DISCLAIMER

The information presented today is based on CDC’s recent guidance and MAY change.

February 3, 2021
Welcome

February 3, 2021

Imelda Garcia, MPH
Associate Commissioner | Laboratory & Infectious Disease Services Division
Discussion Topics

• Latest Vaccine Updates
• Vaccination Hubs
  • Prioritization
  • Second Dose
  • Reporting Requirements
  • Communication
• Best Practices
Federal Updates

• Federal Pharmacy program starts February 11\textsuperscript{th}
  • CVS, HEB, Walmart, and ABC
  • Estimated 80,000 doses

• New allocation methodology based on doses administered

• Focus on equity in distribution and administration
COVID-19 Critical Population
Phase 1A Healthcare Workers Definition – First Tier

- Paid and unpaid workers in hospital settings working directly with patients who are positive or at high risk for COVID-19. Such as but not limited to:
  - Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.)
  - Additional clinical staff providing supporting laboratory, pharmacy, diagnostic and/or rehabilitation services
  - Others having direct contact with patients or infectious materials
- Long-term care staff working directly with vulnerable residents. Includes:
  - Direct care providers at nursing homes, assisted living facilities, and state supported living centers
  - Physicians, nurses, personal care assistants, custodial, food service staff
- EMS providers who engage in 9-1-1 emergency services like pre-hospital care and transport
- Home health care workers, including hospice care, who directly interface with vulnerable and high-risk patients
- Residents of long-term care facilities
COVID-19 Critical Population
Phase 1A Healthcare Workers Definition – Second Tier

- Staff in outpatient care settings who interact with symptomatic patients. Such as but not limited to:
  - Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.).
  - Clinical staff providing diagnostic, laboratory, and/or rehabilitation services
  - Non 9-1-1 transportation for routine care
  - Healthcare workers in corrections and detention facilities
- Direct care staff in freestanding emergency medical care facilities and urgent care clinics.
- Community pharmacy staff who may provide direct services to clients, including vaccination or testing for individuals who may have COVID.
- Public health and emergency response staff directly involved in administration of COVID testing and vaccinations.
- Last responders who provide mortuary or death services to decedents with COVID-19. Includes:
  - Embalmers and funeral home workers who have direct contact with decedents
  - Medical examiners and other medical certifiers who have direct contact with decedents.
- School nurses who provide health care to students and teachers.
COVID-19 Critical Population Phase 1B Definition

• DSHS will work with vaccine providers and local partners to ensure that people who are 65 and older or have the medical conditions listed below and who also work in front-line and critical industries have access to the vaccine so they will be protected from COVID-19 while on the job.

• Texas equally will strive to ensure vaccine reaches communities with health disparities in accordance with Texas Vaccine Allocation Guiding Principles.
Texas Phase 1B Vaccine Priorities

- People 65 years of age and older
- People 16 years of age and older with at least one chronic medical condition that puts them at increased risk for severe illness from the virus that causes COVID-19, such as but not limited to:
  - Cancer
  - Chronic kidney disease
  - COPD (chronic obstructive pulmonary disease)
  - Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
  - Solid organ transplantation
  - Obesity and severe obesity (body mass index of 30 kg/m² or higher)
  - Pregnancy
  - Sickle cell disease
  - Type 2 diabetes mellitus
Phases and Timeframe of COVID-19 Vaccine Distribution

Administration of COVID-19 vaccine will require a phased approach

Limited Doses Available

- Constrained supply
- Highly targeted administration required to achieve coverage in priority populations

Projected short period of time for when doses are limited

Large Number of Doses Available

- Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required including surge capacity

Key factors

- Tightly focus administration
- Administer vs. in closed settings (places of work, other vs. sites) specific to priority populations

Likely admin strategies

- Expand beyond initial populations
- Administer through commercial sector partner sites (pharmacies, doctors offices, clinics)
- Administer through public health sites (mobile clinics, FQHCs, target communities)

Continued Vaccination, Shift to Routine Strategy

- Likely excess supply
- Broad admin. network for increased access

- Open vaccination
- Administer through private partner sites
- Maintain PH sites where required
Texas Vaccination Hubs
Vaccination Hubs Expectations

• Strategic placement of large doses of vaccines at your sites to serve and maximize vaccination effort across the state.

• Vaccinate individuals in Phase 1A & 1B.

• Vaccinate all eligible Phase 1A and 1B recipients regardless of where they reside.

• Vaccination efforts should not be restricted to residents of your county.

• Administer all vaccine doses within 5-7 days of receipt.

• It is imperative that there be an equitable distribution through demographic coverage targeting the hardest hit zip codes and demographics.

• Must do daily reporting of doses administered.
• Prioritize vaccinating people 75 years and older, the most vulnerable population.

• Approximately 27.5% of our Super Senior population has already been vaccinated with the first dose. But, about 1 Million are still needing vaccine.

<table>
<thead>
<tr>
<th>Age</th>
<th>First Doses Administered</th>
<th>2018 Statewide Population Estimate</th>
<th>% Population Vaccinated with First Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>18+</td>
<td>1,992,410</td>
<td>20,598,893</td>
<td>9.67%</td>
</tr>
<tr>
<td>65+</td>
<td>837,811</td>
<td>3,329,659</td>
<td>25.16%</td>
</tr>
<tr>
<td>75+</td>
<td>366,583</td>
<td>1,331,386</td>
<td>27.53%</td>
</tr>
</tbody>
</table>

Doses administered as of 2/1/2021
Which of the following populations that are disproportionally affected by COVID-19 are you targeting for your hub? Select all that apply.

- Communities of color: 37
- Zip codes of disproportionately high rates of COVID-19: 41
- Individuals with multiple risk factors for severe COVID-19: 59
- Persons 65 years of age or greater: 62
- Plan for vaccinating populations ≥75 years of age: 27

n = 63
Vaccination Plans (≥75 Years of Age)

Survey Findings (27 Hubs)

• Holding vaccine clinics at local senior & community centers that serve the low-income communities.
• Plan to utilize the community paramedic program to vaccinate home bound individuals.
• Teams of paramedics and physician assistants, that usually make home visits to homebound residents.
• Plans to partner with retail-chains located strategically near LTCF to vaccinate on site.
• Plans to use Home Health Nurses to target homebound patients in the hardest hit communities.
• Working with the “Meals on Wheels” and the FD/EMS staff to identify and vaccinate homebound individuals.
• Providing drive thru vaccinations, on site, for seniors as they pick-up their daily meals.
• Identifies homebound individuals through clinic medical records & EMS run reports.
• Providing a shuttle service to vaccine clinics for senior living communities.
• Partnering with a home health agency to administer vaccine.
Vaccination Hubs

Reporting Requirements

• Effective immediately, reporting into ImmTrac2 *within 24 hours will be mandatory*. This includes ensuring that full race and ethnicity data is submitted for all doses administered.

• Continued daily reporting into the TDEM portal by 8am.

• Beginning the week of February 8th, if your ImmTrac2 reporting is not current, *it could impact your weekly allocation and you will not receive the same level of allocation until the reporting is caught up*.

• Manual data entry into ImmTrac2 may pose a challenge to your site.
As of tomorrow, 2/4, Race/Ethnicity will now be a required field in ImmTrac2.
In the coming weeks, healthcare providers will be able to enter patient records for COVID-19 Vaccinations faster and easier.

**Provider Benefits:**

- Modern User Interface (UI) with a simplified, 4-step process to enter COVID-19 vaccination records quickly
- Reduced number of required fields that focus only on COVID-19 vaccinations patients
- Easier data entry with new UI components and utilizing auto-fill for entering multiple records in a row
- Improved field hints with intuitive instructions to help providers at point of data entry
Data Entry Assistance Survey Results

- 82 Hub sites surveyed
- 70 Hub sites responded
- 54 Hub sites requested data entry assistance

<table>
<thead>
<tr>
<th>Number of Data Entry Support Staff Requested</th>
<th>Total</th>
<th>Average</th>
<th>Max</th>
<th>Min</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>586</td>
<td>11</td>
<td>100</td>
<td>1</td>
</tr>
</tbody>
</table>

- TDEM colleagues will be reaching out to sites needing assistance.
- Any questions, please email Localvaccines@dshs.texas.gov
Vaccination Hubs

Second Dose

- Must plan to hold vaccination clinics for second dose.
- Carefully plan and order second doses in VAOS.
  - Ensure your vaccine clinics are scheduled after vaccine delivery.
  - Recommended not to have vaccine clinics on Monday mornings due to vaccine delivery schedule.

Note: You will not automatically be allocated second doses. You must request a second dose allocation 7-14 days after your first dose shipment depending on whether you have ordered Pfizer (21) or Moderna (28.)
Timeline for Requesting Second Dose Allocations

This calendar shows an example timeline for when COVID-19 Vaccine Providers should request Second Dose allocations and when they might be delivered:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>First Dose</strong> shipment received <em>(Pfizer or Moderna)</em></td>
<td>Begin administering <strong>First Doses</strong> <em>(Pfizer or Moderna)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Submit allocation request for <strong>Pfizer Second Dose</strong> by <strong>Thursday 5 PM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Submit allocation request for <strong>Moderna Second Dose</strong> by <strong>Thursday 5 PM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Second Dose of Pfizer</strong> shipment received</td>
<td>Begin <strong>Pfizer Second Dose</strong> administration <em>(Day 21)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Second Dose of Moderna</strong> shipment received</td>
<td>Begin <strong>Moderna Second Dose</strong> administration <em>(Day 28)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOOK FOR AN EMAIL REMINDER FROM DSHS FOR ORDERING 2ND DOSE ALLOCATIONS ON TIME
Did you know...

Providers should only request allocations for a quantity of doses that can be administered to their patient population in a one-week period.

Providers should request allocations **weekly by Thursday at 5PM CT** for allocations that can be administered in a one-week period.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Day 2</td>
<td>Day 3</td>
<td>Day 4</td>
<td>Day 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Deadline to submit weekly request</strong></td>
<td></td>
</tr>
<tr>
<td>Submit allocation requests in VAOS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 8</td>
<td>Day 9</td>
<td>Day 10</td>
<td>Day 11</td>
<td>Day 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Providers receive allocation notification.</strong></td>
<td><strong>Providers receive shipment notifications</strong></td>
</tr>
<tr>
<td>Day 15</td>
<td>Day 16</td>
<td>Day 17</td>
<td>Day 18</td>
<td>Day 19</td>
</tr>
<tr>
<td><strong>Provider Moderna orders delivered</strong></td>
<td><strong>Provider Pfizer orders delivered</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Now that Providers are requesting allocations, they do not need to accept allocations in VAOS.

Providers should receive an email notification of their allocation between Wednesday and Friday after they submit their allocation request.
Vaccination Hubs

Safety & Reporting

• Ensure that recipients are monitored for allergic reactions for the appropriate amount of time after they are vaccinated, as per the clinical guidelines from the CDC.

• Report any adverse events to Vaccine Adverse Events Reporting System
  - Vaccine Adverse Event Reporting System (VAERS)
    https://vaers.hhs.gov/reportevent.html

• Proactively discuss, promote and encourage enrollment in V-safe
  https://vsafe.cdc.gov/
What does Success Look Like?

- SAFETY MONITORING & REPORTING
- CAREFUL PLANNING & ORDERING
- COMMUNICATION
- DAILY REPORTING

Phase 1A & 1B
Prioritize >75 Yrs
All HUB providers that have received COVID-19 vaccine must immediately vaccinate healthcare workers, Texans over the age of 65, and people 16 years and older with medical conditions that put them at a greater risk of severe disease or death from COVID-19. HUBs must vaccinate only people categorized in Phase 1A or 1B.

- **DO** administer all weekly allocated vaccine within 5 - 7 days of receipt.
- **DO** administer vaccine to any eligible person (Phase 1A and 1B) who wants the vaccine.
- **DO** identify ways to prioritize vaccine administration to the most vulnerable people within 1A and 1B.
- **DO** report administered vaccine doses to ImmTrac2 within 24 hours of administration.
- **DO** report doses administered to the Texas Division of Emergency Management (TDEM) by 8am daily.
- **DO** prioritize second doses even if the first dose was not administered by you.
- **DON'T** require documentation of medical condition. Self-disclosure is sufficient.
- **DON'T** limit eligibility to a geographic area.
- **DON'T** limit eligibility by citizenship status. There is no requirement that a person be a citizen to receive the vaccine.
- **DON'T** limit eligibility to existing patients.
- **DON'T** limit eligibility by race, ethnicity or income level.
- **DON'T** charge the person being vaccinated. Reimbursement for the administration fee can be billed to the insurer or sought from the federal provider fund if there is no insurer.
- **DON'T** hold or reserve vaccine.
- **DON'T** waste vaccine. If you have vaccine that would otherwise be discarded and there is no one in Phase 1A or 1B immediately available, you should vaccinate any willing person rather than let it go to waste.

You are required to have a system that allows people to register online for vaccination and you are strongly encouraged to provide an estimated timeline on when a person can expect to receive the vaccine.
Best Practices

Dimmit Regional Hospital
Dimmit Regional Hospital (DRH) Hub

• Collaboration / teamwork key to our success
  • DRH, Dimmit County Emergency Planning Office, Middle Rio Grande Development Council 9-1-1, City of Carrizo Springs, Victory/MedShield (9-1-1) Ambulance, SWTJC ADN Nursing, and many other volunteers
  • 50 team members in total (all empowered)

• Teams
  • Registration (Online, getvaccine@dimmitregional.com, and direct phone line)
  • Materials Management
  • Screening on site
  • Registration verification and acceptance of consent forms
  • Up to six vaccination teams to effectively process first and second doses
  • On-site medical provider
  • On-site ambulance
  • Post-vaccination observation
  • ImmTrac2 documentation (very labor intensive, minimum of 2 min per, calls are required at times, legibility is a problem, need to double check information entered)
Dimmit Regional Hospital (DRH) Hub (con’t)

• Prep work
  • Multiple meetings leading up to initial date
  • Multiple facility walk-throughs prior to initial date
  • Facility set-up days prior
  • Reach out for lessons learned
  • Reach out for volunteers

• Process
  • 8am through 5pm, but will stay until all vaccines are administered
  • Vaccinations by appointment (every top of the hour)
  • Specific flow of traffic
  • Tried single mixing station, but the team prefers to mix at each station
  • 14.2 vaccinations per vaccination chair per hour (two or three vaccination chairs per team)
  • Morning huddle (ready brief), hard stops throughout the day (dose count/registration count), evening huddle (review)
  • Code “Yellow”

• Other notes
  • Eager people
  • Watch/listen for external advertisements
Dimmit Regional Hospital (DRH) Hub (con’t)

Arena

Conference room – 2-3 people/laptops for entering into Immtrac2

Break room

5x5 chairs

Registration

Temp screening table

Front doors

Ambulance

Volunteers

X

Cones

Chairs

Partitions

Doors

Tables

Flow

Parking lot

Sidewalk – maintain 6’ social distancing throughout
Best Practices

Houston Health Deparment
Guiding Principle

The Houston Health Department has consistently prioritized “Access and Equity” in serving our constituents during the COVID-19 pandemic. All our responses and interventions have been designed with “Access and Equity” in mind.

**Access** is defined as geographic proximity and minimizing or overcoming barriers such as language or cultural factors.

**Equity** is defined as an enhanced focus on serving marginalized or underserved population in terms of race/ethnicity, poverty status, residing in underserved neighborhoods, disability status, linguistic isolation, employment sector and environmental pollution.
Partner Engagement – Equity

• Federally Qualified Health Centers
  • Senior Population
  • Ethnic Minorities
• Pharmacy
  • Senior population
  • High risk zip codes
• Health Equity Response (HER) Taskforce
  • Ethnic specific providers associations
  • Messaging
• Area Agency on Aging
  • Homebound Service Delivery
  • High Risk Zip Codes Congregate Settings
Partner Engagement – Access

Work with contracted partners to increase capacity, hours of access, geographical footprint, settings (smaller for seniors) and weekend access

- Houston EMS
- Curative
- Acadian
- Walgreens
- Kroger

Doses Administered
- 1st Dose – 43,436
- 2nd Dose – 3,705
Race/Ethnicity Status of Vaccine Recipients

January 27, 2021

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>48.30%</td>
</tr>
<tr>
<td>Black</td>
<td>12.40%</td>
</tr>
<tr>
<td>Asian</td>
<td>13.40%</td>
</tr>
<tr>
<td>Other</td>
<td>14.00%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>11.30%</td>
</tr>
</tbody>
</table>

Race/Ethnicity of all recipients served in Houston/Harris County

Note: Race/Ethnicity is not reported for 36.4% of recipients

Race/Ethnicity of recipients served by Houston Health Department

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>43.30%</td>
</tr>
<tr>
<td>Black</td>
<td>18.00%</td>
</tr>
<tr>
<td>Asian</td>
<td>14.90%</td>
</tr>
<tr>
<td>Other</td>
<td>1.60%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>21.70%</td>
</tr>
</tbody>
</table>

Note: Race/Ethnicity is not reported for 12.2% of recipients
Doses Administered
(February 1, 2021)

1st Dose – 43,436
2nd Dose – 3,705
Resources
Resources

Website for Providers:  
www.dshs.texas.gov/coronavirus/immunize/provider-information.aspx

FAQ for Providers  
https://www.dshs.texas.gov/immunize/covid19/COVIDproviderfaq.pdf

DSHS COVID-19 Vaccine Provider hotline:  
(877) 835-7750, 8 a.m. to 5 p.m., Monday - Friday  
Email: COVID19VacEnroll@dshs.texas.gov  
COVID19VacMgmt@dshs.texas.gov

Website to enroll as a COVID-19 provider:  
EnrollTexasIZ.dshs.texas.gov

General Questions:  
Email: COVIDvaccineQs@dshs.texas.gov

Texans Vaccinated for COVID-19 website

ImmunTrac2 support Email:  
ImmunTrac2@dshs.texas.gov

V-safe  
https://vsafe.cdc.gov/  

Vaccine Adverse Event Reporting System (VAERS):  
https://vaers.hhs.gov/reportevent.html

Moderna (Pregnancy Registry & MedInfo):  
medinfo@modernatx.com  
1-866- MODERNA (1-866-663-3762)  
www.modernatx.com/covid19vaccine-eua

Pfizer Medical Information  
Visit PfizerMedicalInformation.com or call 1-800-438-1985.  
CDC McKesson:  
Pfizer #: 833-272-6634  
Moderna #: 833-343-2703
COVID-19 Provider Support

**COVID-19 Vaccine Provider Enrollment, Vaccine Information, and Safety Reporting**
- How to become a COVID-19 Vaccine Provider
- In-progress applications
- Updating information in Provider Enrollment accounts, including population numbers
- Allocations
- Waste disposal/return
- COVID-19 vaccine safety
- Storage & handling
- Administration of vaccine
- Vaccine distribution & shipments
- Reporting adverse events to VAERS

**Sample questions**
- Tracking shipments
- Vaccine transfers/returns
- Who has access to VAOS
- “How to” questions about completing a task or process in VAOS
- VAOS or Tableau dashboards
- Tuesday/Thursday Provider Webinars

**Provider Help Desk**
(877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday or Email: COVID19VacEnroll@dshs.texas.gov

**Vaccine Allocation & Ordering System (VAOS)**

**COVID-19 Vaccine Distribution**
- Tracking shipments
- Vaccine transfers/returns

**Reporting for COVID-19 Vaccines**
- Reporting to ImmTrac2 via online web application
- Reporting to ImmTrac2 via data exchange
- Reporting to TDEM

**ImmTrac2 Web app:** ImmTrac2@dshs.Texas.gov
**Data Exchange:** ImmTracMU@dshs.Texas.gov
**TDEM/ TMD Call Center:** vaccine@tdem.texas.gov

**Vaccine Management Mailbox:**
- COVID19VacMgmt@dshs.Texas.gov
- COVID19VacShipments@dshs.texas.gov
- COVID19VacEnroll@dshs.texas.gov

**Shipments:**
- COVID19VacShipments@dshs.texas.gov
- COVID19VacEnroll@dshs.texas.gov

**Transfers / Returns:**
- COVID19VacShipments@dshs.texas.gov
- COVID19VacEnroll@dshs.texas.gov
Q & A
The information presented today is based on CDC’s recent guidance and MAY change.

February 3, 2021