

Preparing for COVID-19 Vaccination Clinics



We will be starting shortly...

We will be starting the office hours shortly. In the meantime,
please submit your questions for our experts via chat.



Today's Presenters



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COVID-19 Vaccine Distribution and Prioritization



We are at the Forefront

- In many states, LTC residents and staff will be among the FIRST to be vaccinated
- This is an important opportunity for LTC to:
 - Protect staff and residents
 - Promote vaccine confidence and uptake
 - Help restore normalcy for the country



Prioritizing Long Term Care for Vaccine

- CDC panel recommendation put LTC residents in top tier, along with health care workers
- Governors have final decision
- Will not be enough vaccine in initial waves to cover all top tier





Pharmacy Partnership for Long Term Care

- CDC agreement with CVS, Walgreens and some LTC Pharmacies
- Three separate on-site clinics in each facility
- Pharmacy will administer vaccine at no cost to facility



State Variation Exists

- Variation within this program exists between states
- States can choose the following:
 - Activate SNFs only
 - Activate all LTC facilities eligible for the program
 - Delay activation of the program
- Some states are choosing to do something different all together





Vaccine Effectiveness and Safety



COVID-19 Vaccine Benefits

- Getting vaccinated protects
 - yourself from severe infection
 - Likely protects your family, friends, coworkers and residents
- Path to moving past the pandemic
- Opportunity to get the vaccine now, before its widely available in the community



Pfizer-BioNTech COVID-19 Vaccine (BNT162b2)

- Contains a nucleoside-modified messenger RNA encoding the COVID viral spike glycoprotein
 - other ingredients: lipids, salts and sugar
 - vaccine is preservative free.
- supplied as a multi-dose vial (5 doses per vial)
 - frozen suspension (-80°C to -60°C)
 - must be thawed and diluted with 1.8 mL of sterile 0.9% sodium chloride
 - after dilution must be stored between 2°C to 25°C (35°F to 77°F)
- **used within 6 hours from the time of dilution**



Vaccine Administration

- Intramuscularly (IM) injection
- 2-dose series spaced 21 days apart
- Approved for age 16 and older
- Contraindications
 - Children (under 18)
 - Pregnancy due to lack of data
 - 12 pregnancies occurred in vaccine group with no adverse events noted
 - Allergic reaction 1 in vaccine group in US trial; 2 allergic reactions in UK this week
- Current or Prior COVID diagnosis
 - Persons with active COVID-19 should not get vaccine do to risk of transmission to vaccinators or other patients
 - Prior infection with COVID is not a contraindication
- Physician order is NOT required (per Prep Act and [HHS guidance](#))





Pfizer Vaccine RCT

Table 3. Disposition of All Randomized Participants, Phase 2/3 Safety Population

Treatment Group	BNT162b2 N=18904 n (%)	Placebo N=18892 n (%)	Total N=37796 n (%)
Randomized	18904 (100.0)	18892 (100.0)	37796 (100.0)
Vaccinated			
Completed 1 dose	18858 (99.8)	18849 (99.8)	37707 (99.8)
Completed 2 doses	18555 (98.2)	18533 (98.1)	37088 (98.1)
Withdrawn from Study	180 (1.0)	259 (1.4)	439 (1.2)
Reason for Withdrawal			
Adverse Event	8 (0.0)	5 (0.0)	13 (0.0)
Death	2 (0.0)	4 (0.0)	6 (0.0)
Withdrawal by Subject	84 (0.4)	157 (0.8)	241 (0.6)
Lost to Follow-up	80 (0.4)	86 (0.5)	166 (0.4)
No longer meets eligibility criteria	1 (0.0)	2 (0.0)	3 (0.0)
Refused further study procedures	0	1 (0.0)	1 (0.0)

Source: F11A 27036 amendment 3 Table 2: r4591001-safety-tables-cos-reactio.pdf page 43



Efficacy of Vaccine Prevent Symptomatic COVID-19

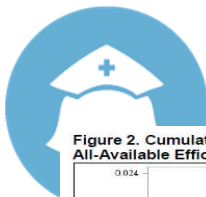
	# of COVID Cases		Efficacy
	Vaccine (N=19,965)	Placebo N= 20,172)	
All participants	9	169	94.6%
16 to 55 years	6	120	95.0%
>55 years	3	49	93.8%
	Vaccine	Placebo	Efficacy
16 to 17	0	1	100.0%
18 to 64	8	149	94.6%
65 to 74	1	14	92.9%
≥75	0	5	100.0%
Overall	9	169	94.6%





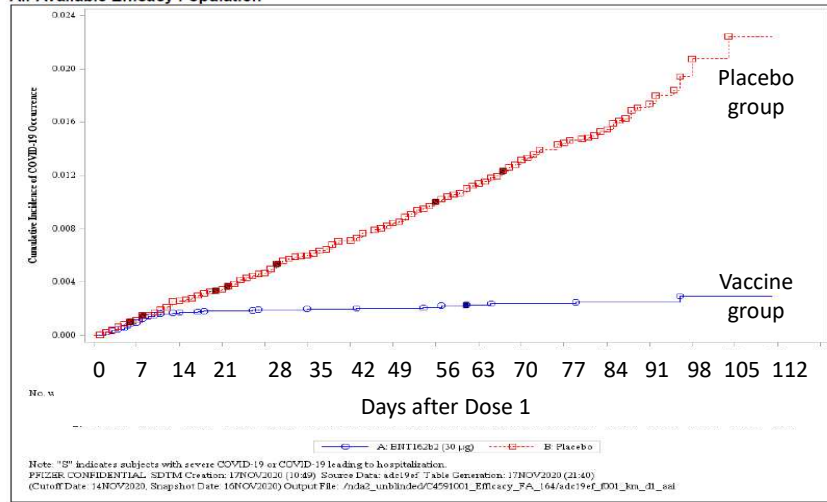
Efficacy by Race and Ethnicity

	Vaccine (N=19,965)	Placebo N= 20,172)	Efficacy	Total Participants
Hispanic	3	55	94.5%	10,164
African American	0	7	100.0%	1,604
Asian	1	14	92.9%	3,516
Caucasian	0	5	100.0%	30,767
Native American	0	1	100.0%	79
Overall	9	169	94.6%	



Days to Effectiveness

Figure 2. Cumulative Incidence Curves for the First COVID-19 Occurrence After Dose 1, Dose 1 All-Available Efficacy Population





Summary of Reactions and Adverse Events

	Vaccine Dose #1 (N=18,801)	Placebo Dose #1 (N=18785)		Vaccine Dose #2 (N=18,494)	Placebo Dose #2 (N=18,470)
Immediate reaction	0.4%	0.4%		0.3%	0.2%
Site reaction ¹	78.6%	12.8%		73.1%	10.6%
Systemic Symptoms ²	59.1%	47.0%		69.9%	33.8%

¹ Pain, swelling, redness

² Fever, headache, fatigue, chills and aches

	Vaccine			Placebo	
	#	%		#	%
Serious Adverse Event	126	111		0.5%	0.4%
Withdrawals due to SAE	37	30		0.6%	0.5%
Death	2	4		<0.01%	<0.01%

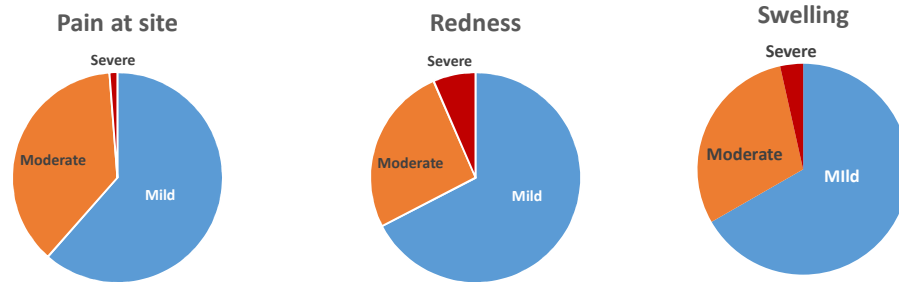


Reactions at Injection Site

% with symptom at injection site					
	Vaccine Dose #1	Placebo Dose #1		Vaccine Dose #2	Placebo Dose #2
Age 16-55					
Pain	83.1%	14.0%		77.8%	11.7%
Redness	4.5%	1.1%		5.9%	0.7%
Swelling	5.8%	0.5%		6.3%	0.2%
Age >55					
Pain	71.1%	9.3%		66.1%	7.7%
Redness	4.7%	1.1%		7.2%	0.7%
Swelling	6.5%	1.2%		7.5%	0.7%



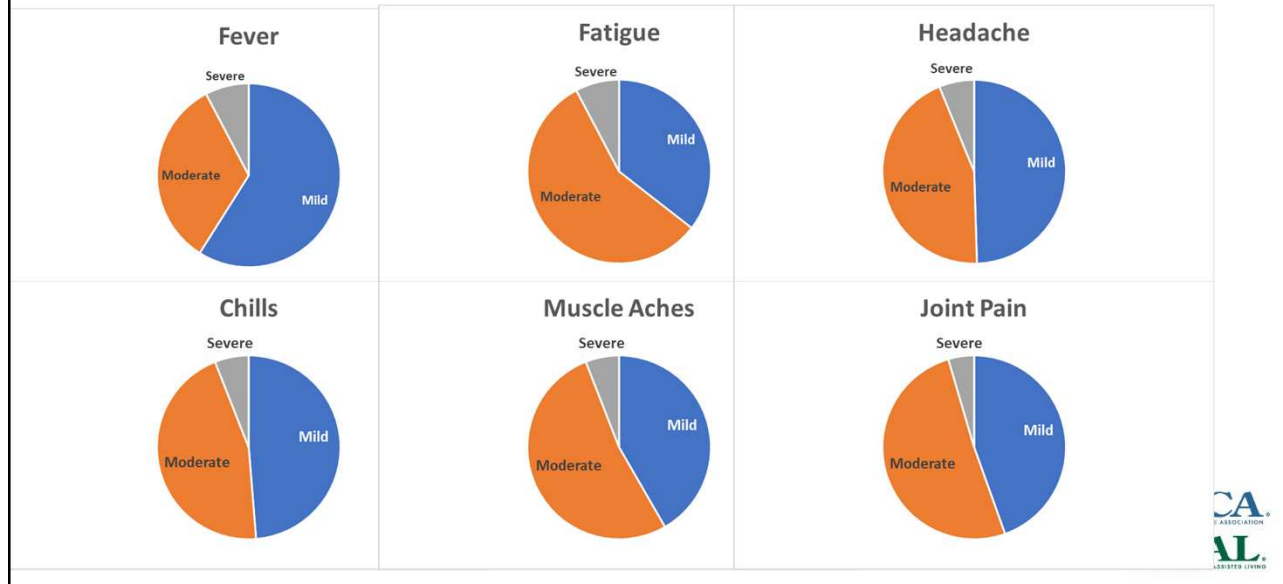
Severity of Site Reactions - Most Mild, Severe Rare



Systemic Symptoms - worse after dose 2 - less in elderly vs adults

% with symptoms					% with symptoms				
	Vaccine Dose #1	Placebo Dose #1		Vaccine Dose #2	Placebo Dose #2		Vaccine Dose #1	Placebo Dose #1	
Age >55					Age >18 to 55				
Fever	1.4%	0.4%		10.9%	0.2%	Fever	3.7%	0.9%	
Fatigue	34.1%	22.6%		50.5%	16.8%	Fatigue	47.4%	3.4%	
Headache	25.2%	18.1%		39.0%	13.9%	Headache	41.9%	33.7%	
Chills	6.3%	3.2%		22.7%	2.8%	Chills	14.0%	6.4%	
Muscle Aches	13.9%	8.3%		28.7%	5.3%	Muscle Ac	21.3%	10.8%	
Joint Pain	8.6%	6.1%		18.9%	3.7%	Joint Pain	11.0%	6.0%	
Vomiting	0.5%	0.5%		0.7%	0.30%	Vomiting	1.2%	1.2%	
Diarhea	8.2%	8.3%		8.3%	6.0%	Diarhea	11.1%	11.7%	

Severity of Systemic Symptoms after Dose 2 for 18 to 55 year old



Summary

- Vaccine is effective in all ages including > 75 yrs
- Serious side effects and deaths are rare
- Predictable symptoms at the site and systemically commonly occur and increase after the second dose
 - Most reactions and symptoms are mild to moderate
- Great news for residents, their families and staff



Preparing for the Clinics



Pharmacy Outreach Timeline

- **Walgreens:** Outreach by Wednesday, December 9th.
 - If you have not heard, contact ImmunizeLTC@walgreens.com
- **CVS:** Outreach by Monday, December 14th.
 - If you have not heard by 12/14:
 - Check your SPAM
 - Update the facility contact information: <https://www.omnicare.com/covid-19-vaccine-resource>
 - Send an email to CVS Health: CovidVaccineClinicsLTCF@CVSHealth.com with "CONTACT" as subject and facility name, address and point of contact info



Pharmacy Outreach Timeline

- **MHA:** Outreach has started
 - Contact individual LTC pharmacies
 - General contact is vaccines@mhainc.com
- To verify program enrollment, contact your state public health agency



Partner Pharmacy Guarantees

- Partner pharmacies will take care of:
 - Schedule and coordinate approximately three on-site clinic date(s) directly with each facility
 - Order vaccines and associated supplies (PPE, syringes, needles)
 - Ensure cold chain management for vaccine
 - Provide on-site administration of vaccine for residents and staff
 - Report ALL required vaccination data
 - Adhere to all applicable CMS requirements for COVID-19 testing of contractors





Three On-Site Clinics

CLINIC 1	CLINIC 2	CLINIC 3
<ul style="list-style-type: none"> Dose 1 for everyone in the facility who needs the vaccine 	<ul style="list-style-type: none"> Dose 2 for everyone that received Dose 1 Dose 1 for new staff/admissions 	<ul style="list-style-type: none"> Dose 2 for those who received Dose 1 at Clinic 2 Dose 1 for new staff/admissions

For combined SNF/AL: work with your pharmacy partner to determine if they will vaccinate both SNF and AL residents at the same time



Key Provider Responsibilities

1. Review materials from matched pharmacy partner
2. Communicate requested information to pharmacy in a timely fashion
3. Collect signed consent from each person to be vaccinated (residents and staff) prior to clinic
4. Get residents and staff to the clinic location in your facility
5. Provide well-ventilated space for the onsite clinic





Tips on Preparing

1. Start preparing now
2. Identify individual to serve as coordinator from facility
3. Use AHCA/NCAL's [facility vaccine clinic checklist](#)
4. Work closely with partner pharmacy
5. Ask questions



Collecting Signed Consent

- Pharmacy will provide you with a template consent form
- Identify a staff person to be in charge and start collecting signed consent as soon as the pharmacy gives the go ahead
 - Use AHCA/NCAL template signed consent letters for [families](#) and [staff](#)
- Create a tracking sheet for collecting consent





Residents Who Can Consent

- Meet with each resident to promote uptake and answer questions
- Strongly recommend vaccination
- Consider setting up town hall or unit meetings (in space that allows 6- foot physical distancing)



Residents Who Cannot Consent

- Use AHCA/NCAL template letters to help collect consent from health care proxy
- Share consent form
- Be available for questions and share resources
- If residents or staff miss the first clinic due to signed consent or other refusals, they can get first dose of vaccine during clinic two





Onsite Clinic Location

- Clean, well ventilated space (such as dining hall, activities room)
- Allow 6-feet physical distancing while people wait
- Space and signage to encourage social distancing while waiting for vaccine
- Source control masks for all facility participants
- Identify residents needing bedside vaccination



Day of Clinic

- Meet with pharmacy point of contact
- Schedule staff for transport of residents and pharmacy staff assistance
- Set schedule for vaccinations
- Assign staff to clinic and to complete relevant documentation





Discuss Details with Pharmacy Partner

- **Important: If you have issues, concerns, questions, over logistics or requirements, you must talk to your pharmacy**
- **Examples:**
 - Questions on consent requirements, insurance information
 - Residents needing bedside vaccination
 - Supplies needed for vaccine clinic
 - What happens in the case of outbreaks



Promoting Vaccine Confidence and Uptake



It Starts with Communication!

- Communicate often and in multiple ways
- Be open and honest
 - Provide updates on vaccination clinics and preparation
 - Give others a chance to provide feedback
 - Be compassionate and understanding
 - Create a safe space to share concerns
- Use trusted voices
 - Doctors, nurses
 - Peer-to-peer



Potential Communication Strategies

Staff	Residents	Families
Regularly scheduled meetings Electronic communications: Emails, e-newsletters, intranet Staff break room Rounds Social media	Resident council Rounding	Personal phone calls Emails Video message Template letters Social media Facility Webpage





Key Messages

- Be transparent
 - Straightforward and clear communication on safety, efficacy and side effects
 - Combat misinformation with facts
 - Stay informed
 - Provide information from trusted sources (CDC, FDA)



Key Messages

- Manage expectations
 - Infection control practices and testing are likely to continue post-vaccine
 - Two doses are needed
 - Full protection 14 days after dose two
- Motivate
 - This will protect your family, co-workers and your residents
 - Leaders in the community
 - Opportunity to get the vaccine now, before widely available





Social Media

- Take advantage of social media to build confidence about the vaccine from peers. Be sure to use **#GetVaccinated**
- Sample content might include:
 - Showing staff members (peers) who have chosen to get the vaccine doing just that, and share their positive stories
 - Videos from a medical expert to help explain why it's important and safe to be vaccinated
 - Positive media stories about the vaccine
 - Resources from AHCA/NCAL, CDC, FDA, etc.



Host a Town Hall Meeting

- This can be done in the center or virtually, depending on time and capabilities
- Seek trusted speaker(s), such as your medical director, chief medical officer or a trusted community member
- Provide an opportunity for staff to ask hard questions or bring up concerns





Build Community Partnerships

- Messages are impactful when they come from trusted community leaders, organizations, etc.
- Reach out to local churches, community centers, senior centers, and other community organizations
- Examples might include:
 - Recording a short video together about why it is important to get the vaccine for social media
 - Provide hope, a positive message for staff and residents alike
 - Invite an influencer or community leader to your town hall or other meeting



Build Excitement

- Engage staff and residents in promoting vaccine confidence
- Celebrate vaccination rates
 - Create collateral (buttons, window placards, lawn signs)
- Share success with the outside community





Resources



AHCA/NCAL Resources

- [Program overview and FAQ](#)
- [Clinic planning checklist](#)
- [Communications tactics checklist](#)
- Template letters for consent ([families](#) and [staff](#))
- [Talking points](#)
- [Social media toolkit](#) (#GetVaccinated)
- Additional content currently in development

www.ahcancal.org/GetVaccinated





Pharmacy Partner Resources

- CVS: <http://www.omnicare.com/covid-19-vaccine-resource>
- Walgreens: <http://www.walgreens.com/covidvaccine>
- MHA: <http://mhaadvocate.com/coronavirus>



CDC Resources

- Pharmacy Partnership Program:
<https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html>
- Preparing for COVID-19 Vaccine:
<https://www.cdc.gov/vaccines/covid-19/hcp/index.html>



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