Welcome to
California COVID-19 Vaccination Program
Friday Provider Office Hours

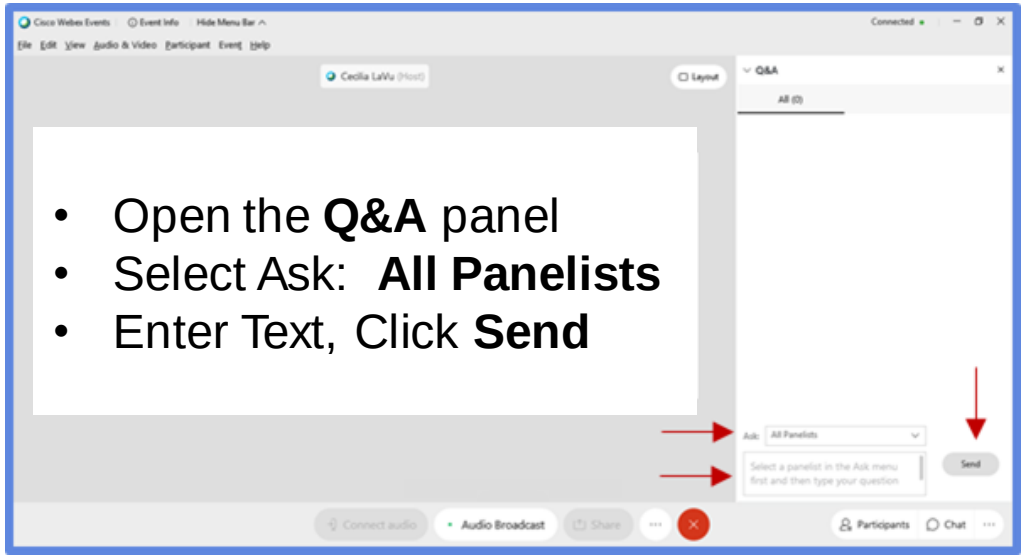
Vaccinate ALL 58
Together we can end the pandemic.

Friday, July 9, 2021

Provider Office Hours Q&A

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/

We Appreciate Your Feedback!

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

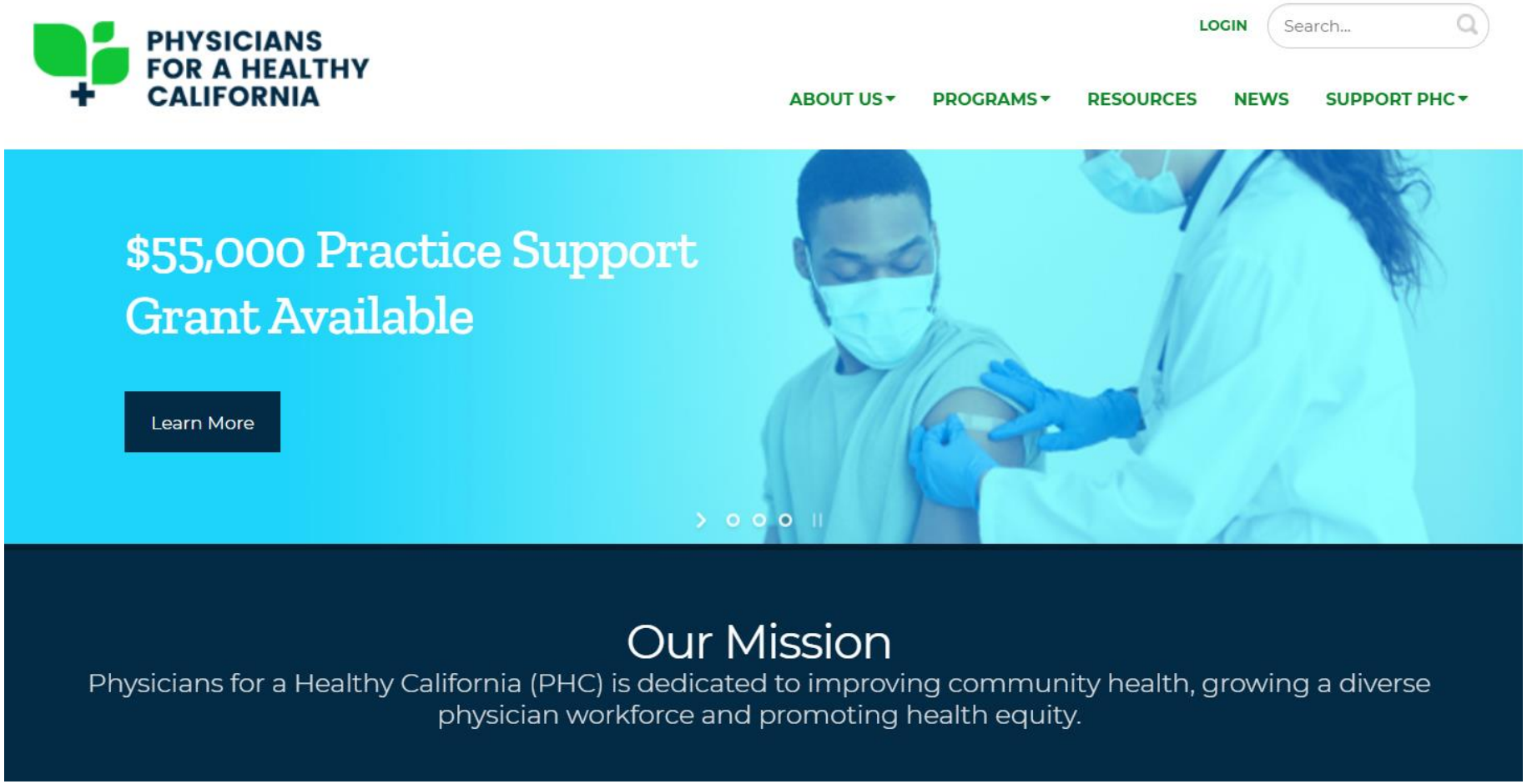
Agenda: Friday, July 9, 2021

No.	Item	Speaker	Time (AM)
1	Welcome, Announcements & Poll	Leslie Amani (Moderator)	9:00 – 9:02
2	Allocation / Administration	Amy Pine (CDPH)	9:02 – 9:05
3	Communications Update	Cielo Avalos (CDPH)	9:05 – 9:10
4	CalVaxGrant	Mike Steenburgh (CMA)	9:10 – 9:15
5	Delta Variants	Carol Glaser, MD (CDPH)	9:15 – 9:25
Q & A – CalVaxGrant / General			9:25 – 9:35
6	My Turn & myCAvax	Maria Volk, (CDPH)	9:35 – 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 (Moderator)	9:50
Q & A - General			9:50 – 10:00

Announcements

CalVaxGrant Information

The CalVaxGrant application Cycle: July 12- August 13, 2021



[Physicians for A Healthy California CalVaxGrant Link]

Social Engagement:
My Turn & Beyond the Blueprint

[Vaccine 12+ (Summer) - YouTube]

[Beyond The Blueprint (Mi Gente) - YouTube]

COVID-19 Vaccine
Webinars and Training for Providers: **Week of July 12, 2021**

Note: Calendar subject to change

	Monday 7/12	Tuesday 7/13	Wednesday 7/14	Thursday 7/15	Friday 7/16
myCAvax	**myCAvax Vaccine Order Request – with Q&A** *10 am – 10:30 am* *PW: myCAvax2021!*	**Provider 101 Enrollment** *10 am – 11 am* *PW: myCAvax2021!* **What's New in myCAvax** *1:00 pm – 1:30 pm* *PW: myCAvax2021!*	**Provider 101 Enrollment** *10 am – 11 am* *PW: myCAvax2021!*		
Combo			**myCAvax Office Hours and My Turn Onboarding** *1 pm – 2 pm*		**Provider Office Hours** *9 am – 10 am* *PW: Immunize2021!*
My Turn		**Introduction to My Turn Onboarding** *1 pm – 2 pm*		**Introduction to My Turn Onboarding** *1 pm – 2 pm*	

Help

Website: www.eziz.org/covid
General email: covidcallcenter@cdph.ca.gov
CDPH Provider Call Center: 1-833-502-1245, 8am-6pm

FAQs: https://eziz.org/assets/docs/COVID19/Vax58ProviderFAQs.pdf
Allocation email: tpa_allocations@blueshieldca.com
My Turn email: myturnonboarding@cdph.ca.gov

= training

= webinar or office hours

Vaccinate ALL 58

Last updated: 7/8/21

Free Training: COVID-19 Vaccine Communications

by California COVID-19 Virtual Training Academy

Objectives:

- Provide answers to FAQs about the safety, efficacy, availability, and access to COVID-19 vaccines.
- Identify barriers and enablers of vaccination, especially among communities most impacted by the pandemic.
- Apply principles of health coaching, motivational interviewing, and cultural humility to support vaccine decision making.

Register here! Includes 3-hours online self-study and 4-hours live webinar

Training Dates

July 2021

- English courses: 7/14/21 and 7/28/21
- Spanish course: 7/15/21

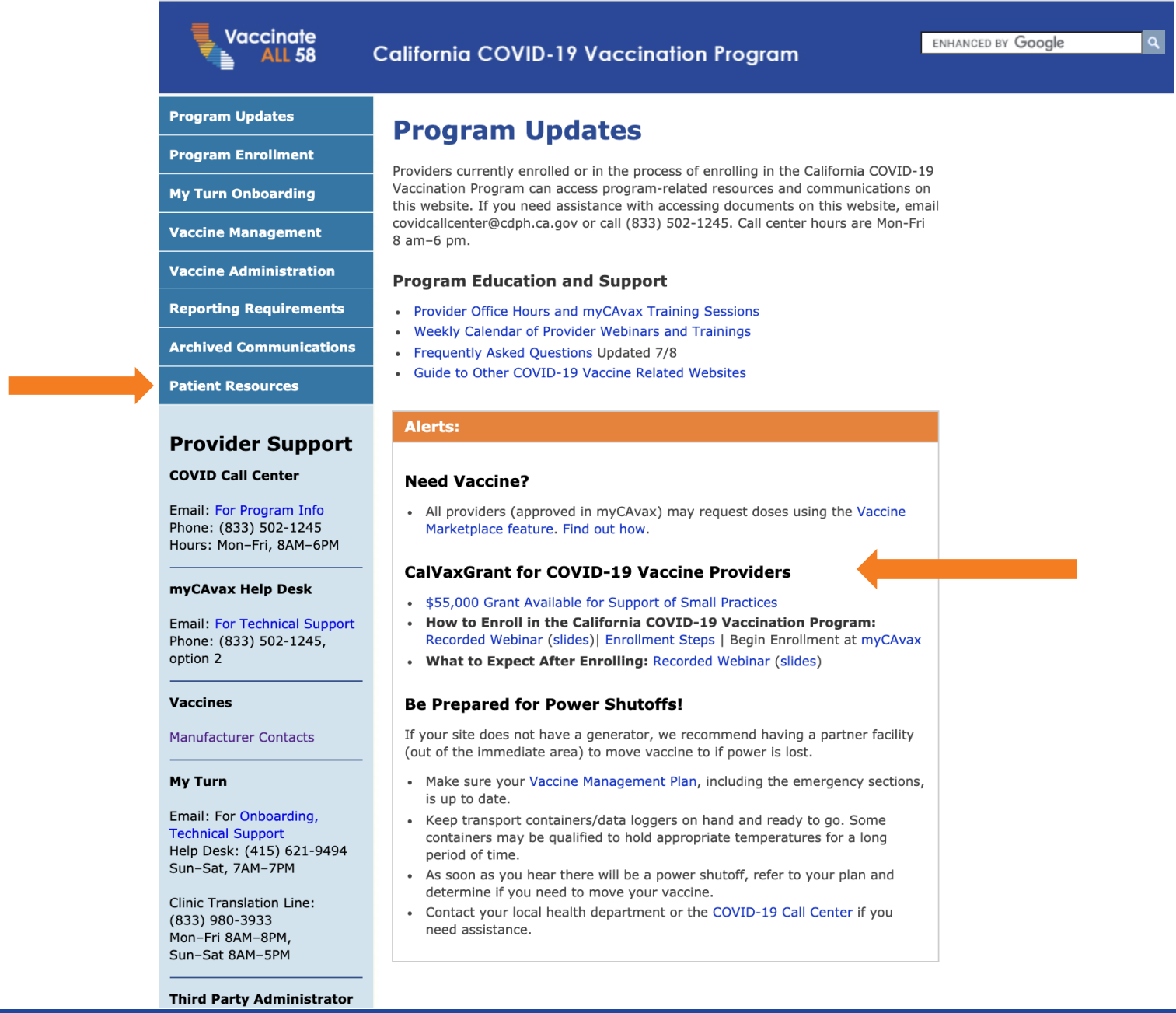
August 2021

- English courses: 8/6/21 and 8/25/21
- Spanish course: 8/20/21

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!



COVID-19 Vaccine Provider FAQs

- **Answers to Provider questions**
- **Updated weekly: Last updated 07.08.2021**
- **Currently in its 27th iteration!**

New ***Q: Where can COVID-19 vaccine Providers submit reimbursement claims for COVID-19 vaccine administration costs for uninsured individuals?***

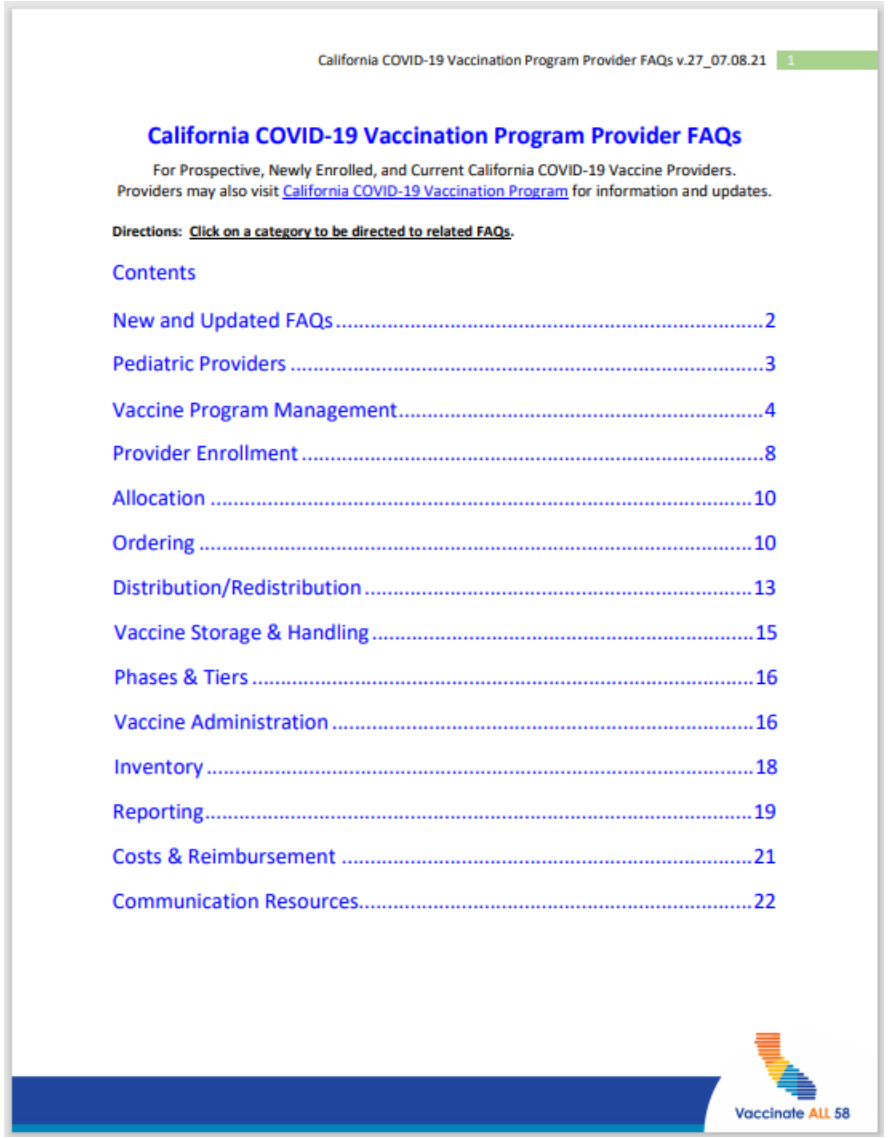
A: To submit reimbursement claims for COVID-19 vaccine administration costs for uninsured individuals, COVID-19 vaccine Providers can enroll in the Health Resources and Services Administration COVID-19 Uninsured Program.

Updated ***Q: What is the Physicians for a Healthy California CalVaxGrant program?***

A: COVID-19 Provider practices may be eligible to receive up to $55,000 to support vaccination efforts through the new CalVaxGrant program, which is administered through Physicians for a Healthy California, in collaboration with the California Department of Public Health and the California Medical Association. Medical practices with 200 or fewer physicians are eligible to participate. The CalVaxGrant application cycle runs July 12 through August 13, 2021. For more information, please visit CalVaxGrant Program and CalVaxGrant Program FAQs.

New ***Q: Do COVID-19 vaccine recipients need to provide government identification, proof of citizenship, or health insurance information to receive the COVID-19 vaccine?***

A: No. COVID-19 vaccine recipients do not need to provide government identification, proof of citizenship, nor health insurance to receive the COVID-19 vaccine.



Provider FAQs on EZIZ

Vaccine Allocation and Administration

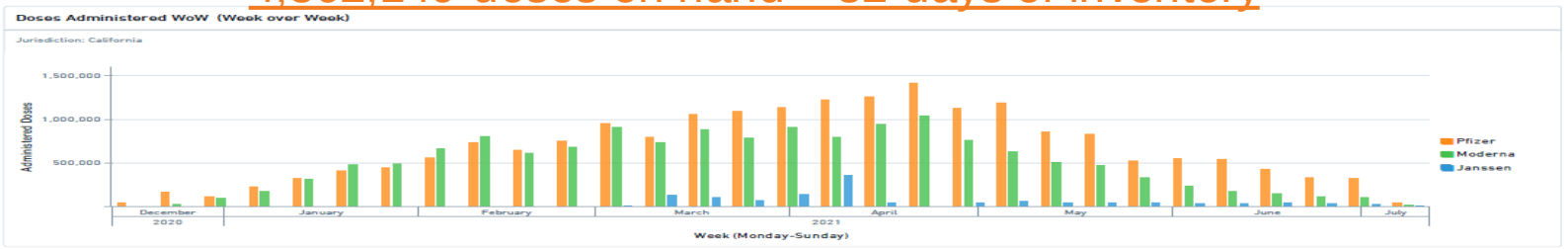
Amy Pine, CDPH

Doses administered to Date (7/07/21)

42,205,449 doses administered!

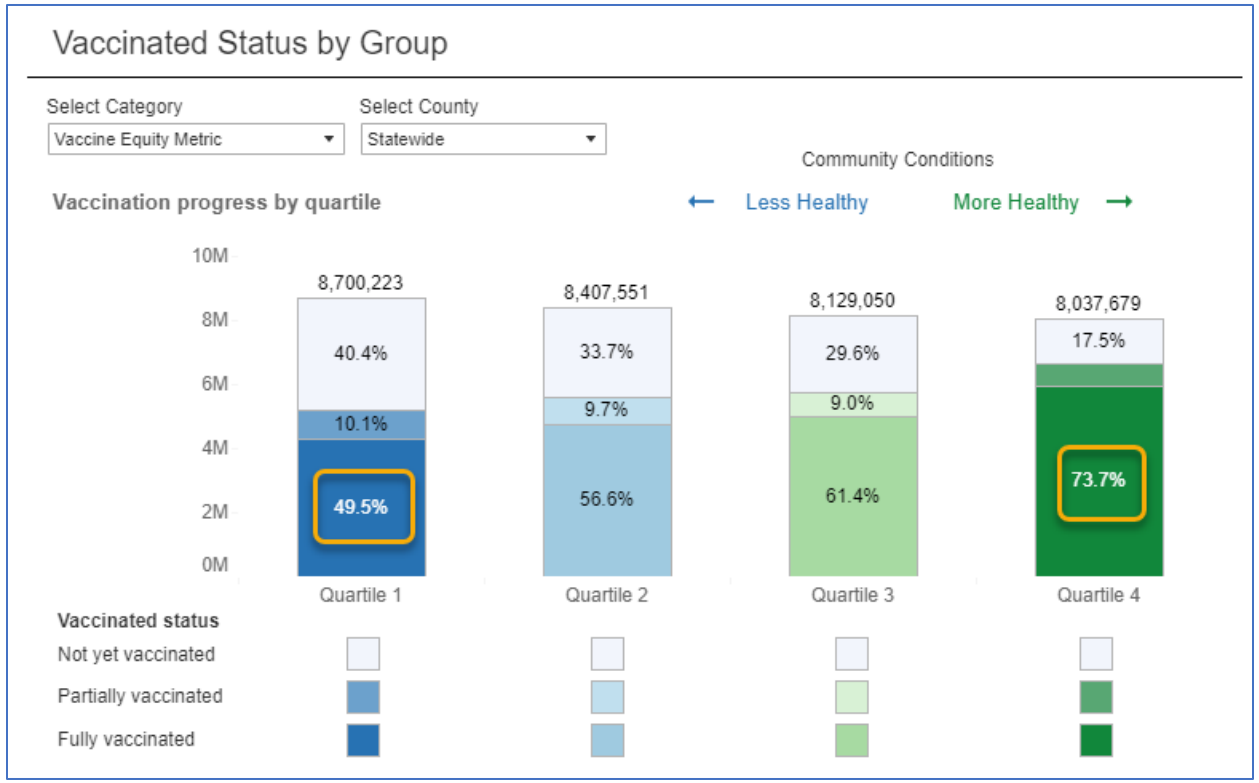
- **69.4%** of 12+ population has received at least one dose and 60% is fully protected!
- **72.09%** of 18+ population has received at least one dose and 62.62% is fully protected.

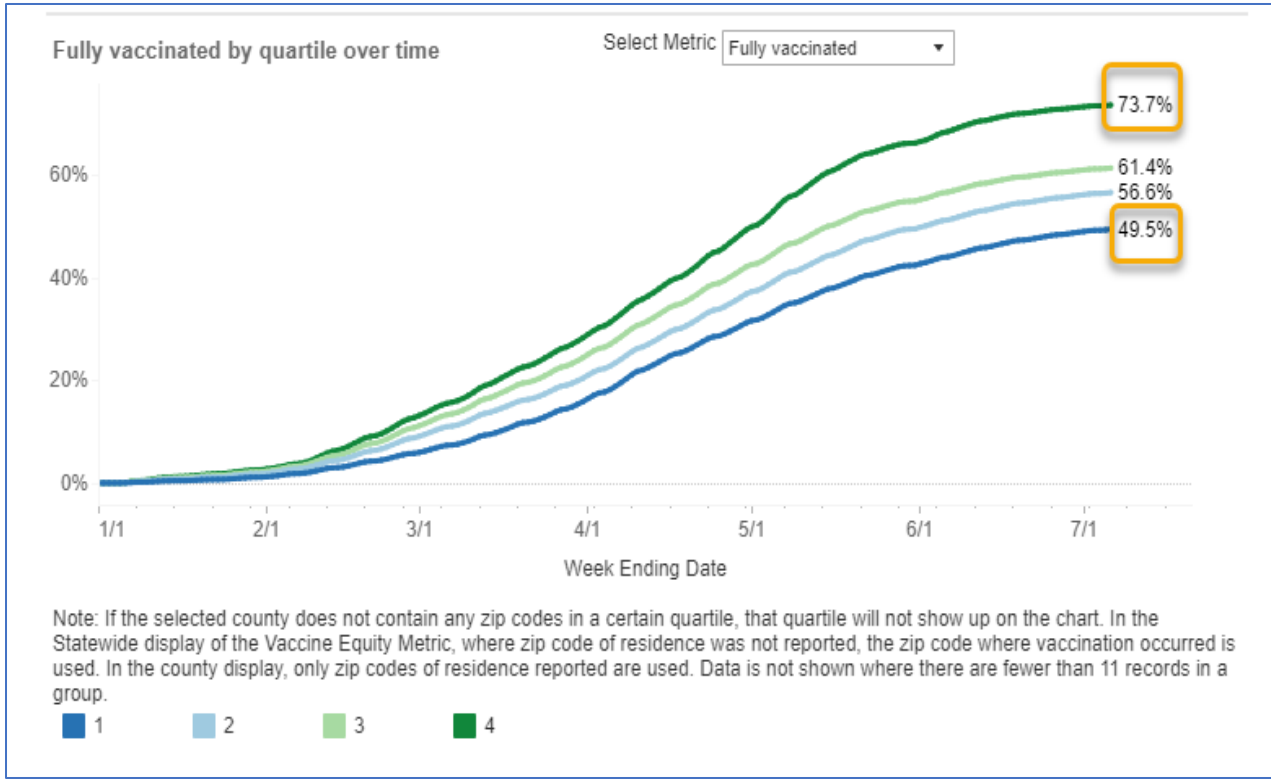
4,862,149 doses on hand – 82 days of inventory



Vaccinate ALL 58

Vaccine Equity Metric – Target of 70% for Q1





Los Angeles Times

Coronavirus cases in California rise for first time in months as Delta variant spreads

July 8 LA Times Article

Communications Update

Cielo Avalos, CDPH

Let's get to immunity.

July Week of Action: From July 5-11, the "Let's Get to Immunity" campaign continues to encourage Californians to get vaccinated. The campaign will work with health experts, partners, and influencers to implement daily tactics throughout the week of action with organic social, paid and earned media, and virtual activations.

- *7/8 Traditional Healing Tribal/AIAN Webinar*
- *Daily testimonials on @CAPublicHealth media channels*
- *Daily local engagement through digital trucks and streets teams*
- *Promotion through WeChat and World Journal*

Let's get to immunity.

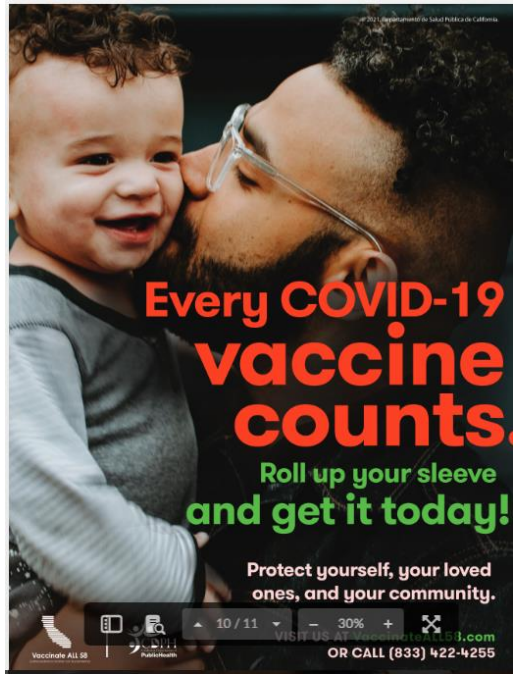
July Week of Action Toolkit: https://toolkit.covid19.ca.gov/immunity/

Let's get to immunity.

3 Toolkits:

1. COVID-19 Vaccination Toolkit
2. Small Business Toolkit
3. July WOA Toolkits:

Let's Get to Immunity Resources & Tools



CalVaxGrant Update

Mike Steenburgh, CMA

CALIFORNIA MEDICAL ASSOCIATION

PHYSICIANS FOR A HEALTHY CALIFORNIA

CalVaxGrant Physician Practice Support Grants

June 30, 2021

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Program Goal

- Funded by the California Department of Public Health (CDPH), the practice support grants will help physicians and medical practices administer COVID-19 vaccines in their community, as well as reimburse for related expenses incurred since November 2020. Allowable expenses include staffing, training, technology, infrastructure, supplies/equipment and administrative overhead.

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General Details

- Practices with up to 200 physicians can apply
- Must be registered or intend to register in myCAvax
- $40 million available
- Open application cycle: Monday, July 12 – August 13
- Program is administered by Physicians for a Healthy California (PHC)

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Block Grant

- **$10,000 per site, up to 5 sites**
- Allowable expenses (self attestation is required)
  - Staffing
  - Training
  - Technology
  - Infrastructure
  - Supplies and equipment
  - Administrative overhead
- Equity Index
  - An additional $1,000 per site (if located in high priority area)

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Eligibility Details

- Must have completed Section A of myCAvax to apply
- Must have completed Section A and B of myCAvax to receive funding
- Will spend or plan to spend $10,000 per site for up to five sites between November 1, 2020, and November 1, 2021 (self attestation)
- Have an unrestricted license and be in good standing with their licensing board
- **The CalVaxGrant is available to current Providers (retroactive).**

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Contact us!

- Website: calvaxgrant.org
- Email: calvaxgrant@phcdocs.org
- Telephone: (916) 551-2565

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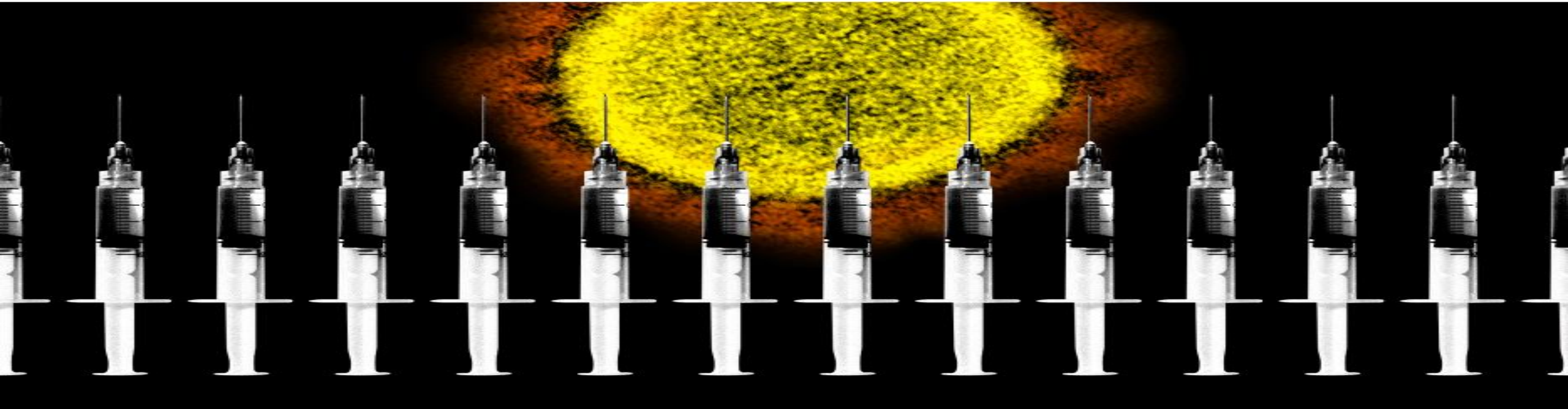
Delta Variants

Dr. Carol Glaser, CDPH

“The vaccines are still beating the variants”

The Atlantic



Viruses are constantly mutating

- Viruses constantly change through mutation that create new strains of viruses, called variants, over time
  - Some emerge and then disappear
  - Some become predominant
  - Most variant don’t have significant impact

- Become significant when they impact
  - Transmission
  - Severity
  - Testing
  - Treatment
  - Vaccine effectiveness

Delta variant is VOC (WHO and CDC)

WHO label	Pango lineage	GISAID clade/variant	Nextstrain clade	Earliest documented samples	Date of designation
Alpha	B.1.1.7	GRY (formerly GR/501Y.V1)	20I/S:501Y.V1	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351	GH/501Y.V2	20H/S:501Y.V2	South Africa, May-2020	18-Dec-2020
Gamma	P.1	GR/501Y.V3	20J/S:501Y.V3	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2	G/452R.V3	21A/S:478K	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021

Delta is VERY transmissible

- UK/Technical bulletin:
  - Delta is 35-60% better at spreading than Alpha (UK/B.1.117) (which was already 43-90% > transmissible > original virus)

Delta variant is a problem worldwide

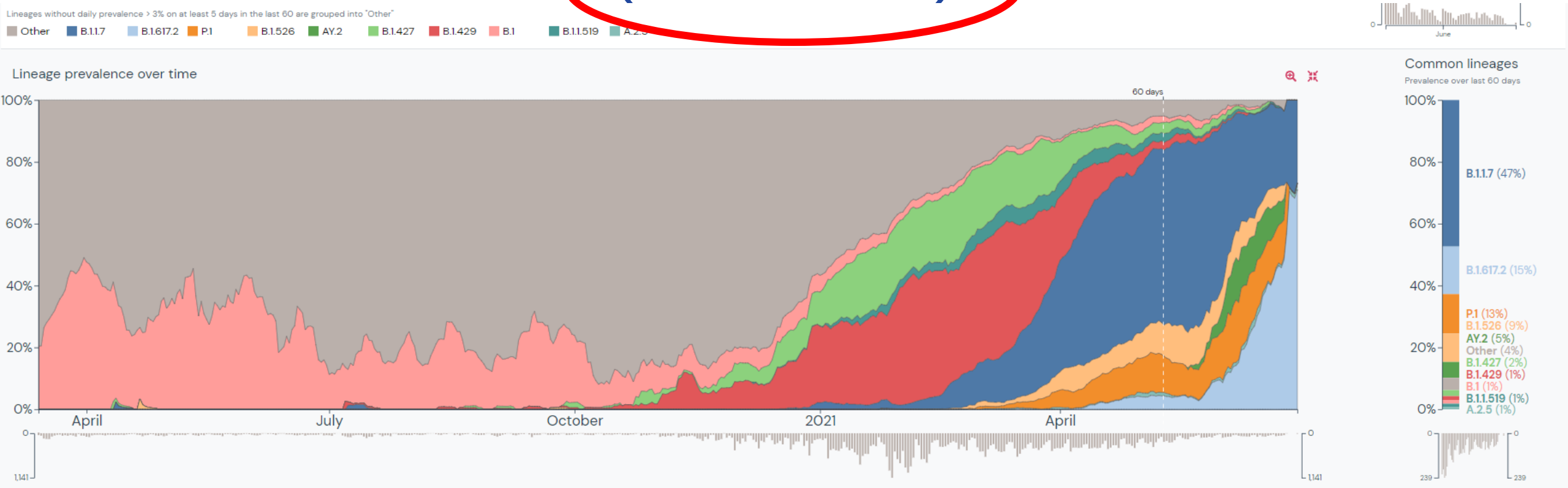
- **India** massive 2nd wave due to Delta (Delta originally identified in India)
- **Indonesia** and **Thailand** reported record daily highs for new COVID-19 infections, much of it driven by Delta (CIDRAP 7/2/21). Indonesia ~25k reported in one day (60% are Delta variant per health ministry officials). **7/8/21: Indonesia 38,391 cases!**
- **South Korea** also reported a single-day high for cases (CIDRAP 7/8/21) (unk delta prev)
- "Rising virus activity has also forced **Japanese** officials to order a state of emergency for the Tokyo area and a spectator ban for Olympic events." (CIDRAP 7/8/21). Researchers based in Japan predicted that Delta variant will become dominant in the country before the Olympics begin on Jul 23.
  - Most of Japan's population is still not vaccinated—about 25% of the population has received one dose.
  - Two-dose coverage at only 10.4%
- In **United Kingdom**, increase in Delta-variant infections 46% over the past week and represents 95% of sequenced cases, according to a weekly update from Public Health England. However, officials added that they're not seeing a rise in hospitalizations, which they said shows the benefit of vaccination.

- *WHO Director-General Tedros Adhanom Ghebreyesus, PhD, said no country is out of the woods yet with COVID-19 and that **the Delta variant is dangerous and continue to evolve**. (CIDRAP 7/2/21)*

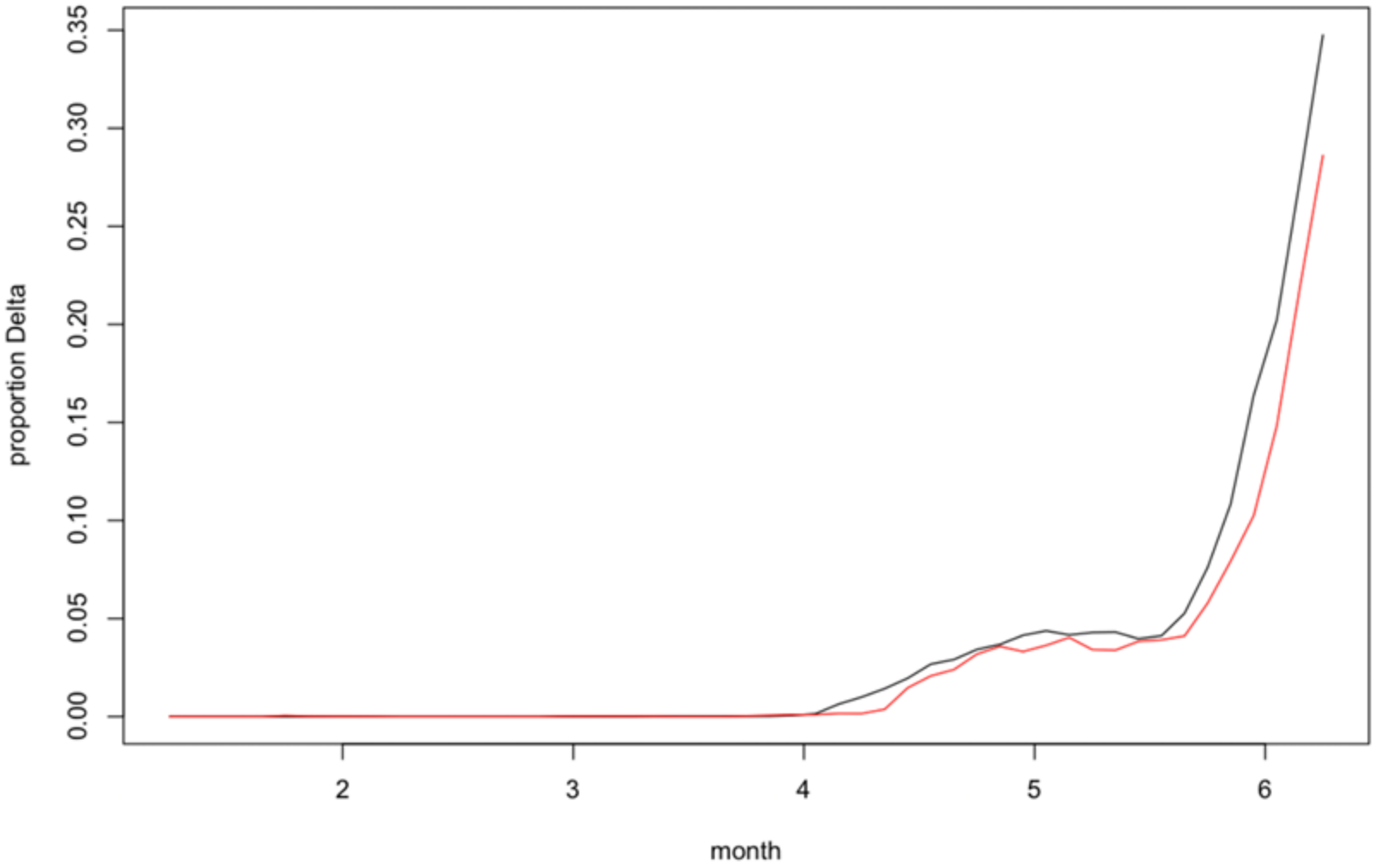
Delta quickly become issue in US

- **Delta increasing dramatically in the US**-estimates vary 10-25% of all and increasing quickly
- In California, prevalence last 60 days according to Outbreak.info = 14%

California, Outbreak.info, July 8 (Delta-15%)



Recent Delta Frequencies Have Increased



GISAID
CDPH

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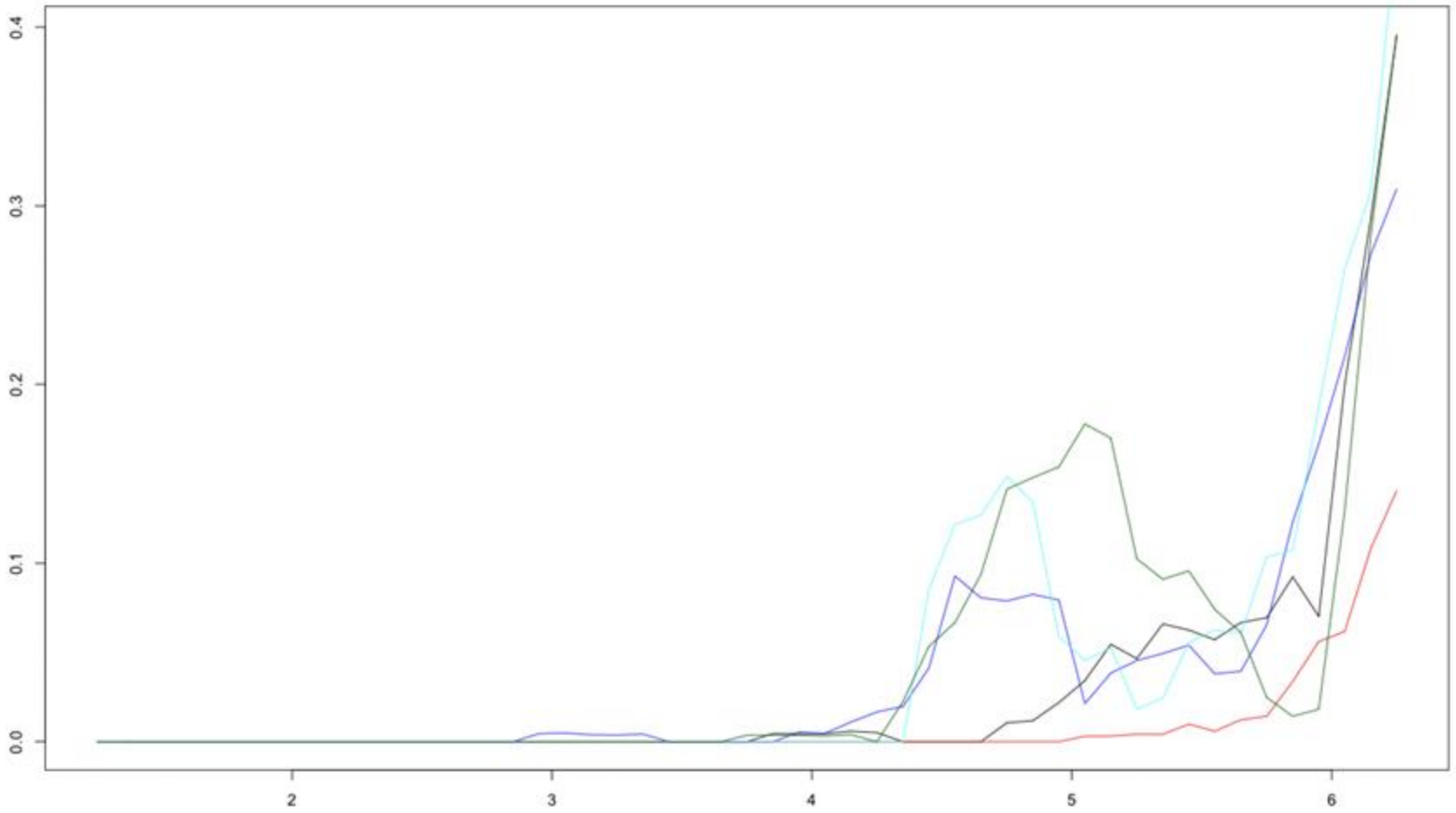
-Slide courtesy Russ Corbett, UCSC

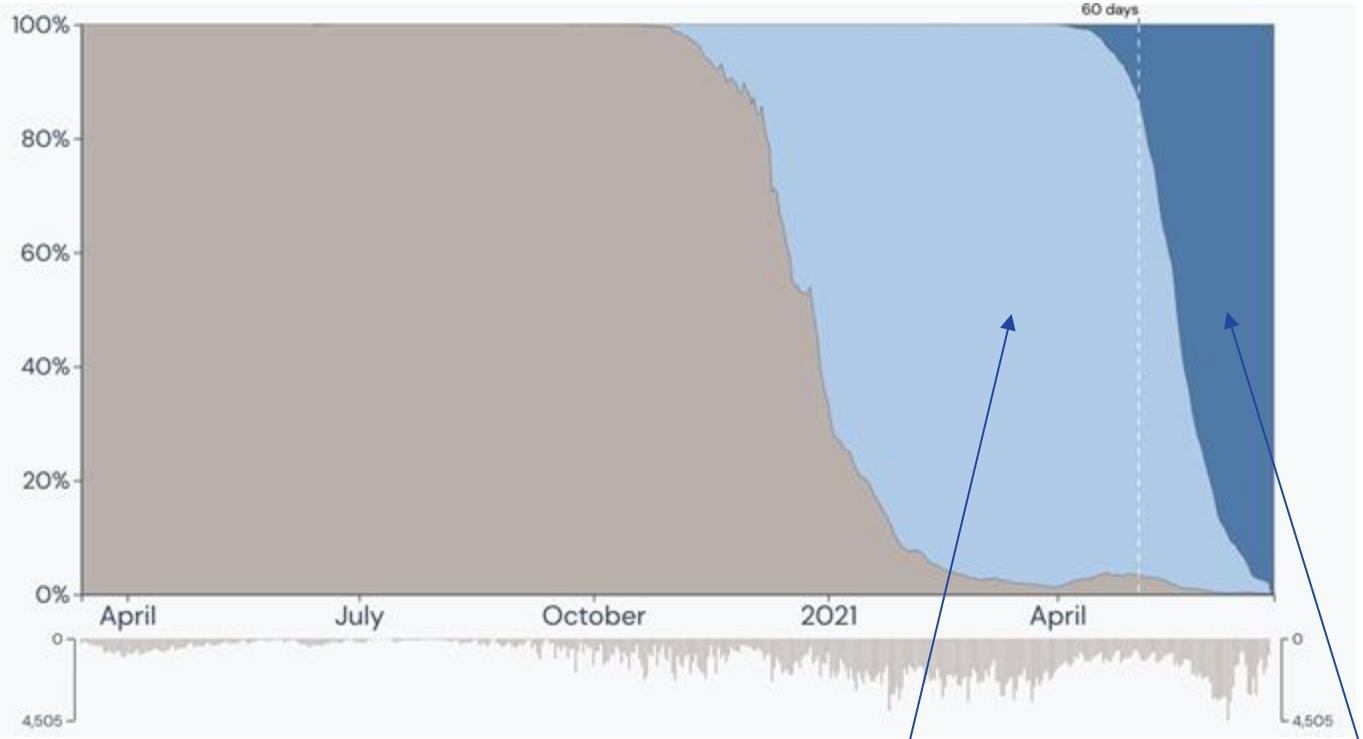
Not Driven by a Single County

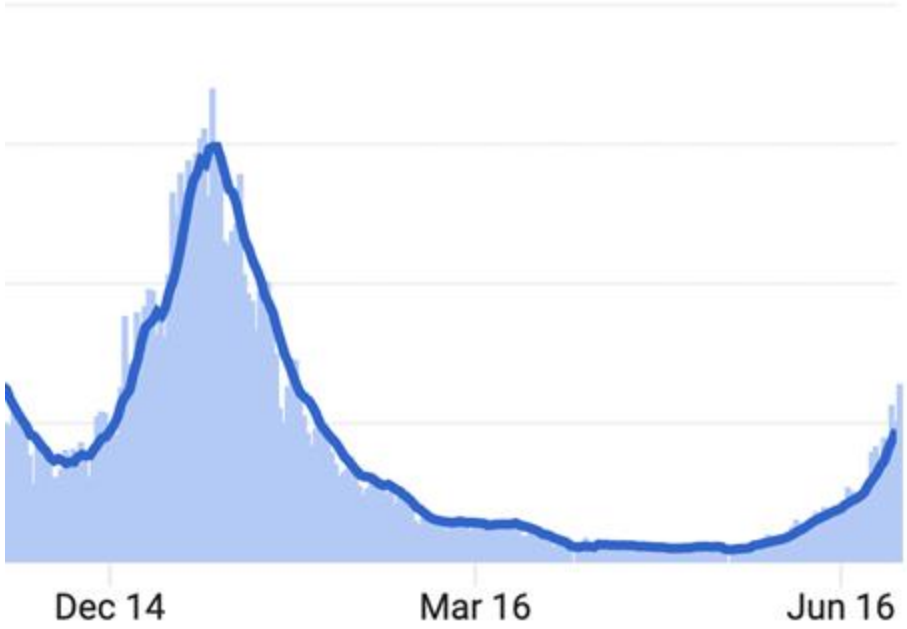


LA
SD
Sacramento
Contra Costa
Alameda

-Slide courtesy Russ Corbett, UCSC

Some Parallels to the UK ~6 Weeks Ago





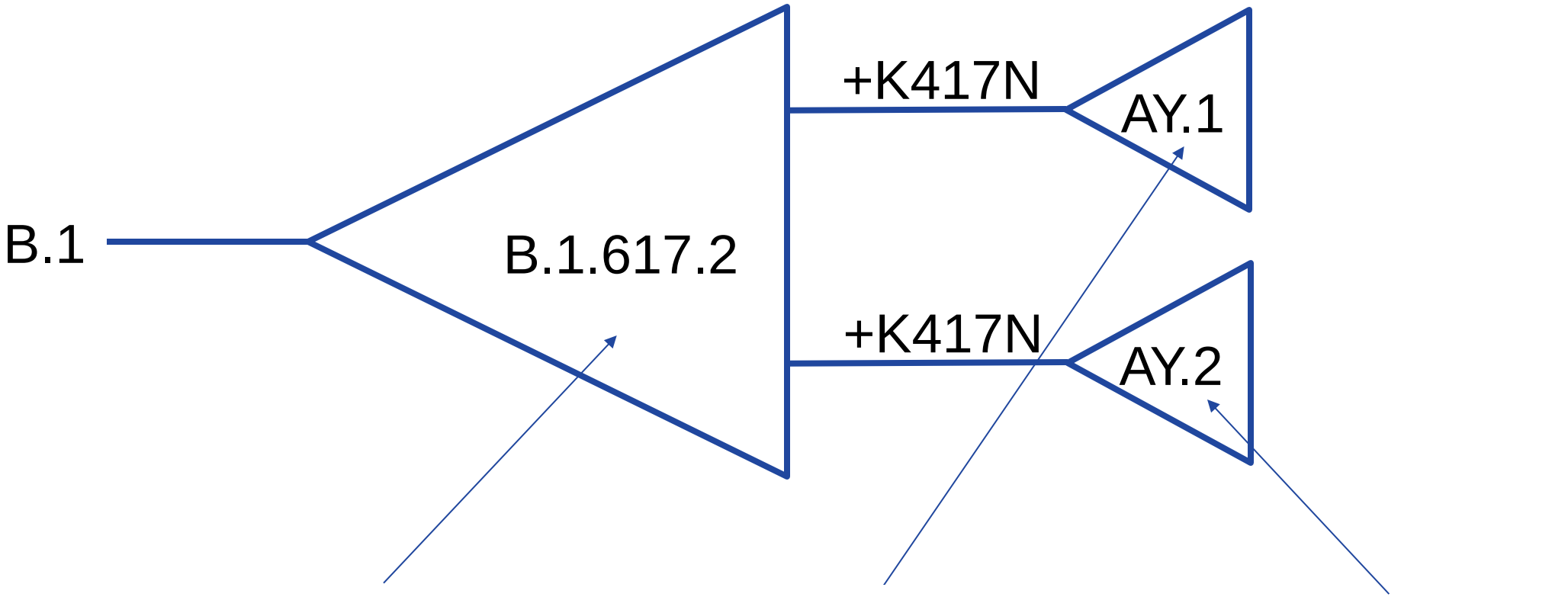
Alpha (B.1.1.7)

Delta (B.1.617.2)

Slide courtesy Russ Corbett, UCSC

Delta(-plus) in CA

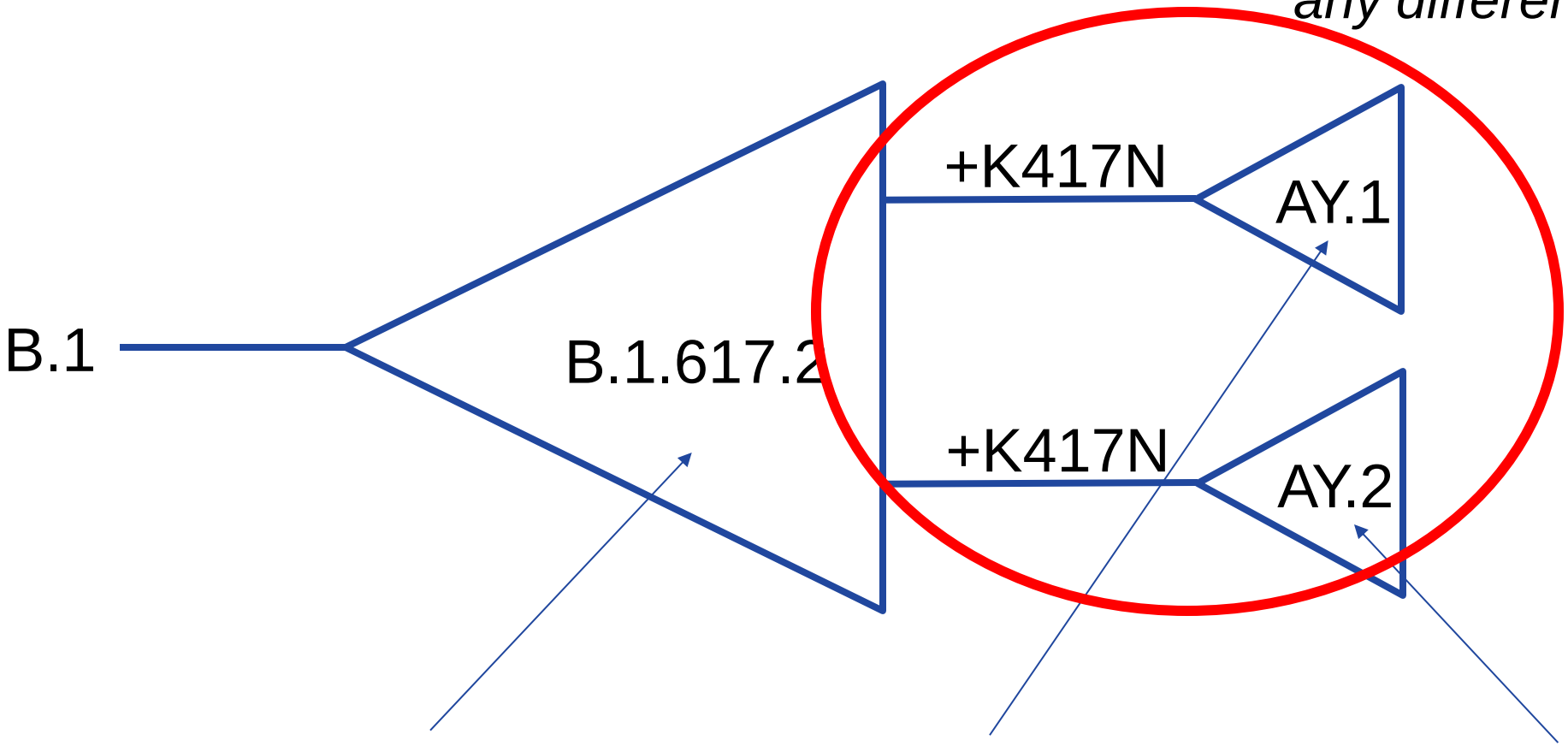
B.1.617.2, AY.1 and AY.2



Vaccinate ALL 58

B.1.617.2, AY.1 and AY.2

We do NOT know whether these will have any different impact > Delta



EVERYWHERE (some), Spain (1)
100k + known

Widespread, NorCal
~300

*LA, USA
~180

Vaccinate ALL 58

Fifteen months after pandemic started…

“Few experts guessed that by this point, the world would have not one vaccine but many, with 3 billion doses already delivered. At the same time, the coronavirus has evolved into super-transmissible variants that spread more easily. The clash between these variables will define the coming months and seasons.”

-The Atlantic

“The vaccine are still beating the variants”

- Alpha variant (UK, B.1.1.7) was spreading globally when the first COVID-19 vaccination campaigns began.
  - “consistently lived up to their extraordinary promise”
  - both Pfizer-BioNTech and Moderna vaccine reduce the risk of symptomatic infections >90 %

The Atlantic

Delta Variants and Vaccine

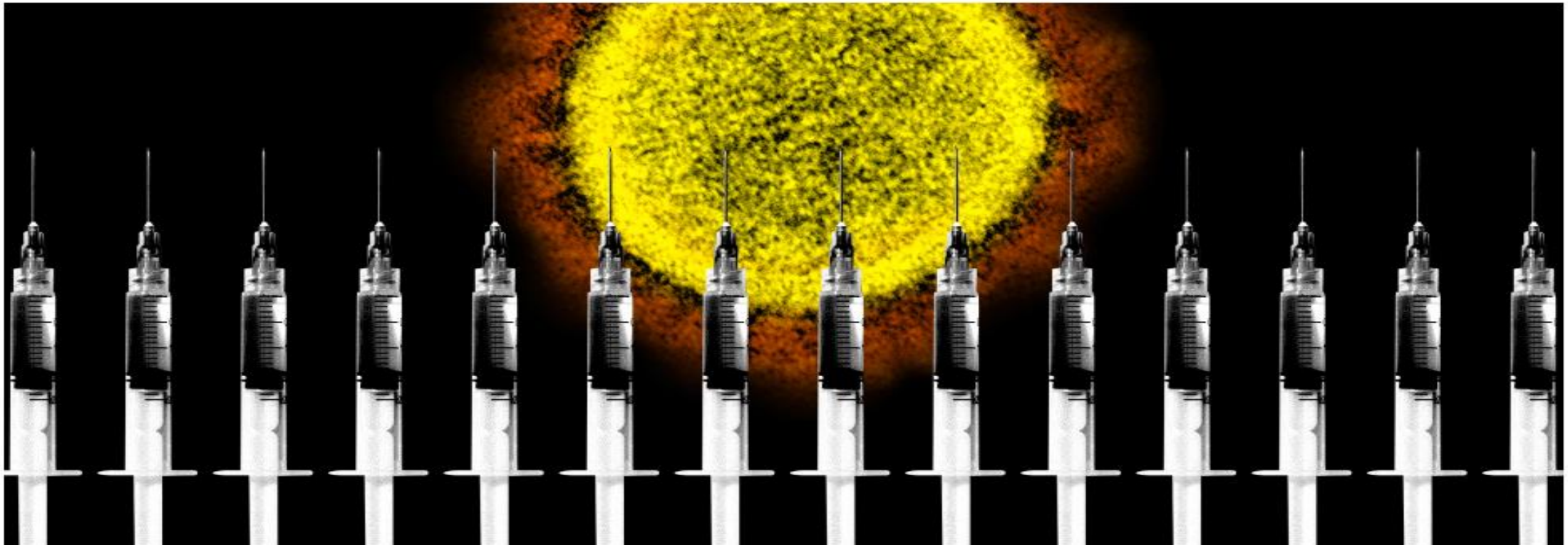
Appear to be “holding” but may have somewhat less efficacy

HEALTH

The 3 Simple Rules That Underscore the Danger of Delta

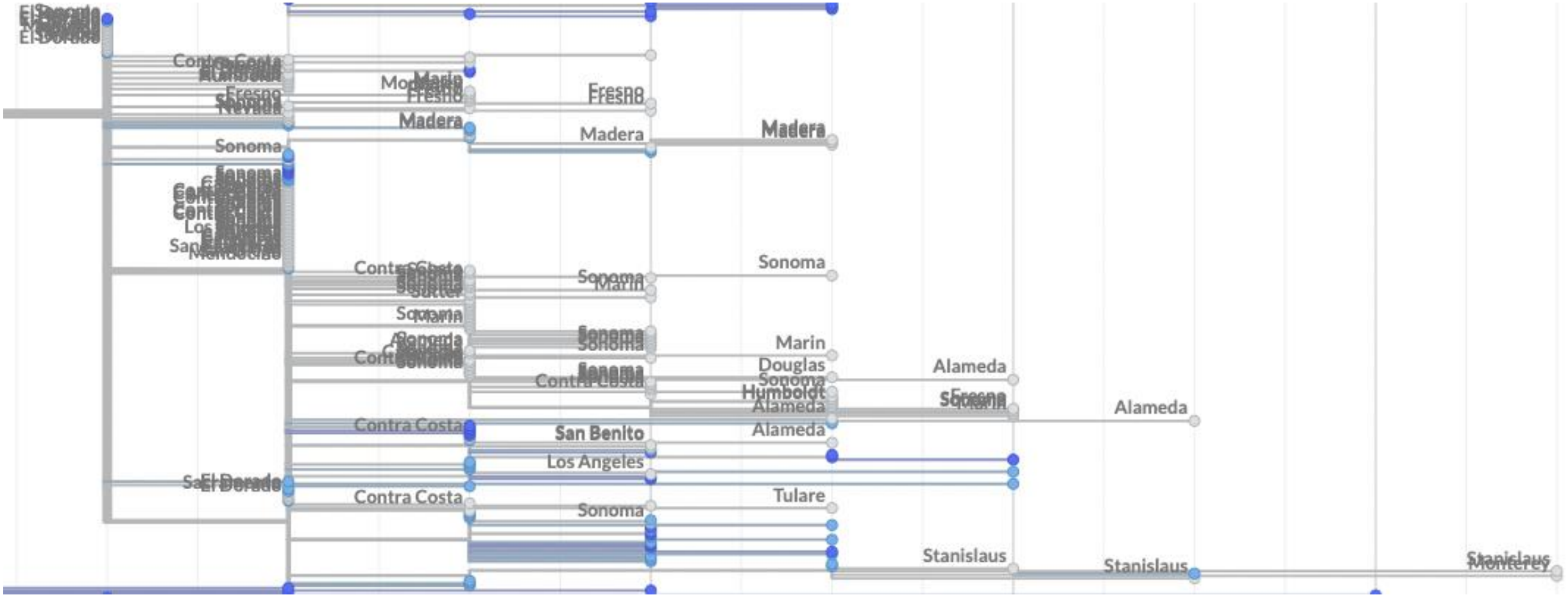
Vaccines are still beating the variants, but the unvaccinated world is being pummeled.

By Ed Yong



Appendix

This Reflects (mostly) Large-Scale Local Transmission



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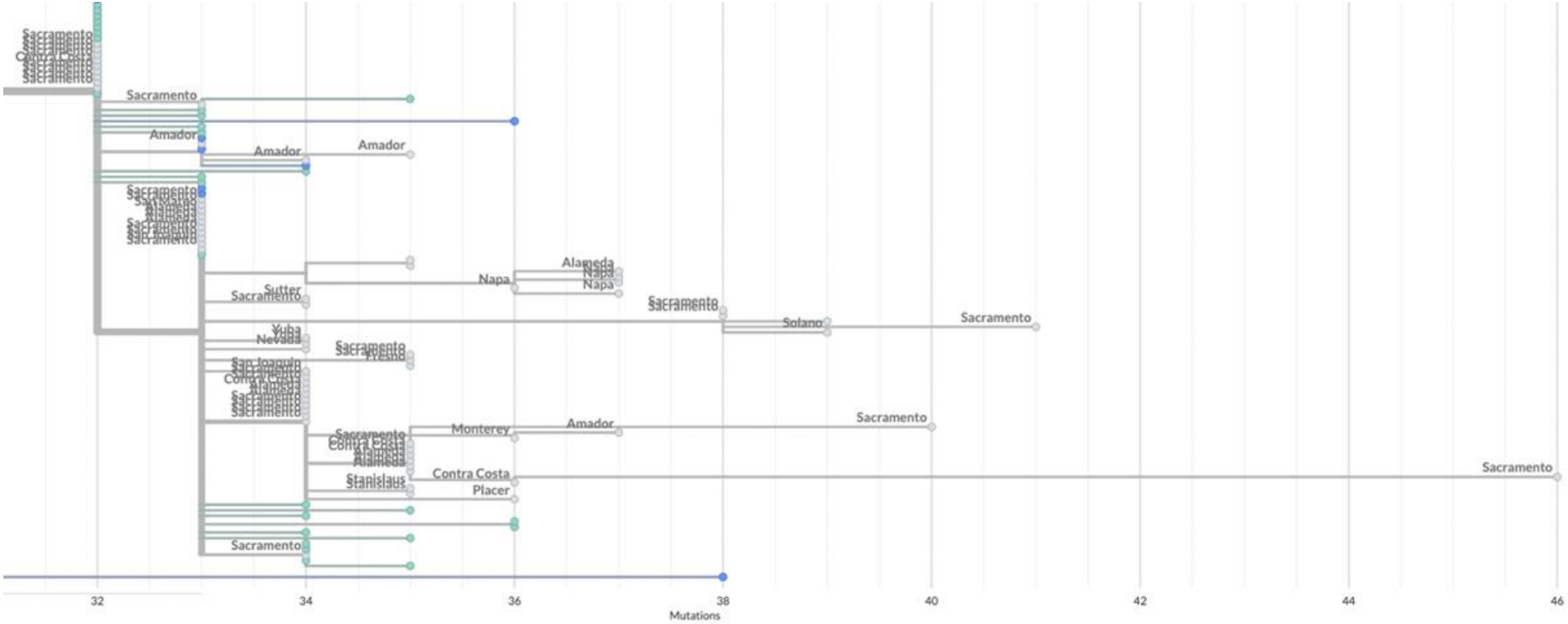
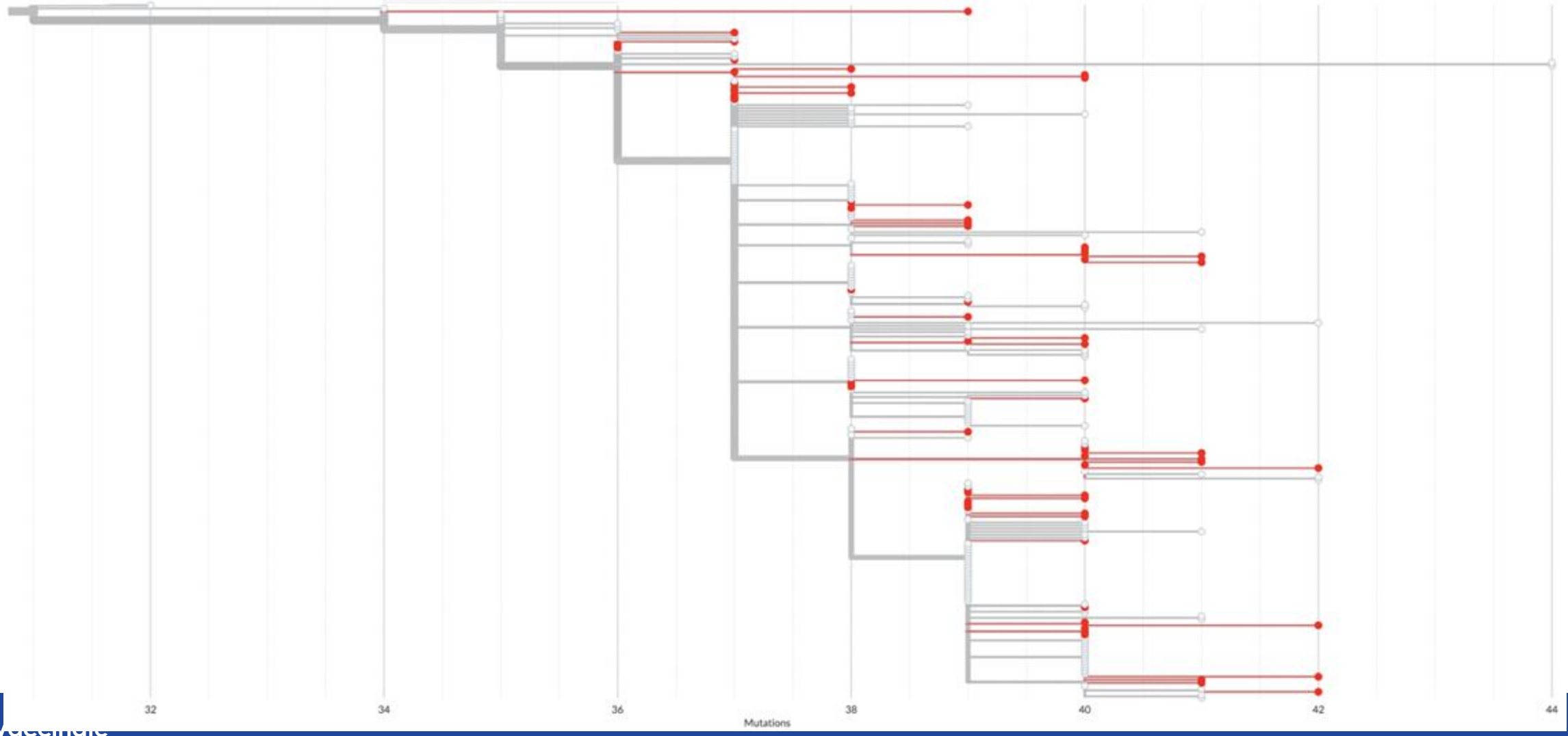
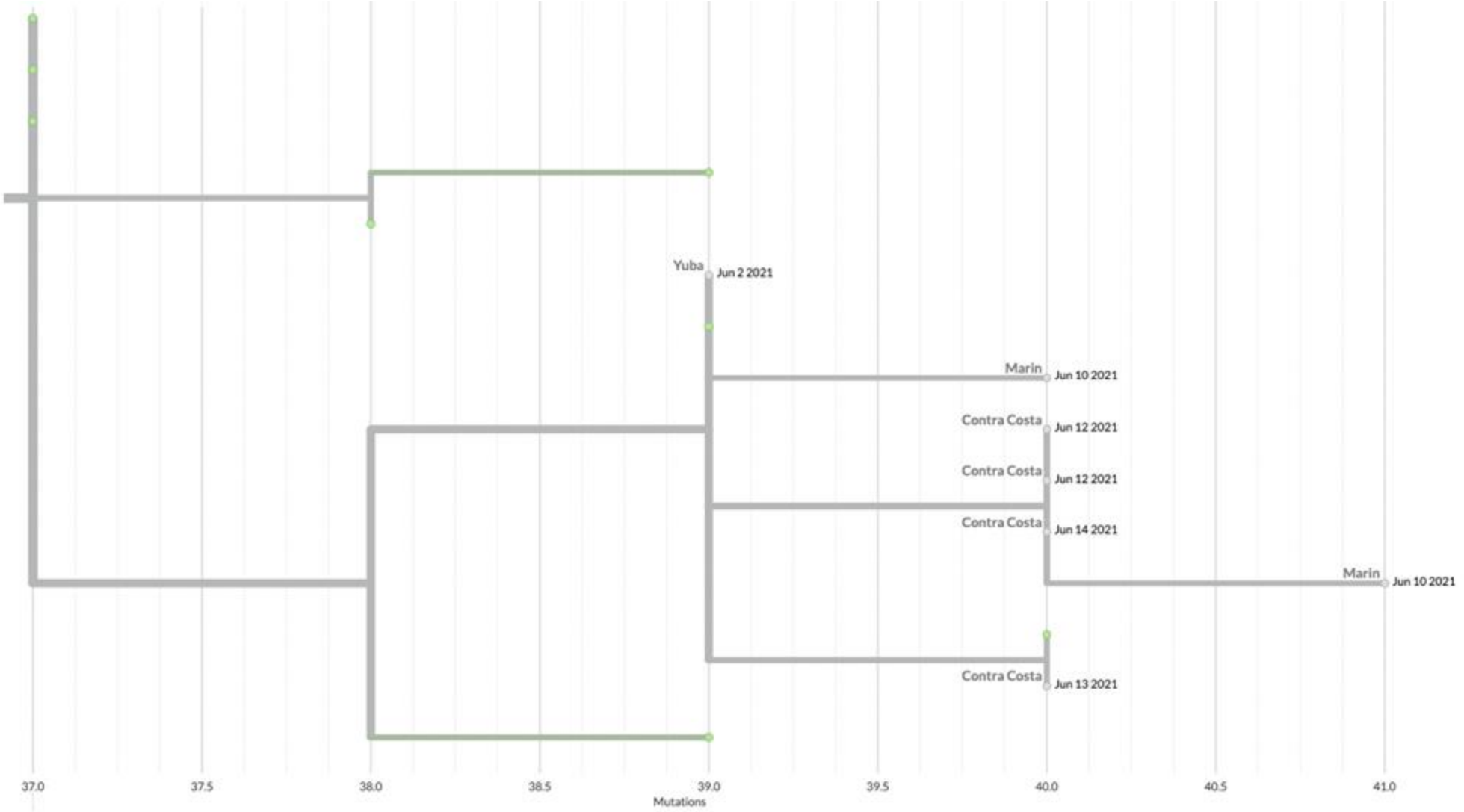


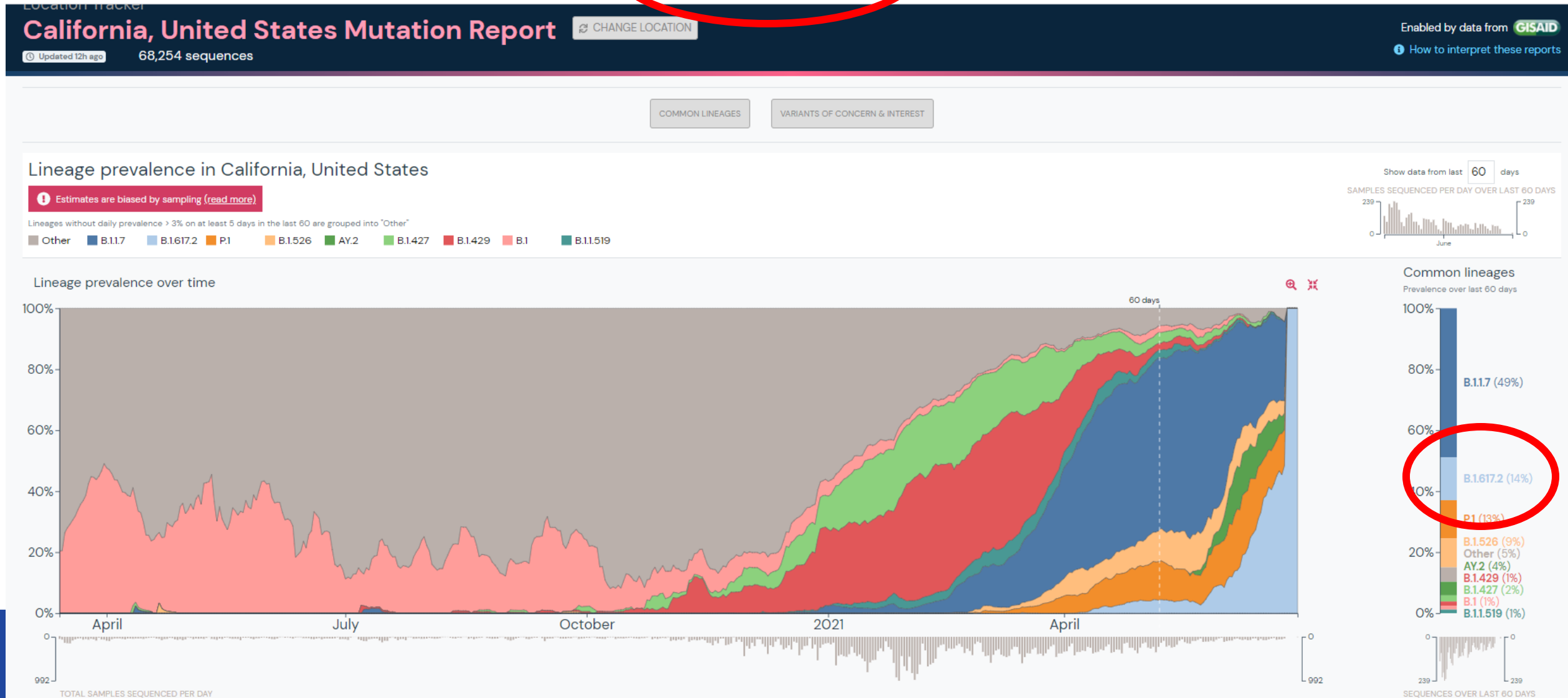
AY.2 Has Spread Across LA



AY.1 Cluster in NorCal



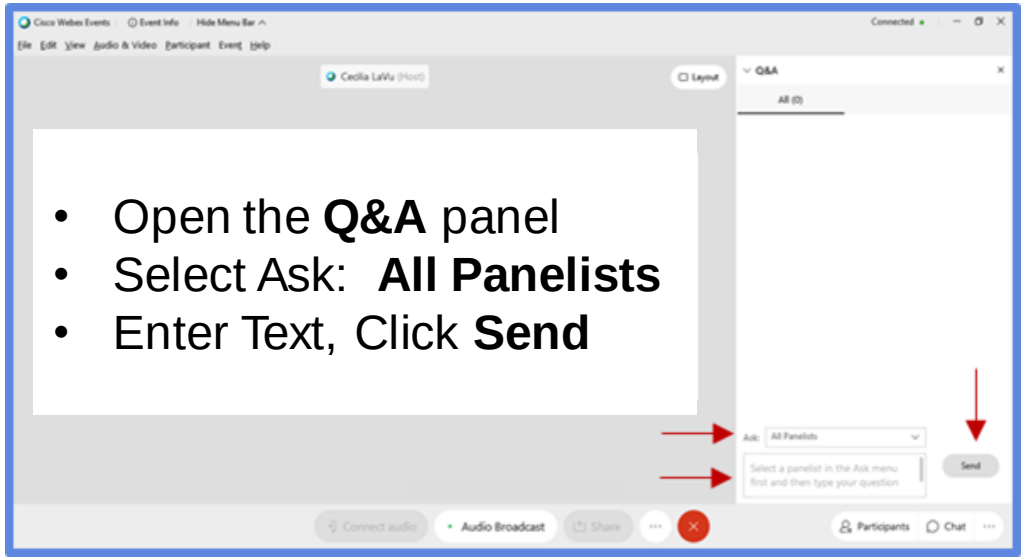
California, Outbreak.info, July 6 (Delta-14%)



Provider Office Hours Q&A

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

Q&A Panel



My Turn and myCAvax

Maria Volk, CDPH

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- My Turn Command Center New Schedule
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- myCAvax Training and Communication Improvements
- CalVaxGrant
- Appendix:
  - What's Next On My Turn Public & My Turn Clinic

My Turn Command Center New Schedule

Count of Avg Tickets per Day

Day	Total Count	Avg Tickets
Monday	46	9.20
Tuesday	64	12.80
Wednesday	62	12.40
Thursday	60	12.00
Friday	67	16.75
Saturday	12	3.00

Out of 317 Command Center tickets from 5/18 – 6/17, Saturday saw the **least average tickets: 3.00**

Due to **less traffic** seen statistically on Saturdays, the Command Center's **new schedule** is:

M-F: 8 AM to 5:30 PM
Sat: Closed
Sun: Closed

My Turn Help Desk

My Turn Help Desk Hours:
M-F: 7AM-7PM
Sat-Sun : 8AM-1PM

My Turn Help Desk:
Email: MyTurn.Clinic.HD@accenture.com
Phone: (415) 621-9494

My Turn Screening Questions Update

On July 8th, **three new screening questions** were added to My Turn to ensure alignment with the CDC Prevaccination Checklist for COVID-19 Vaccines:

1. Have you been diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection?
2. Do you have a history of heparin-induced thrombocytopenia (HIT)?
3. Have you received dermal fillers?

The question whether a person had a positive test for COVID-19 or had a doctor ever informed them that they had COVID-19 has been removed.

myCAvax Release 12 Enhancements (7/8)

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

ENHANCEMENT	RATIONALE
Small Ordering: 1. New "Small Order" option on the Vaccine Order Request form 2. A check box indicating "small order eligible" on the Provider Account page to identify Providers who are eligible to place Small Orders. Those Providers without the box checked should continue to use the standard order process. 3. Community Page will notify Providers of their LHD's small dose requirement	The new Small Order feature simplifies the LHD redistribution process. Eligible Providers in participating jurisdictions will be able to place a Small Order request directly in myCAvax using the Vaccine Order Request form. The Small Order option will show up for Providers who are designated by their LHD (based factors such as storage capacity). The ability to make Small Order requests helps prevent waste by allowing eligible Providers order the amount of vaccine they truly need for their patients.

ENHANCEMENT	RATIONALE
Fulfillment File Transfers: 1. An automated email will be sent to Providers when a vaccine order fulfillment is "pending" 2. Update to the Community Page so Providers will only see delivery options that are available to them (pickup, delivery, or both) 3. Providers will be able to transfer products that have "no" set for "Product Available for Order" on the Product Page in the Vaccine Inventory Tab. Transfer of discontinued product will now be allowed within the system, even though new orders will not be approved. 4. Add a field in the Small Order section that allows Providers to indicate when fulfillment is required, called "Date Needed"	These updates to the Fulfillment process in myCAvax allow Providers to have a greater understanding on the status of their vaccine fulfillment through increased communication and filtering options. In addition, this provides greater ease in ordering by allowing Providers to filter by delivery option and giving the ability to allow transfers of non-orderable product.

myCAvax Training and Communication Improvements

In response to the myCAvax survey feedback, the **Training and Communication Teams** have implemented the following measures to improve their level of service:

Feedback

Training

- Timing / length of training sometimes difficult
- Request for recorded videos
- Request for reports training

Communication

- Too many emails
- To understand future vision of the system

Improvements

Training

- Recorded training sessions are now available on EZIZ/COVID
- Added training sessions, including reports

Communication

- Working towards integrating myCAvax and My Turn programs and communications to reduce the number of emails
- Provide additional insight to future of myCAvax through LHJ meetings

CalVaxGrant (7/12)

Funded by CDPH and administered by Physicians for a Healthy California, the **CalVaxGrant** will offer grant funding, one-on-one myCAvax support, and vaccine administration resources for medical practices administering COVID-19 vaccines.

Eligibility

- ✓ Practices with ≤ 200 physicians
- ✓ Completed **Section A** of myCAvax
- ✓ Will spend or plan to spend $10,000 per site (up to five sites) between November 1, 2020, and November 1, 2021
- ✓ Have an unrestricted license and be in good standing with their licensing board

Details

- Reimbursements for expenses incurred since November 2020
  - Includes staffing, training, technology, infrastructure, supplies / equipment, and administrative overhead
- Providers can apply to receive $10,000 (up to five sites for a total of $50,000)
- If sites match **high priority areas**, providers can receive an additional $1,000 (up to five sites for an additional $5,000)

NOTE

Application cycle runs July 12 through August 13, 2021. Access **FAQ's** for details.

APPENDIX

What's Next on My Turn Public: Release 14 (7/21)

General Enhancements

- ✓ Display clinic descriptions on walk-in search page
- ✓ Display clinic start and end date on walk-in search page
- ✓ Additional SMS / emails translation
- ✓ Google address validation for patient home address
- ✓ Add DOB validation against age range on screening page
- ✓ Adding date parameter for 2nd dose scheduling flow

What's Next on My Turn Clinic: Release 14 (7/21)

Priorities

- ✓ Pre-registration clinic specific link
- ✓ Patient language report
- ✓ Internal clinic calendar
- ✓ SMS notifications for appointments
- ✓ Alphabetizing all clinic locations and cancelation reasons
- ✓ Map public site minor consent acknowledgements to Vaccine Administrator flow

IIS Enhancements

- ✓ User enablement
- ✓ Edits in resubmission
- ✓ Minor Consent box

General Enhancements

- ✓ Add dose number column to appointments tab
- ✓ Add active / inactive column on user list view
- ✓ Synchronize "From" and "To" date fields on appointments tab
- ✓ Ability to sort appointments by DOB
- ✓ Restricting access for Vaccine Administrator and Vaccine Administrator Assistants
- ✓ Contacts tab on clinic record (Clinic Managers / Vaccine Administrators)
- ✓ Brand date validation for 2nd dose appointment on bulk update

Clinical Update

Dr. Louise McNitt, CDPH

Updated CDC Guidance: Myocarditis

CDC updated 7/2 Interim Clinical Considerations for Use of COVID-19 Vaccines

Considerations for vaccination of people with certain underlying medical conditions

Any currently FDA-authorized COVID-19 vaccine can be administered to people with underlying medical conditions who have no contraindications to vaccination; ACIP does not state a product preference. Clinical trials demonstrated similar safety and efficacy profiles in people with some underlying medical conditions, including those that place them at increased risk for severe COVID-19, compared to people without comorbidities. Additional information for people with specific underlying medical conditions is included below. Healthcare professionals or health departments in the United States can request a consultation from the Clinical Immunization Safety Assessment COVIDvax project if they have complex COVID-19 vaccine safety questions not readily addressed by CDC guidance.

People with a history of myocarditis or pericarditis

Myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart) have occurred in some people following receipt of mRNA COVID-19 vaccines (Pfizer-BioNTech and Moderna). The mechanisms that cause myocarditis or pericarditis following vaccination with an mRNA COVID-19 vaccine are not well understood. Cases of myocarditis or pericarditis have occurred predominantly in males aged 12-29 years within a few days after receiving the second dose of vaccine. Most patients have required hospitalization with resolution of acute symptoms. Follow-up is ongoing to identify and understand potential long-term outcomes among cases.

There are limited data on the safety and efficacy of COVID-19 vaccines in people with a history of myocarditis or pericarditis. The interim considerations for the clinical scenarios detailed as follows may be updated as new information is obtained.

Recommendations for People with History of Myocarditis / Pericarditis

Use of mRNA vaccines in people with a *history of myocarditis or pericarditis*

- *Myocarditis or pericarditis after receipt of the first dose of an mRNA COVID-19 vaccine series but before administration of the second dose*
  - Defer receiving the second dose of mRNA vaccine.
  - In certain circumstances (e.g. high community transmission, personal risk of severe disease), can consider second dose but wait until myocarditis/pericarditis has completely resolved and in discussion with clinical team.
- *History of myocarditis or pericarditis **unrelated** to mRNA COVID-19 vaccination*
  - May receive any FDA-authorized COVID-19 vaccine after myocarditis or pericarditis has completely resolved including: resolution of symptoms and no evidence of ongoing heart inflammation or sequelae as determined by the person's clinical team.

CDC and FDA Updates

- CDC Interim Clinical Considerations for Use of COVID-19 Vaccines
  - Patient counseling now includes information on occurrence of myocarditis or pericarditis following mRNA COVID-19 vaccines
- FDA fact sheets for Pfizer and Moderna now include info about myocarditis and pericarditis.
- MMWR 7/6 on ACIP's COVID-19 Vaccine Recommendations After Reports of Myocarditis
  - Benefits of COVID-19 vaccination to individuals and at the population level clearly outweighed risks of myocarditis after vaccination.

Reminder: **Report Adverse Events to VAERS**

- Report to the Vaccine Adverse Event Reporting System (VAERS) any adverse events following COVID-19 vaccination

VAERS Reporting Requirements for COVID-19 Vaccines

Healthcare providers are **required** to report to VAERS the following adverse events after **COVID-19 vaccination** [under Emergency Use Authorization (EUA)], and other adverse events if later revised by FDA:

- Vaccine administration errors, whether or not associated with an adverse event (AE)
- Serious AEs regardless of causality. Serious AEs per FDA are defined as:
  1. Death
  2. A life-threatening AE
  3. Inpatient hospitalization or prolongation of existing hospitalization
  4. A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions
  5. A congenital anomaly/birth defect
  6. An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above
- Cases of Multisystem Inflammatory Syndrome
- Cases of COVID-19 that result in hospitalization or death

Reducing Transmission to Unimmunized Contacts: "Halo Immunization"

- Unimmunized family and household members are at risk for future exposure and vaccinating them may reduce transmission both in households where outbreaks are occurring and in the community.
- Consider offering COVID-19 vaccine to family members and close contacts of your patients with COVID disease.
- Post-exposure vaccination will not prevent infection in those already exposed to SARS-CoV-2.

New Screening Questions on My Turn

- In order to align with CDC's Pre-vaccination Checklist, these questions have been added to My Turn (as of this morning):
  - Have you been diagnosed with Multisystem Inflammatory syndrome (NID-C or MIS-A) after a COVID-19 infection?
  - Do you have a history of heparin-induced thrombocytopenia (HIT)?
  - Have you received dermal fillers?
- Next week, My Turn will add
  - Do you have a history of myocarditis or pericarditis?

Storage & Handling

Kate McHugh, CDPH

Marketplace Courier

- We now have the ability to use a courier to transport Vaccine Marketplace orders
- Once your vaccine is "matched," you may use a courier to transport if needed
- Sender needs to supply transport containers and data loggers
- Courier will return any transport containers/data loggers to the sender
- Sender is responsible for packing vaccine - courier is just transporting it
- Courier will travel any distance
- Details on courier process coming next week!
- In the meantime, if you need assistance transporting your vaccine, you can always email covidcallcenter@cdph.ca.gov

No Missed Opportunities

- Follow best practices to minimize vaccine wastage.
- **But vaccinate every eligible person who presents at a vaccination site—even if it means puncturing a vial at the end of the day!**
- This new job aid provides CDC guidance that balances inventory best practices against the public health imperative to vaccinate all eligible populations quickly!

See Missed Vaccination Opportunities & Wastage job aid

Missed Vaccination Opportunities & Wastage

California COVID-19 Vaccination Program

Vaccinate every eligible person who presents at a vaccination site—even if it means puncturing a vial at the end of the day.

Missed Opportunities

One obstacle to vaccination is a missed opportunity at a healthcare encounter in which a person is eligible to receive a vaccine but is not vaccinated completely. Missed opportunities can occur in all settings in which vaccines are offered, whether routine or not.

Missed opportunities occur for several reasons:

- Many healthcare providers avoid simultaneous administration of multiple injectable vaccines, frequently citing concerns about reduced immune response, adverse events, or perceived parental objections. **These concerns are not supported by scientific data.**
- Providers might even be unaware a child or adult needs a vaccination.
- Providers sometimes follow invalid contraindications (see Table 4-2 in ACIP's General Best Practice Guidelines for Immunization for a list of conditions incorrectly perceived as contraindications or precautions to vaccination).
- Some reasons relate to larger system issues (e.g., existing policies of only vaccinating children at well-care visits or not vaccinating siblings).
- Other reasons relate to institutional or bureaucratic regulations (e.g., state insurance laws denying reimbursement if a vaccine is administered during an acute-care visit).

Several studies have shown eliminating missed opportunities could increase vaccination coverage by up to 20%.

Recommendation: Providers should implement systems to ensure the practice never misses an opportunity to vaccinate. Establish a policy to vaccinate at every visit—not just well visits—and schedule the next vaccination appointment before the patient leaves.

(See **The Pink Book,** Immunization Strategies for Healthcare Practices and Providers, "System-Based Barriers.")

Guidance on Wastage

From CDC Email, May 11, 2021: Our goal is to increase vaccine confidence and for everyone who wants to be vaccinated to have every opportunity to be fully vaccinated once they become eligible. CDC and our partners are doing everything possible to minimize the amount of vaccine that goes unused.

Wrap-Up

Leslie Amani, CDPH

Hear it? Clear It.

If you see or hear of any vaccine-related rumors within the communities you serve, share them with our Trust and Safety team via the CDPH Rumors Inbox.

Trust and Safety Team

Our shared mission is to reduce COVID-19 vaccine hesitancy and increase vaccination across the State of California.

How You Can Help

You are critical in our effort to provide Californians accurate and timely information around COVID-19 vaccination.

Monitor What You See and Hear

Monitor online media and what you hear in your local communities for potential rumors and inaccurate information.

If found, **report** it to **rumors@cdph.ca.gov**

Contact

Where can I go for additional help?

Type of Support	Description	Updated 7.6.21
COVID-19 Provider Call Center	The COVID-19 Call Center for Providers and Local Health Departments 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–6PM	
California Medical Association	For Provider enrollment support, please contact the California Medical Association. • Email: vaccinenetwork@cmadocs.org • Phone: (800) 786-4262	
myCAvax Help Desk	Dedicated staff provides up-to-date information and technical support on the myCAvax system. • Email: myCAvax.HD@Accenture.com • Phone: (833)-502-1245, option 2, Monday through Friday 8AM–8PM, Saturday and Sunday 8AM-1PM For training opportunities: https://eziz.org/covid/education/	
My Turn Clinic Help Desk	For **onboarding support** (those in the process of onboarding): myturnonboarding@cdph.ca.gov For **technical support**: MyTurn.Clinic.HD@Accenture.com or (415) 621-9494: Monday through Friday 7AM–7PM, Saturday and Sunday 8AM–1PM. For job aids and demo and training opportunities: https://eziz.org/covid/myturn/	
CalVaxGrant Program Support	For questions and support around CalVaxGrant, contact the program's administrator, Physicians for a Healthy California. • Email: calvaxgrant@phcdocs.org • Phone: (916) 551-2565	

Your Feedback is Important to Us

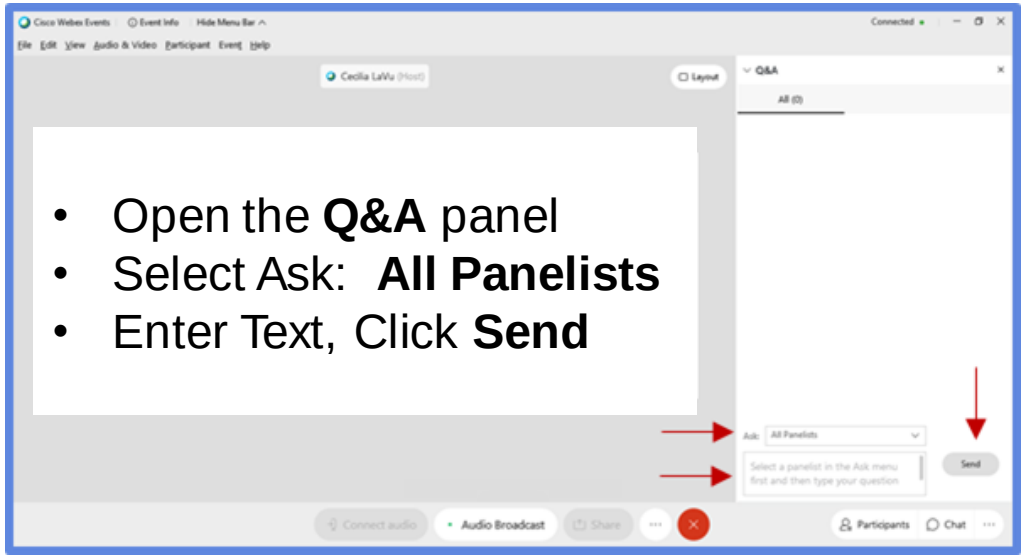
Poll: How helpful was today's Provider Office Hours to your work?

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

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, July 12 at 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, July 16 at 9:00 AM