute of India
- Sinopharm/BIBP*

	Manufacturer / WHO EUL holder	Name of Vaccine	NRA of Record	Platform
1.	Pfizer BIONTECH	BNT162b2/COMIRNATY Tozinameran (INN)	EMA	Nucleoside modified mNRA
2.	AstraZeneca 🔁 🗏 correso	AZD1222	EMA	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.
3.	AstraZeneca 2 Coxicou	AZD1222	MFDS KOREA	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.
4.	SERUM INSTITUTE OF INDIA PVT. LTD. Cyrus Feenavalla Group	Covishield (ChAdOx1_nCoV- 19)	DCGI	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.
5.	Janssen Infectious Diseases 6 Vactines	Ad26.COV2.S	EMA	Recombinant, replication- incompetent adenovirus type 26 (Ad26) vectored vaccine encoding the (SARS-CoV-2) Spike (S) protein
6.	moderna	mRNA-1273	EMA	mNRA-based vaccine encapsulated in lipid nanoparticle (LNP)
7.	Sinopharm / BIBP ¹	SARS-CoV-2 Vaccine (Vero Cell), Inactivated (InCoV)	NMPA	Inactivated, produced in Vero cells



Appropriate needle length for adolescents

Q: What sized needles will be included in the COVID-19 vaccine ancillary kits for vaccinating adolescents?

A: 1-inch needles will be provided in the ancillary kits for adolescent COVID-19 vaccination.

According to the CDC, for children 11-18 years old, a 5/8"- to 1-inch (16–25mm) 22- to 25-gauge needle can be used for intramuscular injection. The 5/8" needles can only be used if the skin is stretched tightly and subcutaneous tissues are not bunched.

https://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html



Storage & Handling

Kate McHugh, CDPH



Opportunities to Vaccinate vs. Wasting Doses? Choose Vaccination!

- CDC has recommended focusing on "no missed opportunities" in vaccination efforts:
 - This means do not turn people away at vaccination sites, because they might not come back!
 - If you need to open a vial to vaccinate a small number of people at the end of the day and will have doses leftover, that is ok
 - Continue efforts to minimize waste
 - o <u>Important</u>: Continue to report any waste!



Written Guidance for Vaccinating Patients vs. Wasting Doses

- FAQ: CDC recommends providers administer the COVID-19 vaccine to all eligible patients at vaccination sites even if this requires puncturing a new vial without administering all doses. Providers should minimize waste, when possible, and continue to report any waste. Please see Repositioning Vaccines:
 Guidance for Clinics for complete guidance.
- Discussed in the new provider lesson:
 - o Vaccine Management



Vaccine Management Plan

- We have posted a COVID-19 Vaccine Management Plan template to EZIZ
 - o IMM-1362.pdf (eziz.org)
- We encourage every provider to have a vaccine management plan
 - Can use your own plans or the template provided, but should include all the same basic details, like staff roles/contact information, emergency contact information, storage unit information, daily/weekly tasks, emergency planning, etc.



Beyond Use and Expiration Dates

- Please check beyond use dates and expiration dates regularly
 - Think about how many doses you can realistically administer by the beyond use date/expiration date
- As vaccine uptake has slowed, many providers are running into beyond use or expiration date issues
- TPA/CDPH working together to try to find homes for these vaccines, but it may take a while or not be possible due to excess inventory around the state
- When it gets close to expiration, please let us know!
 - If you have not already done so, notify your local health department in case those doses can be used elsewhere in the county or contact <u>covidcallcenter@cdph.ca.gov</u>
- Many of these doses are Moderna that were put in the fridge too soon! Avoid removing Moderna from your freezer until you know you can use it.



Wrap-Up

Leslie Amani, CDPH



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







Where can I go for additional help?

Vaccinate ALL 58 together we can end the pandemic.	
Type of Support	Description Updated 4/6/2
Signing the TPA Provider Agreement	 Send an email to the TPA Network Contracting team if you are interested in signing a TPA provider agreement to join the enhanced COVID-19 Vaccine Network. The team is working through a high volume of requests and will continue doing so during the next several weeks. They will contact you at their first opportunity to walk you through the agreement. Email: CovidVaccineNetwork@blueshieldca.com
Allocation process inquiries	This email box is being managed by a TPA team that is partnering with the State to set up the new site-level direct allocation process. They will obtain answers for you and respond to you. If you are representing a Local Health Jurisdiction (LHJ)/County, it will be forwarded directly to your TPA representative for your LHJ/County, who will respond to you. Email: TPA_Allocations@blueshieldca.com (Note the underscore "_" between TPA and allocations.)
myCAvax help desk	 Dedicated staff provides up-to-date information and technical support through myCAvax help desk: myCAvax.HD@Accenture.com or (833)-502-1245, option 2. "411" myCAvax webinar training sessions are currently being scheduled each week. Send an email to the above address to inquire about the session schedule and invitation.
My Turn/My Clinic help desk	For Onboarding (those in the process of onboarding): myturnonboarding@cdph.ca.gov For Technical Support: MyTurn.Clinic.HD@Accenture.com ; (415) 621-9494: Daily (including Saturdays and Sundays) 7AM–7PM For job aids and demo and training opportunities: https://eziz.org/covid/myturn/
COVID-19 Call Center for Providers/LHJs	The COVID-19 Call Center for Providers is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution. • Email: covidcallcenter@cdph.ca.gov • Phone: (833) 502-1245 (Monday through Friday from 8AM–8PM)
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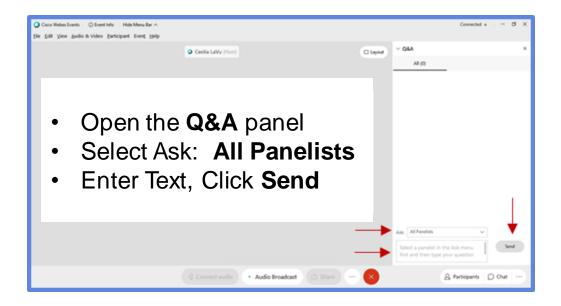
TPAgeneral inquiry

This email box is being managed by a team at the TPA who will either respond to you directly with an answer to your general question or forward your question/request to the specialized team managing the information you are seeking, so that team can respond to you directly. Email: TPA Inquiry@blueshieldca.com (Note the underscore "_" between TPA and allocations.)

Provider Office Hours Q&A

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

Q&A Panel





Thank you!



Next Monday:

My Turn & myCAvax Office Hours

Monday, May 17th 12:00 PM

Audio Conference: 415-655-0001

Access Code: 145 995 8782

Session Number: 145 995 8782

Session Password: Immunize2020!

Next Friday:

Provider Office Hours

Friday, May 21st 9:00 AM

