dhec
Healthy People. Healthy Communities.

COVID-19 Vaccine Provider Town Hall

5-19-2021



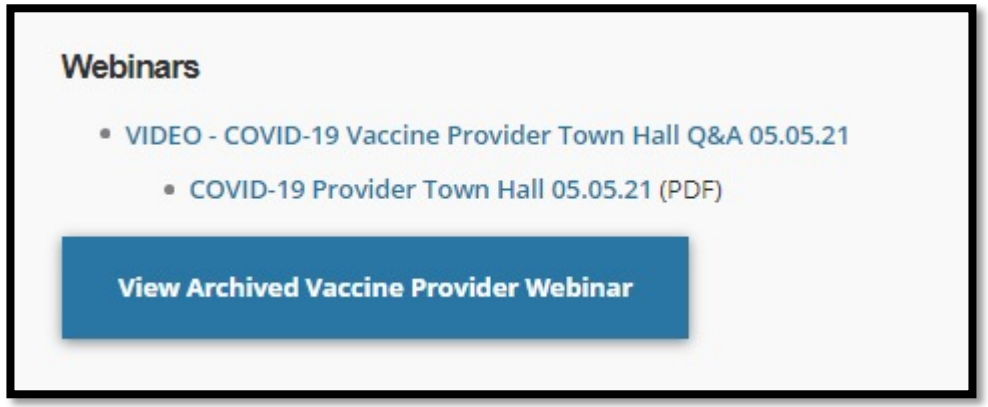








Recorded Town Hall Sessions and Slides Available DHEC's COVID-19 Provider Website



South Carolina Department of Health and Environmental Control

VAMS and DHEC COVID-19 Vaccination Program Updates and Reminders

COVID-19 Vaccination Program Reporting Reminders								
Requirement Area	**System**	**Metrics**						**Frequency**
Inventory	VAMS	New vaccine deliveries	Doses Administered		Waste		Transfers	Same Day
	VaccineFinder	On-hand inventory						Daily
	DHEC Provider Portal H3707	On-hand inventory, itemized by manufacturer and 1st or 2nd dose	Total Doses Administered that day	1st doses administered that day	2nd doses administered that day	Total number of upcoming appointments scheduled as of that day	Total wasted vaccine for that day by manufacturer	Previous day totals due Daily by 12pm
	VAMS	Inventory Request with 1st and 2nd dose amounts specified in notes						Mondays by 11:59pm
Vaccine Administration	VAMS, or Electronic Medical Record/Electronic Health Record with established interface with SIMON, or Direct data entry into SIMON	Vaccine administration event						Within 24 hours
Temperature Monitoring	Via email to COVIDVaccines@dhec.sc.gov Facility Name in the subject line	Temperature monitoring logs for any COVID-19 vaccine containing storage units		Downloaded continuous temperature monitoring device reports			COVID-19 Transport Logs	Fridays by 5pm

VAMS 4.1 Release Updates: 5-15-2021

- **Clinic Portal**
  - Inventory Managers are able to:
    - add a single dose to a new or existing lot number, and
    - select between 10 and 15 dose vials when logging Moderna inventory
  - Inventory managers or healthcare professionals are able to note *Expired Product* as a reason for removing or wasting inventory
  - Users with both the healthcare professional and clinic admin role for Third Party clinics are able to select the number of doses and/or the vaccine manufacturer the recipient received when exporting recipient data
  - Clinic administrators are able to see the expiration date for each line item in the inventory report
  - Healthcare professionals are able to edit pre-vaccination questionnaires after completion
  - Front desk users and healthcare professionals are able to click View Portal to return to their Clinic portal landing page.

VAMS 4.1 Release Updates Continued: 5-15-2021

- **Recipient Portal**
  - Registered users can add additional users/members to their account (shared account) without the need of additional emails or cell phone numbers
  - Representatives/guardians will need to enter their Date of Birth in required fields

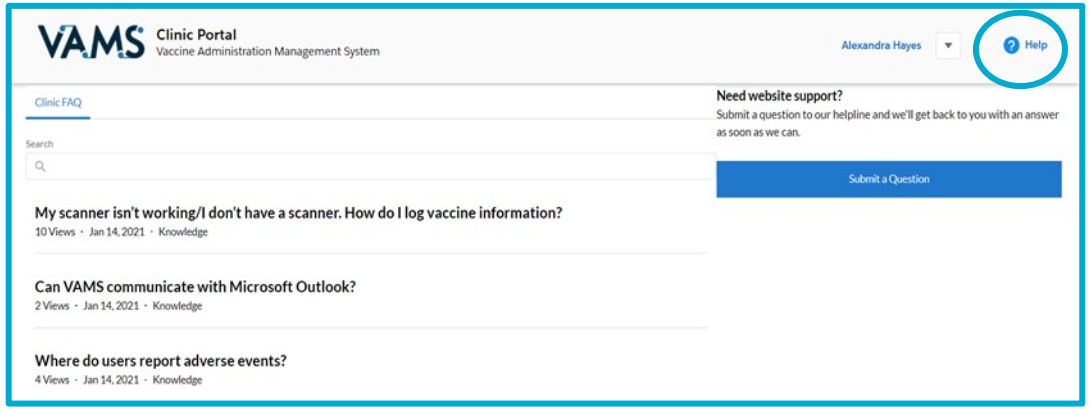
- **Additional Updates**
  - VAMS will disable inactive clinic, jurisdiction, and/or organization portal user accounts after 60 days of inactivity
  - Call Center agents, Front Desk users, Healthcare professionals, and Clinic administrators are able to include representative/guardian information when adding recipients

VAMS 4.2 Release this Friday, May 21, 2021

Clinic Work Groups Will now be held monthly

VAMS Help Desks

- **CDC VAMS Help Desk**
  - Clinic Users submit a help desk ticket
    - 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**
  - Serves SC VAMS Clinic Users, Organization Coordinators and Recipients
  - Email vams@dhec.sc.gov
    - **Clinic Users**: technical assistance, VAMS onboarding, new clinic set-up, additional clinic set-up requests
    - **Organizations**: VAMS onboarding, registration
    - **Recipient:** registration issues



COVID-19 Provider: DHEC Contacts

- **Provider Operations: COVID-19 Vaccine Management**
  - Vaccine inventory requests, vaccine orders, direct ship vaccine shipments/deliveries, temperature monitoring, transport logs
  - COVIDVaccines@dhec.sc.gov
  - COVID-19 Vaccine Temperature Excursion Reporting Form and Guidance Document
- **Provider Operations: COVID-19 Provider Support**
  - New enrollment form submissions, vaccine coordinator contact information changes, enrollment form updates, redistribution agreements
  - COVIDProviderEnrollment@dhec.sc.gov
- **Provider Operations: New Provider Onboarding and VAMS**
  - VAMS@dhec.sc.gov
- **DHEC Vaccine Location Web Map**
  - Red/green color updates, information updates
  - VaxStatus@dhec.sc.gov
- **COVID-19 Provider Portal Reporting**
  - Vaxreportinghelp@dhec.sc.gov
- **School-Related Questions**
  - ACC-Schools@dhec.sc.gov
- **Vaccine Reimbursement Questions**
  - ACC-vaccine-finance@dhec.sc.gov

Please, do NOT submit a SIMON Help Desk Request for any COVID-19 vaccine related issue.

General COVID-19 Vaccination Updates

Pfizer-BioNTech dosing and administration

Authorized age groups	≥ 12 years
Number of doses in series	2 doses
Interval between 1st and 2nd doses*	3 weeks
Dose volume	0.3 ml
Route	Intramuscular

Updated Webpages

- The following materials have been updated to reflect the latest ACIP recommendation to include adolescents aged 12 to 15 years as eligible for Pfizer-BioNTech COVID-19 vaccine.
- Preparation and Administration Summary: Pfizer-BioNTech and Moderna
- Standing Orders: Pfizer-BioNTech and Moderna
- Interim Clinical Considerations are also up to date.
- The COVID-19 Vaccine Quick Reference Guide, the Interim Clinical Considerations Summary Document and the Prevaccination Checklist are currently being updated and will be available in the next few days.

New Webinars

- A new safety webinar has been added to the COVID-19 Vaccine Webinar Series. “Ensuring Vaccine Safety in the United States: A Primer for Healthcare Workers” module reviews many aspects of vaccine safety so that healthcare professionals can educate their patients and answer any questions they might have. Each webinar in the series is approximately 15 minutes and offers CE.

Syncope

- Syncope (fainting) may occur in association with any injectable vaccine.
- Procedures should be in place to prevent falling injuries and manage syncopal reactions following COVID-19 vaccination.
- All people are recommended to be observed following COVID-19 vaccination for at least 15 minutes; patients should be seated or lying down during the observation period to decrease the risk for injury should they faint. If syncope develops, patients should be observed until symptoms resolve.

Consent

- The federal government does not have specific requirements for medical consent for vaccination.
- States/jurisdictions have medical consent laws that address the circumstances requiring and the processes for obtaining consent.
  - – These laws vary across jurisdictions.
  - – Providers may also be subject to policy requirements for consent within their own organizations.
- Sites administering vaccines should follow current state/jurisdictional policies and practices for other routine immunizations in this age group.

Coadministration

- Due to the novelty of the COVID-19 vaccines, the previous recommendation was to administer COVID-19 vaccines alone, with a minimum interval of 14 days before or after administration of any other vaccine to better understand any adverse reactions.
- However, substantial data have now been collected regarding the safety of COVID-19 vaccines currently authorized by FDA for use under EUA.
- Extensive experience with non-COVID-19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.
- COVID-19 and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 and other vaccines on the same day, as well as co-administration within 14

Multisystem Inflammatory Syndrome in Children (MIS-C) and Adults (MIS-A)

- MIS-C and MIS-A are severe hyperinflammatory syndromes occurring 2- 6 weeks after acute SARS-CoV-2 infection, resulting in a wide range of manifestations and complications.
- The mechanisms of MIS-C and MIS-A are not well understood but include a dysregulated immune response to SARS-CoV-2.

Clinical considerations for people with a history of MIS-C or MIS-A

- Children with MIS-C have high antibody titers to SARS-CoV-2; however, it is unknown if this correlates with protection against reinfection and for how long protective antibody levels persist.
- It is unclear if people with a history of MIS-C or MIS-A are at risk for recurrence of the same dysregulated immune response following reinfection with SARS-CoV-2 or in response to a COVID-19 vaccine.

Clinical considerations for people with a history of MIS-C or MIS-A

- People with a history of MIS-C or MIS-A may choose to be vaccinated.
- Considerations for vaccination may include:
  - Clinical recovery from MIS-C or MIS-A, including return to normal cardiac function
  - Personal risk of severe acute COVID-19 (e.g., age, underlying conditions)
  - Level of COVID-19 community transmission and personal risk of reinfection
  - Lack of safety data of COVID-19 vaccines following these illnesses
  - Timing of any immunomodulatory therapies

Clinical considerations for people with a history of MIS-C or MIS-A

- 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, people with a history of MIS-C or MIS-A should consider delaying vaccination until they have recovered from illness and for 90 days after the date of diagnosis of MIS-C or MIS-A, recognizing that the risk of reinfection and, therefore, the benefit from vaccination, might increase with time following initial infection.

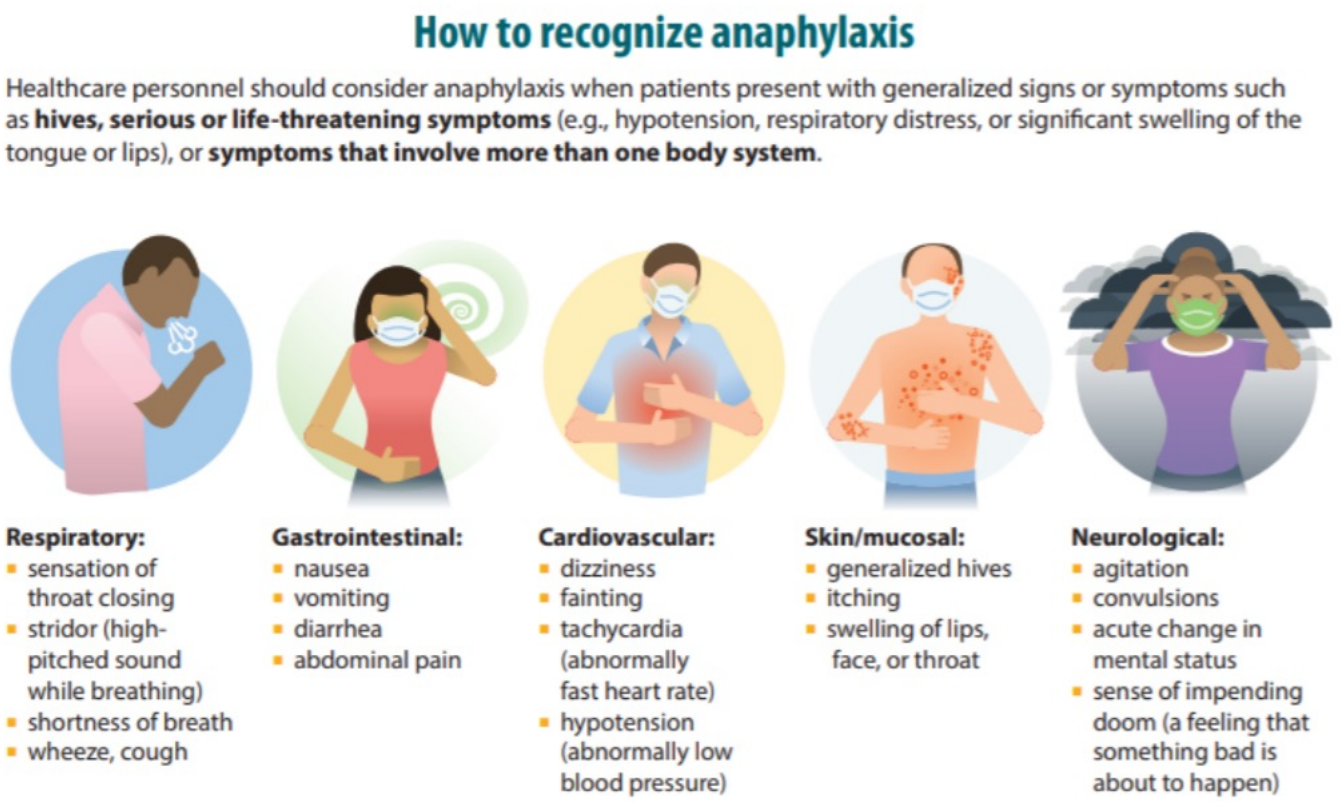
Clinical considerations for people with a history of MIS-C or MIS-A

- Healthcare personnel or health departments can request a consultation from the Clinical Immunization Safety Assessment COVIDvax project if they have complex COVID-19 vaccine safety questions not readily addressed by CDC guidance.
- https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html

Contraindications and Precautions

Anaphylaxis

- Anaphylactic reactions have been rarely reported following receipt of COVID-19 vaccines.
- https://www.cdc.gov/vaccines/covid-19/downloads/IntermConsid-Anaphylaxis-covid19-vaccine-sites.pdf

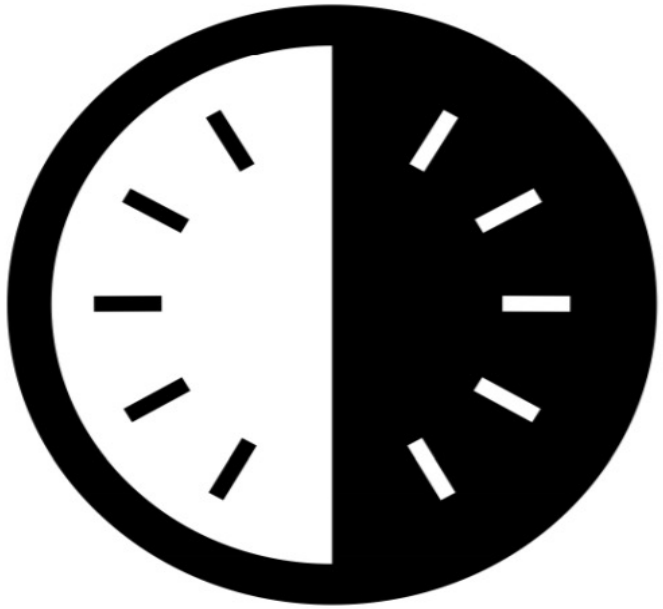


Contraindications

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine
- Known polysorbate allergy is no longer a contraindication to mRNA vaccination but is a contraindication to Janssen COVID-19 vaccine and thus, a precaution to mRNA COVID-19 vaccination.

Observation period following vaccination

- **History of immediate allergic reaction (any severity) to a vaccine or injectable therapy**
- **Contraindication to a different type of COVID-19 vaccine**
- **History of anaphylaxis (due to any cause)**



30 minutes

All other persons

15 minutes

Wastage updated 5/11/21

- **Take every opportunity to vaccinate every eligible person**
- Over a hundred million people are fully vaccinated in the Unites States, and many more have received at least one COVID-19 vaccination.
- Our goal is to increase vaccine confidence and for everyone who wants to be vaccinated to have every opportunity to be fully vaccinated once they become eligible.
- CDC and our partners are doing everything possible to minimize the amount of vaccine that goes unused.
- Vaccine wastage may increase as the vaccine rollout continues because:
  - more providers, including smaller provider sites, are now receiving vaccine,
  - vial sizes for some vaccines have increased,
  - vaccine vials may be opened without every dose being used

Wastage Continued

- To ensure providers do not miss an opportunity to vaccinate every eligible person, CDC recommends: o Providers follow clinical best practice for vaccination as well as best practices when managing inventory to maximize vaccination and minimize dose wastage.
- o Providers should not miss any opportunities to vaccinate every eligible person who presents at a vaccination site, even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose.
- Consider establishing and promoting standing vaccination days or half-days to increase likelihood of larger numbers of people presenting for vaccination on the same day.
- Vaccinate family members or friends who accompany patients to medical visits even if they are not established patients at the vaccinating practice
- Continue outreach to employers or other community partners that have a large membership or network to arrange vaccination events.

Wastage Continued

- As contingency plan, vaccine providers should attempt to contact additional persons (i.e., from a waitlist or through personal contacts of persons being vaccinated) to use as many vaccine doses as possible.
- Once punctured, multidose vials must be used within:
  - 12 hours (Moderna)
  - 6 hours (Pfizer)
  - 2 hours (J&J/Janssen)
- The more Americans who get vaccinated the fewer COVID-19 cases, hospitalizations, outbreaks, and deaths that will occur.
- CDC remains committed to helping jurisdictions and sites manage inventory and creating additional strategies to minimize vaccine wastage, including increased use of walk-in clinics

Wastage Continued

Additional language for taking points if needed

- As access to COVID-19 vaccine increases, it is important for providers to not miss any opportunity to vaccinate every eligible person who presents at vaccine clinics.
- We recognize that as we continue to create more opportunities to vaccinate more people, it may increase the likelihood of leaving unused doses in a vial.
- While we want to continue to follow best practices to use every dose possible, we do not want that to be at the expense of missing an opportunity to vaccinate every eligible person when they are ready to get vaccinated.

COVID-19 Infection After Vaccination

- Prior vaccination should not change treatment decisions.
- A person who has SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected ≥14 days after they complete all recommended doses of an FDA-authorized COVID-19 vaccine is defined as a COVID-19 vaccine breakthrough case.

CDC encourages local health departments, healthcare providers, and clinical laboratories to:

- Request the respiratory specimen be held for further testing
- Report the case to the state health department where the individual resides for further investigation and reporting to the national system
- COVID-19 vaccine breakthrough cases that result in hospitalization or death should be reported to VAERS

Next Town Hall:
May 26, 2021 at 11:00 AM

CONTACT US

Provider Operations Unit

COVID-19 Vaccine Management : COVIDVaccines@dhec.sc.gov

COVID-19 Provider Support : COVIDProviderEnrollment@dhec.sc.gov

VAMS: VAMS@dhec.sc.gov

Stay Connected