

FAQs for Pennsylvania's Provider Network: COVID-19 Vaccine

From daily "PA COVID-19 Provider Allocation Discussion" WebEx calls

Note: Daily calls are not currently being recorded

Pulse Check

Is it possible to move the Pulse Check deadline to 12:00 PM?

The deadline has been extended to 12pm.

If you are lowering or limiting small private practices from getting vaccine, can you explain why we need to do the Pulse Check every M/W/F? How long do you anticipate we will need to complete these surveys?

- This schedule allows us to get a greater picture of what's going on and what the provider network looks like. There will be times when needs will be different, so we recommend that you continue to complete the survey, so we have a better understanding of what's going on.
- We do not have an exact timeline, but we anticipate this will continue for the next couple months.

Pulse Check surveys continue to add to an already heavy administrative burden on submitting reports. Would you consider decreasing the administrative requirements, since we're seeing a downturn in COVID activity?

We are very sympathetic to the time it takes to submit the information to us. The Pulse Check is the best proxy we have to understand the providers and what's happening out there.

If data in PA-SIIS doesn't match what is submitted in the Pulse Check, how is this discrepancy handled?

The Pulse Check is used to validate the data in PA-SIIS. We can immediately diagnose and validate data integrity through the Pulse Check. We will find ways to work directly with providers to address gaps in data.

I tried to submit my Pulse Check this morning and when I hit submit it said the quota reached its allocation and to please contact the owner. What should I do?

We've seen a couple of these come through and believe that it is due to the high volume of users. We have notified the team and it should be working now. Please let us know if you are still experiencing issues.

Our PIN isn't listed in the PDF and we haven't heard back from the Resource Account. What should we do?

The Resource Account has received a few requests for PINs to be added, so please give us a few days. If you don't hear back, please email RA-DHCOVIDVAX@pa.gov again.

PA-SIIS

Can we add another user to an existing account?

Yes, you can. Not sure about the turnaround time for this but be sure to include in the subject line that you'd like to add an additional person, then this request will be flagged on our end.

We have a Clinic ID and PIN, but we're not listed on the DOH website.

If you have a Clinic ID and PIN then you are a registered provider, but you might not be listed if you haven't received vaccine yet.

Our PA-SIIS account is still saying that we receive all vaccines except COVID. We are placing orders (that we are not receiving) through Pulse Check. Does the PA-SIIS have to say otherwise, or are we okay?

This means your facility is receiving vaccine under another vaccine program. Your facility has not been activated to receive vaccine through the State's program. Please let us know if you think this is an error.

Are hospital systems and pharmacies required to give all doses in the same week and upload to PA-SIIS within 24 hours?

Yes. All providers are required to enter administration and inventory information within 24 hours of administering or receiving vaccine. This information is crucial for us to make decisions for providers going forward.

Where can we check our status in PA-SIIS?

Your vaccine coordinator can access inventory for you, and you can view your orders in various stages.

We have administered all vaccines but PA-SIIS shows that we still have more available. Why?

You can add a new inventory reconciliation note to manually add administered vaccine to ensure the data is accurate.

Where can we find our PIN number? Is it the same as our Clinic ID?

Your Clinic ID is the identifier used in PA-SIIS. Your PIN can be found under "clinic settings" located in the upper righthand corner of the screen. Your PIN is linked to the federal system used for supply chain management. Only use this PIN for COVID-19 vaccine distribution.

Is there a way to tell what's been used as 1st vs. 2nd dose in PA-SIIS?

No, the provider needs to track this. We see the data, but in terms of inventory management that is not differentiated in PA-SIIS.

Is there a way to see the data totals that we have entered so far into PA-SIIS?

Administration data (patient info): Providers can log in through their PA-SIIS account to view their patient administration information. We ask that providers continuously “spot check” specific patient names (across sites if you have multiple locations) to ensure that the data is reaching PA-SIIS. If you suspect that some of your administration data is unreported in PA-SIIS, you must work to resolve this issue immediately. COVID-19 vaccine administrations, including race/ethnicity information, must be reported within 24 hours in accordance with the Secretary of Health’s [Order](#) on February 12, 2021.

Inventory data: Most providers reconcile their inventory daily in the PA-SIIS system. Providers must report inventory information in a timely and accurate manner.

Our Clinic ID is mismatched. How do we expedite this correction?

Please reach out to the Resource Account at RA-DHCOVIDVAX@pa.gov. As a reminder, your Clinic ID and PIN are two different numbers; your PIN is used only for COVID-19 vaccine distribution.

Does a VFC PIN distribute over multiple vaccination sites, or do we need a PIN for every site/location?

VFC PINs are used to request and receive vaccine deliveries, while Clinic IDs are used to identify the physical locations where shots are administered. Each site must have a Clinic ID in order to submit dose administration data to PA-SIIS. Whether you submit patient data manually or automatically through an HL7 connection, you must include a specific Clinic ID for each site.

We do not have the staff/time to keep up with the intensive data entry requirements into PA-SIIS.

What can we do?

All providers must report accurate administration data within 24 hours. As needed, the third-party vendor KeyHIE can convert a flat file spreadsheet (.csv) into HL7 format for submission directly to PA-SIIS. If for any reason you are struggling to submit your data on time, please contact the Department of Health immediately and/or work with KeyHIE to submit a flat file.

Is it possible to designate in PA-SIIS which orders are intended for 1st or 2nd doses?

- Unfortunately, no. The product is the same and there is no distinction between first and second dose.
- We are doing our best to get into a rhythm with first doses going out on Fridays and second doses going out on Tuesdays. We are sending out individual communication to make it clear how many first and second doses you will be receiving each week.
- You must conduct your own inventory management. You should determine which patients have received their first or second dose; PA-SIIS doesn't track this for you. Similarly, with any multi-dose series, it must be determined if the patient has had their second dose based on their timeline.

What does “orders pending approval” mean? What about “on hold”?

- “Orders pending approval” is a temporary status that you might see as our team is placing the order into PA-SIIS. Once the order is fully entered into the system, it will show as complete.
- “On hold” means that your COVID-19 provider agreement has been processed by DOH, but your clinic is not active to receive vaccine, yet. This status is used internally to assist us in managing the program and automating the process.

What does “incomplete” mean on order status?

We are discussing this and trying to figure out why this status is associated with some providers. We encourage you to send an email to RA-DHCOVIDVAX@pa.gov if you are experiencing this particular issue.

How do we document in PA-SIIS, five doses instead of six in a vial (Pfizer)?

We want to make sure that whatever you actually administer, is what we see in PA-SIIS. To properly report your numbers, choose +1 bonus dose in PA-SIIS and utilize the notes function to communicate the number of doses you’re getting out of vials.

What is the difference between the VFC PIN and Clinic ID? Do I need to report my administration data using a clinic ID for each physical location, or should I use the VFC PIN?

VFC PINs are used to request and receive vaccine deliveries, while Clinic IDs are used to identify the physical locations where shots are administered. Each site must have a Clinic ID in order to submit dose administration data to PA-SIIS. Whether you submit patient data manually or automatically through an HL7 connection, you must include a specific Clinic ID for each site. [Add a sentence on the process for requesting a new Clinic ID in PA-SIIS?]

If you are requesting a new Clinic ID to report COVID immunizations, this will be done as part of the Provider Agreement approval process. Once your provider agreement has been fully processed a new facility and corresponding clinic ID will be created in PA-SIIS. You will then receive an enrollment letter with your facility name and clinic ID along with instructions to complete the mandatory COVID training as well as how to apply for PA-SIIS user IDs.

If you are requesting a new clinic ID to report immunizations other than COVID, please complete the *‘Request to Create a Clinic in PA-SIIS’* form found in the HL7 portion of our website under *Step 1 – Get your organization established in PA-SIIS*. This is the same form used if you will be submitting immunizations through HL7 or directly in the web application.

<https://www.health.pa.gov/topics/Reporting-Registries/PA-SIIS/Pages/HL7.aspx>

Doses and Allocation

If we got denied again this week, does that mean we will not receive vaccine moving forward, for the next several weeks?

Providers were notified on March 18th as to whether they should expect to receive first dose allocations for at least the next four weeks. The Department of Health will ensure that all providers will receive second dose allocations in accordance with the CDC guidelines. We expect to expand first dose allocations as supply from the federal government increases.

How are we notified if we will be sent an allocation of vaccine for the week that is designated on the survey? For instance, next week 3/15-3/18, should I know by now if I would be receiving any at all?

If you are a registered provider who requested doses through our survey, you should receive an email from RA-DHCOVIDVAX@pa.gov. Notifications will be sent by the end of the week that the survey closes for first doses and beginning of the next week for second doses. If your doses are not approved, you will receive an “unfulfilled” notification for vaccines which will state if it is for the first or second doses—two separate letters will be sent out. If you are not receiving these communications, please reach out to us.

As an FQHC, if we have not received 1st doses in the last few weeks, should we expect to begin getting them again or should we assume we will no longer be getting any?

I would ask all FQHCs to indicate on their survey that they are an FQHC. There are many providers and moving parts with this distribution, so leaving notes are very helpful. It's important that we record the data accurately. Leaving a note will allow us to know you're an FQHC.

Can you comment on the “staff before doses/doses before staff” Catch-22? We cannot scale staff until we have learned we've received allocation.

Providers who are expected to immediately need additional staff to scale were already contacted directly. Additionally, the allocations you were notified of the week of 15 March should remain consistent for the next few weeks. Please use that for planning purposes.

What if we didn't receive initial doses this week; will we not get them going forward?

- This does not necessarily mean that you will never get doses, but maybe not for the time being. We've enrolled nearly 2,000 providers and as supply increases, we will engage many providers that we have currently involved in this effort. We will need all partners involved going forward.
- We are focused on efficient throughput because the goal is to vaccinate as quickly as possible. As the supply expands, which we anticipate will happen in the very near future, we will be able to expand and broaden the network. We think you can expect to receive vaccine as the supply increases.
- Keep in mind that we input the order for first doses on Fridays which means you should receive them on Mondays (no weekend deliveries). What you receive this week is what you can expect to receive in the next several weeks. We're trying to build in predictability. We ask that you continue to provide information to us, so that we understand capacity.

What we get this week in terms of allocation will be the same for the next three weeks? Does “this” week mean Mar 22?

That's correct.

Are we finished smoothing?

We are on the tail end of it. We are still working with providers, in some cases, who are approaching the end of their 42-day windows. Please continue to submit those to the Resource Account at RA-DHCOVIDVAX@pa.gov and be sure to indicate the subject in the email header, so that it will draw our attention to the matter.

Why aren't we getting the Pfizer vaccine that was required, if Pfizer wasn't part of the smoothing?

Requests are currently exceeding the amount of vaccine we have available. We are evaluating previous allocation to gauge current need. We have more requests than we have supply, currently.

Can you please review how you are determining that 80% of initial doses should be completed within seven days?

According to the Secretary's Order, vaccine administered by a provider must be reported in PA-SIIS within 24 hours. PA-SIIS then pulls administration data on first dose that is entered by a particular provider into their system. That data is compared with the first dose allocation data. It helps us determine if that provider was able to administer 80% of doses in the given amount of time. This conclusion helps determine the following dose allocation. E.g. - if a provider reported first dose administration on March 1, then that provider is expected to enter second dose administration within one month, but no later than 42 days from that date.

I'm very concerned about having enough vaccine for second doses to cover bonus doses I gave at my first dose clinic. How am I able to secure extra vials of vaccine?

The state is only allocated exactly the same number of 2nd doses as 1st doses. If you are able to get extra doses out of each vial of 1st doses, we expect you should be able to get the same from 2nd dose vials as well. We do not currently have the supply to give you additional shipments of 100 doses for Moderna or additional trays of Pfizer just to cover bonus doses, as those trays are already matched to a tray of 1st doses. If you have a number of people who are unable to receive 2nd doses within the 42-day window, please reach out to the Resource Account at RA-DHCOVIDVAX@pa.gov.

If we've never received vaccine should we expect any next week?

We will have more information coming out to providers to explain this in more detail. There is a concentration on high throughput and equity. We have many providers and supply is constrained right now, but it isn't accurate that you will never receive vaccine. You may not receive vaccine in the immediate term, but this may change.

Can you please send vaccine to all zip codes? Many rural seniors don't want to travel.

We have ensured there is at least one provider in every county. Additionally, if you are focusing on specific equity initiatives (e.g., for seniors), please include in your weekly vaccine request. Additionally,

we are implementing multiple initiatives to help bring vaccine to communities to help serve those who cannot travel.

Can you email us how many first doses we will get over the next few weeks so we can schedule and plan our large clinic days?

We are trying to build in consistency for our providers. Providers who are receiving vaccine this week can count on a predictable amount in the next several weeks.

We have been supplied vaccine for long term care facilities who cannot get to mass vaccine clinics.

Will we continue to receive vaccine?

Vaccine for long term care facilities has been allocated through the federal government, not through PA DOH. We cannot guarantee continued supply from the federal government. If you wish to become a provider through the state, please ensure you are registered through the state and have a PIN registered in PA-SIIS.

If we can order Pfizer because we have updated storage capacity, how can we do this?

You can update your information by emailing the Resource Account at RA-DHCOVIDVAX@pa.gov. We are looking at your weekly requests, so if you're interested in Pfizer, then go ahead and request it. Feel free to add notes to your survey.

Can we use second doses as first doses?

No, we are asking all our providers to not use second doses as first doses.

If we have 11 individuals scheduled for second doses and only eight show up, we now have three extra doses. No one else is due for a second dose. What should we do? Should we give them out as first doses or waste them?

Please store your second dose vaccines for future second dose appointments following storage guidance. We urge our providers to not utilize second doses as first doses.

When placing a request for vaccine we've been adding a justification for our plans to administer vaccine—is that helpful to provide?

Yes, we recommend that you are explicit about what you are able to handle, especially if you can handle different product.

This is the first week we've filled out a questionnaire. We completed one on Monday and received another one today. Why?

If you received a vaccine request, complete it, and send it back in and we'll sort it out on our end. If you received the pulse check asking about your administrations, we are collecting this form Monday, Wednesday, and Friday each week.

We submitted an order request on March 5—when can we expect to receive approval or denial?

It depends on whether it was an order for a first or second dose. First doses are decided Thursday evenings and shipped the following Mon-Tue. Second doses are decided at the beginning of the week and sent out Wed-Fri. You should receive an email confirming approval or denial of doses by Friday and Wednesday each week.

We've ordered vaccine four times and have never received notification.

Please ensure you are ordering via the request survey, and not via PA-SIIS. If you're sending an email to the Resource Account, please double check that the spelling of the email is correct. This should be RA-DHCOVIDVAX@pa.gov. Please put in the subject line "never received notification". You might also want to check your spam folder.

How should we request 2nd doses if we have under 100 that need to be administered? Due to cancellations and extra doses, we have fewer than 100 needed in the next several weeks.

Generally speaking, if you anticipate a second dose need that will exceed what you expect will be available (through no-shows, cancellations, etc.) reach out to us through the Resource Account at RA-DHCOVIDVAX@pa.gov and also leave a note in your survey. We have been accommodating these requests on a case-by-case basis. The guidance we typically give is to administer 40 doses as second doses and split the remaining 60 doses.

The doses we receive next week (Mar 22) are the same we should be receiving in coming weeks, in terms of first doses, correct?

Yes, that is correct. We will fulfill second doses based on your first dose administration data.

As the federal FQHC vaccine program grows, will this impact the number of doses FQHCs are receiving from the State? Will this be based on what we ordered previously, or based on the weekly survey?

We're focused on basing the future allocation on what you've previously received. For now, we intend on providing more consistency. We hope that the supply will increase, but the best indicator currently is to consider what you've been allocated in the past. Please continue to request via the weekly survey, however, so we can understand your capacity.

With the new Pfizer storage requirement and the large quantity of doses, how can an FQHC with multiple sites work with the Department to order 1,100 to one location and move the doses around quickly to meet needs? Do we need to complete the redistribution application to move all doses or just move them through PA-SIIS?

The redistribution application process is a CDC requirement. It is something that CDC requires the states to review and approve. For example, if a site is allocated a tray of Pfizer and wants to redistribute, the redistribution application is required; you can find the application on our website. We've been approving these on a case-by-case basis, but if you have a recurring situation, we could consider approving your application for the long-term.

Patient Scheduling

If we schedule appointments, are we guaranteed the doses?

DOH has been working to focus on providers who can get vaccine out in an equitable way and report into SIIIS in a timely manner. What you receive this week will be roughly what you get in the next month. For example, if you get one tray of Pfizer this week you can count on this in the next four weeks. We're hoping this predictability will allow providers to schedule appointments more efficiently. If you have never received an allocation, please do not schedule appointments. We do not have enough vaccine to fulfill all requests.

Should providers schedule patients ahead of receiving vaccine?

Yes, review the amount of vaccine you receive this week and the number of people you have in your waitlist. Consider those who are in 1A and need an appointment, and schedule them out. Providers should schedule appointments as far into the future as necessary to accommodate individuals in the Phase 1A category. You can base your scheduling on the vaccine you've received over the past couple weeks, knowing that's your minimum amount. Hopefully, this amount will increase, and you can eventually have a range to work from. If you have never received vaccine, please do not schedule appointments at this time.

We have not received first doses in weeks and have a huge waitlist. Should we refer them to other sites?

If you've received doses this week, those allocations will remain steady – this should give you a sense of how many patients you will be able to vaccinate over the coming weeks. If you are no longer receiving vaccines, then please direct patients to a nearby site that is receiving allocations.

If we are an FQHC-LA (FQHC look-alike), will we begin getting 1st dose shipments again? If yes, when can we expect this in order to schedule the rest of the 1A individuals on our waitlist?

You may be choosing the provider type as a community health center in your survey. If so, that's accurate, but we suggest leaving in your notes that you are an FQHC-LA so we are aware and can take this into consideration.

Must we make a live phone call to schedule patients?

Patients may be contacted by phone, by email, and/or online scheduling.

Provider Network

Why start FEMA vaccination clinics when there are providers who are ready and willing to administer vaccine?

There are several levels supporting vaccination. FEMA is federally controlled. However, as you know, we also have state entities that are working with us.

Is there a cutoff for how much throughput is needed to be part of the new network?

The number is dependent on the area we are looking at. We ideally want to vaccinate as many as possible in a short period of time, so we're looking for sustainability to vaccinate over several weeks. Moreover, throughput was not the only consideration we took into account when focusing allocations.

Will there be more consistency for vaccinating through providers in the near future?

Yes, this is the goal. The idea is to have consistent number of vaccine so we can plan, and you can plan ahead. We are waiting for that to happen. Hopefully, it will happen soon now that there have three different vaccine products. Supply volumes should level off and we will have consistent and reliable vaccine available so we can be consistent with our planning.

Small pharmacies and pediatric practices in suburban areas have received vaccine. Our clinic is in a school in an urban location that serves largely minority and underserved population. We have not received vaccine. We have requested nearly the same amount as other practices. Any rationale regarding distribution?

Distribution is based on surveys sent to providers regarding first and second dose requests. We do take geography and where vaccine is being distributed into consideration, as well. We also consider capability of handling vaccine. If you specifically plan to vaccinate underserved populations, please highlight that in your request form.

We have volunteers and can set up a large clinic at a local high school. How do we get more 1st doses to get through our 1A list of 7000 people?

If you're receiving doses indicate the intent of those doses in your survey.

How are you determining the providers that can administer a large number of vaccines? Our capacity is much larger than the amount of vaccine we have received. Historically, it doesn't look like we can administer a large amount, but that is only because we haven't received full order and consistent supply.

We understand this frustration that comes with Pennsylvania receiving limited supply from the federal government. Providers were asked to fill out two surveys—a combination of self-reported throughput and capacity and geography were taken into consideration. This data in addition to historical administration amounts were used to help determine capacity in the short-term.

It appears there are a lot of providers who have never received vaccine. Why not use these providers especially when they are located in underserved areas, instead of placing additional burden on the providers who have been routinely receiving vaccine?

We are focusing allocations in the short-term on providers who can produce high throughput while maintaining other considerations like data reporting within 24 hours, geographic reach, and equity. These providers have indicated to us that it would not represent an unsustainable burden to them to increase administrations. We will continue to focus on improving equity through special initiatives to

ensure that residents in underserved areas are able to be vaccinated. In the future, we intend to broaden back our allocations to a larger network of providers.

Why would you allow a new provider to enroll and then not give them the opportunity to vaccinate?

We welcome providers from across the Commonwealth. While vaccine supply is limited, we are focusing allocations in the short term on a smaller set of providers that produce high throughput while maintaining other considerations like data reporting within 24 hours, geographic reach, and equity. We expect to expand first dose allocations as supply from the federal government increases.

Will small pharmacies be phased out? We haven't received any vaccine in two weeks.

Small pharmacies are not being permanently phased out but may not receive first dose allocations for a period of time. Providers were notified on March 18th as to whether they should expect to receive first dose allocations for at least the next four weeks. The Department of Health will ensure that all providers will receive second dose allocations in accordance with the CDC guidelines. We expect to expand first dose allocations as supply from the federal government increases.

If we want to schedule mass vaccine clinics, what's the best way to request the doses?

The state has conducted analysis about where mass vaccine clinics will be stood up. This will be a top-down approach.

Counties are under the assumption that there is a standing order that they must open closed pods and vaccine will be allocated from the State. Is this true? Also, how do counties order for pods?

- The State has not given a standing order to the counties. This is good feedback, and we will take this back to leadership, so they are aware.
- We aren't sure if it will be by request or a standard allocation, but the county should have a provider selected and then that provider will receive all vaccine for this initiative.

Janssen Vaccine

When can providers expect to be able to order Janssen?

Currently, we are receiving Janssen but the allocations have been identified for educators and school staff only. There is no way for providers to request Janssen vaccine at this time. The only products available to providers are Moderna and Pfizer.

How come everyone in the country is dispensing Janssen except Pennsylvania?

Pennsylvania received 94,600 doses and we have distributed all of it. The Governor and state legislature decided on specific use of the vaccine to be administered to educators and school staff. We will be receiving additional product in the coming weeks.

If we are being asked to vaccinate our local police and fire departments, why can't we order the Janssen vaccine?

- Planning is still underway on the best way to ensure our first responders get vaccinated quickly, and supply from the federal government is still changing. We will make more information available in the coming days.
- Another resource to receive more information on vaccine distribution and the Janssen product is PAcast at <https://pacast.com/>.

Why called J&J if it's Janssen?

The names are somewhat interchangeable; synonymous.

Who is being prioritized for the Janssen vaccine supply?

The initial priority is vaccinating school staff that have regular and sustained in-person contact with students during the regular school day, including:

- Teachers and staff providing pre-k and elementary instruction.
- Special education
- English learners; and
- Associated support

Eligible school staff will receive information about vaccine locations and registration instructions. The vaccination of educators is separate from the ongoing Phase IA vaccine rollout, which is continuing.

We would like the Janssen vaccine to administer to homebound people. We would follow our Meals on Wheels routine, so we would only have to go to the homes once. Is this possible?

We appreciate the thinking around equitable initiatives. Providers are not able to request Janssen vaccine at this time since it is reserved for a special initiative to vaccinate teachers and school staff.

Can we receive allocation of Janssen to vaccinate our homeless population?

No, Janssen vaccines are currently only being used as part of the special teacher initiative. We will update providers with more information on expanded distribution once this becomes available.

Can you provide an update on how the FQHCs will integrate with the Janssen initiative?

At this time, the Janssen vaccine is being identified for special initiatives through the Department in partnership with Emergency Management. As we are in the process of fulfilling these initiatives, we are also contacting retail pharmacies to align with other initiatives. We don't anticipate that Janssen will be available to your sites at this point, but we'll see how the process unfolds over the next 3-4 weeks.

Can regular providers vaccinate teachers, or must we turn them away?

Our program for teachers with Janssen vaccines is a special initiative to ensure we can reopen schools safely. However, in accordance with a 3/2/2021 US Health and Human Services Directive, vaccine

providers are required to make available and administer COVID-19 vaccine to this group of education and early childhood workers as part of this special initiative and the traditional vaccine provider network. You should not turn away any patient that is eligible to be vaccinated. If a teacher or school staff member is in line to receive their second dose of Pfizer or Moderna because they are part of 1A, you should vaccinate them.

Additional Questions

Are we allowed to run clinics that are specific to 1A? Meaning, can we operate clinics for people in the age category of 65 and older or limit clinics to certain zip codes?

We support providers who want to temporarily focus on specific sections of 1A for equity purposes (e.g., 65+). We do want to keep this effort geographically open; we're trying to remove as many barriers as possible. Please schedule all people at your clinics who are in 1A, regardless of their zip code.

Many senior citizens don't have reliable internet. How can they contact someone or receive assistance?

If there are questions or if people need assistance, they can call 1-877-PA-HEALTH (1-877-724-3258). We have a team ready to provide information and available 24/7 by phone to people who don't have access to the internet.

Is there a way to request more patient vaccine cards?

You should receive new cards with all 2nd dose shipments. Vaccine cards are available on the website, but you can also email our Resource Account at RA-DHCOVIDVAX@pa.gov.

Can we request 25g needles? We're still only receiving 23g or 24g.

There have been several comments made to the CDC about supplies. We can continue to make recommendations to the CDC. Please send an email to RA-DHCOVIDVAX@pa.gov with this request, so that we can have this information on record.

Are closed pods on hold for receiving vaccine allotment?

Closed pods are set up for certain groups or for a specific area. We are looking at every option as we receive more vaccine. Local emergency management agencies will be aware of any closed pods being set up. We don't want to rule out any type of option to vaccinate.

Can you tell me where I can find a vaccine consent form?

You may look online for an example provided by the manufacturer, as well as from other sources.

Does another vaccine consent form need to be filled out for the second dose?

This entirely depends on the policy of your facility; whether you refill the form again or just require a patient to re-sign the form. That being said, a consent form for vaccine has to be signed and dated with each encounter between the patient and the provider.



Last Updated: March 23, 2021

We found duplicate records that do not have race or ethnicity entered. Why?

We are work on resolving these issues. Please share this information with the Resource Account at RA-DHCOVIDVAX@pa.gov and we will reach out individually to providers over the next few days to better understand. Reporting race and ethnicity data is very important, and we will work with you to make sure your data has been properly transmitted.

How many vaccinations must be given to be considered a mass vaccination clinic?

The mass vaccination sites that are currently being stood up are aiming to vaccinate 6,000 per day and 42,000 per week.

