



# COVID-19 Provider Town Hall

1-27-2021



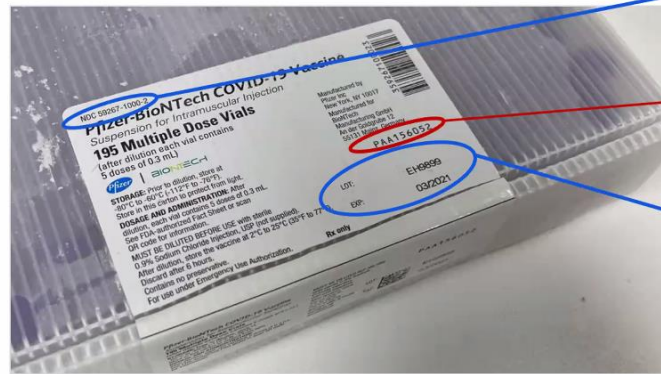
## Temperature Monitoring Reminder

- COVID-19 Vaccine Primary and Back-up Coordinators must monitor and document temperatures of storage units containing COVID-19 vaccines twice daily using approved temperature logs.
  - Ultra-cold vaccine storage (Celsius)
  - Ultra-cold vaccine storage (Fahrenheit)
  - Refrigerator or Freezer vaccine storage
- COVID-19 Vaccine Primary and Back-up Coordinators must download continuous temperature monitoring device reports weekly
- COVID-19 Transport logs are also required for any vaccine transport related to transfer, temporary clinics, or redistribution
- Submit both temp logs and DDL reports to [COVIDProviderEnrollment@dhec.sc.gov](mailto:COVIDProviderEnrollment@dhec.sc.gov) every Friday by COB. Include Facility Name + Temp Logs in subject line

# Vaccine Packaging: NDC and Lot Numbers

## Where are the NDCs and Lot Numbers? | Pfizer-BioNTech

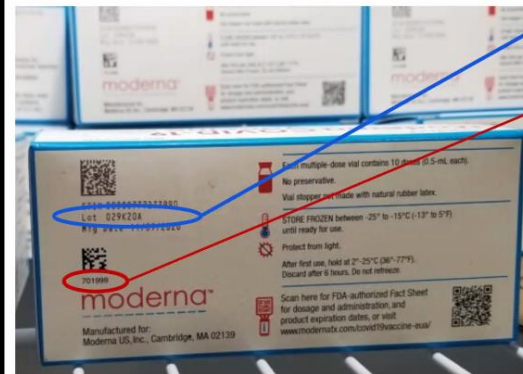
Pfizer-BioNTech UoS



- ✓ UoS NDC: 59267-1000-2
- ✗ Not a Lot Number
- ✓ UoS Lot: EH9899  
UoS Expiration: 03/2021

## Where are the NDCs and Lot Numbers? | Moderna

Moderna UoS



- ✓ UoS Lot: 029K20A  
UoS Expiration: Lookup on Moderna Website
- ✗ Not a Lot Number

✓ UoS NDC: 80777-273-99



# Inventory Reminders

- Report daily on-hand inventory to VaccineFinder
  - Please ensure all doses (vials) you receive are added to VAMS inventory
  - Manually tally extra doses from Pfizer and Moderna MDVs
    - Add a “vial” to your VAMS inventory for every 5 extra Pfizer doses or 10 extra Moderna MDV doses
  - At minimum, ensure VAMS inventory requests (by Tuesday, 12pm) contain notes that reflect 1<sup>st</sup> and 2<sup>nd</sup> dose amounts that equal the total you are requesting.
  - 2<sup>nd</sup> dose amounts based on 1<sup>st</sup> doses administered are guaranteed by DHEC
- VAMS Inventory Management Update Training (CDC-hosted)
    - Friday, Jan 29, 2021
      - 10a-10:30a
      - 2p-2:30p
    - Meeting invites will be sent to VAMS Clinic Admins
    - Limit 2 people per VAMS clinic

## Vaccine Administration Documentation

- Required vaccine administration documentation within 24 hours of administration for all DHEC COVID-19 vaccine providers in VAMS.
  - Exception: pharmacies participating in the federal/state LTCF program
- Doses administered and utilization captured on public facility-level spreadsheets on [DHEC's Allocations website](#)

# Ancillary Supplies Update

## Ancillary Kit Syringes

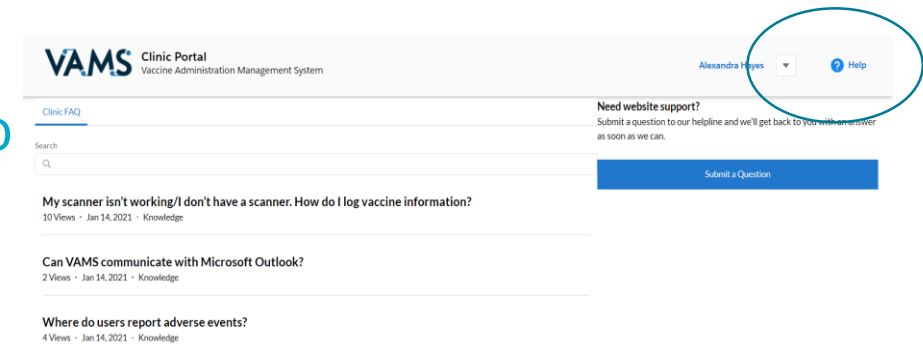
- The updated Ancillary Kits began shipping with Pfizer orders on January 20.
  - These larger kits contain supplies to accommodate extraction of a sixth dose from each Pfizer vial; however, access to the sixth dose is dependent upon the use of low dead-volume (LDV) syringes.
  - Kits will continue to contain a variety of needle/syringe combinations based on current availability.
- Irrespective of the type of syringe and needle, each dose must contain 0.3 mL of vaccine.
  - If the amount in the vial cannot provide a full sixth dose of 0.3 mL, the vial and content should be discarded.
  - Excess vaccine should never be pooled from multiple vials to make up a full dose.

## Vaccination Cards

- Please use PDF to print extra copies as needed.
- This PDF is not displayed publicly, however.
- Please email [vams@dhec.sc.gov](mailto:vams@dhec.sc.gov) for a copy

# VAMS Help Desk

- CDC VAMS Help Desk
  - All clinic users: submit questions, technical assistance, other issues via the Help function to submit a ticket, or
  - Call 1-833-957-1100, M-F, 8a-8p
- DHEC Help Desk
  - [vams@dhec.sc.gov](mailto:vams@dhec.sc.gov) for clinic users additional assistance, program clarification, onboarding, new clinic set-up, additional clinic set-up requests
  - Recipients and organization/employer coordinators need to contact [vams@dhec.sc.gov](mailto:vams@dhec.sc.gov) if experiencing issues



## Key Highlights from VAMS Enhancements

- **Release 1.2.4:**
  - Ability for the Front Desk Staff to check-in a recipient without a prevaccination questionnaire
  - Ability for the Healthcare professional to fill-out the prevaccination questionnaire with recipient
  - New reset password functionality
- **Release 1.2.5:**
  - Organization POCs can resend registration emails and can edit recipient first and last name
  - Healthcare professional can backdate the vaccine administration date
- **Release 1.2.6:**
  - Jurisdictions can bulk upload clinics into VAMS
  - Ability to add additional organization coordinators
  - Organization coordinators can edit recipient email addresses and remove individuals from recipient lists
  - Enhanced clinic reporting
  - Enhanced jurisdiction reporting (Einstein analytics)
  - Enhanced check-in list view for Front Desk staff (e.g., first dose, second dose, type of vaccine, phone number)



## Key Highlights from VAMS Enhancements *(continued)*





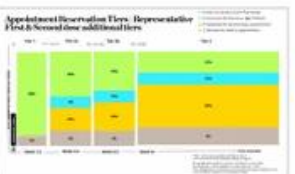










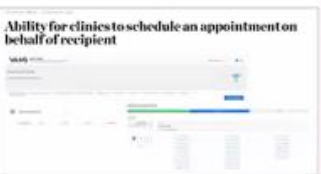










### ■ Release 1.2.7:

- Automatic reminder emails to organization POCs and to recipients
- Additional validation requirements for logging inventory to help prevent errors
- Enhancements to clinic operating hours and clinic treatment hours to show if hours are being used in other clinics or treatment stations
- Added dose and vaccine name for third-party clinic recipient list views
- Enhanced search features within list views across all portals (e.g., search for first name, last name, DOB)

### ■ Release 1.3:

- Removed Employer and Employee language from VAMS
- Third-Party Clinics:
  - Duplication check for recipients
  - Ability for third-party clinic administrators and healthcare professionals to remove recipients
  - New global search feature
  - Ability to record a vaccine administered before 21-day or 28-day window
- Standard Clinics:
  - Healthcare professionals can view prior check-in appointments for standard clinics
  - Improvement to recipient scheduling workflow (checked-in appointment status)

# Appointment Management Capabilities Overview

 <h2>APPOINTMENT RESERVATION</h2> <p><i>Ability for clinics to reserve appointment slots for first-dose and second-dose recipients</i></p> <p>Value delivered to:</p> <p>  Clinic          Recipient          Jurisdiction       </p> <p>aws All reservation logic</p> <p>UI to capture configurations</p> 	 <h2>APPOINTMENT AVAILABILITY</h2> <p><i>Ability for recipients to view available dates for appointment at clinics</i></p> <p>Value delivered to:</p> <p>  Recipient          Jurisdiction       </p> <p>aws Updated calendar view</p> <p>Updated 'Find a clinic' screen</p> 	 <h2>APPOINTMENT CONTROL</h2> <p><i>Ability for clinics to control their upcoming appointments</i></p> <p>Value delivered to:</p> <p>  Clinic       </p> <p>aws Parts of control logic</p> <p>Parts of control logic and UI to capture</p> 	 <h2>APPOINTMENT SCHEDULING</h2> <p><i>Ability for clinics to schedule an appointment on behalf of the recipient</i></p> <p>Value delivered to:</p> <p>  Clinic          Recipient       </p> <p>aws Allow canvas from clinic</p> <p>Invoke canvas API and update permissions</p> 	 <h2>APPOINTMENT MATCH</h2> <p><i>Ability for clinics to operate as closed pods and cater to specific recipients</i></p> <p>Value delivered to:</p> <p>  Clinic          Recipient          Employer/ Organization          Jurisdiction       </p> <p>Update closed pods / match logic</p> 	 <h2>APPOINTMENT REPORTING</h2> <p><i>Ability for system to create insightful appointment reports for clinics &amp; jurisdictions</i></p> <p>Value delivered to:</p> <p>  Clinic          Jurisdiction       </p> <p>Einstein reporting for appointments</p> 
--	---	---	--	--	---

# VAMS Clinic Treatment Station/Operating Hours Update

- On Sunday, January 24, the VAMS Operations Team implemented a change to clinic operating hours and treatment station hours that prevents clinics and treatment stations from sharing operating hours.
- Previously, multiple clinics and multiple treatment stations could use the same sets of operating hours. However, this meant that when clinics would update these hours, the update affected all other clinics and stations with those shared hours, resulting in some recipient appointment cancellations.
- For clinics who shared operating hours among multiple clinics or treatment stations, this connection is now broken so that each clinic and treatment station operates on its own hours. Editing these hours will no longer affect other clinics or treatment stations.
- Going forward, when setting up a new clinic or treatment station, clinic administrators can no longer choose to reuse previously created operating hours. They must instead create new hours for each clinic and treatment station they establish.
- We understand some clinics found the ability to copy hours to other clinics or treatment stations valuable. We are working on a solution to make this feature available in the future.

## Future VAMS Updates

- Third party reporting
- Flexible registration options for phase 1b
- 2nd dose appointment configuration
  - Jurisdiction-wide (5% walk-in, 20% 1st dose, 20% 2nd dose, 55% first-come, first-serve)
  - Clinic-level configuration to determine your own scheduling tiers

## Third party sites in VAMS

- Increased requests to add third party clinics.
- Only recipient demographic information can be bulk-uploaded to the third-party clinic using the version 1.1 template available in the upload feature
- Each patient record must still have a vaccination manually logged in the record, which subsequently decrements your inventory

# VAMS Checked-In Appointments Status Issue

South Carolina has 564 recipients who have a checked-in status in the system in the PAST ranging from December 18 through January 18. Recipients have this checked-in status when they are checked-in by the Front Desk user in Standard Clinics. It is likely that these recipients have been vaccinated, but it is also possible that the recipient walked away from the clinic after being checked-in but before being vaccinated. Leaving the recipient in the checked-in status does not allow the recipient to schedule their next appointment in the system and may cause variance in reporting.

Please work with the clinics in the attached file to take action on these checked-in appointments using the below instructions.

## Steps for clinics to take action on 'checked-in' appointments:

1. Healthcare provider logs into VAMS portal
2. Click on the list view for 'Checked-in Recipients' (Screenshot 1)
3. Log vaccination for the recipient as a back-date or cancel appointment so that recipient can schedule a new appointment.

### Screenshot 1



## Important Resources

- [DHEC COVID-19 Vaccine](#)
  - [Allocations](#)
  - [Priority Population Guidance](#)
- [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#)
- [Pfizer-BioNTech COVID-19 Vaccine](#)
- [Moderna COVID-19 Vaccine](#)

# CDC Clinical Considerations for Use of mRNA COVID-19 Vaccines Updates:



## Intervals between 1<sup>st</sup> and 2<sup>nd</sup> doses

- Language has been added to clarify doses inadvertently administered earlier than the grace period should not be repeated.
- Language has also been added that states:
  - The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second doses of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window.
  - If the second dose is administered beyond these intervals, there is no need to restart the series."

# Interchangeability of vaccine products

- mRNA COVID-19 vaccines are not interchangeable. Language has been added to provide suggested strategies to help ensure patients receive the second dose with the appropriate product and interval between doses including:
  - Providing COVID-19 vaccination record cards to vaccine recipients, asking recipients to bring their card to their appointment for the second dose, and encouraging recipients to make a backup copy (e.g., by taking a picture of the card of their phone).
  - Encouraging vaccine recipients to enroll in [VaxText](#), a free text message-based platform to receive COVID-19 vaccination second-dose reminders.
  - Recording each recipient's vaccination in the immunization information system (IIS).
  - Recording vaccine administration information in the patient's medical record.
  - Making an appointment for the second dose before the vaccine recipient leaves, to increase the likelihood that patients will present at the same vaccination site for the second dose.

## Interchangeability of vaccine products cont.

- Using the previous strategies, every effort should be made to determine which vaccine product was received as the first dose, in order to ensure completion of the vaccine series with the same product.
- In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimal interval of 28 days between doses to complete the mRNA COVID-19 vaccination series.
- If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

# Vaccination of persons with a history of SARS-CoV-2 infection

- Updated language includes:
- “Data from clinical trials indicate that mRNA COVID-19 vaccines can safely be given to persons with evidence of a prior SARS-CoV-2 infection.”
- “Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection for the purposes of vaccine decision-making is not recommended.”
- “While there is no recommended minimum interval between infection and vaccination, current evidence suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. Thus, **while vaccine supply remains limited**, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.”