

IDPH Vaccine Planning and Distribution Workgroup Meeting

10.28.2020

10:00 a.m. – 11:30 a.m.

Notes

- Welcome
 - Members please make sure you are sharing information from these meetings with your partners and peers.
 - Share FAQs and direct folks to the IDPH COVID-19 vaccine web page
 - Information sharing about vaccines include webinars and on the Health Alert Network (HAN) as well
 - IDPH is trying to share what they know timely. If there are gaps please let us know.

- IDPH Operations Leadership and Coordination Updates
 - Immunization Bureau Updates
 - CDC updates since last meeting
 - Pharmacy partnership with CVS and Walgreens to get COVID-19 vaccine to LTC and assisted living organizations for residents and staff free of charge. Pharmacies will bring all the supplies for vaccine administration and come on site.
 - Enrollment period for LTC and assisted living to opt in or out ends on November 6th to get involved in this initiative.
 - IDPH will receive notification from the federal government about who is involved with that program and we will pass that down to local public health agencies (LPHA).
 - Vaccine finder will be utilized to let the public know where COVID-19 vaccine can be found in their community.
 - Right now organizations will need to update inventory daily on that site. IDPH is seeing if we can do this through IRIS though.
 - Ultra cold storage capability assessment - Ultra cold is planning to come to market first so IDPH has done an assessment to see where ultra-cold capabilities are in the state.
 - There are 18 right now and IDPH will be mapping those out.
 - Vaccine strategy - Submitted on October 16th to CDC and is on the IDPH website.

- Feedback from CDC and other federal partners on the strategy has been received and IDPH staff will be working through those to make any potential changes to the strategy.
 - Vaccine Provider Agreements - Iowa is ahead compared to other states. The Department has received 873 agreements and has approved 712.
 - IDPH Immunization staff verify storage and handling capabilities during this process and all provider licenses are checked to make sure they are good standing.
 - IDPH staff are working to ensure all LPHA are enrolled as they will allocate within their counties (90% of LPH are enrolled currently).
- Resources
 - Working to gather information on critical populations at a state wide and county level.
 - Healthcare personnel - we have worked with medical boards to get numbers and those have already been posted on the HAN. Working on school nurse and laboratorian data with this.
 - LTC residents and staff data have been posted to the HAN.
 - Underlying medical conditions - IDPH has been working with Medicaid staff at Department of Human Services (DHS) for Medicaid and Medicare data.
 - Age 65 years and older, those living in rural communities, un- and under-insured, disabled populations, and racial and ethnic data are being worked on as well as populations who are incarcerated in correctional facilities and homeless.
 - IDPH will be mapping all of these by county
 - Vaccine resources/supplies - Expectation is still that vaccine administration supplies and limited PPE will be provided, but we have worked with HSEMD and state purchasing to secure additional PPE, syringes, needles, band aids.
 - We will have a process in place for local partners to request those items from emergency managers in the event there are local shortages.
- Communications -
 - Website updates - Key place for all people to get information on state vaccine planning efforts.
 - HAN - LPHA is able to access information here and should be sharing that information with partners they are working with at a local level.
 - CDC Website - IDPH gets information from here as well and directs folks there including for translated materials about vaccine.
 - Weekly webinars with LTC and LPH - IDPH uses questions from these venues to update the FAQs every week.
 - The FAQs are posted on website so please take a look. If questions are not answered there give us a call.
- Technology and Data

- IRIS reporting-vaccine reporting
 - Allocation and distribution will be done in IRIS. Instruction sheets are on the vaccine website.
 - CDC is requiring vaccine information should be logged into IRIS by the provider within 24 hours of administration. Manual data entry, mass data entry, and electronic data exchange are all available with IRIS.
 - CDC has other tools available but IRIS will be the main application for Iowa providers.
 - Funding – At this time, there is no indication additional funding will be available.
 - There are possible uses of response funding for planning strategies. Fiscal agents in service areas have that information.
 - IDPH is still waiting on information from CDC on vaccine admin costs and reimbursement.
- Partner Feedback
 - U of I team shared some experiences with storage and handling, reconstitution, throughput times, and administration from the Pfizer clinical trials. IDPH will continue to work with the U of I as they learn more.
 - Staffing capacity concerns - LPH stressed for capacity and time to do adequate vaccine planning.
 - Conversations with CADE team will take place this week internally to discuss the challenges.
 - If time at the end of this meeting, IDPH will ask for LPH to share their experiences with planning efforts.
 - Partner Questions
 - Will the 18 locations that can store ultra-cold storage be used for state planning purposes?
 - It is not for state level storage and distribution. This is information for locals to use in planning. LPH will know they can allocate ultra-cold vaccine to those locations and then those facilities will vaccinate their priority populations.
 - More information on COVID enrolled providers?
 - 712 healthcare providers enrolled to date. 50-60 come in daily.
 - IDPH is working on mapping this information to make sure we have providers and vaccine available for priority populations.
 - Is there ability for locals to use other funding such as CARES act funding for vaccine planning?
 - IDPH is having conversations about being able to use CARES funding for vaccine planning.

- Can you provide more information on denials for COVID provider enrollment in IRIS?
 - Denial rates for providers is low - when they do happen it may be because of storage and handling capabilities (e.g. cannot store vaccine in dorm style unit, or they do not have a temperature monitoring device).
 - Need to be able to monitor temperature 24 hours a day.
 - The devices cost \$30-\$40 to purchase. LPH contract has some funds to support purchase, but pharmacies are not able to use those funds. The Department does have some digital data loggers, but offering those as last option for organizations that do not have other options to purchase.
- Is IDPH able to loosen funding restrictions from other grant dollars to use for vaccine planning? Ken will look into this a little bit more. Staff time maybe, but not likely on supply purchases.
 - Announcement was made that FEMA will not fund (reimburse) for mass vaccination clinics after Sept 15 (FEMA level response ended on that date). Rebecca will follow up with HSEMD.
- How should primary care providers handle a situation where their patient is vaccinated through Walgreens or CVS through the partnership agreement?
 - Walgreens and CVS will have to report vaccine administration in IRIS. If healthcare provider has electronic records they should be able to see the vaccine administration in IRIS records.
- Two dose series - There is no expectation from CDC to hold back second doses for individual. It is expected that we will have sufficient inventory to match the second doses in the series.
 - Reminder recall in IRIS, auto dialer will be very important here.
- Can enrolling organizations that are very large and have many healthcare providers that will be prescribing vaccine do a data dump instead of entering all the data into Redcap?
 - Please contact the healthcare provider call center 800 number and staff will work with those organizations on submitting a spreadsheet.
- Are there digital data loggers that handle ultra-cold ?
 - There are, but CDC has not provided specifications. Healthcare providers do not need to purchase as of right now.
 - Note - If organizations are going to maintain ultra-cold in the shipping container that package does not include a temp monitoring device once it has been delivered.
- What are the dimensions of the containers for shipment?
 - Vaccine will come in trays similar in size as “personal pan pizza box” (approximately a 9X9X2 inch). This tray can be taken out of ultra-frozen Styrofoam shipping container and put into storage or can be maintained

in that box with 23 KG of dry ice to replenish. Shipping container is roughly 70 lb.

- Estimated vaccine roll out date?
 - Vaccine might come November 15th, but have also heard end of November to beginning of December.
 - IDPH does know once EUAs are approved the vaccine will ship quickly.
- Will EUA have to be signed like yellow fever? IDPH is working on an EUA fact sheet, but do not have all the details yet. EUA will be covered under vaccine standing order, but no more information is available at this time.
- Any information from the trials that can be shared that might help with vaccine hesitancy?
 - U of I responded - Providers should be upfront in their communication with patients that there is a reaction from the vaccine especially for younger folks. Communication should be up front that this reaction means the vaccine is working and should not dissuade people from getting the initial or second dose.
 - Provide the public with real people's experiences from the trials and be confident and frank about it.
 - FDA has been reviewing the clinical trials now to help develop safety messaging and is not waiting until the end of clinical trials like would normally be done.
- Local planning effort concerns
 - Johnson County - Main concerns are with vaccine hesitancy and safety with the vaccine being produced and timely communication to the locals for planning efforts.
 - Partnering with a local group in the area working on vaccine education.
 - ESF 8 partners mostly have been working on planning right now. Appreciate the information coming out, but still not enough to make pivotal decisions.
 - Linn County - working with local community partners and hospitals on vaccine planning.
 - The planning group has been using the CDC planning book for phase 1a, but healthcare providers is such a broad term. What does that mean to prioritize that population if you only get 1,000 doses?
 - LPHA is working with LTC facilities to sign provider agreement and CDC agreement to opt in on the pharmacy partnership.
 - Working with local colleges on planning so the schools can all be vaccine providers for their staff and student population when available.
 - Main goal is to get as many enrolled providers as possible throughout the community. County is trying to stay away from mass vaccination clinics put on by LPHA.

- Have patients schedule a second appointment before they leave the office.
 - Vaccine finder will help show people where they can go to get a vaccine.
- Payment unknowns is other main concern.
 - IDPH is able to share that HHS regional cap is \$19.68 for VFC and we have heard that it could be as high as that.
 - Pharmacy will be covered by Medicaid, but Medicaid is not sure yet what reimbursement rate will be (reimbursement could be less than VFC rate).
- Next Steps
 - Please reply to the survey that will come out today and send back by COB next Thursday, November 5.
 - Please direct partners and peers to the website and share information from today's webinar with them.