Number of Participants - 561

Disclaimer: Unless otherwise noted, NACCHO documented these notes based on information shared during a live discussion. While NACCHO makes every attempt to ensure the accuracy and completeness of these notes, NACCHO acknowledges the potential for errors or omitted material.

Summary of Action Items
The recording of this week’s call as well as the chat log can be accessed at any time via this link.

WELCOME & NACCHO ANNOUNCEMENTS
- Welcome, Dr. Oscar Alleyne and Michelle Cantu
- Opened the meeting by welcoming local and state health officials as well as guest speakers to the call.

Guest Speakers:
Dr. Amanda Cohn, Chief Medical Officer, National Center for Immunization and Respiratory Diseases

- Planning for 2020-2121 Influenza Season
  - Adult vaccination coverage is lower than desired
    - Consistently lower in racial minorities
    - Need for novel strategies to reach these communities
- Increasing seasonal influenza vaccine coverage in 2020-2021
  - Expect SARS-CoV-2 to continue to circulate in the fall
  - Want to reduce hospitalizations from influenza and decrease individuals seeking diagnostics (COVID-19 vs influenza)
    - Need to focus on adults at higher risk and address disparities
- Expect 180 million doses in US markets
  - Supporting additional outreach to high risk individuals
  - Anticipate need for social distancing during vaccination events
  - Extend influenza vaccination season (Sept through December)
  - Enhance communication
• Align with COVID-19 messaging
  • Messaging for African American and Hispanic communities

• Pediatric Immunizations
  • Got behind in pediatric immunizations
  • Gaps between vaccine orders is narrow in recent weeks
  • Substantial catch-up is still needed

• Immunization infrastructure remains strong in COVID-19
  • As of May 2020, infrastructure is sufficient to meet patient needs and ensure catch up on vaccination, though access issues persist
  • Most providers indicated they were able to administer during critical back to school period

• CDC Activities
  • Monitor vaccine service delivery
  • Supporting providers with guidance, catch-up vaccination through reminder systems, access to vaccines by identifying gaps and increasing funding for VFC vaccine purchase, identifying policy intervention
  • Communicating importance of vaccines to parents and providers, information on VFC program to families
  • Plan vaccination activities for back to school activities

• CDC interim guidance for IZ services during COVID
  • Vaccination is an essential service for children and adolescents, ideally in medical home
  • Administer all due or overdue vaccines, according to routine IZ scheduled, during the same visit
  • Implement catch-up strategies

• Guidance for safe IZ service delivery
  • Correlates with CDC framework for providing non COVID-19 Clinical Care
  • Includes PPE considerations
  • Various settings for vaccinations
  • Special focus on priority populations
  • Language aligned with COVID response websites
  • Face mask recommended, eye protection and gloves may be recommended or optional, depending on circumstances
  • Ensure physical distancing
    ▪ Separate sick from well
    ▪ Ensure distancing
      • Floor markings
      • Physical barriers
    ▪ Reduce crowding
      • Ask patients to wait outside

• Communicating importance of well-child vaccination visits
  • Encourage parents to return for these visits
  • Use reminder systems
  • Communicate the safety protocols in place

• Promote awareness of VFC
  • Parents may be losing jobs/health insurance and not have experience with VFC in the past

• COVID-19 Vaccine
  • Under development
  • Researchers are developing 165 vaccines
Rapid acceleration of development, opportunity for multiple options
Most are two dose series
Use variety of technology platforms
Varying efficacy and adverse event profiles
Cold chain requirements will be challenging
  • Will shift implementation
  • Hope these do not have to be in ultra-cold storage and not require cold chain in the field
Early vaccination may be implemented under EUA rather than licensure, depends on safety data
Use in children and pregnant women poses addition development/study challenges
Need for socially distanced vaccination practices
Communication and education will be paramount
  o Safety is a priority during all phases of vaccine development, approval, and use
  o Vaccinate with confidence
    ▪ Geared towards increasing confidence in parents around pediatric vaccination
    ▪ These issues will also be important in COVID vaccination

Tiffany Tate, Executive Director for Maryland Partnership for Prevention
  • Work with LHDs, schools, CBOs to catch children up who have been delayed because of quarantine
  • All counties doing drive-thru clinics for back-to-school
    o Online appt scheduling
    o Check in from phone and get a text when they are up
  • Social distancing and going paperless
    o Unsure how long virus can live on surfaces
    o Hidden costs of data entry
    o If we eliminated paper for COVID response it could save 600 million dollars
      ▪ Costs saved from paper and data entry from paper
  • PPE
    o Each staff person vaccinating about 200 people per day
    o Cost is about $40 per vaccinator per day
  • Using system to pre-register people to gauge interest and enroll providers
    o Identify areas with higher interest and target areas where interest is low
    o Identify providers to support high interest areas

Amanda Prough, CRI Coordinator/Emergency Planner with Johnson County Kansas Department of Health and Environment
  • Seen decrease in IZ clinic due to COVID-19 response
  • Had to cut clinic hours to support COVID-19 testing
  • Concerns
    o Most likely going to be doing concurrent testing and vaccination at the same time
    o Staffing and PPE burn rates are a concern
    o Data collection and entry
      ▪ Knowing ahead what information CDC will want collected and how to get information back to them
- CDC-developed system that can prevent duplicative entries would be helpful
  - Supplies
    - Will supply chain be manageable for COVID-19 clinics coming up
- Messaging
  - Have had questions about safety of coming into clinic for vaccination
  - Have put out messaging on safety protocols in place
  - No touch
    - No one touching paperwork

Brittan Bates-Manni, Medical Countermeasures Program Director for Rhode Island Department of Health

- Emergency planning works year-round with office of immunization
- Shared understanding of both agencies’ grant requirements and funding to coordinate
- Combination of POD, mass vaccination clinics, and healthcare service
  - Helped with managing vaccination shortages
- Have coordinated on seasonal flu vaccine clinics, TDAP vaccine clinics, outbreak of Hep A among PEH
  - Proactively vaccinated in service areas for PEH to prevent a Hep A outbreak
- Regularly look at high risk and underserved and how to address these populations
- Purchasing Go kits for future PODs
  - No touch thermometer
  - No touch hand sanitizer stands
  - Sharps disposal
- Always looking at PPE and thinking through questions such as:
  - How much do we have?
  - What is minimum needed for any POD?

Q&A

- Are you providing a CDC reference document about appropriate PPE to use for vaccines, especially in this COVID era. You hear different thoughts about whether gloves are typically recommended, and I haven’t researched recently-so it would be helpful to get to the most current information efficiently.
  - It is optional to wear gloves during vaccination except for oral and nasal where recommended
- One thing I am already hearing is COVID-19 vaccine hesitancy; especially since it will be a brand new vaccine that was somewhat hurried through development. Not to mention the amount of people who think this pandemic is being blown out of proportion. Any tips on good talking points to address these concerns once the vaccine becomes available?
  - A huge effort and will be addressed. There will be toolkits and materials
  - Need to explain vaccines in a way people can understand
  - Need to know which vaccines make it to market to develop targeted language
  - CDC doing research of vaccine hesitancy related to COVID and will use this research to inform materials
- Is it appropriate to administer the flu vaccine in August or early September to hopefully have flu in check when the expected surge in COVID cases arrives in the fall when people start spending more time indoors?
  - Recommendation to push is related to duration of protection and it may not last through full season if given earlier
Main concern is simply getting as many doses delivered as possible

Can you comment on why N95s would not be recommended with vaccination visits? There is risk of droplets and close contact with unmasked younger children who may cough or cry upon receiving shots.

- In line with healthcare infectious disease control policy
- If someone is symptomatic or suspected of having COVID then different PPE is recommended
- Regular mask for routine visit, which includes vaccine visits

Drive thru clinics are fantastic in areas where people drive or people have access to vehicles, but I would be interested in hearing about safe, socially distanced mass vax clinics in areas where not all individuals drive or many people use public transit like in many urban areas.

- Brittan: We do not use drive-through. All ours are in-person. We purchased tape to make lines on the floor for distancing. We are purchasing prep mod system. We can track vaccines, allows public to fill out patient history and consent online.
- Limits who shows up at PODs
- 2 KS health departments have done population-based pop up clinics. They set up a tent and do walk up testing

Will CDC be providing an update to the pan flu roadmap that provides a framework for COVID vaccine allocation/prioritization

- Yes.
- CDC is working on a plan for allocation, distribution of COVID vaccines that state and local health departments will be part of
- Details still being worked out
- As soon as details are confirmed, information will continually be shared through NACCHO
- Prioritization - 2 committees looking at issues around prioritization. Pan flu is a starting place, but COVID-19 has different risk groups. ACIP and NASEM group will be providing recommendations around prioritization to US Government and those decisions will be made when we have products available
- Allocations will be made based off those prioritizations

Does PrepMod data feed into EHR or Immunization Registry? Can it connect to any EHR?

- 12 states part of ENVISION, FTC

What training is available to vaccinators and POD staff members?

- CDC has some available resources on influenza vaccination planning
- Will be developing materials around COVID vaccines that account for complexity

How can we calculate throughput numbers for drive-through POD, walk-through PODs keeping COVID-19 guidelines in mind? This way we can determine our appropriate POD sizes, locations, etc.

- Need to include this in guidance and need more information on this
- Amanda: used RealOpt in the past
  - Helps determine throughout for drive-through, walk thru, traditional
  - Not sure if it works in social distancing
- After years of running drills have come up with some important #
  - On avg takes total time at dispensing station, once you get efficient vaccinate at a rate of 5 minutes per person
  - 3 minutes per person if it is pills being distributed
Closing and Housekeeping

- NACCHO CEO, Lori Tremmel Freeman expressed thanks to the presenters for joining the call to work together at this time to show the strength of our governmental public health system.
- Thank you for participating in today’s call and for your flexibility in adapting during this uncertain time. If you have any further questions from today’s meeting or would like further information about topics discussed in the call, or if there is a topic you’d like to discuss at our next weekly call email preparedness@naccho.org.
- If you have an experience, resource, or information you would like to share please email the NACCHO Preparedness inbox at preparedness@naccho.org. Thank you!