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

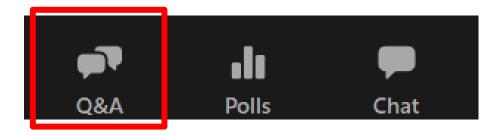


Friday, January 28, 2022



Provider Office Hours Q&A

During today's session, please use the **Q&A panel** to ask your questions so our subject matter experts can respond directly.







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 Attendees:



Today's session is being recorded. Access today's slides and archived presentations at: https://eziz.org/covid/education/



If you have technical difficulties, please contact Rachel.Jacobs@cdph.ca.gov



Agenda: Friday, January 28, 2022

No.	Item	Speaker	Time (AM)
1	Welcome & Announcements	Leslie Amani (Moderator)	9:00 - 9:05
2	Reporting: Race and Ethnicity	Edgar Ednacot, PhD (CDPH)	9:05 – 9:10
3	Vaccine Administration	Joshua Quint (CDPH)	9:10 – 9:15
4	Vaccinator Resources	Deepa Saha (CDPH)	9:15 – 9:25
5	Clinical Update	Jennie Chen, M.D. (CDPH)	9:25 – 9:30
	Q&A	A	9:30 - 9:40
6	Storage & Handling	Kate McHugh (CDPH)	9:40 - 9:45
7	Vaccine Management	Eric Norton (My Turn) and Claudia Aguiluz (CDPH)	9:45 – 9:55
8	Wrap Up & Resources	Leslie Amani (Moderator)	9:55 – 10:00
	Q&A	N	



Announcements

Leslie Amani, CDPH



Master Masking With CDPH

Includes information and links to:

- Face covering facts sheet
- Face covering Q&A
- Masking for kids: Tips & Resources
- Face shields FAQs
- Face covering guidance



/accinate

Upgrade Your Mask

Consider Fit, Filtration and Comfort



- Pfizer Pediatrics (5-11)
- Pfizer Comirnaty (12+)
- Moderna (18+)
- Johnson & Johnson (18+)

Elegibilidad para la Vacuna COVID-19

Usa esta tabla para ayudarlo a determinar cuándo dar la vacuna contra el COVID-19, basándose en la edad

Vaccinate

	Dosis Ed	ad: 5-11	1	12-17	18+			
Pfizer Pediátrica (5-11)	2 dosis primarias (21 días de diferencia)	1						
	Dosis adicional (3a) Para <u>individuos inmunocomprometidos</u> , al menos 28 dias después de la segunda dosis d Pfizer	• 🗸						
Pfizer/	2 dosis primarias (21 días de diferencia)			1	1			
Comirnaty (12+)	Dosis adicional (3°) para <u>individuos inmunodeprimidos</u> , al menos 28 días después de la 2° dosis de Pfizer			1	1			
	Dosis de refuerzo* de Pfizer (o Moderna si es mayor de 18 años), al menos 5 meses después de la 2ª dosis (3ª dosis si inmunocomprometido) de Pfizer			1	1			
Moderna (18+)	2 dosis primarias (28 días de diferencia)	соу	COVID-19 Vaccine Eligibility		у	V	Va	
	Dosis adicional (3*) para individuos inmunodeprimidos,	Use this ch	hart to help	determine when	to give COVID-19 vaccine b	ised on age o ge: 5-11	r health cond	itions
	al menos 28 días después de la 2* dosis de Moderna.	Pfizer- Pediatric	: (5-11)	Primary 2 doses (21 days apart) Additional (3rd) dose for immunocompromised,				
	Dosis de refuerzo*	-		at least 28 days	es (21 days apart)	-	1	
	de Moderna (media-dosis) o Pfizer, almeno 6 meses después de la 2ª dosis de Moderna		ity	Additional (3r	d) dose		· ·	
Johnson &	1 dosis primaria			Booster dose* of Pfizer (or Moderna if age 18+), at least 5 months after 2nd dose (2nd dose if immunocompromised) of Pfizer Primary 2 doses (28 days apart) Additional (3nd) dose for immunocompromised at least 28 days after 2nd Moderna dose		r	1	
Johnson (18+)	Dosis de refuerzo*	Moderna (18+)	a (18+)					
Se prefiere el uso de Pfizer o Moderna*	de marca diferente (preferida) o J&J, al menos 2 meses después de la dosis primaria d J&J.	le						
	: ARNim COVID-19 sobre la vacuna Janssen COVID-19. Sin embargo			at least 5 mont	a lf-dose) or Pfizer, hs after 2nd dose munocompromised) of Pfize	r		
 Cuando existe una contraindicación para las vacunas de ARNm contra el COVID-19 (p. ej., u una dosis anterior o a un componente de una vacuna de ARNm COVID-19 Cuando una persona permanecería sin vacunar debido ad acceso limitado a las vacunas de A Cuando una persona desea recibir la vacuna contra el COVID-19 de Janssen a pesar de los p 				Primary 1 dose				
			ror	Booster dose of different bra at least 2 mont	nd (preferred) or J&J, hs after primary J&J dose			
Lee la <u>Guía y requisitos relaci</u>	<u>onados</u> (la elegibilidad está sujeta a cambios, a medida que sea	* Use of mRI be offered	NA COVID-1 I in some situ	9 vaccines is preferm ations:	ed over the Janssen COVID-19	vaccine. Howe	ver, the Jansser	vacci
Benava en la vincina e	ión contra el COVID-19 de California	to a com	ponent of ar	n mRNA COVID-19 v	A COVID-19 vaccines (e.g., sev accine) unvaccinated due to limited a			

Vaccinate • Elegibilidad para la Vacuna Job Aid in Spanish
 • Vaccine Eligibility Job Aid in English

Vaccine Eligibility Guidance

- Primary Series for 5+
- Additional Dose for
 Immunocompromised
- Booster Dose
- Special Priority Populations
- Additional Resources

ALL 58 California COVID-19 Vaccination Program	i mRNA 2 and dose of n.) COVID-19 r and
formation is subject to change as guidance is updated.		
OVID-19 vaccination is recommended for everyone aged 5 years and older.		<u>)-19</u>
 Preferential Recommendation for mRNA COVID-19 Vaccines (WSSSRW) Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the 	the immune	
United States (CDC)	2.2	
Guidance for Vaccination During Pregnancy (CDPH)	rich	or
 COVID-19 Vaccines While Pregnant or Breastfeeding (CDC) 		-
 Considerations for Vaccination of People with Certain Underlying Medical Conditions (CDC) 	mune	
 Requirement that COVID-19 immunization providers request patients' email addresses and mobile 	mune	
phone numbers for the State's Immunization Registry (State Public Health Officer Order, CDPH)		
tate Public Health Officer Orders and Requirements for Work or Institutional Settings: <u>Adult Care Facilities and Direct Care Worker Vaccine Requirement</u> (State Public Health Officer Order, CDPH)	cine at least	
Requirements for Visitors in Acute Health Care and Long-Term Care Settings (State Public Health Officer Order, CDPH) State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination Requirement (State Public Health Officer Order, CDPH)	cine or 3	
Officer Order, CDPH) State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination		
Officer Order, CDPH) State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination Requirement (State Public Health Officer Order, CDPH) Vaccine Verification for Workers in Schools (State Public Health Officer Order, CDPH) Upcoming Requirements for School (Governor's Announcement) Health Care Worker Vaccine Requirement (State Public Health Officer Order, CDPH) Cruise Ship Operators: Minimum Recommended Standards for Local Agreements under CDC's Conditional Sailing Order (CDPH)	tine or 3	

VA58 Trust & Safety Team Updates

The VA58 Trust & Safety Team reports on trending narratives about COVID-19, delivers biweekly briefings, and develops comprehensive resources to increase awareness around mis-, dis-, and malinformation, as well as the state's capacity to counter it.

BIWEEKLY BRIEFINGS

Biweekly briefings provide partners with the top COVID-19 vaccine mis/dis topics and trends, and invitees receive a copy of the report post-briefing.

To be added to the invite, email rumors@cdph.ca.gov.

Agenda	For Discussion Purposes Only
Report Overview	This brief provides the top narrafives from September 27 ^m to October 10 ^m that pose potential risks to public COVID-19 vaccine acceptance in California.
Recent Findings	Recent frends highlight emerging narratives and the latest tracking updates during the last two weeks.
Narrative Alerts	Please be on the lookout for statements, photos, and posts that pose potential risks to COVID-19 vaccine acceptance.
Additional Information	See something that seems amiss? Send it to <u>rumors@cdph.ca.aov</u> !
Cogistics Questions about the Trust 8	pdate November 5 ^m 11am PT 1. Salety Tieam er need follow-up information? Saron Sartahilisciph.co.gov) er Melanie Lerch (<u>Melanie Jerchilisciph.co.gov</u>)
Vaccinate ALL 58	

RUMORS INBOX

The Rumors Inbox serves as a tip line for our partners to submit the COVID-19 rumors they're hearing online and within their communities to our team. We incorporate the submissions into our team's reporting.



Report COVID-19 Vaccine Rumors to: <u>rumors@cdph.ca.gov</u>

RECENT TOPICS & RESOURCES

Alternative Treatments:

Individuals claim Ivermectin is a more effective treatment than COVID-19 vaccines.

Trusted Resources:

- <u>Safety of COVID-19 Vaccines</u>
- <u>COVID-19 Vaccines are Effective</u>
- Why You Should Not Use Ivermectin to Treat or Prevent <u>COVID-19</u>

Reproductive Adverse Reactions:

Individuals overemphasize significance of study on COVID-19 vaccine impacts to menstrual cycle length.

Trusted Resources:

- <u>COVID-19 Vaccines for People Who Would Like to Have</u>
 <u>a Baby</u>
- <u>COVID-19 vaccination associated with small, temporary</u> <u>increase in menstrual cycle length, suggests NIH-funded</u> study



Upcoming: Vaccines for Children (VFC) Webinars

Please register for a webinar with Dr. Erica Pan, State Epidemiologist, on the current state of the COVID-19 pandemic and low vaccination rates of underserved California children.

Two opportunities to attend:

Wednesday, February 2 at 12:30PM or

Thursday, February 3 at 4.00PM

Topics:

- Exclusive to VFC Providers-Additional grant opportunities, plus COVID-19 billing and reimbursement information
- The latest news on the Omicron variant and its impact on children
- Updates on the timeline for under 5 vaccine authorization

75% OF KIDS NOT VACCINATED •



³ out of 4 California children ages 5-11 years have yet to receive 1 dose of COVID-19 vaccine, leaving most children vulnerable as the omicron variant is surging and future variants are likely to follow.

Crucial COVID-19 Conversations Webinars

Black Communities & COVID-19 Vaccines: Respectful & Caring Conversations

Watch <u>here</u> | View slides <u>here</u>

Talking with Patients in Latinx Communities about COVID-19 Vaccines

Watch <u>here</u> | View slides <u>here</u>







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!



California COVID-19 Vaccination Program

Program Updates	Updates for Providers
Program Enrollment	COVID-19 Vaccination Program FAQs Updated 1/20
My Turn Onboarding	Connect with Vaccine Experts – Provider Office Hours Every Friday
Vaccine Management	 myCAvax Training Weekly Webinars and Training Calendar
Vaccine Administration	
Reporting Requirements	Alerts:
Archived Communications	Vaccine Orders
Patient Resources	Third-party Redistributor Transitions from Dry Ice to Refrigerated Shipments
	Boosters
Provider Support	• Expansion to Ages 12+ and Additional Dose for Immunocompromised Ages 5-
COVID Call Center	11 • COVID-19 Vaccine Eligibility Chart Spanish
Email: Program Info	Summary of Related Guidance and Requirements
Phone: (833) 502-1245 Hours: Mon-Fri, 8AM-6PM	Expanding Vaccination Capacity (Provider Readiness Checklist)
Hours: Mon-Fri, 8AM-6PM	Now Enrolling Providers of Pediatric Services
Contact us for questions	
about the program or help with accessing documents.	Protect Kids With COVID-19 Vaccine-COVID-19 Can Be Serious for Children! Benefits for Primary Care Providers
	Eind Information on How to Enroll
myCAvax and My Turn	
Email:	
myCAvax Technical Support MyTurn Onboarding,	
MyTurn Technical Support	Featured Resources
Phone: (833) 502-1245 Mon-Fri, 7AM-7PM	
Sat-Sun, 8AM-1PM	CDPH COVID-19 Treatments:
	 For information regarding COVID-19 treatments, please visit the CDPH Therapeutics Webpage
My Turn Clinic Translation Line:	merapeutics webpage
(833) 980-3933	Tools to Avoid Vaccine Mix-Ups:
Mon–Fri: 8AM–8PM Sun–Sat: 8AM–5PM	Comparison Guide of COVID-19 Vaccine Products
	Vaccine Administration Checklist
Vaccines	Preventing Administration Errors
	Coadministration of COVID-19 Vaccine with Other Vaccines Tips Preteens
Manufacturer Contacts	



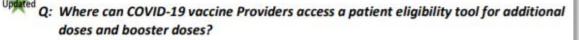


- FAQs for general public and healthcare providers
- Information on allocation, distribution, and ordering
- Drug fact sheets
- Links to further resources
- Linked in the "Protect Your Health" section on the CDPH COVID-19 webpage



COVID-19 Vaccine Provider FAQs

- Answers to provider questions
- Updated weekly: last updated 1/27/2022
- **Currently in its 56th iteration!**
 - Q: Where can COVID-19 vaccine Providers find information on COVID-19 therapeautic treatments, including antivirals, monoclonal antibodies, and anti-inflammatories?
- A: COVID-19 vaccine Providers can find information on available COVID-19 therapeutics on the CDPH COVID-19 Treatments Webpage.



A: CDPH created a tool for COVID-19 vaccine Providers with patient eligibility information for primary, additional, booster, and pediatric doses. Please access the patient eligibility tool here: COVID-19 Vaccine Eligibility (English) and COVID-19 Vaccine Eligibility (Spanish). For additional resources with specific eligibility criteria, please visit Guidance for COVID-19 Vaccine Administration.

California COVID-19 Vaccination Program Provider FAQs	
For Prospective, Newly Enrolled, and Current California COVID-19 Vaccine Providers. Providers may also visit California COVID-19 Vaccination Program for information and updates.	

California COVID-19 Vaccination Program Provider FAQs v.56.0 1.27.22

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

Provider FAQs on EZIZ, Updated Weekly

COVID-19 Vaccination Program Webinars and Training for Providers

Week of January 31, 2022

Note: Calendar subject to change

	Monday 1/31	Tuesday 2/1	Wednesday 2/2	Thursday 2/3	Friday 2/4
myCAvax					Provider Office Hours 9:00 am – 10:00 am PW: Immunize!
Combined Office Hours and Events	My Turn and myCAvax Office Hours 12 pm – 1 pm				
Demand	 Intro to My Turn Onboarding (v. 1/4/22) What's New in My Turn (v. 1/12/22) 	 Provider 101 Account Enrollment: Organization Application (v. 10/21) Provider 101 Account Enrollment: Location Application (v. 10/21/21) Provider Office Hours and MCE C Archived Sessions 	1/21) (v. 1/18/22) Section B: • Recording a Train (v. 12/20/21)	(v. nsfer/Redistribution Report • Re (v.	cording an Excursion Event 12/20/21) cording a Waste Event 12/20/21)
Help	Website: <u>www.eziz.org/cov</u> General email: <u>covidcallce</u> CDPH Provider Call Cente		My Turn email: <u>myturnor</u> myCAvax Help Desk Em Phone: (833) 502-1245	boarding@cdph.ca.gov ail: myCAvax.HD@accenture.co	<u>m</u>



Reporting: Race and Ethnicity

Edgar Ednacot, PhD, CDPH



COVID-19 Vaccine Reporting Requirements: "Race and Ethnicity"

- Required for participation in the COVID-19 Vaccination Program.
- Ensure that COVID-19 vaccine is being distributed equitably and is being targeted to racial/ethnic groups known to be at highest risk.
- Clinic staff are encouraged to get in the habit of documenting "race/ethnicity" for patients receiving any vaccine, not only COVID-19 vaccine.
- Most Electronic Health Record (EHR) systems likely include these fields, but if your system does not, speak to your EHR vendor about adding them.



Poster: Required to Report "Race/Ethnicity"

Help patients by reporting!

- Ensure equitable COVID-19 vaccine distribution
- Assess gaps in immunization coverage
- Address health disparities
- Improve data quality and accuracy
- Meet the California COVID-19
 Vaccination Program Requirement

REQUIRED: REPORT "RACE/ETHNICITY" FOR EVERY PATIENT RECEIVING COVID-19 VACCINE

The first step in ensuring that COVID-19 vaccine is distributed equitably is to report the race/ethnicity of every patient immunized in whichever method your clinic is using to submit immunization data to your local immunization registry (e.g. manual entry, electronic health record system [EHR], PrepMod).



Documenting "race/ethnicity" for every immunized patient is a requirement of the California COVID-19 Vaccination Program.

Reporting race/ethnicity of your patients helps:

- Meet the California COVID-19 Vaccination Program requirement
- Ensure COVID-19 vaccine is distributed equitably among vulnerable communities
- Public health departments and providers assess gaps in immunization coverage
- Support interventions to address health disparities
- Improve data quality/accuracy

Clinic staff are encouraged to get in the habit of documenting "race/ethnicity" for patients receiving any vaccine, not only COVID-19 vaccine.

Vaccine Administration Data

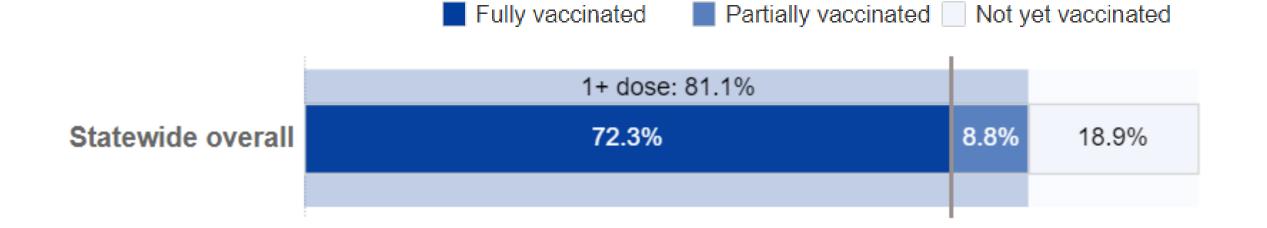
Joshua Quint, CDPH



Vaccine Administration Data

as of January 27, 2022

Total Doses Administered: 69,018,349 988,653 (from previous week)



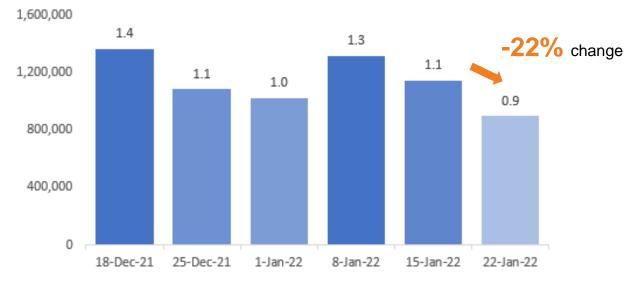


Trends in Administration

as of January 24, 2022

New Doses Administered

New Doses Administered



Week End Date



Booster* Vaccinations

as of January 24, 2022

Total Persons: **12,371,519**

52% of eligible** population

+ 0.5% **23,722,200 individuals, 12+ years of age, and J&J + 2 months or MRNA + 6 months

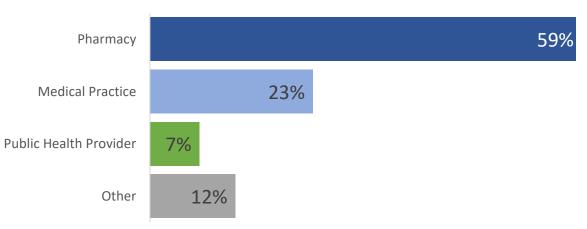
70% of 65+ eligible population + 0.6%

Booster Doses By Provider Type

1 570,191

(from previous week)

(n=12,434,785)

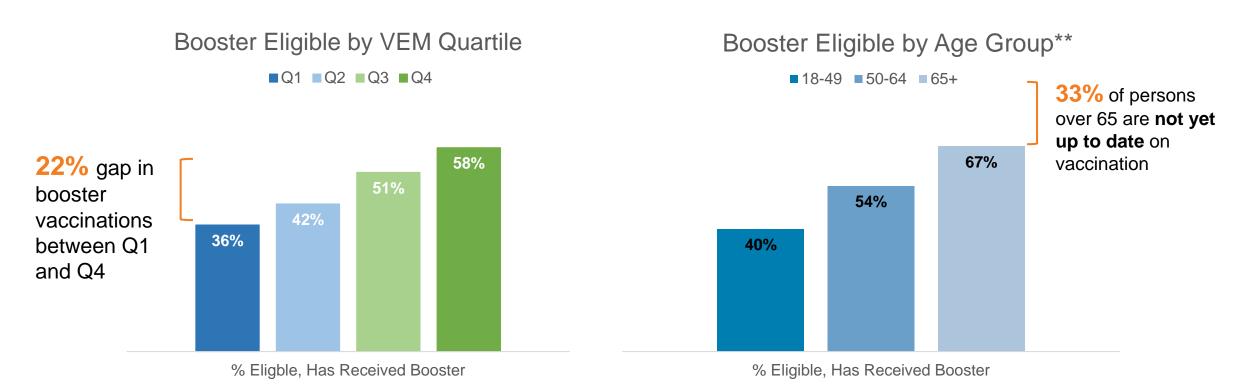


*Includes Additional Doses



Booster* Equity Vaccinations

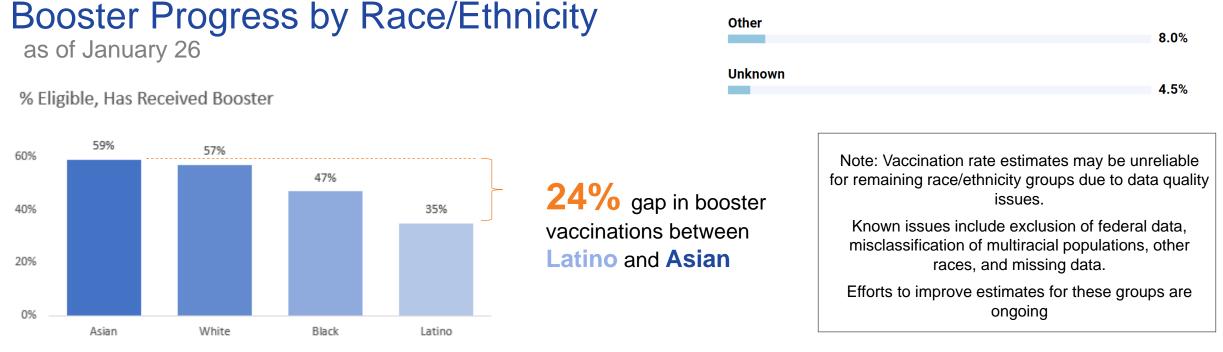
as of January 24, 2022



**12% of the 12-17 booster eligible population have received a booster. Note that booster vaccinations for this age group have just been made available.

*Includes Additional Doses





Asian White Black Latino

Vaccine and Booster Progress by Race-Ethnicity Details

Booster Rate	Race-Ethnicity	Not Vaccinated Recipients	1+ Vaccinated Recipients	Partially Vaccinated Recipients	Fully Vaccinated Recipients	Booster Eligible Recipients	Booster Dose Recipients
41.6%	American Indian or Alaska Native	59,451	104,273	15,494	88,779	72,405	30,105
59.8%	Asian	114,925	4,853,678	383,341	4,470,337	3,997,856	2,392,353
47.5%	Black or African American	870,681	1,298,644	130,178	1,168,466	930,365	442,195
35.6%	Latino	5,482,088	9,297,221	1,119,894	8,177,327	6,635,495	2,362,843
67.6%	Multiracial	410,296	597,996	26,380	571,616	500,872	338,467
41.5%	Native Hawaiian or Other Pacific Islander		145,419	14,932	130,487	108,412	44,965
33.6%	Other Race		2,457,362	380,302	2,077,060	1,640,784	551,940
22.6%	Unknown		1,358,590	330,127	1,028,463	813,188	183,506
57.7%	White	4,262,228	10,205,434	824,904	9,380,530	8,329,830	4,809,425

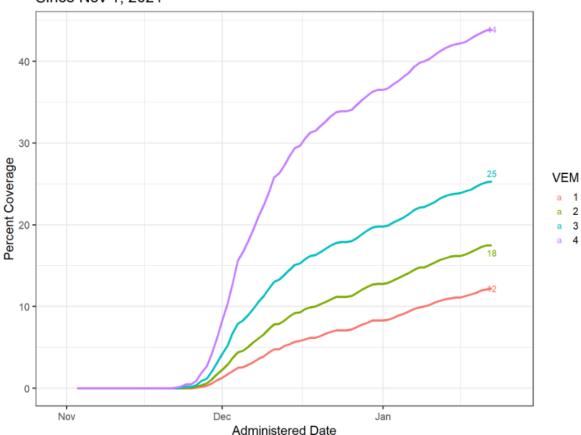


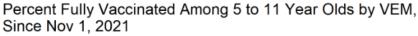
Vaccine Equity Ages 5-to-11

as of January 24, 2022

VEM/HPI Q4 vs Q1 Equity Gap

- 32% gap between Q4 and Q1 youth
- Q4 youth **3.7X** more likely to be vaccinated than their Q1 counterparts







Vaccination Equity Ages 5-to-11

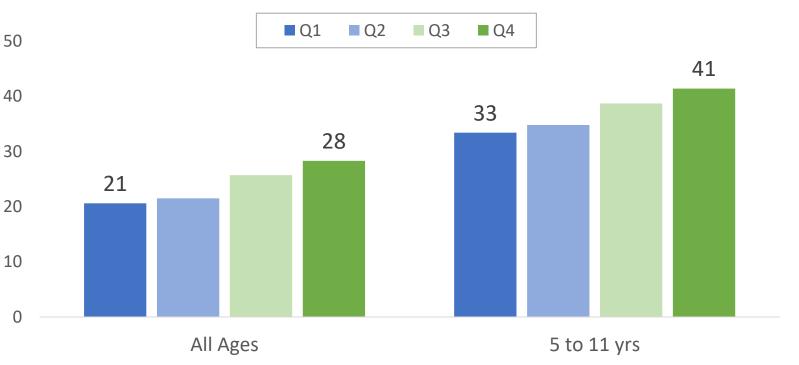
as of January 24, 2022

Role of Medical Practices for Vaccination:

- 5-to-11-year-olds are more likely to be vaccinated by a Medical Practice than the general population.
- People living in Q4 (healthier) areas are more likely to be vaccinated by a Medical Practice than people living in Q1 (less healthy) areas.
- Need for improved pediatric vaccine access in Q1 and Q2 zip codes

Percent of Doses Administered at a **Medical Practice** by

Age Group and HPI Quartile





Vaccinator Resources

Deepa Saha, CDPH



Vaccination Staff Resources

- State-contracted staff available to assist with vaccination, pending availability.
- Requests will be evaluated to make sure they are eligible for State-funded staff according to FEMA requirements. If request is filled, then the costs of the staff are covered by the state.
- Requests should be put in as soon as a need is recognized. Please give sufficient timing for deployment (1-2 weeks or more).
- Staff must be used **only** for COVID-19 vaccine administration related purposes.
- Staffing contracts require a guarantee of 50-60 hours per week for each staff.
 - Clinics can potentially leverage the additional hours to expand hours of vaccine administration.



Vaccinator Staffing Services

Staff Classification	Availability				
Lead RN	Generally available in staging and ready to deploy in 72 hours				
RN	Deployment takes longer during surges				
LPN/LVN					
Administrative Staff					
MA					
Lead LPN/LVN	Not kept in staging and may need to be sourced by agency				
CNA	May take closer to a week to deploy and longer in surge				
EMT					
Administrative Lead					
Project Manager					
*State-provided staff are guaranteed at least 40 hours/week					

** Please request staff at least 1 week prior to clinic start date



How To Request Staff

- Contact your local MHOAC (Medical Health Operational Area Coordinator) by going to the following link: <u>https://emsa.ca.gov/medical-health-operational-area-coordinator/</u>
- Ensure all local resources are reasonably exhausted before submitting a request. The MHOAC can help assist with local resources.
- Once local resources have been exhausted, the MHOAC can assist with filling out a request. The MHOAC will send a series of questions regarding your request
- The request is then received by the vaccine deployment team via the PHOS (Public Health Ordering system) maintained by the Medical and Health Coordination Center. The vaccine deployment team will reach out to the POC you have listed on your request to confirm details.
- Staff will be deployed as soon as possible to meet your clinic start date.



FAQs

1. What qualifications do staff have?

- Staff are My Turn trained, staff have been onboarded with either the Vaccine Administrators or Administrator Assistant training videos.
- An active practicing license from whichever state they are approved in, and a drug-screened background check is required. All state deployed clinical staff have verified certifications and credentials.

2. What types of providers can request staff?

- Primary care-centered providers and pharmacies who have limited staff available for vaccination services.
- Please note that pharmacies are not able to use licensed vocational nurses (LVNs) as vaccinators.



FAQs

3. What are the requirements of a provider location in order to qualify to receive staffing?

- Providers must be enrolled in the COVID-19 myCAvax program (or have an alternate vaccine allocation) and meet the following requirements:
 - Community outreach and engagement was conducted for this site with a focus on highest risk communities
 - Registration process addresses limiting factors such as digital disparity, lack of access to public transportation to site, or need for a focus on disadvantaged groups
 - Site collects data on client's demographic information
 - Site location supports highest-risk communities and underserved populations (Examples: Supports individuals with disabilities, limited English proficiency clients, and/or transportation, restricted groups)
 - Event has a plan to monitor equitable vaccine distribution and make improvements based on evaluations



FAQs

4. Are staff covered by malpractice insurance at the state level, or would they be operating under the clinic's insurance coverage?

- Malpractice and insurance is covered by the vendor staffing agency. The clinic would not need to provide this.
- 5. Is vaccination/booster status vetted by the staffing agency and are they in compliance with state vaccine mandates for Healthcare Workers (HCWs)?
 - All Contract Staff from the COVID Staffing Vendors are mandated to follow the same CDPH Healthcare Worker vaccine mandates and guidelines.

Link: Healthcare Worker Vaccine Requirements

6. How will invoices for the staff be handled?

• The State will not invoice the requestor for staffing costs; it will be handled by the State.





7. Can I use the same staff at different locations/clinics?

No. Send a separate request per event site. However, if we determine that is logistically
possible to use the same staff for multiple locations, then we will coordinate this for you.
Please note: We must have documentation of each location staff are located. <u>Any change in
sites, please notify the VaccStaffTeam@cdph.ca.gov immediately</u>.

8. Is it possible to use the staff for a mobile vaccination clinic or schoolbased clinic?

• Yes. There is a question on your form that allows you to indicate if it is for a mobile site or school-based site.

9. How long can I request staff for?

• You can request staff for up to 30-day deployments. Extensions can be requested thereafter.



Clinical Update

Jennie Chen, M.D., CDPH



Why Vaccinate Children Against COVID-19?





COVID-19 and Multisystem Inflammatory Syndrome in Children (MIS-C)

- Multisystem Inflammatory Syndrome in Children (MIS-C) is a rare syndrome usually presenting about 2-6 weeks post COVID-19 infection.
- The CDC case definition is:
 - An individual aged <21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem (<u>></u>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
 - No alternative plausible diagnosis; AND
 - Positive for current or recent SARS-CoV-2 infection by TR-PCR, serology, or antigen test; or exposure to a suspected or confirmed COVID-19 case within 4 weeks prior to the onset of symptoms

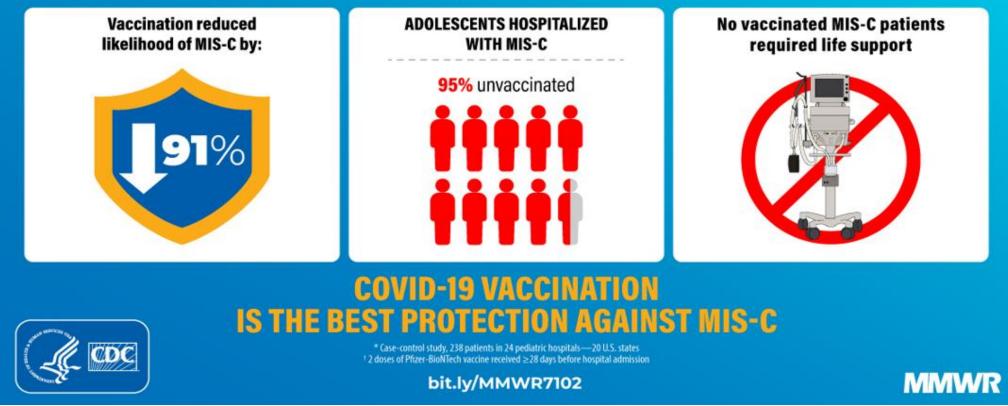
COVID-19 Vaccines Improve Vaccine Effectiveness against MIS-C

TABLE 3. Effectiveness* of 2 doses of Pfizer-BioNTech vaccine against multisystem inflammatory syndrome in children among hospitalized patients aged 12–18 years — 24 pediatric hospitals, 20 U.S. states,[†] July–December 2021

	No. vaccina		
Control groups	MIS-C case patients	Control patients	Adjusted VE, % (95% CI)
All controls	5/102 (4.9)	65/181 (35.9)	91 (78–97)
Test-negative	5/102 (4.9)	34/90 (37.8)	92 (77–97)
Syndrome-negative	5/102 (4.9)	31/91 (34.1)	89 (70–96)
Sensitivity analysis MIS-C case patients with serologic evidence present¶	5/88 (5.7)	61/161 (37.9)	90 (75–96)

ALL 58 MMWR (1/14/22): Effectiveness of BNT162b2 (Pfizer-BioNTech) mRNA Vaccination Against Multisystem Inflammatory Syndrome in Children Among Persons Aged 12-18 Years





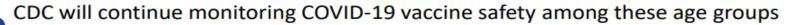


MMWR (1/14/22): Effectiveness of BNT162b2 (Pfizer-BioNTech) mRNA Vaccination Against Multisystem Inflammatory Syndrome in Children Among Persons Aged 12-18 Years

COVID-19 Vaccines are Safe for Children

Summary of VAERS findings — Reports after Pfizer-BioNTech COVID-19 vaccination among children and adolescents ages 5–11 and 12–15 years

- Since authorization, 8.7 million doses of Pfizer-BioNTech COVID-19 vaccine administered to children ages 5–11-years, and 18.7 million doses to children and adolescents ages 12–15-years, in the Unites States
- Regardless of age group, most reports (≥92%) were non-serious
 - Distribution by sex, race, and ethnicity similar between the two age groups
 - Most frequently reported adverse events (AEs) were known and well-characterized AEs
 associated with Pfizer-BioNTech COVID-19 vaccination, or consistent with vaccination errors
 or workup for myocarditis or MIS-C
 - Reported myocarditis among children ages 5–11 years:
 - Male predominance and mostly after dose 2, similar to older age groups
 - Reporting rates for males ages 5–11-years substantially lower than for males ages 12–15 and 16–17-years





14



8.7 million* COVID-19 vaccinations have been given to children ages 5-11 years old

Health check-ins to v-safe completed for over 42,000 children after vaccination⁺

Side effects were common but mild and brief[§]



Pain where shot was given

Fatigue

Headache

0

Mild side effects are a normal sign the body is building protection



Few myocarditis cases have been reported



Vaccination is the best way to protect children from COVID-19 complications

* As of December 19, 2021 [†] V-safe, a voluntary smartphone vaccine safety monitoring system * After the 2nd dose, about 2/3 children had a local reaction such as arm pair; 1/3 had a reaction beyond the injection site

bit.ly/MMWR705152a1





MMWR (12/31/21): Covid-19 Vaccine Safety in Children Aged 5-11 Years U.S., November 3 – December 19, 2021

Why Vaccinate During Omicron Surge?



COVID-19 testing in Gardena. The New York Times



Boosters Improve Vaccine Effectiveness Against COVID-19 Associated ED & Urgent Care Visits and Hospitalizations

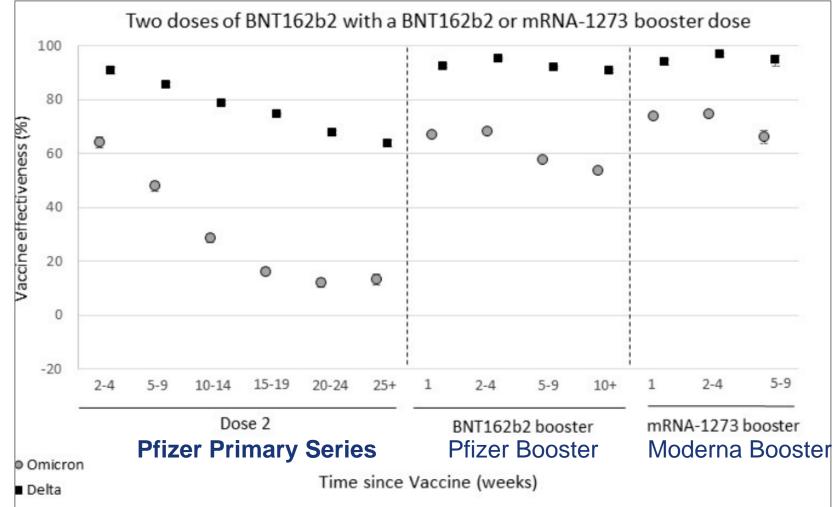
TABLE 2. mRNA COVID-19 vaccine effectiveness* against laboratory-confirmed COVID-19–associated[†] emergency department and urgent care encounters and hospitalizations among adults aged ≥18 years, by number and timing of vaccine doses[§] and vaccine product received — VISION Network, 10 states, August 2021–January 2022[¶]

Encounter/Predominant variant period/Vaccination status	Total	SARS-CoV-2 positive test result, no. (%)	VE, %* (95% CI)
ED or UC encounters			
Delta predominant Unvaccinated (Ref)	98,087	36,542 (37.2)	_
Any mRNA vaccine 2 doses (14–179 days earlier) 2 doses (≥180 days earlier) 3 doses	39,629 52,506 14,523	3,269 (8.2) 6,893 (13.1) 469 (3.2)	86 (85–87) 76 (75–77) 94 (93–94)
Omicron predominant Unvaccinated (Ref)	6,996	3,398 (48.6)	_
Any mRNA vaccine 2 doses (14–179 days earlier) 2 doses (≥180 days earlier) 3 doses	1,746 5,409 3,876	591 (33.9) 2,037 (37.7) 520 (13.4)	52 (46–58) 38 (32–43) 82 (79–84)
Hospitalizations			
Delta predominant Unvaccinated (Ref)	37,400	14,272 (38.2)	
Any mRNA vaccine 2 doses (14–179 days earlier) 2 doses (≥180 days earlier) 3 doses	14,645 26,190 8,092	895 (6.1) 2,563 (9.8) 209 (2.6)	90 (89–90) 81 (80–82) 94 (93–95)
Omicron predominant Unvaccinated (Ref)	460	174 (37.8)	
Any mRNA vaccine 2 doses (14–179 days earlier) 2 doses (≥180 days earlier) 3 doses	115 488 514	14 (12.2) 86 (17.6) 24 (4.7)	81 (65–90) 57 (39–70) 90 (80–94)



MMWR (1/21/22): Effectiveness of Third Dose of mRNA Against COVID-19-Associated Emergency Dept and Urgent Care Encounters and Hospitalizations

Boosters Improve Vaccine Effectiveness against Infection



- Vaccine protection from primary series of Pfizer (and Moderna) against Omicron infection is less than against Delta
- Immunity against infection decreases over time
- Boosters improve vaccine effectiveness and improve protection

/accinate

Boosters Protect Against COVID-19 Infection and Death

TABLE 2. Average weekly incidence* of cases and deaths and incidence rate ratios[†] for unvaccinated compared with fully vaccinated persons[§] with and without booster doses,[¶] by age, vaccine type,^{**} and period^{††} — 25 U.S. jurisdictions^{§§} October 3–December 25, 2021

	COVID-19 vaccination status							
	Unvaccinated		Fully vaccinated (no booster dose)			Fully vaccinated (with booster dose)		
Event/Time/ Characteristic	Total no.	Average weekly incidence*	Total no.	Average weekly incidence*	Average weekly IRR (95% CI) ^{¶¶}	Total no.	Average weekly incidence*	Average weekly IRR (95% CI) ^{¶¶}
COVID-19 Ca	ases (De	cember)						
Vaccine								
Moderna	NR	NR	251,784	221.6	3.3 (1.7-6.1)	39,813	130.4	5.6 (3.1-10.1)
Pfizer-BioNTech	NR	NR	473,115	280.1	2.6 (1.4-4.7)	77,844	162.6	4.5 (2.4-8.3)
Janssen (Johnson & Johnson)	NR	NR	75,903	246.6	2.9 (1.8–4.8)	7,377	132.7	5.5 (3.2–9.4)
COVID-19 As	ssociate	d Deaths (O	ct-Nove	mber)				
Vaccine								
Moderna	NR	NR	2,379	0.5	14.6 (13.0-16.4)	96	0.2	40.1 (19.5-82.5)
Pfizer-BioNTech	NR	NR	2,550	0.7	11.8 (10.8-12.9)	187	0.1	58.7 (36.8-93.9)
Janssen (Johnson & Johnson)	NR	NR	560	1.0	7.9 (6.0–10.3)	2	0.1	NC**

- Boosters protective against COVID-19 infection
- Boosters protective against COVID-19 deaths during Delta period

MMWR (1/21/22): COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence During the emergence of the Omicron variant, being up to date with COVID-19 vaccines provided protection against infection*

Adults who were unvaccinated had 5x higher risk of infection compared with adults who were fully vaccinated with a booster

bit.ly/mm7104

*25 U.S. jurisdictions, December 2021



MMWR (1/21/22): COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence

Job Aids: COVID-19 Vaccine Eligibility Chart & Guidance for COVID-19 Vaccine Eligibility

Includes recent recommendations for:

- Additional dose in immunocompromised 5-to-11year-olds
- Booster dose in 12-to-15-yearolds
- Booster dose at 5 months after primary series of Pfizer for those 12-years-and -older

Use this chart to help	determine when to give COVID-19 vaccine based	l on age or h	ealth condit	ions.
	Dose Age:	5-11	12-17	18+
Pfizer- Pediatric (5-11)	Primary 2 doses (21 days apart)	1		
	Additional (3rd) dose for immunocompromised, at least 28 days after 2nd Pfizer dose	1		
Pfizer/	Primary 2 doses (21 days apart)		1	1
Comirnaty (12+)	Additional (3rd) dose for <u>immunocompromised</u> , at least 28 days after 2nd Pfizer dose		1	1
	Booster dose* of Pfizer (or Moderna if age 18+), at least 5 months after 2nd dose (3rd dose if immunocompromised) of Pfizer		1	1
Moderna (18+)	Primary 2 doses (28 days apart)			1
	Additional (3rd) dose for <u>immunocompromised</u> , at least 28 days after 2nd Moderna dose			1
	Booster dose* of Moderna (half-dose) or Pfizer, at least 5 months after 2nd dose (3rd dose if immunocompromised) of Pfizer			1
Johnson &	Primary 1 dose			1
Johnson (18+) Use of Pfizer or Moderna is preferred.*	Booster dose* of different brand (preferred) or J&J, at least 2 months after primary J&J dose			1
* Use of mRNA COVID-19 be offered in some situ	9 vaccines is preferred over the Janssen COVID-19 vac ations:	tine. However	, the Janssen	vaccine may
to a component of an • When a person would	raindication to mRNA COVID-19 vaccines (e.g., severe a nmRNA COVID-19 vaccine) d otherwise remain unvaccinated due to limited acces s to receive the Janssen COVID-19 Vaccine despite the	s to mRNA CO	WID-19 vaccir	

Guidance for COVID-19 Vaccinate **ALL 58** Vaccine Eligibility California COVID-19 Vaccination Program Refer to these additional resources for specific eligibility criteria listed in the COVID19 Vaccine Eligibility chart Information is subject to change as guidance is updated. Primary Series for Ages 5+ COVID-19 vaccination is recommended for everyone aged 5 years and older Preferential Recommendation for mRNA COVID-19 Vaccines (WSSSRW) Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States (CDC) Guidance for Vaccination During Pregnancy (CDPH) COVID-19 Vaccines While Pregnant or Breastfeeding (CDC) iderations for Vaccination of People with Certain Underlying Medical Conditions (CDC) ent that COVID-19 immunization providers request patients' email addresses and mo ers for the State's Immunization Registry (State Public Health Officer Order, CDPH State Public Health Officer Orders and Requirements for Work or Institutional Settings Adult Care Facilities and Direct Care Worker Vaccine Requirement (State Public Health Officer Order, CODH! Requirements for Visitors in Acute Health Care and Long-Term Care Settings (State Public Health) Officer Order, CDPH) State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination uirement (State Public Health Officer Order, CDPH) Vaccine Verification for Workers in Schools (State Public Health Officer Order, CDPH) Upcoming Requirements for School (Governor's Announcement) ealth Care Worker Vaccine Requirement (State Public Health Officer Order, CDPH) ruise Ship Operators: Minimum Recommended Standards for Local Agreements under CDC's ional Sailing Order (CDPH) evisions to the COVID-19 Prevention Emergency Temporary Standards (Cal/OSHA) California COVID-19 Vaccination Program IMM-1398 (1/25/2022)



COVID-19 Vaccine Eligibility Chart

Guidance for COVID-19 Vaccine Eligibility

Updated recommendations for those with COVID-19 vaccinations from outside of the United States

- The January 6, 2022 Update of the CDC COVID-19 Vaccine Clinical Guidance includes additional recommendations for people that have received a vaccine outside of the U.S.
- Persons who received only the first dose of a WHO-listed COVID-19 vaccine that is not FDA-approved or FDA-authorized do not need to restart a primary vaccination series in the U.S.
- They **should** receive a single dose of a Pfizer vaccine at least 28 days after receipt of their first dose, after which they are considered **fully vaccinated**.
- The current WHO list of vaccines for emergency use includes:
 - Pfizer-BioNTech
 - AstraZeneca-Oxford

- Sinopharm-BIBP
- Sinovac-CoronaVac

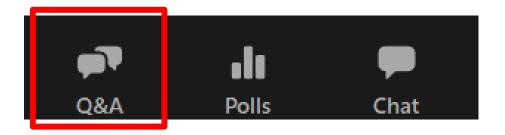
Janssen (J&J)

Bharat Biotech International
 Novavax

• Moderna

Provider Office Hours Q&A

During today's session, please use the **Q&A panel** to ask your questions so our subject matter experts can respond directly.







Storage & Handling

Kate McHugh, CDPH



Preventing Administration Errors

- Ensure staff are all trained on the vaccines in use and are up-to-date on the new formulations
 - Make sure staff know the new gray cap tris-sucrose Pfizer vaccine does not need diluent!
- Double check which product is being administered to the patient (Confirm it is approved for their age range)
- See EZIZ Resources
 - IMM-1411: Vaccine Administration Checklist (eziz.org)
 - IMM-1410: Preventing Administration Errors (eziz.org)



Preventing Administration Errors – Expiration and Beyond Use Dates (BUDs)

- Always double-check expiration and beyond use dates of vaccines before administering
- Expiration Checkers:
 - <u>Vial Expiration Date Lookup | Moderna COVID-19 Vaccine (EUA)</u> (modernatx.com)
 - Janssen COVID-19 Vaccine Expiry Checker (vaxcheck.jnj)
 - ° Pfizer: Check the EUA
 - <u>Pfizer-BioNTech COVID-19 Vaccine for 12 and older purple cap must dilute</u> (fda.gov)
 - Pfizer-BioNTech COVID-19 Vaccine for 12 and older gray cap do not dilute (fda.gov)
 - Pfizer-BioNTech COVID-19 Vaccine for 5 11 Years of Age (fda.gov)



Large Quantities of Vaccine Expiring

- Large amounts of both Pfizer and Moderna vaccine recently expired or are expiring over the next couple of months.
 - CDPH is expecting that many more providers will be reporting waste from these events
- If vaccine has expired, please remove the vaccine from storage, dispose of the vaccine, and report the waste to myCAvax.



Temperature Excursions

- Remember to report temperature excursions in myCAvax.
- How can you get quick answers about vaccine viability?
 - Moderna: <u>Storage & temperature excursion for Moderna COVID-19 vaccine</u> (modernamedinfo.com)
 - Janssen: <u>Janssen COVID-19 Vaccine Stability Temperature Excursion</u> (Vials) (janssenmd.com)
 - Pfizer: Use the Digital Assistant: <u>Pfizer-BioNTech COVID-19 Vaccine also</u> <u>known as COMIRNATY (COVID-19 Vaccine, mRNA) | Pfizer Medical</u> <u>Information - US</u>
 - Reminder: Please call medical Information for information on gray and orange cap vaccine: <u>1-800-438-1985</u>

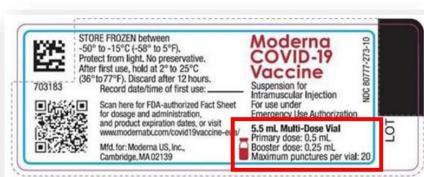


Updates: Moderna COVID-19 Vaccine Label and EUA Moderna Fact Sheet

Changes made:

accinate

- Label has been updated to indicate a volume of 5.5mL
- Doses for primary series and booster shots are now listed on the label
- Important reminder added not to exceed a maximum of 20 punctures per vial



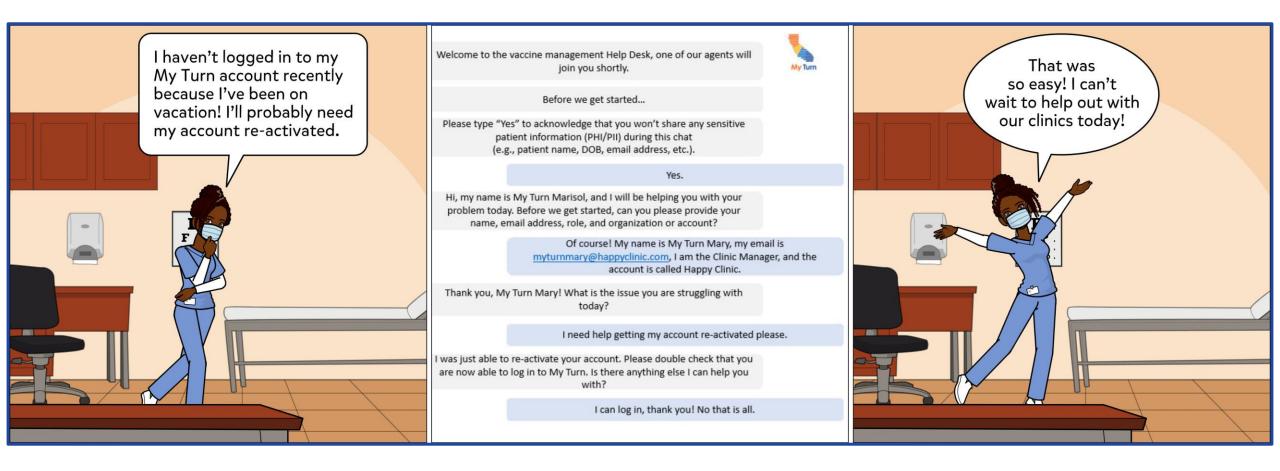
The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, MODERNA COVID-19 VACCINE, for active immunization to prevent COVID-19 in individuals 18 years of age and	rature
older. SUMMARY OF INSTRUCTIONS FOR COVID-19 VACCINATION PROVIDERS Vaccination providers enrolled in the federal COVID-19 Vaccination Program must report all vaccine administration errors, all serious adverse events, cases of Multisystem Inflammatory Syndrome (MIS) in adults, and cases of COVID-19 that result in hospitalization or death	m to hour.
following administration of the Moderna COVID-19 Vaccine. See "MANDATORY REQUIREMENTS FOR MODERNA COVID-19 VACCINE ADMINISTRATION UNDER EMERGENCY USE AUTHORIZATION" for reporting requirements.	to hour
The Moderna COVID-19 Vaccine is a suspension for intramuscular injection.	_
Primary Series: Each primary series dose of the Moderna COVID-19 Vaccine is 0.5 mL .	o not
The Moderna COVID-19 Vaccine is administered as a primary series of two doses (0.5 mL each) 1 month apart to individuals 18 years of age or older.	ntain COVID-
A third primary series dose of the Moderna COVID-19 Vaccine (0.5 mL) at least 1 month following the second dose is authorized for administration to individuals at least 18 years of age who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.	nistration. ations:
Booster Dose: The booster dose of the Moderna COVID-19 Vaccine is 0.25 mL .	from seedles. iles used,
A single Moderna COVID-19 Vaccine booster dose (0.25 mL) may be administered at least 5 months after completing a primary series of the Moderna COVID-19 Vaccine to individuals 18 verse of ace or older.	ntaining the vial
A single booster dose of the Moderna COVID-19 Vaccine (0.25 mL) may be administered to individuals 18 years of age and older as a heterologous booster dose following completion of primary vaccination with another authorized or approved COVID-19 vaccine. The dosing interval for the heterologous booster dose is the same as that authorized for a booster dose of the vaccine used for primary vaccination.	oster doses ion should
See this Fact Sheet for instructions for preparation and administration. This Fact Sheet may have Revised: Jan/7/2022 1	itents. e of 0.5 ne from
	25°C (36° cine vial
Revised: Jan/7/2022	_

Vaccine Management

Eric Norton, My Turn and Claudia Aguiluz, CDPH

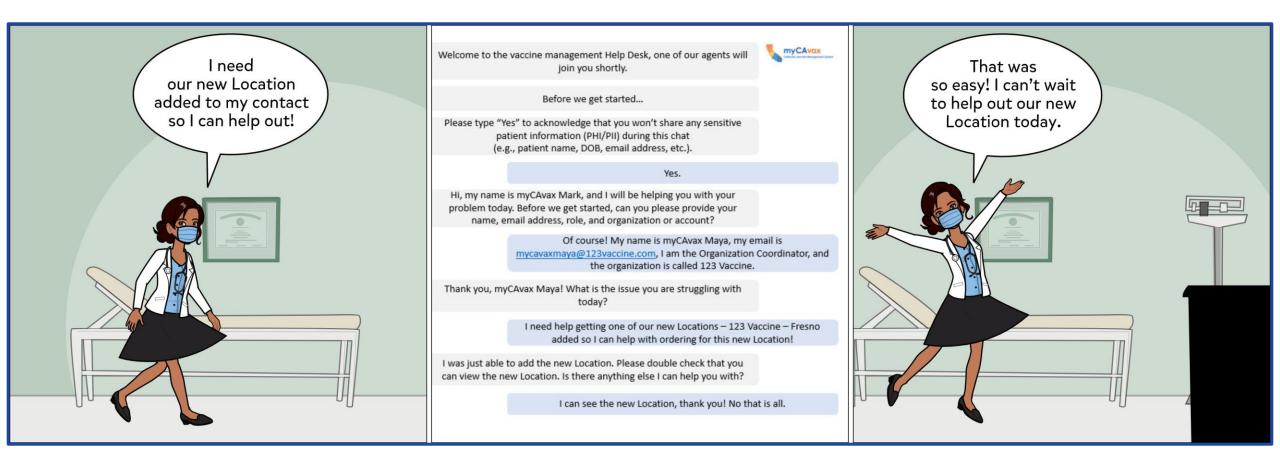


Live Chat Feature Preview – Account Re-activation



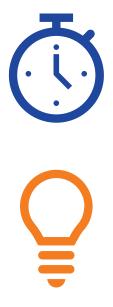


Live Chat Feature Preview – Adding a Location to Contact





Help Desk Support Transition Metrics



The average wait time for the My Turn Help Desk prior to the transition was **18 seconds.** The average wait time for the My Turn Help Desk now is **17**

seconds.

The average resolution time for the My Turn Help Desk prior to the transition was **15 minutes**. The average resolution time for the My Turn Help Desk now is **14 minutes**.

 \uparrow

Since the transition to the Help Desk only model, there's been a 4% increase in ticket volume.



Janssen Product Update



There is limited **Janssen inventory** that has been acquired for Standard Ordering.



Please check your Vaccine Marketplace posts to close out old posts and create new posts with your excess doses.



Order mRNA vaccines as primary source of COVID-19 vaccine (**mRNA vaccines are preferentially recommended**).



APPENDIX



myCAvax – Known Issues - Updated 1/24

Known Issues

Increase in Shipment Incidents

 There has been an influx of shipment incidents being reported recently.

• Workaround/Next Steps

0

 We recommend that each Provider validate that their shipping hours are correct for each Active Location Account







Additional Support

Type of Support	Description	Updated 12.29.21
COVID-19 Provider Call Center	The COVID-19 Call Center for Providers and Local Health Departments is dedicated to medical provide their COVID-19 response, specifically addressing questions about State program requirements, enrolling distribution, including the Vaccine Marketplace.	
	Email: <u>covidcallcenter@cdph.ca.gov</u>	
	Phone: (833) 502-1245, Monday through Friday from 8AM–6PM	
Enrollment Support	For Provider enrollment support, please contact myCAvax Clinic Operations at	
	Email: myCAvaxinfo@cdph.ca.gov	
	Dedicated staff provide up-to-date information and technical support on the myCAvax system.	
myCAvax Help Desk	Email: myCAvax.HD@Accenture.com	
\Box	 Phone: (833)-502-1245, option 3, Monday through Friday 7AM–7PM, Saturday and Sunday 8AM-1P 	M
	For training opportunities: https://eziz.org/covid/education/	
My Turn Clinic Help Desk	For onboarding support (those in the process of onboarding): <u>myturnonboarding@cdph.ca.gov</u>	
	For technical support with My Turn Clinic for COVID-19 and flu vaccines: <u>MyTurn.Clinic.HD@Accentu</u> (833) 502-1245, option 4: Monday through Friday 7AM–7PM, Saturday and Sunday 8AM–1PM.	<u>ire.com</u> or
	For job aids, demos, and training opportunities: flu at <u>https://eziz.org/covid/myturn/flu/</u> and COVID at <u>htt</u>	ps://eziz.org/covid/myturn/
Archived Communications	For archived communications from the COVID-19 Provider Call Center about the California COVID-19 visit	Vaccination Program
T	Website: EZIZ Archived Communications	



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

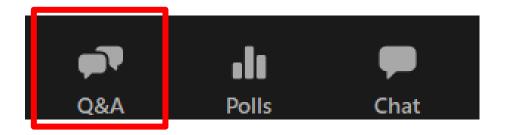
If found, report it to rumors@cdph.cd.gov





Provider Office Hours Q&A

During today's session, please use the **Q&A panel** to ask your questions so our subject matter experts can respond directly.







Thank you!



Monday: My Turn myCAvax Office Hours Zoom Link

Next session: Monday, January 31, at 12:00 PM

Friday: Provider Office Hours

Next session: Friday, February 4

Audio Conference: Register to access Session Password: Immunize!

Thank you to Provider Office Hours' Planning Team: Leslie Amani, Rachel Jacobs, Hailey Ahmed, Blanca Corona, and Reva Anderson.

