LHD Weekly Webinar

March 16, 2021

Pictures courtesy of Lisa Macon Harrison-Health Director of Granville-Vance District
## Leadership Update

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<tr>
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<th>Leader</th>
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**QUESTIONS?**

Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Shout out

- GVPD has more large vaccine clinics coming up with a first dose event in Vance County on March 11th and a second dose event in Granville County on March 12th. They will deliver over 1,400 first doses this week and over 1,200 second doses. They are making great progress vaccinating our frontline essential workers!
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# Prioritization Updates

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| Chief Policy Officer |
| Farmworkers | Elizabeth Freeman, MSW, MPH  
| NC Farmworker Health Program, Program Manager |

**QUESTIONS?**

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Prioritization Updates
Your best shot at stopping COVID-19.

1. Health Care Workers and Long-term Care Staff and Residents
2. Older Adults
3. Frontline Essential Workers
4. Adults at Higher Risk for Exposure and Increased Risk of Severe Illness
5. Everyone

For more information: YourSpotYourShot.nc.gov
PRIORITIZATION UPDATES

• **Group 1** - The definition of long-term care has been updated to include:
  • people receiving long-term home care for more than 30 days including Home and Community Based Services for persons with intellectual and developmental disability, private duty nursing, personal care services, and home health and hospice.
  • [Deeper Dive Group 1: Health Care Workers and Long-Term Care Staff and Residents](#).

• **Group 3** - Additional Frontline Essential Workers will be eligible for vaccine beginning on Wednesday, March 3 instead of March 10th.
  • [Deeper Dive Group 3: Frontline Essential Workers](#).

• **Group 4** - We will plan to move to Group 4 starting March 17th
  • First phase – people who have a high-risk medical condition, people experiencing homelessness or living in a homeless shelter and people in a correctional facility, such as jail or prison.
  • Next phase – people living in other group settings (e.g, students in congregate housing) and other essential workers – starting April 7th.
  • Define high-risk medical conditions to include Intellectual and Developmental Disabilities, including Down Syndrome, and neurologic conditions, such as dementia and schizophrenia. [Deeper Dive Group 4: Adults at Higher Risk of Exposure and Increased Risk of Severe Illness (Higher-Risk Conditions and Additional Congregate Settings)](#).
## LTCF Visitor Update

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Visitation in LTC Facilities: CMS and CDC Updates

- Outdoor visitation continues to be preferred even when individuals are fully vaccinated as this space allows increased airflow.

- Facilities **should allow responsible indoor visitation at all times** and for all residents, regardless of vaccination status of the resident or visitor, unless certain scenarios exist, including:
  - Unvaccinated residents if the COVID-19 county positivity rate is > 10% AND <70% of residents in the facility are fully vaccinated;
  - Residents with confirmed COVID-19 infection until they have met the criteria to discontinue transmission-based precautions;
  - Residents in quarantine until they have met criteria for release from quarantine.

- **Visitation during an outbreak**: If a new case of COVID-19 is identified among residents or staff, visitation should be suspended and the facility should immediately conduct outbreak testing. If the first round of facility-wide testing reveals no additional cases in other areas/units of the facility, then visitation can resume in the unaffected units.
  - If outbreak testing detects one or more COVID-19 cases in other units of the facility, the facility must stop visitation for both vaccinated and unvaccinated residents until it can meet criteria to end outbreak testing.

- While the safest approach is for residents and their visitors to maintain physical distancing (at least 6 feet), residents who are fully vaccinated may choose to have close, physical contact with visitors if both parties wear well-fitted masks and perform hand-hygiene before and after contact.

- Compassionate care visits **should be allowed at all times**, regardless of a resident’s vaccination status or facility outbreak status.
Work Restrictions and Quarantine in Healthcare Settings

• Fully vaccinated healthcare personnel with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.
  • However, for vaccinated HCP who have underlying immunocompromising conditions, work restrictions should still be considered following a higher-risk exposure.

• Fully vaccinated residents being admitted to a LTCF, or other post-acute care facility, no longer require quarantine as long as they have not been in prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

• Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

• Quarantine is still recommended for unvaccinated residents who leave the facility for 24 hours or longer
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# Vaccine Website & Allocation Strategy Changes

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CVMS Scheduling Overview

CVMS Appointment Scheduling Process

- Manage MySpot.nc.gov Location Details
- Publish Appointments in TakeMyShot.nc.gov

-----------------------------------------------

- Manage Appointments Scheduled by Recipients
- Scheduling the 2nd Dose After Vaccine Administration

QUESTIONS?
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Overview of Getting Started with CVMS Scheduling for Providers

0. State enables scheduling for location

1. LM creates new locations or edits existing locations for MySpot.NC.GOV

2. LM adds vaccine supply for appointments booked through TakeMyShot.NC.GOV

3. LM creates location schedule and edits the schedule as needed

4. Appointments are available for recipients to book; providers manage appointments

Questions?
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Choose A Location for Vaccine (Appointment) Supply

Clinic Location 1

QUESTIONS?
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### Vaccine Supplies

<table>
<thead>
<tr>
<th>Name</th>
<th>Current Stock</th>
<th>Vaccine Brand</th>
<th>Dose Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUP-00055</td>
<td>1,000</td>
<td>Generic</td>
<td>1</td>
</tr>
<tr>
<td>SUP-00056</td>
<td>1,000,000</td>
<td>Generic</td>
<td>2</td>
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**Related**

**Edit**

**View All**

### QUESTIONS?

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Add Scheduling Availability – Choose A Location

<table>
<thead>
<tr>
<th>Location Name</th>
<th>Account</th>
<th>Address</th>
<th>Start Date</th>
<th>Closing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Location 1</td>
<td>Clinic Location1</td>
<td>Test Street, Raleigh, North Carolina 20175</td>
<td>03/10/2021</td>
<td>03/31/2021</td>
</tr>
</tbody>
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QUESTIONS?
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Edit Scheduling Availability – Adjust Opening Hours and Capacity

Available Date

- 03/17/2021

Opening hours and capacity

<table>
<thead>
<tr>
<th>Day</th>
<th>Opening hours</th>
<th>Appointments per time window</th>
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<tbody>
<tr>
<td>MON</td>
<td>06:00 AM</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>12:00 PM</td>
<td>2</td>
</tr>
<tr>
<td>TUE</td>
<td></td>
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Edit Vaccine (Appointment) Supply Record and Save

QUESTIONS?
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New CVMS Appointment Scheduling Capability – All Profiles

**Enabled for select CVMS Healthcare Providers:**

- Providers can check-in Recipients through the Provider Portal Appointments tab OR from the Provider Portal Homepage using the confirmation code received during the appointment scheduling process.
- Providers can schedule the 2nd dose appointment directly following the 1st appointment OR from the Provider Portal Appointments tab once the 1st dose is administered.
- Providers can cancel appointments scheduled through the appointment scheduler (TakeMyShot.nc.gov).

QUESTIONS?
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## Search for Recipient’s Appointment and Check-in (Option 1)

### Appointments

1. **Search Appointments**
   - Search by Name, Location, Vaccine Status

2. **Search Confirmation Number**
   - From: 2021-03-10
   - To: 

<table>
<thead>
<tr>
<th>Case</th>
<th>Confirmation Number</th>
<th>Date</th>
<th>Time</th>
<th>Recipient Name</th>
<th>DOB</th>
<th>Location</th>
<th>Vaccine Status</th>
<th>Status</th>
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<td>03113985</td>
<td>duw96des6m.1</td>
<td>Mar 11, 2021</td>
<td>8:00:00 AM</td>
<td>Kermit the Frog</td>
<td>1975-08-08</td>
<td>County General Hospital</td>
<td>Dose 1 Scheduled</td>
<td>New</td>
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<td>03113961</td>
<td>8pi5r8ja5l.1</td>
<td>Mar 11, 2021</td>
<td>8:00:00 AM</td>
<td>Wonder Woman</td>
<td>1940-05-05</td>
<td>County General Hospital</td>
<td>Dose 1 Scheduled</td>
<td>New</td>
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<tr>
<td>03113965</td>
<td>fij1fidsweu.1</td>
<td>Mar 11, 2021</td>
<td>9:00:00 AM</td>
<td>Wonder Woman</td>
<td>1940-05-05</td>
<td>County General Hospital</td>
<td>Dose 1 Scheduled</td>
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<td>03113806</td>
<td>1r9naxiek1</td>
<td>Mar 12, 2021</td>
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<td>Wonder Woman</td>
<td>1940-05-05</td>
<td>County General Hospital</td>
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<td>New</td>
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<tr>
<td>03113922</td>
<td>d7wyck19dy.1</td>
<td>Mar 12, 2021</td>
<td>9:00:00 AM</td>
<td>Michael McShane</td>
<td>2000-01-01</td>
<td>County General Hospital</td>
<td>Dose 1 Scheduled</td>
<td>New</td>
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<td>03113839</td>
<td>wu58q7zaf1</td>
<td>Mar 12, 2021</td>
<td>11:00:00 AM</td>
<td>Murali Jallu</td>
<td>2015-01-14</td>
<td>County General Hospital</td>
<td>Dose 1 Scheduled</td>
<td>New</td>
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### Questions?

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Recipient Checked In, Begin Vaccine Admin Flow

Success! Checked into Appointment for Kevin Wooten

Appointment Details
Thursday, Mar 11 at 10:00 AM
Location: County General Hospital - Chicago ER
Address: 2110 Blue Ridge Rd, Raleigh, North Carolina 27607

Please review the health information on the right, then click the Next button.

Medical History
Kevin Wooten
DOB: Sep 17, 1977
Age: 43

Gender
Male

Race
White

Ethnicity
Not Hispanic or Latino

Address
1013 Tyler Farms Dr.
Raleigh, North Carolina 27603
Waive

Email Address
Phone Number
+19194109441
Preferred Communication Channel
SMS/Text

QUESTIONS?
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Search for Recipient with Confirmation Code (Option 2)

Today's Appointments

<table>
<thead>
<tr>
<th>TIME</th>
<th>DETAILS</th>
<th>CASE NUMBER</th>
<th>LOCATION</th>
</tr>
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<tbody>
<tr>
<td>Mar 11, 2021</td>
<td>Testing1M1 Recipient11</td>
<td>03045904</td>
<td>Clinic Location1</td>
</tr>
<tr>
<td>Mar 11, 2021</td>
<td>Walkin Example</td>
<td>03045380</td>
<td>Clinic Location1</td>
</tr>
</tbody>
</table>

QUESTIONs?

Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Recipient Checked In, Begin Vaccine Admin Flow

Appointment Details
Thursday, Mar 11 at 01:51 PM
Location: Clinic Location 1
Address: 1204 SCHOOL ST, WILKESBORO, North Carolina 28697

Please review the health information on the right, then click the Next button.

QUESTIONS?
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Schedule 2nd Dose – End of Vaccine Admin Flow (Option 1)

Second Dose Disclaimer

The COVID-19 vaccine requires a booster dose 21 days after your initial dose.

Schedule Second Dose Appointment

Schedule second dose appointment for confirmation number: r5r9maxiek.

QUESTIONS?

Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Schedule 2nd Dose – Select from Appointments Tab (Option 2)

You are currently logged in as County General Hospital - Chicago ER

<table>
<thead>
<tr>
<th>Case</th>
<th>Confirmation Number</th>
<th>Date</th>
<th>Time</th>
<th>Recipient Name</th>
<th>DOB</th>
<th>Location</th>
<th>Vaccine Status</th>
<th>Status</th>
<th>Status</th>
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<td>8:00:00 AM</td>
<td>Kermit the Frog</td>
<td>1975-08-08</td>
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<td>Dose 1 Scheduled</td>
<td>New</td>
<td></td>
</tr>
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<td>8:00:00 AM</td>
<td>Wonder Woman</td>
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<td>9:00:00 AM</td>
<td>Michael McShane</td>
<td>2000-01-01</td>
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<td>Mar 12, 2021</td>
<td>11:00:00 AM</td>
<td>Murari Jaju</td>
<td>2015-01-14</td>
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Schedule 2nd Dose – Choose A Date and Time

Schedule Dose 2
2110 Blue Ridge Rd, Raleigh, North Carolina 27607 Change

Now that you have received your first dose, please choose a time for your follow up appointment.

Appointment 2
Choose a date and time

April 2021

9 appointments available
For Sunday April 11, 2021

- 8:00am
- 9:00am
- 10:00am
- 11:00am
- 12:00pm
- 1:00pm
- 2:00pm
- 3:00pm
- 4:00pm

Complete Appointment

QUESTIONS?
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Schedule 2nd Dose – 2nd Appointment is Scheduled!

[Image of appointment scheduling interface]

Schedule Dose 2
2110 Blue Ridge Rd, Raleigh, North Carolina 27607

Now that you have received your first dose, please choose a time for your follow-up appointment.

Appointment 2
Thursday April 15 9:00AM, 2021

[Image of appointment confirmation]

The Appointment is Scheduled.
Your confirmation code is r5r9naxieb
and an email has been sent to ch****@gmail.com

Appointment Details
Location
County General Hospital - Chicago ER
Location address
2110 Blue Ridge Rd, Raleigh, North Carolina 27607
Appointment 2: Date and time
Thursday April 15 9:00AM, 2021
Email
ch****@gmail.com

QUESTIONS?
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## Leadership Update
- **Mark T. Benton**
  - Assistant Secretary for Public Health
  - Division of Public Health

## National/State Epi Picture
- **Zack Moore, MD, MPH**
  - State Epidemiologist and Epidemiology Section Chief

## Prioritization Updates
- **Elizabeth Cuervo Tilson, MD, MPH**
  - State Health Director, Chief Medical Officer

## LTCF Visitor Update
- **Emily Berns, MPH, RN**
  - Nurse Consultant

## SLPH Update
- **Scott M. Shone, PhD, HCLD(ABB)**
  - Director, NC SLPH

## Vaccine Website & Allocation Strategy Changes
- **Amanda Fuller Moore, PharmD**
  - Division of Public Health

## CVMS Updates
- **Jerilyn Maclaren-Hall**
  - Training Lead Contractor

## Homebound Vaccinations
- **Charlene Wong**
  - Chief Policy Officer

## Farmworkers
- **Elizabeth Freeman, MSW, MPH**
  - NC Farmworker Health Program, Program Manager

---

**QUESTIONS?**
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
COVID-19 Vaccines for Individuals Who are Homebound

March 16, 2021
Vaccinating Homebound Individuals

- Identify homebound individuals
- Choose a Vaccine Model
- Plan with Partners
- Vaccinate
Identifying Homebound Individuals

• **Who are homebound individuals?**
  - Those that need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home, or their medical provider believes that their health or illness could get worse if they leave their home

• **How many homebound individuals are there in North Carolina?**
  - 15,495 (conservative estimate)
  - 97,195 (upper estimate)

• **Which partners can help you identify homebound individuals?**
  - Home Health Agencies
  - Medicaid/Medicare-Sponsored Organizations
  - Veterans Associations
  - Community-Based Organizations (e.g., faith)
  - Area Aging Agencies
  - Agencies serving people with disabilities

  • NCDHHS has engaged with 300+ homebound serving agencies.
  • 223 have said they can help identify homebound individuals for vaccination.
  • **NCDHHS will distribute this list by county to vaccine providers to facilitate partnerships.**

• **Tip:** Create an online portal for people in the community or family members to request homebound vaccination services
Vaccinating Homebound Individuals

1. Identify homebound individuals
2. Choose a Vaccine Model
3. Plan with Partners
4. Vaccinate
### Possible Vaccination Models for Homebound Individuals

<table>
<thead>
<tr>
<th>1. Onboard NEW Providers to Vaccinate Homebound Individuals</th>
<th>2. Events Allocation to Vaccinate Homebound Individuals</th>
<th>3. Existing Vaccine Providers Vaccinate Homebound Individuals on an Ongoing Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Onboard new providers (e.g., home &amp; hospice care organizations, palliative care providers, Long Term Care or independent pharmacies, EMS) to vaccinate homebound individuals</td>
<td>• Partner existing vaccine providers with organizations that can identify and reach homebound individuals</td>
<td>• Existing providers set aside portion of allocated vaccines to vaccinate homebound individuals</td>
</tr>
<tr>
<td></td>
<td>• Apply to host a vaccination event, one-time or recurring until demand is met</td>
<td>• Can also use left over doses from missed appointments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ongoing effort as needed</td>
</tr>
<tr>
<td>Examples:</td>
<td>Examples:</td>
<td>Examples:</td>
</tr>
<tr>
<td>• Long-term care pharmacy is identified as a new vaccine provider for homebound individuals – enrolled &amp; onboarded to CVMS, allocated vaccine, and goes out to vaccinate homebound individuals</td>
<td>• Gaston County EMS received event allocation of 1200 doses to reach low-income &amp; homebound</td>
<td>• Yadkin LHD vaccinating using a paramedic team</td>
</tr>
<tr>
<td></td>
<td>• LHD partners with health insurance company offering their mobile unit &amp; nurses. They apply for event allocation for homebound vaccines over 2 wks.</td>
<td>• Albemarle LHD vaccinating partnered with Meals on Wheels</td>
</tr>
<tr>
<td></td>
<td>• Lenoir LHD working with small NCNG teams to visit multi-unit housing for older adults</td>
<td>• Mecklenburg LHD will be using J&amp;J vaccine when supplies become available, request form is posted on their website</td>
</tr>
</tbody>
</table>
Vaccinating Homebound Individuals

1. Identify homebound individuals
2. Choose a Vaccine Model
3. Plan with Partners
4. Vaccinate
Vaccinating homebound individuals

Requirements for local medical providers to administer the vaccine (may be met by same provider or across partners)

• Enrolled and onboarded to CVMS to be a COVID vaccine provider and meet all storage and handling requirements

• Vaccinating workforce
  • Licensed health professionals or other individuals authorized by the federal PREP act or the state to administer COVID-19 vaccines
  • Trained in vaccine administration of COVID-19 vaccine product they have available
  • Trained and able to provide emergency management of severe allergic reactions and anaphylaxis

• Have a medical provider order vaccine or use the appropriate statewide standing order

Partner with local or county EMS to form Mobile Vaccine Teams: Basic or Advanced Life Support ambulances with refrigerators to store vaccine, staffed by trained EMTs and paramedics.

Other vaccinator workforce options include, but not limited to

• Paramedics
• Home Health and Hospice Staff
• Individual Pharmacists
• Home health nurses
• Dentists
• Students (e.g., nursing)

Liability protection at federal level through PREP Act and through state Executive Order 193, Section 3B
Partners to Vaccinate Homebound Individuals

Other Supporting Roles

• Work with locally-based partners who provide direct service to homebound individuals to identify homebound individuals

• Identify and provide outreach to potential clients about vaccine
  • Use the NCDHHS COVID-19 Vaccine Communications Toolkit at YourSpotYourShot.nc.gov

• Collect information to register homebound individuals
  • Collect information on bulk upload template or CVMS Recipient Registration and COVID-19 Vaccine Administration Form

• Assist with logistical planning, such as route mapping
Identify homebound individuals
Choose a Vaccine Model
Plan with Partners

Vaccinate
Best Practice #1: Plan to maximize efficiency and ensure that no vaccine is wasted

- Estimate the number of doses needed as accurately as possible
- Map out travel plans to ensure that all vaccine is used within approved time frame specified for the vaccine product, factoring in pre-vaccination preparation time and post-vaccine observation
- Ensure readiness to maintain, monitor, & report temperature of vaccine from the time vaccine is taken out of a clinic facility, during transportation & up to the time that vaccine is administered
- To prevent wasted doses, may administer vaccine to eligible caretakers and family members
  - **Group 1**: Home caregivers providing regular medical care to medically fragile children & adults
  - **Group 2**: Older adults 65+
  - **Group 3**: Frontline essential workers including “Workers providing dependent care services, including childcare, eldercare, and other service providers necessary to maintain a comprehensive, supportive environment for individuals and caregivers needing these services”
  - **Group 4**: Individuals with high-risk medical conditions that increase risk of severe disease
Best Practice #2: Follow transport guidance for the specific vaccine product

<table>
<thead>
<tr>
<th></th>
<th>Johnson &amp; Johnson (Janssen)</th>
<th>Moderna</th>
<th>Pfizer</th>
</tr>
</thead>
</table>
| Refrigerated unpunctured vials before dilution | Refrigerated: 2-8°C x 3 months  
Room temp: 9-25°C x 12 hrs | Refrigerated: 2-8°C x 30 days before 1st use  
Room temp: 8-25°C x 12 hrs | Refrigerated (at clinic site): 2-8°C x 120 hrs (5 days)  
Refrigerated (during transport): 2-8°C x 12 hrs  
Room temp: Up to 25°C x 2 hrs |
| Vials after puncture | Refrigerated: 2-8°C x 6 hrs  
Room temp: Up to 25°C x 2 hrs | Refrigerated to room temp: 2-25°C x 6 hrs | Refrigerated to room temp: 2-25°C x 6 hrs |
| Pre-drawn syringe* (not recommended) | Refrigerated: 2-8°C x 6 hrs  
Room temp: Up to 25°C x 2 hrs | Refrigerated to room temp: 2-25°C x 6 hrs | Refrigerated to room temp: 2-25°C x 6 hrs |

- **Temperature**: A digital data logger should be used to monitor the temperature of the vaccine. Place the probe near the vaccine. Document the min/max temperatures when transport begins, every time the container is opened, and upon return to the facility using the transport temperature log (retain for a minimum of three years).

- **Vials vs Pre-Drawn Syringe**:
  - **Vials**: Recommended by CDC. Punctured vial may be transported from one home to another by the same health care professional if the cold chain is properly maintained. A partially used vial cannot be transferred from one provider to another or across state lines.
  - **Pre-Drawn Syringe**: If only option, U.S. Pharmacopeia includes guidance for transporting pre-drawn vaccine in syringes.

https://www.usp.org/covid-19/vaccine-handling-toolkit
Best Practice #3: Data Entry for Homebound Vaccinations

- **Registration in CVMS**
  - **Pre-registration**: Requires individuals or caregiver to complete process after receiving email
  - **On-site registration**
    - Online with tablet, laptop, or other mobile device
    - Paper form – Use CVMS Recipient Registration and COVID-19 Vaccine Administration Form
      (English / Spanish)

- **Vaccine Administration**: Providers should fully enter vaccine administrations into CVMS within 24 hours, but no later than 72 hours
Best Practice #4: Plan for Accessibility Issues

- Include training on accessibility-specific issues. Examples:
  - Working with people who are blind or have limited vision
  - Those who are deaf or hard of hearing
  - Those who work with service animals
  - Those with various language, physical, social, or sensory needs

- Provide information in a variety of accessible formats (e.g., American Sign Language, multiple languages, braille, large font, low literacy, materials with pictures or visual cues)

- Service email address for vaccine providers requesting assistance with connections to resources to better serve homebound individuals with communications needs: communication.access@dhhs.nc.gov

- NCDHHS has an Accessibility Checklist with additional resources
  - https://covid19.ncdhhs.gov/media/2259/download
Best Practice #5: Transport the vaccine to homebound individuals

- Bringing the vaccine to homebound individuals ensures the safety of the homebound individuals, however an alternative can be to bring homebound people to vaccination sites if needed

- If needing to identify transportation for homebound individuals, transportation options:
  - Partner with local EMS or Uber
  - Coordinate with service providers who have existing contracts with a variety of private transportation providers (this is targeted primarily to those who are 60+ and are receiving services funded by DHHS-DAAS
  - Coordinate with trusted partners such as places of worship or community centers
Additional Federal Support is Likely Coming

- Group of 13 health insurance plans under America’s Health Insurance Plans (AHIP) and Blue Cross Blue Shield Association (BCBSA) are now coordinating with the White House on ways to reach the most vulnerable, underserved older Americans
  - Federal Vaccine Community Connectors program may use mobile vans to get COVID-19 vaccine to homebound individuals

- Biden administration announced additional doses to be distributed to Federal Retail Pharmacy Program and Federally Qualified Health Centers Program. Encouraging mobile vaccinations.
Best Practice #2: Follow transport guidance for the specific vaccine product

- Additional Considerations:
  - If using a company or personal vehicle, only transport vaccines inside the passenger compartment (not in the trunk or bed of a truck, which may be too hot or too cold).
  - Move transport containers directly to a vehicle that is already at a comfortable temperature—neither too hot nor too cold.
  - Keep containers out of direct sunlight.
  - Pack loose vials carefully to prevent them from breaking.
  - Never leave the container unattended in the vehicle.
  - The total time for transport plus vaccine administration should not exceed 8 hours (unless stated otherwise by the vaccine manufacturer).

https://www.usp.org/covid-19/vaccine-handling-toolkit
Best Practice #2: Follow transport guidance for the specific vaccine product

• Assemble the necessary materials
  • Temperature monitoring device
  • Bubble wrap or corrugated cardboard cushioning
  • Zip-lock bags for syringes or vials
  • Ice pack or other cooling agent
  • Expanded foam container to maintain temperature
  • Hard surface container to protect during transport

• Prepare pack-out for transportation

• Record date, time, and temperature every time container is opened at a destination

https://www.usp.org/covid-19/vaccine-handling-toolkit
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Vaccination plan implementation

• Vaccination plan initiated statewide; initial local team meetings held with 13 of 28 priority counties to date; continuing to hold initial meetings with additional county teams every day;
• 28 priority counties (with at least 50 migrant workers already arrived)

Sampson  
Ashe  
Avery  
Henderson  
Watauga  
Bladen  
Cleveland

Duvin  
Wayne  
Pender  
Harnett  
Union  
Montgomery  
Franklin

Wilson  
Alleghany  
Nash  
Rowan  
Greene  
Guilford  
Anson

Mecklenburg  
Johnston  
Edgecombe  
Cumberland  
Cumberland  
Cabarrus  
Pitt

Success Stories – Avery County

• Avery County team and partners (Avery County Health Department, Administration, Emergency Management, EMS, Cooperative Extension and High Country Community Health) used County’s mobile trailer to visit 2 farms on March 12th, 135 people vaccinated, 6 people declined
• WBTV: Farmworkers in Avery County get a mobile clinic visit for vaccinations.  
  https://www.wbtv.com/2021/03/12/farmworkers-avery-county-get-mobile-clinic-visit-vaccinations/

Insights & Data

• Population: Estimate of 70,000 migrant and seasonal farmworkers in NC with roughly 25,000 living in 2000 migrant camps; 6,000 H2A workers in NC now, over 10,000 arriving in April and May and approximately 6,000 arriving through October in addition to 16,000 workers who live in NC year-round.
• Weekly survey – first local team survey due today
• Vaccine uptake and hesitancy: Initial reports indicating high vaccine uptake among farmworkers; some hesitancy expressed due to use of fetal cell lines in J&J vaccine and myth of fertility concerns

Vaccination approaches

• Local team vaccine providers: in clinic, special events, and in some cases on-farm
• Optum-supported vaccine sites in high need counties April-June (currently organizing in Sampson County)
• Exploring Optum-supported mobile service for large employers (> 100 workers in 1 county)
• Exploring Optum-supported centralized location to vaccinate H2A workers with J&J upon arrival (exploring possibility in Vass, NC)
“...public health promotes and protects the health of people and the communities where they live, learn, work, and play.”