

COVID -19 VACCINE PROVIDER

WEEKLY NEWSLETTER

6/4/2021

Highlights

Policy

- Providers are encouraged to request the amount of vaccines they can administer by submitting a weekly survey request. DOH fulfilled most of the requests made by providers last week.
- Providers are now able to request Pfizer vaccines in two different sizes- a 450 dose tray and a 1,170 dose tray.
- PA DOH has implemented a Hub & Spoke Redistribution Model to make sure smaller PCP/pediatric care practices within large health networks can receive small amounts of COVID-19 vaccines to vaccinate eligible patients in their practices.
- Governor Tom Wolf on 5/26 announced that 70 percent of Pennsylvania's 18 and older population have received their first dose of COVID-19 vaccine. Pennsylvania is the 10th state in the nation to reach this milestone.
- Yesterday, the White House said that in next few weeks, the US will be sending 25 million doses of all three brands of COVID-19 vaccines to the countries that are severely impacted by COVID-19 and are dealing with vaccine shortages. The White House had announced earlier that by the end of this month, it will be sending over 80 million doses of COVID-19 vaccines internationally.

Data

Within the jurisdiction of PA DOH,

- Vaccine providers have administered 10,678,935 total vaccine doses as of Thursday, June 3.
- 4,757,919 people are fully vaccinated: with a seven-day moving average of more than 40,100 people per day receiving vaccinations.
- 1,561,528 people are partially vaccinated, meaning they have received one dose of a two-dose vaccine.
- 6,319,447 people have received at least their first dose.



Education

[FDA's FAQs on Janssen COVID-19 Vaccine](#)

[Fact Sheet for Healthcare Providers Administering Vaccine](#)

[CDC COVID-19 Vaccine Webinar Series](#)

[CDC's COVID Vaccine Provider Education and Training](#)

[CDC's COVID Vaccine Inventory Management Best Practices](#)

[CDC's COVID Vaccination Toolkit](#)

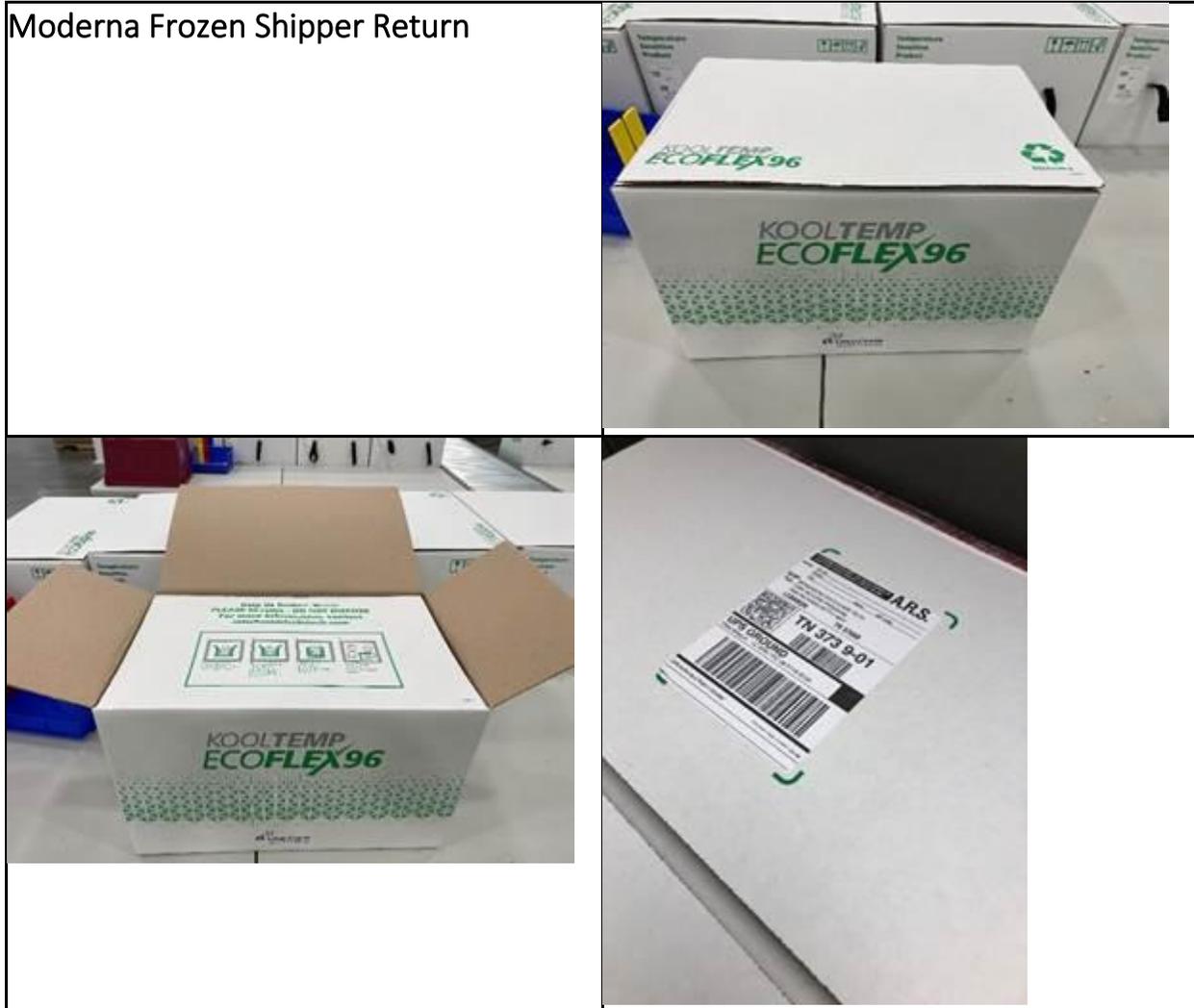
Every COVID-19 vaccine provider enrolled with PA DOH must sign a provider enrollment agreement. By signing the agreement, providers agree to store and handle the vaccine products as required by CDC's guidance on vaccine storage and handling. Therefore, providers will be responsible for vaccines shipped to their facility and ensuring they are received and stored appropriately. This is expected even when a vaccine shipment is delivered to a provider by error. Providers should never refuse a vaccine shipment. We expect that every vaccine provider understands the value of this precious cargo. Please remember that refusing a vaccine shipment means potentially unviable vaccines in most cases. Always be mindful that those vaccines could provide immunity to hundreds of eligible people and keep our community healthier and safer. Please be responsible and accountable.

Best Practice Refresher

McKesson Moderna Shipper Return

Providers are encouraged to return the McKesson/Moderna frozen shippers to help reduce waste by allowing shippers to be reused. Labels to return the Moderna frozen shippers are located inside the flap of the shipper box. Please return your shipper according to the directions on the flap. If you have questions or need additional information, you can email info@coldchaintech.com

Moderna Frozen Shipper Return



Requirement for Long-Term Care Facilities to Submit COVID-19 Vaccination Data

The Centers for Medicare & Medicaid Services (CMS) requirement for CMS-certified long-term care facilities (LTCF) to submit COVID-19 vaccination data to the National Healthcare Safety Network (NHSN) refers to summary-level/aggregate-level data for the facility. The vaccination data submitted to NHSN **should not** include individual-level vaccination information. NHSN data will be entered by LTCFs on a weekly basis and only in total numbers, not in resident-level or staff-level personal identifiable information.

The NHSN requirements for LTCFs do **not** replace the requirement of an LTCF to report vaccination administration data to the IIS when an LTCF is enrolled and participating in the



jurisdiction's COVID-19 Vaccination Program. These facilities should continue to report vaccination data to their IIS using the current reporting process.

This Week's Top 10 List of Lessons Learned for Mass/Mobile Vaccination Sites*

6/1/21

10. Consider providing transportation to vaccination sites (including partnering with local transit authority). Ideas: using cyclical shuttle bus, providing bus/transit pass, and using Uber vouchers
9. Take the time to be open and honest about the side effects of the vaccine to get people to trust you and reduce vaccine hesitancy
8. Review your signage, some government logos may be a deterrent for immigrants
7. Include all eligible family members and caretakers accompanying a registered recipient
6. Having food/refreshments easily available to staff working long hours creates fewer delays to operations as staff can remain closer to workstations
5. Recommend having at least one privacy vaccination station at each site
4. Provide "I got vaccinated" stickers and a retractable banner for recipient photo op, which helps promote vaccinations (and assists with vaccine hesitancy)
3. Engage with trusted community leaders to encourage registrations and increase vaccination rates in targeted populations. Ideas include: Working with Native American Health Centers, local churches, civic organizations, community groups, agricultural extension offices, and large employers
2. Onsite music – reduces stress and enhances the experience for recipients

And the #1 Lesson Learned for the Week.....

1. Conduct smaller outreach efforts with community-based organizations to address homeless populations (e.g. backpack and cooler). Go where the people are - community housing, shelters, or shower/laundry/meal events

**From Mass/Mobile Vaccination Office Hours & FEMA Community Vaccination Center Summaries. These are considerations only, every site may have different operational requirements*

**Check your vaccine stock regularly to ensure there are not any expired vaccines.
Discard the expired vaccines and send a report to CDC.**

Best Practices for Hospital & UC providers

- Assess vaccination status at triage in the patient's medical history and during medication reconciliation by asking patient, checking electronic medical/health records, and linking with the jurisdiction's immunization information system (IIS)
- Address vaccine hesitancy with all patients and those that accompany them as part of routine practice
- Strongly encourage and offer vaccination to all eligible patients and any friends or family who are accompanying them
- Consider using a pharmacist assigned to the facility to help with medication management to support confirming vaccination status before vaccination
- Utilize personnel not involved in the direct care of the patient, if available, to administer vaccines if the department is very busy and if it would help work flow
- Offer vaccination services either at bedside or in special vaccination areas during discharge process
- Encourage patients to enroll in v-safe
- Document receipt and/or refusal in chart and IIS
- Complete and provide a COVID-19 Vaccination Record Card to the patient and print out a list of the vaccination(s) given, particularly for patients being transferred/discharged to rehab, long-term care, or psychiatric facilities
- Arrange for second dose appointment, if applicable
- Place patients in the waiting area for the 15-minute observation period after vaccination is complete to improve flow and reduce crowding

Vaccinating Rural and Remote Workers

(Source – CDC)

- Offer [workplace vaccination clinics](#) for work sites that bring large numbers of workers together at the same time. For example, a factory or meat processing plant in a rural area with one hundred or more employees may be a good candidate for a workplace vaccination clinic. These vaccination clinics could also potentially be opened to others in the community, such as workers' family members.
- Offer [mobile vaccination clinics](#) for smaller work sites with fewer workers who work alone or in a small group. This approach may allow for short stops at several work sites in a remote area.
- Partner with local pharmacies, through either the [Federal Retail Pharmacy Program](#) or agreements with independently owned pharmacies. Ensure vaccination sites are open during a variety of hours, including evenings and weekends, to accommodate different work schedules and shifts.
- Partner with local [Cooperative Extension System](#) field offices for assistance with reaching agricultural operations and planning vaccination for their workers.
- Encourage employers of remote workers to provide transportation vouchers or allow workers to use company vehicles to drive to their vaccination appointment.
- Encourage employers to allow employees to get vaccinated during work hours or take paid leave to get vaccinated at a community site. This may require educating employers that the cost of a long commute for vaccinating a group of workers may be worth it in the long term to help keep the business operational.
- Partner with volunteer fire departments to boost access to community COVID-19 vaccination clinics. Volunteer fire departments offer a centralized location within many communities and people (volunteers) to facilitate vaccine distribution. The National Highway Traffic Safety Administration's Office of Emergency Medical Services (EMS) has developed [guidance on](#) describing how health departments may use EMS clinicians, including those who are members of a volunteer fire department, as vaccinators. Health departments can determine if their state allows EMS clinicians (and at what level of training) to administer vaccinations through the [National Association of State EMS Officials](#).
- Engage with North America's Building Trade Unions, which are offering all training centers and union halls for [national vaccine distribution](#)

Hospital & Urgent Care Providers: Vaccinate a Patient at Discharge

Hospital, ED, and UC facilities in the United States can play an influential role in building confidence in and improving COVID-19 vaccine uptake, as healthcare providers are the most trusted source of health information.

VACCINE ELIGIBILITY

- Patients who are not moderately or severely ill and are being discharged from hospital admission, 24-hour observation, or an ED or UC visit may be vaccinated. Patients with current COVID-19 infection should defer vaccination until they have met criteria to discontinue isolation.
- If the patient is a minor, providers are to follow all state laws regarding consent of minors for vaccination.

VACCINE CHOICE

- Any COVID-19 vaccine product can be used for this activity.
- For a product that requires two doses:
 - Arrange for a second-dose appointment.
 - Educate patients on why the second dose is important and encourage patients to return for it.
 - Work with local and state government and local trusted Community based organizations to address social determinants of health that may pose barriers to receiving a second dose of vaccine, such as lack of transportation, nonflexible work schedules, primary language spoken, and other factors.

AVOIDING MISSED OPPORTUNITIES

- While continuing to follow best practices to use every dose possible, providers should not miss an opportunity to vaccinate every eligible person when they are ready to get vaccinated, even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose.

ADDRESSING HESITANCY

- Use CDC resources to assist with addressing patients' concerns regarding vaccines and vaccination. Providers are encouraged to address vaccine hesitancy with all patients and those who accompany them as part of routine practice.

BILLING

- EDs and UCs can bill the patient's insurance company for administration of COVID-19 vaccine; however, this should be billed separately from the services that were provided during the patient's visit. Patients cannot be charged directly for the vaccine administration fee if they do not have health insurance and cannot be denied vaccination because of a lack of insurance.
- HRSA has information to aid in filing claims for reimbursement for vaccine administration, including claims for uninsured patients

Lost a CDC Vaccination Card?

All COVID-19 vaccine recipients receive a CDC issued card as a record of their immunization. Sometimes patients may accidentally lose those cards. In such cases, please verify their records in your EMR or in PA SIIS by using the information they provide. Once you have that information, please issue a new card, and fill it with all the relevant information. If the patients received their vaccines at a mobile vaccination site or a mobile clinic and not at your facility, please advise them that they can request a copy of their immunization record by contacting DOH's Immunization registry.

Calendar of Upcoming Events

COVID- 19 Vaccine All Provider Call

Date: June 11th Time: 12 – 1 pm

Contact Us

For PA SIIS related inquiries

email: RA-DHPASIS@PA.GOV Phone: 1- 877-774-4748

For all other COVID-19 vaccine related inquiries

email: RA-DHCOVIDVAX@PA.GOV Phone:1-877-724-3258