

CDPH Provider COVID-19 Vaccine Town Hall Topic: Booster Doses

Friday, September 24, 2021



Vaccinate ALL 58

Together we can end the pandemic.

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 updates and information: <https://eziz.org/covid/>

Questions & Answers

Submit questions via GoToWebinar
"Questions" pane.



Questions

Webinar staff to everyone 1:34 PM

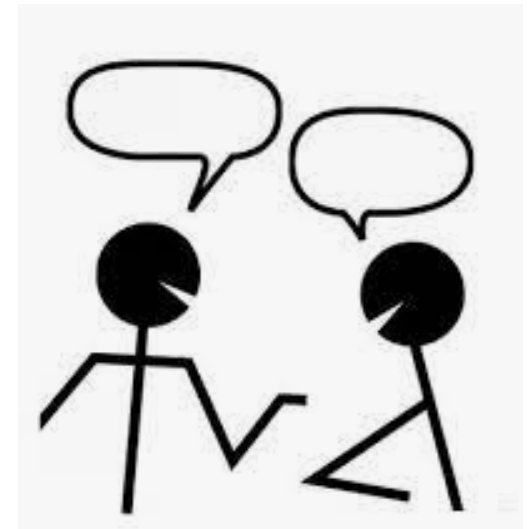
Q: Will this session be recorded?
A: Yes, I will post the recording to the shared workspace.

Ask the staff a question

Send

Let's Discuss...

- Are there any barriers and/or challenges that you are concerned with as you prepare to ramp up capacity?
- What is working well?

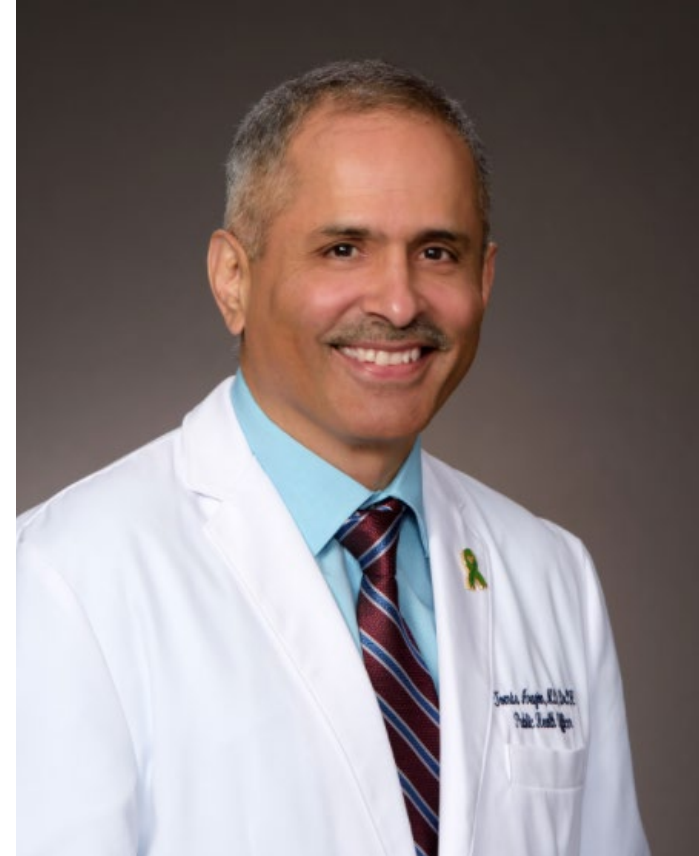


Agenda: Friday, September 24, 2021

Item	Speaker(s)	Time (PM)
Welcome	Leslie Amani (CDPH)	3:00 – 3:03
Overview of Booster Guidance and Capacity Needs & Projections	Tomás J. Aragón, M.D., CDPH Director and State Public Health Officer	3:03 – 3:10
Preparing Your Clinic for Increased Demand	Louise McNitt, M.D. (CDPH)	3:10 – 3:20
Ordering Guidance	Claudia Aguiluz (CDPH)	3:20 – 3:30
Resources, Q&A, and Discussion	Leslie Amani (CDPH)	3:30 – 3:45

Booster Overview and Capacity Needs & Projections

Tomás J. Aragón, M.D., DrPH,
CDPH Director and State Public Health Officer



Booster Update: CDC Statement on ACIP Booster Recommendations

- People 65 years and older and residents in long-term care settings **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- People aged 50–64 years with underlying medical conditions **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- People aged 18–49 years with underlying medical conditions **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks, and
- People aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.

Booster Update: Western States Scientific Safety Review Workgroup

Those who **should** receive a booster dose:

- Age 65 years and older or residing in a long-term care facility, or
- Age 50 through 64 years with underlying medical conditions or at increased risk of social inequities.

Those who **may** receive a booster dose:

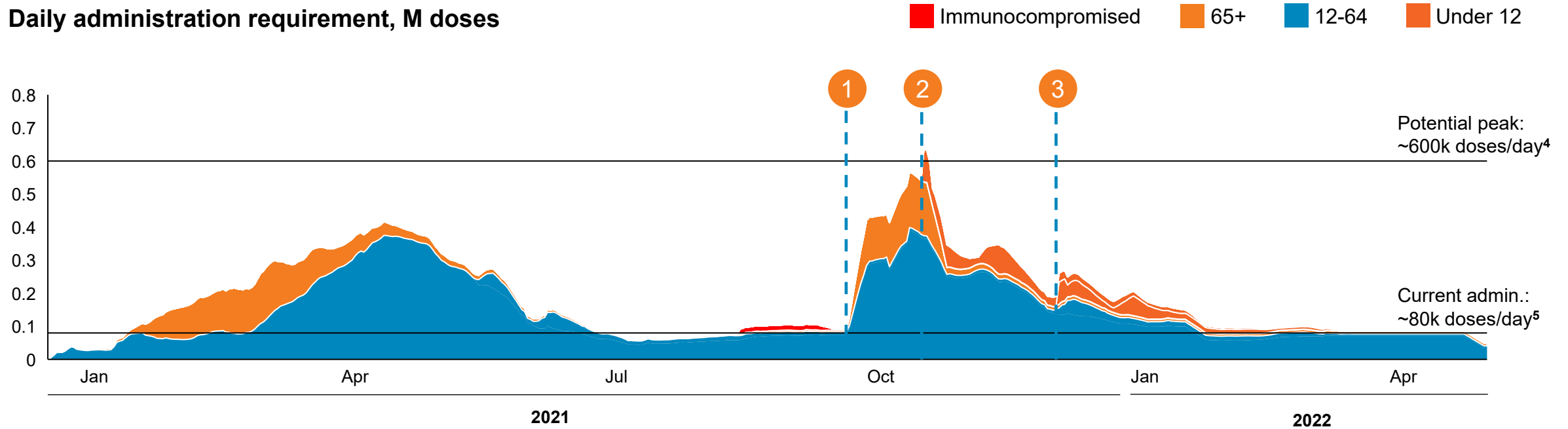
- Age 18 through 64 years
 - with underlying medical conditions, or
 - who are at increased risk for SARS-CoV-2 exposure and transmission because of occupational or institutional setting.

Daily administration requirement for 6 months booster eligibility scenario^{1,2}

PRELIMINARY; MODELS ARE BASED ON ASSUMPTIONS AND CONDITIONS AS OF SEPTEMBER 16TH, 2021 AND WILL CONTINUE TO BE UPDATED AS FEDERAL POLICIES, GUIDANCE AND RECOMMENDATIONS CHANGE.

(Assumes all fully vaccinated individuals are eligible for boosters) If Moderna booster is approved 2 weeks after Pfizer³, and State meets all accumulated demand for boosters within 2 weeks of approval, peak daily demand may increase to **~600K doses per day** and State may operate for **4 weeks above the historical peak** of 410k doses per day⁴

Daily administration requirement, M doses



Timeline assumptions^{1,4,5}

- 1 Booster approved for all age groups 6 months after full vaccination (Pfizer on Sept 20, Moderna on Oct 4); accumulated demand met within 2 weeks⁴
- 2 5-11 age group eligible to receive vaccines (Pfizer on Oct 15)⁴
- 3 0-4 age group eligible to receive vaccines (Pfizer on Dec 1)⁴

Source: Snowflake (data as of 8/16/2021), CDPH scenario assumptions

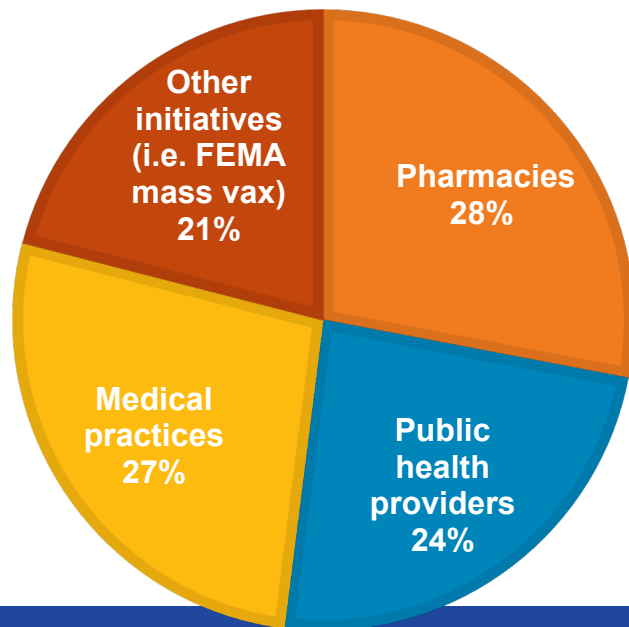
- 1. Scenario represented is one of many models under consideration, and is not illustrative of the full scope of scenarios considered
- 2. See detailed scenario assumptions page for additional scenario details
- 3. <https://www.cnn.com/2021/09/05/health/coronavirus-fauci-moderna-vaccine-booster/index.html>
- 4. Based on scenario being illustrated
- 5. Based on historical data as of August 16 2021 (latest historical data available at time of scenario modeling)

Note: Details on the methodology and assumptions are included in the appendix.

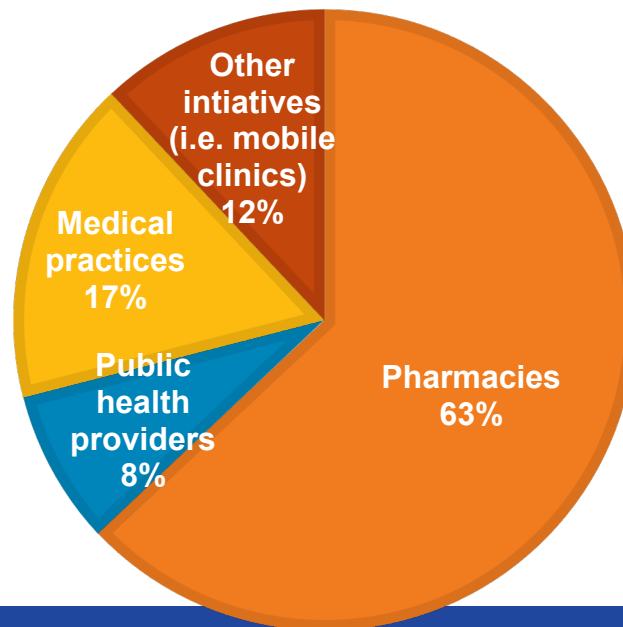
Booster Challenges

- Providers and LHJs have scaled back vaccination operations and will need to determine if they will ramp back up.
- The Long-term Care Federal Pharmacy Partnership will not be re-started.
- Federal staffing resources will not be available.
- Healthcare surge could limit availability of healthcare systems and staff for vaccination.
- Continued need for transportation and at-home vaccinations.

APRIL 2021



AUGUST 2021



IN THE COMING MONTHS

We will need medical practices to expand their vaccination efforts as there will be fewer mass vaccination sites.

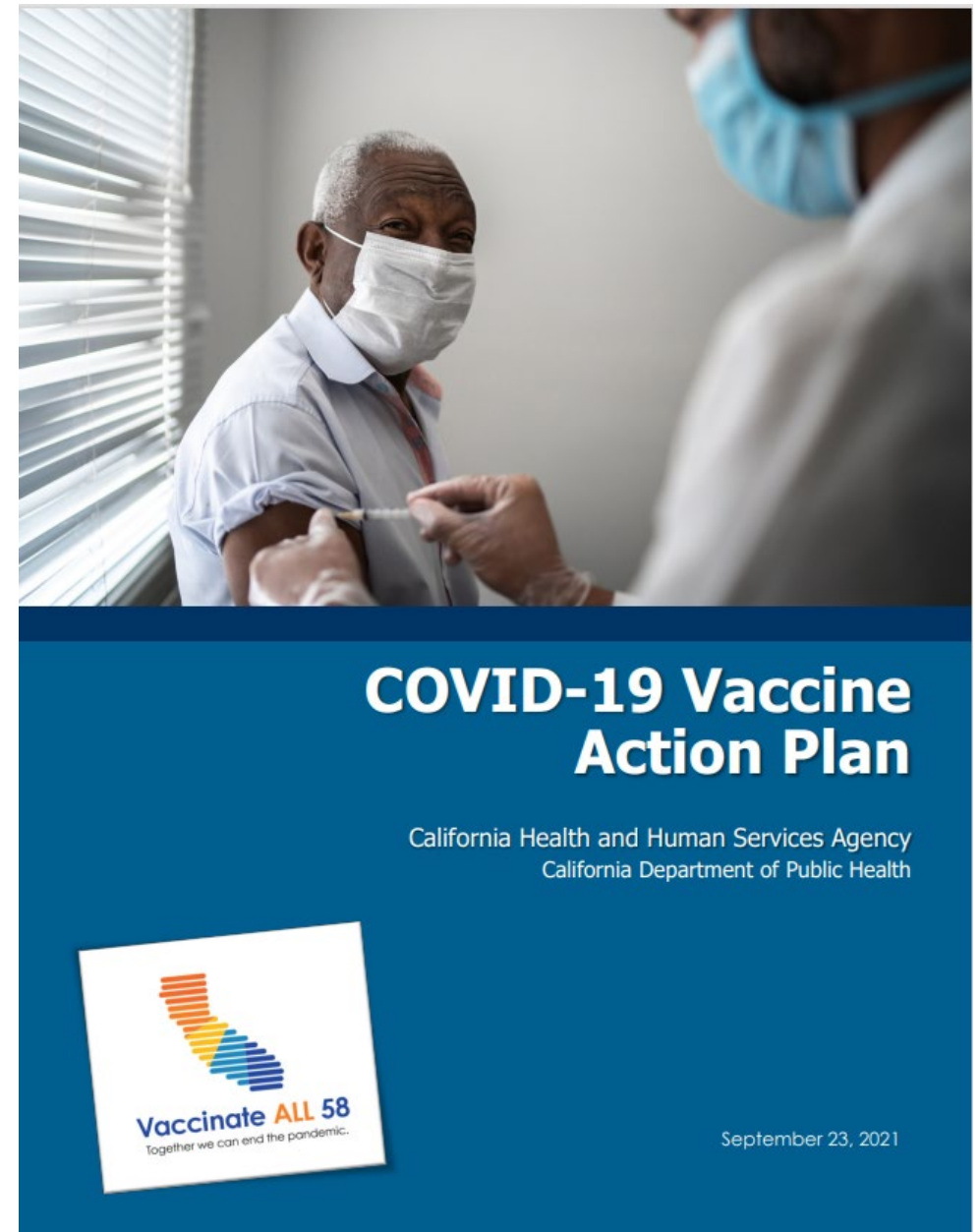
CDPH Vaccine Action Plan

CDPH release a [Vaccine Action Plan](#), which outlines:

- How the State will begin administering booster doses to eligible Californians
- Our equity-centered focus on eligible but unvaccinated individuals
- Expanding vaccine operations once more Californians are eligible

Vaccination Priorities

- Vaccinate those that are unvaccinated or not fully vaccinated
- Ensure enough capacity to administer booster shots
- Vaccinate children under 12 as they become eligible



Prepare Your Clinic for Increased Demand

Louise McNitt, M.D., CDPH

Estimate Current and Upcoming COVID-19 Vaccination Needs

Review your administration data to estimate the number of anticipated eligible patients in the following groups:

- Populations not yet vaccinated
- Additional doses for immunocompromised persons
- Populations eligible for boosters
- Children aged 5-11

COVID-19 Coadministration With Other Vaccines

- Ensure providers strongly recommend COVID-19 vaccine and routine vaccinations such as flu
- Instruct staff that co-administration has been authorized for COVID-19 vaccine with influenza and other routine immunizations (including TB testing) and review co-administration tips with vaccinators; post co-administration signage where appropriate

Coadministration with Other Vaccines

California COVID-19 Vaccination Program



COVID-19 vaccines and other vaccines may be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as coadministration within 14 days. The benefits of coadministration and timely catch up on vaccinations outweigh any theoretical risk. New data shows that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.

AAP Supports Coadministration

May 12, 2021. The American Academy of Pediatrics (AAP) recommends vaccination for eligible children ages 12 and older with the federally authorized COVID-19 vaccine and supports coadministration of the COVID-19 vaccine with routine immunizations—particularly for children and teens who are behind on their immunizations. Any COVID-19 vaccine authorized through Emergency Use Authorization by the US Food and Drug Administration, recommended by the CDC, and appropriate by age and health status can be used for COVID-19 vaccination in children and adolescents.

AAP recommends that children and adolescents catch up on all vaccinations that may have been delayed during the pandemic. Between the substantial data collected on the safety of COVID-19 vaccines, and the extensive experience with non-COVID-19 vaccines which shows the immune response and side effects are generally similar when vaccines are given together as when they are administered alone, the benefits of coadministration and timely catch up on vaccinations outweigh any theoretical risk.

(For details, see [Policy Statement](#), [Press Statement](#), and [New HealthyChildren.org article](#).)

CDC Guidance

When deciding whether to administer an(other) vaccine(s) with COVID-19 vaccine, vaccination providers should consider

- whether the patient is behind or at risk of becoming behind on recommended vaccines,
- their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and
- the reactogenicity profile of the vaccines.

If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection administered at different sites in the muscle.

Consider these [best practices](#) for multiple injections:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- **Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible.**

(Source: [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#).)

Vaccinate At Every Opportunity

- Establish a policy to vaccinate at every opportunity.
- Establish a policy to vaccinate siblings and other family members present during visits
- Schedule the next appointment before leaving the clinic
- Vaccinate even if it means puncturing a vial at the end of the day

[Job Aid: Missed Vaccine Opportunities & Wastage](#)

Identify Ways to Expand Staffing/Hours

- **Expand vaccination clinic hours as needed** (consider extended clinic hours, weekend clinics, special vaccination events, and vaccine-only visits)
- **Resources for capacity expansion:**
 - [CalVaxGrant](#): Providers already participating in the California COVID-19 Vaccination Program may apply for reimbursement for storage units, digital data loggers, staffing, iPads for vaccine registration
 - [MediCal COVID-19 Vaccination Incentive Program](#) for Medi-Cal managed care health plans (MCPs)
 - [My Turn Volunteer](#) to recruit medical and general support volunteers to support COVID-19 vaccination

Ordering Vaccine Guidance

Claudia Aguiluz, CDPH

Vaccine Supply and Ordering



- The state has 6.5M doses in current inventory, which include 3.4M doses of Pfizer.
- Based on CDC estimates, CDPH does not believe there will be a gap in the vaccine supply chain.
- Per the CDC, a new Pfizer contract will increase production to account for the pediatric population becoming eligible.
- Order vaccine based on your capacity to vaccinate.


Ordering Guidance – Preparing for Boosters

- Preparation is under way for ordering and distribution systems to manage the addition of potential booster doses to the vaccination campaign
- Provider support
 - Availability of Small Orders-locally redistributed or Small Pfizer orders redistributed by CA's Redistributor (AmerisourceBergen)
 - Introduction of a second order submission day (mid-week) for catch-up orders or additional vaccine need

Twice-Weekly Order Processing Schedule

For Providers

Week 1				Week 2					
Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Provider Order (submit by 5pm) 					Pfizer-Standard				
				Moderna/J&J – Standard					
				TPR-Pfizer		TPR-Pfizer			
	Limited Catch-Up Orders* (submit by 5pm) 					Pfizer-Standard			
					Moderna/J&J – Standard				
				TPR-Pfizer					

 Delivery windows are dependent on provider’s days/hours of operation. Once submitted, orders cannot be cancelled.

Watch for emails regarding order confirmations, advance shipment notices of vaccine and ancillary kits, and temperature monitoring alerts. Add [list of senders](#) to your contacts or work with your IT staff to ensure emails are not filtered to Spam or Junk folders.

* Catch-up opportunity for urgent orders on Wednesday if Monday deadline is missed.

Resources

Leslie Amani, CDPH

Resources

- [Provider Readiness Checklist](#)
- [COVID-19 Vaccination Co-administration Tips](#)
- [COVID-19 Vaccine Ordering and Distribution Cadence](#)
- [Immunization Strategies for Healthcare Practices and Providers](#)

Are You Ready for Booster Doses?

California COVID-19 Vaccination Program



All enrolled providers should prepare now for the anticipated demand for COVID-19 booster doses, as well as the possible expanded eligibility later in 2020 of children younger than 12 years of age. California [may need to increase vaccine administration by up to four to five times our current rate](#).

Readiness Checklist

- Continue to outreach to patients who have not yet been vaccinated against COVID-19 or who haven't received their second dose of the initial series of an mRNA vaccine
- Continue to outreach to [immunocompromised patients for an additional dose](#)
- Consider ways to increase your vaccination capacity; use lessons learned from vaccination to date
- Review current protocols and workflow and develop enhancements to promote vaccination
 - Establish policies to vaccinate at every opportunity—and schedule the next appointment before patients leave the clinic
 - Ensure providers strongly recommend immunization against COVID-19 and other diseases, including influenza
 - Instruct staff that [co-administration has been authorized](#) for COVID-19 vaccine [with influenza](#) vaccine and other routine immunizations ([including TB testing](#)). Review [co-administration tips](#) with vaccinators; post co-administration signage ([provider](#) | [patient](#)) where appropriate
 - Establish a policy to immunize other family members, including siblings, present during visits
- Identify *physical vaccination barriers* (e.g., inconvenient hours for working patients, long waits at clinics, transportation issues) or *psychological barriers* (e.g., fear, misconceptions, and misinformation about vaccines & vaccine safety) for your patients
 - Expand vaccination clinic hours as needed (e.g., consider extended clinic hours, weekend clinics, special vaccination events, and vaccine-only visits)
 - Prepare staff to have proactive conversations with your patients about the merits of COVID-19 vaccines and help them make appointments (see [free training videos and slides](#) & [toolkit](#))
 - Request free trifold educational brochures for parents (see [Patient Resources](#) to order)
 - Consider implementing standing orders to improve vaccination rates in children and adults (see [Pfizer](#) | [Moderna](#) | [Janssen](#))
- Review your administration data to estimate the number of eligible patients; adjust vaccine ordering and appointment scheduling accordingly
 - [Order vaccine](#) (including Small Order requests) as needed based on actual demand (see [ordering cadence job aid](#) to prepare for shipments) while using up existing inventory
- Ensure reminder-recall systems are configured to notify eligible patients when vaccinations are due
- Implement vaccination reminders for providers (e.g., computer-generated list of patients past due, stamp or notes on patient charts, electronic reminder when provider accesses electronic health record)

For more ideas, refer to CDC's Pink Book "[Immunization Strategies for Healthcare Practices and Providers](#)."

California COVID-19 Vaccination Program

IMM-1394 (9/17/21)

Rural Communities Webinar:

How to Have Effective Conversations about COVID-19 Vaccines

Please join Dr. Jasmeet Bains, based in Kern County, California, for a webinar training on how to effectively communicate with your patients about COVID-19 vaccines in **rural communities**.

- The latest data and insights on COVID-19 vaccination rates in rural communities.
- Key messages addressing common rural patient concerns about the COVID-19 vaccine.
- Communication tips for individuals in rural communities.

Register here: [Monday, September 27 at 12:00PM](#)



Where can I go for additional help?

Type of Support

Description

Updated 9.23.21



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, including the Vaccine Marketplace.

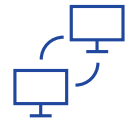
- Email: covidcallcenter@cdph.ca.gov
- Phone: (833) 502-1245, Monday through Friday from 8AM–6PM



Enrollment Support

For Provider enrollment support, please contact myCAvax Clinic Operations at

- Email: myCAvaxinfo@cdph.ca.gov

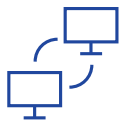


myCAvax Help Desk

Dedicated staff provide 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 7AM–7PM, 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** with My Turn Clinic for COVID-19 and flu vaccines: MyTurn.Clinic.HD@Accenture.com or (833) 502-1245, option 4: 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

Questions & Answers

Submit questions via GoToWebinar
"Questions" pane.



Questions

Webinar staff to everyone 1:34 PM

Q: Will this session be recorded?
A: Yes, I will post the recording to the shared workspace.

Ask the staff a question

Send



Thank you!