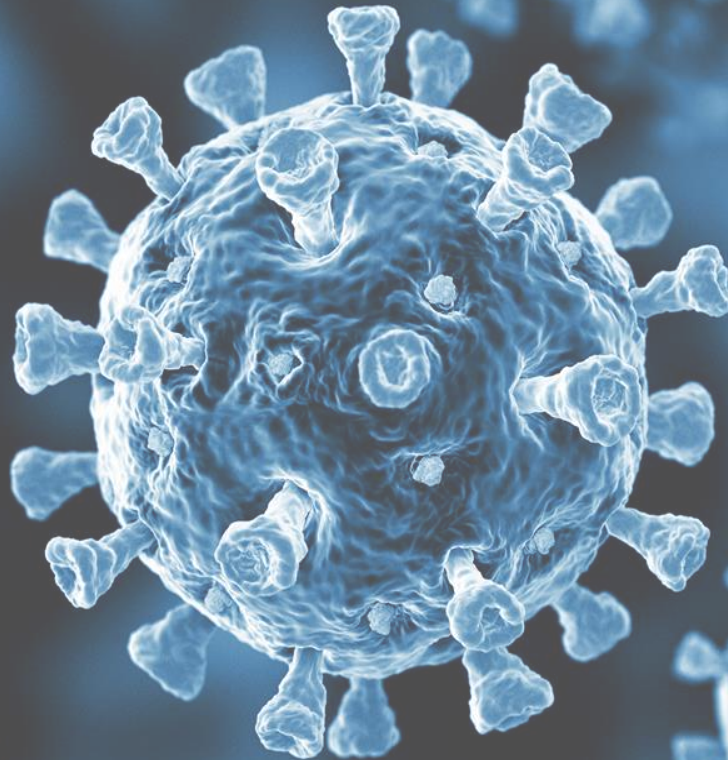


COVID-19 Vaccination Update for Providers



What to expect as Phase 1B begins in Ohio.

COVID-19 VACCINATION PHASE 1B STRATEGY

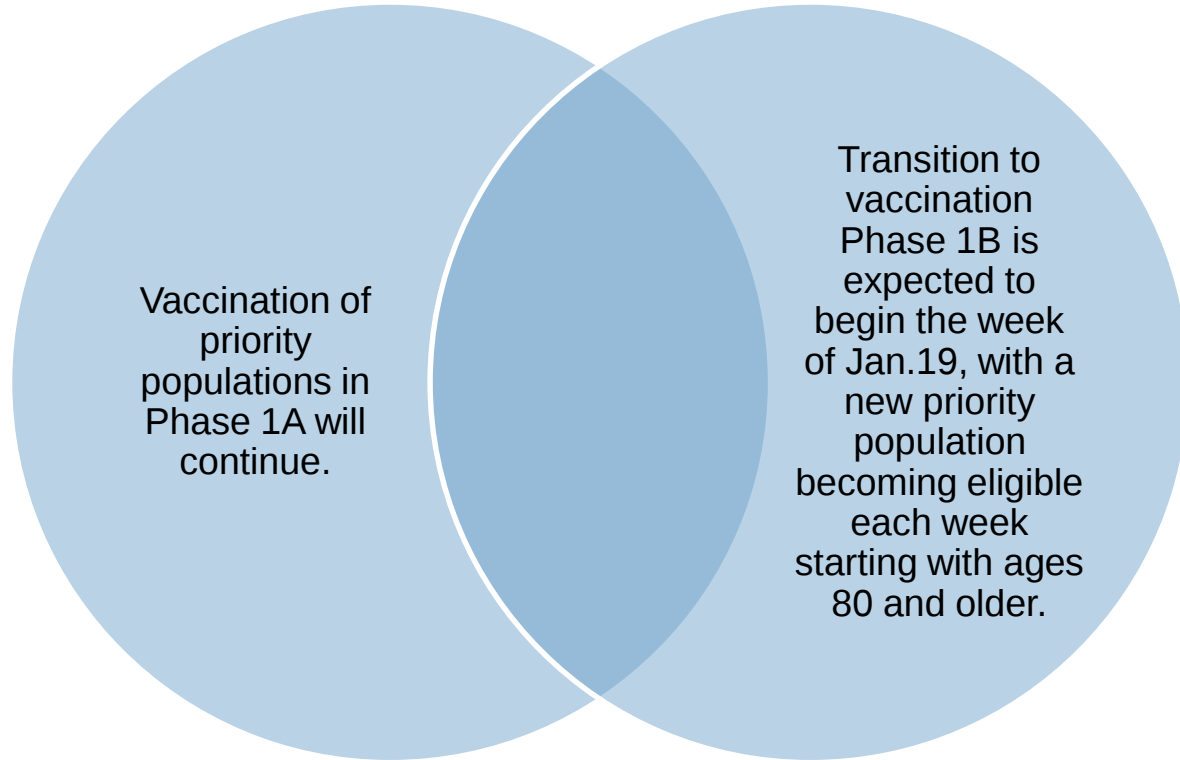
Priorities:

- ➔ Save lives and protect Ohio's most vulnerable.
- ➔ Get K-12 students in school for in-person or hybrid learning by March 1.

Overview:

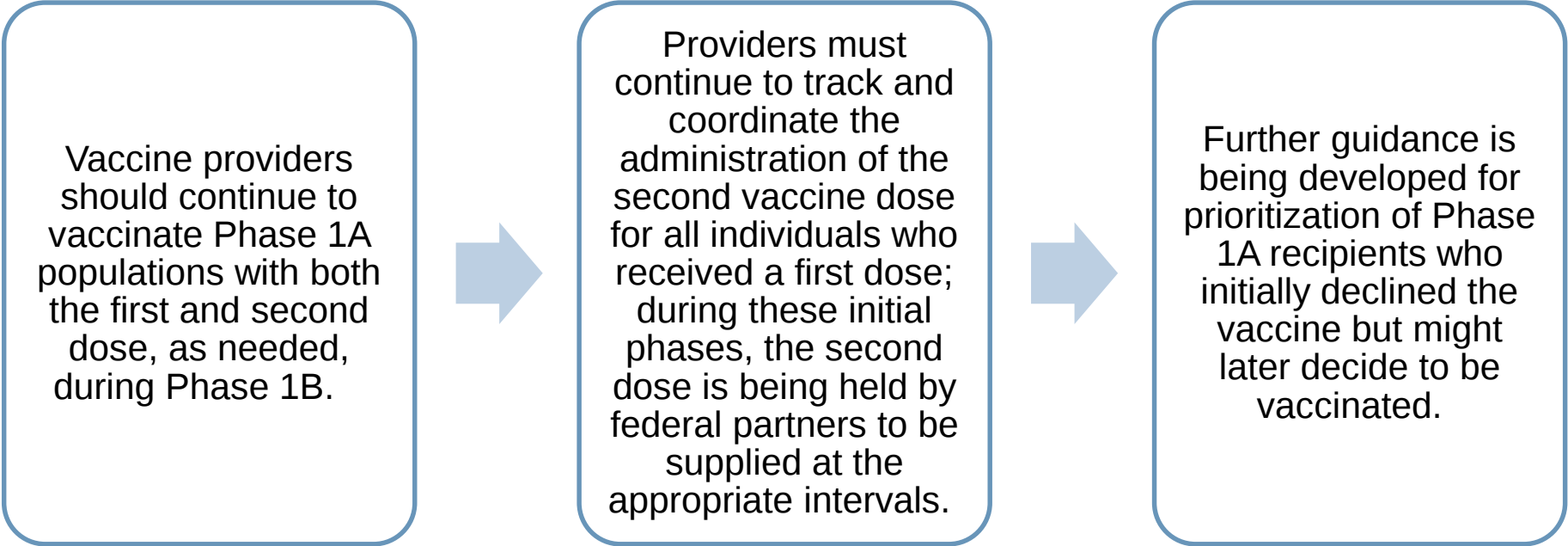
- ➔ What to know about Phase 1B populations.
- ➔ Eligibility timeline.
- ➔ Future phases.

Phasing from 1A to 1B: How it will work



Continuation of Phase 1A vaccinations

Vaccine providers should continue to vaccinate Phase 1A populations with both the first and second dose, as needed, during Phase 1B.



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graph LR; A[Vaccine providers should continue to vaccinate Phase 1A populations with both the first and second dose, as needed, during Phase 1B.] --> B[Providers must continue to track and coordinate the administration of the second vaccine dose for all individuals who received a first dose; during these initial phases, the second dose is being held by federal partners to be supplied at the appropriate intervals.]; B --> C[Further guidance is being developed for prioritization of Phase 1A recipients who initially declined the vaccine but might later decide to be vaccinated.];
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Providers must continue to track and coordinate the administration of the second vaccine dose for all individuals who received a first dose; during these initial phases, the second dose is being held by federal partners to be supplied at the appropriate intervals.

Further guidance is being developed for prioritization of Phase 1A recipients who initially declined the vaccine but might later decide to be vaccinated.

Vaccination Phase 1B: What to know

Vaccine distribution in Phase 1B is anticipated to begin week of Jan. 19, as Phase 1A continues.

Phase 1B focuses largely on those who are 65 and older.

This age group is most vulnerable to COVID-19 and makes up more than 87% of Ohioans who have died from the virus.

Adults 80 and older are eligible for vaccine the week of Jan. 19, with new five-year age groups phased in each week.

People with congenital conditions are eligible the week of Jan. 25.

Phase 1B also includes K-12 teachers and school staff who will be offered the vaccine to allow for full in-classroom or hybrid learning. School personnel are eligible the week of Feb 1.

A case can be made for including other populations and professions as priority populations. While the vaccine supply is limited, we must direct vaccine to where the most lives can be saved.

Details about future phases of the vaccination plan will be determined and announced as Phases 1A and 1B progress and as Ohio receives vaccines for future phases.

A closer look at Phase 1B priority populations

Ages 65 and older

- Starting with older Ohioans age 80+ (beginning the week of Jan. 19)
 - Includes an estimated 420,000 Ohioans (excluding long-term care facility residents who are being vaccinated separately as part of the federal Pharmacy Partnership for Long-Term Care Program).
- Each week thereafter, another group of older Ohioans will be eligible for vaccination:
 - Age 75+ (week of Jan. 25).
 - Age 70+ (week of Feb. 1).
 - Age 65+ (week of Feb. 8).

Individuals with severe congenital, developmental, or early onset medical disorders

- These individuals will become eligible for vaccination beginning the week of Jan. 25.
- County developmental disabilities boards and Medicaid managed care plans will help coordinate these vaccination efforts.

K–12 school teachers and staff

- K-12 school employees become eligible for vaccination starting the week of Feb. 1.
- This includes teachers, support staff, administrators, food service staff, bus drivers, paid coaches, janitorial staff, and other adults who work in school buildings.
- To be eligible, schools must plan to return to full or hybrid in-class learning by March 1, and this decision must be made by Jan. 18.
- A survey of schools is under way regarding any existing vaccination partners who can be leveraged for this effort.

Phase 1B tentative eligibility timeline

WEEK OF **JAN. 19**

- Ages 80 and older.

WEEK OF **JAN. 25**

- Ages 75 and older.
- Those with severe congenital, developmental, or early onset medical disorders.

WEEK OF **FEB. 1**

- Ages 70 and older.
- Employees of K-12 schools that wish to remain or return to in-person or hybrid learning by March 1.

WEEK OF **FEB. 8**

- Ages 65 and older.

Future phases: Who is next?

Ohio is approaching vaccine planning one phase at a time, focusing first on saving lives and protecting our most vulnerable Ohioans and getting K-12 students back to in-person learning by March 1.

Ohio is closely following federal guidance from the CDC Advisory Committee on Immunization Practices (ACIP) and the National Academies of Sciences, Engineering, and Medicine (NASEM).

However, we are also considering the specialized needs of Ohioans and tailoring our phases to meet those needs.

Ohio is home to approximately 11.7 million people, and we are making every effort to distribute vaccine in a fair and equitable way.

You may receive questions from the community about where a certain group falls in line: **When can I get the vaccine?**

- Eligibility dates are available only for population groups in phases 1A and 1B.
- As supply increases, more populations will be offered the vaccine.
- If the population hasn't been announced yet, its timeline is still being determined for future phases.
- Eventually, all Ohioans who choose to receive the vaccine will receive it.



Ohio's Vaccination Program

– *A Phased Approach*

GOALS

Save lives and slow the spread of the virus.

In the early vaccination phase, supply will be limited. The speed at which Ohio will move through the phases is largely dependent upon the number of vaccine doses available.

PHASE 1



Supply Limited

Vaccine is available in limited supply for specific critical populations. Ohio will focus on vaccinating those most at risk, as well essential healthcare workers and personnel caring for COVID-19 patients. Vaccines will not yet be available for all Ohioans.

PHASE 2



Supply Increasing

Vaccine is increasing and available for other specific critical populations who choose to be vaccinated. Vaccines will not yet be available for all Ohioans.

PHASE 3 - 4



Widely Available

Once the vaccine is widely available, Ohio will continue to strategically vaccinate Ohioans if they choose. During these phases, vaccines will begin to be available to all Ohioans.

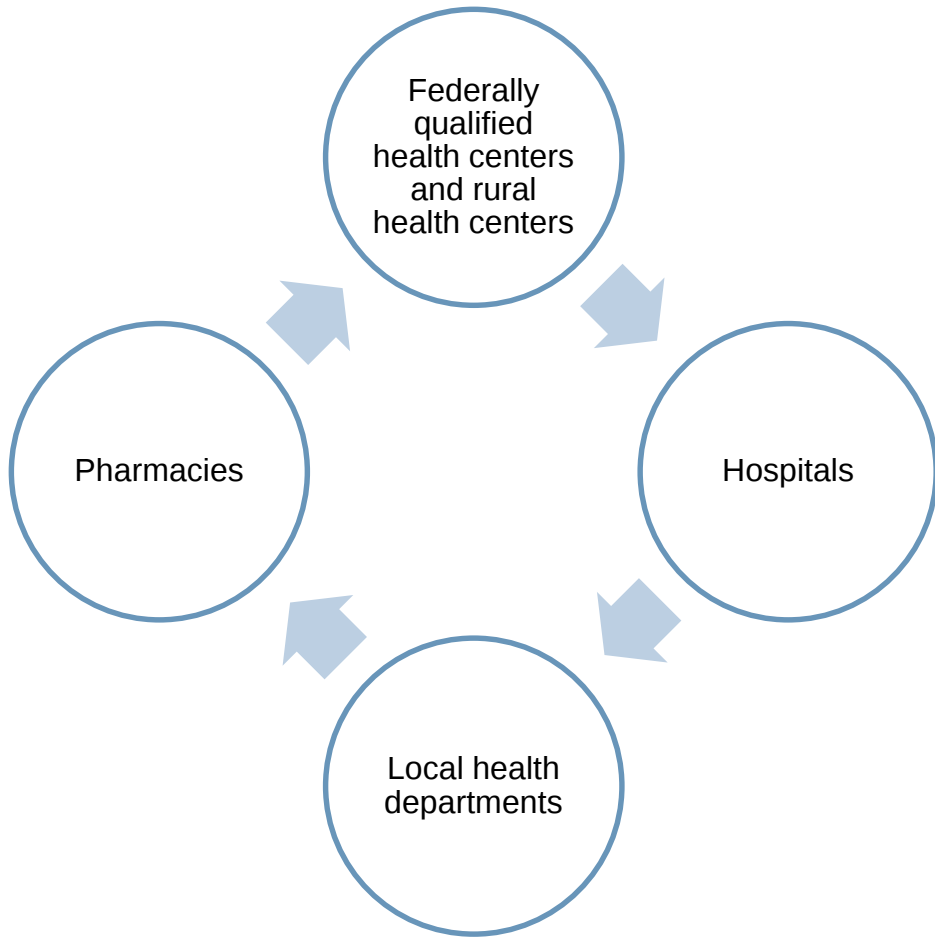
As supply increases, COVID-19 vaccines will be available to all Ohioans who choose to be vaccinated.

VACCINE ALLOCATIONS AND DISTRIBUTION

- ➔ Who will be providing vaccines during Phase 1B?
- ➔ How allocations are determined.
- ➔ How vaccine providers will be notified about shipments.

Anticipated Phase 1B vaccination providers

- Not all Phase 1B providers will be allocated vaccine initially.
- Allocations will be made on a rolling basis as vaccine doses become available.
- Initially, allocation modeling will be population-based to determine how much vaccine each county will receive.
- Vaccine allocation will eventually be determined based on capacity across vaccination provider channels.
- Primary care and home health providers will be added as more vaccine becomes available.



How vaccine allocations are determined

What factors are considered when Ohio makes its allocations?

How many doses will each county receive?

- Allocations are determined weekly.
- Planned allocation for the first week of Phase 1B (week of Jan. 19) is based on each county's share of Phase 1B population (80+) and social vulnerability index.
- All counties will receive at least 100 doses.

Which providers will receive an allotment?

- Within each county, providers were selected to ensure both access and throughput.
- Mix of enrolled local health departments (LHDs), hospitals, retail pharmacies, and federally qualified health centers (FQHCs); plans to expand to additional provider types (e.g., physician practices) in future weeks.
- Planned allotment includes all enrolled local health departments.
- Emphasis on larger retail pharmacy chains for access, but there are some independents included.

How will providers know what they will receive and when they will receive it?

Ohio is notified on Tuesday, each week what our statewide allocation will be.

- Providers receiving shipments for the first week of Phase 1B, focused on Ohioans ages 80 and older, will be notified Jan. 12 if they will be receiving doses. These shipments will likely arrive between Monday, Jan. 18 and Wednesday, Jan. 20.

The Ohio Department of Health will share shipment information with providers getting vaccine.

- An email will alert providers that they should expect a shipment for the coming week. That email will include approximately when to expect the shipment.
- Providers can also expect to receive an email with shipment information from Pfizer-BioNTech for its vaccine, and can look up shipment information for both the Pfizer and Moderna vaccines, including the number of doses, in VOMS.

Most shipments will be sent directly from the manufacturer.

- Weekly shipments are expected to arrive on Mondays, Tuesdays, or Wednesdays.
- Ancillary kits including supplies are shipped separately.
- Those receiving Moderna vaccine will receive it directly from the manufacturer. Depending on the size of your Pfizer allotment, it may be redistributed to you from the ODH RSS warehouse.

VACCINATION PLANNING AND PROVIDER EXPECTATIONS

- ➔ Are you prepared to begin vaccinations right away?
- ➔ All vaccine must be used within the week it is received.
- ➔ Redistribution, transfer and excess dose guidelines.
- ➔ Public notification requirements and new statewide provider search.
- ➔ Best practices and ensuring vaccine equity.
- ➔ Training resources.

Be ready to vaccinate immediately

If you are allocated doses and are notified today or tomorrow, will you be prepared to administer COVID-19 vaccine as early as next week?

- Some of you will be receiving vaccine for next week, and we will let you know as soon as tomorrow.
- We will need you to be in a position to start offering vaccine next week within 24 hours of receipt.
- If you are not ready to administer next week, you must immediately notify *the ODH Provider Call Center at 1-844-9ODHVAX (1-844-963-4829) or email COVIDVACCINE@odh.ohio.gov* to be removed from the current allocation list.

Vaccine must be administered within a week

It is critical that providers administer vaccine to eligible individuals as quickly as possible.

Provider vaccination plans should ensure use of all vaccine within a week of receipt.

All vaccine doses administered must be reported through ImpactSIS within 24 hours.

Ohio will be monitoring throughput, and if you are unable to administer your allocated doses within 7 days, Ohio may adjust future allocations to ensure rapid administration.

Redistributing vaccine

We do not anticipate or support planned redistribution of vaccine, but guidelines have been created for special circumstances.

This vaccine is being allocated for people age 80 and older in your county, and must stay in the county.

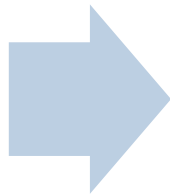
Providers who are not going to be able to administer all of their vaccine shipment within 7 days should take the following actions:

- Work with other enrolled providers in your county and/or with neighboring jurisdictions who need additional vaccine and can use it. If you don't know who can use it, call the ODH Provider Call Center at 1-844-9ODHVAX (1-844-963-4829).
- Coordinate the transfer of vaccine with other enrolled providers using ODH distribution guidance (currently under development and will be shared with enrolled providers when finalized).
- Providers who do not administer their vaccine allocation and do not make arrangements to transfer it to another enrolled provider risk having their next vaccine shipment reduced.

Communicating information with eligible vaccine recipients

Providers need to clearly and publicly state how they will administer the vaccine, and make the information easily accessible to all eligible vaccine recipients.

Providers should use all possible communication methods, including website and social media.



Specifically, please inform eligible recipients:

- Will appointments be available/required?
- Is it a first-come, first-served clinic?
- Hours, including extended hours (evenings and weekends).
- Location and contact information.
- Any documentation required at appointment.



It is critical that your website is updated with information about how residents will receive vaccine.

New statewide vaccine provider search

State adding a search function so Ohioans can find where to get a vaccine at **coronavirus.ohio.gov/vaccine** beginning this Thursday, Jan. 14.

Providers must provide vaccine administration location addresses, phone numbers, and website to the state.

These should NOT be shipping/warehouse addresses or phone numbers.

Submit your information by logging in with your OHID at <http://bit.ly/SubmitProviderLocation>.

We expect your website to be updated and ready to go with easy-to-find information when the statewide search opens on Thursday.

Providers should have received an email Saturday night with instructions on how to submit that information.

Best practices for planning vaccinations

Protect staff and clients from COVID-19: distancing, personal protective equipment (PPE) for staff, face masks for patients.

Additional staffing and supplies may be necessary: hand-sanitizer, face coverings, cleaning supplies, PPE, thermometers, barriers, floor markers, signs, posters.

Consider using online or phone options for scheduling, paperwork, and screenings.

Consider conducting smaller, appointment-only temporary clinics in schools, churches, and pharmacies to help reduce exposure risk.

Curbside and drive-thru clinics may provide the best option for safety.

For walk-thru clinics, maintain separation in lines or ask clients to wait in vehicles or another location.

Include weather considerations in planning if clients are asked to wait outdoors, especially if you expect them to arrive on foot.

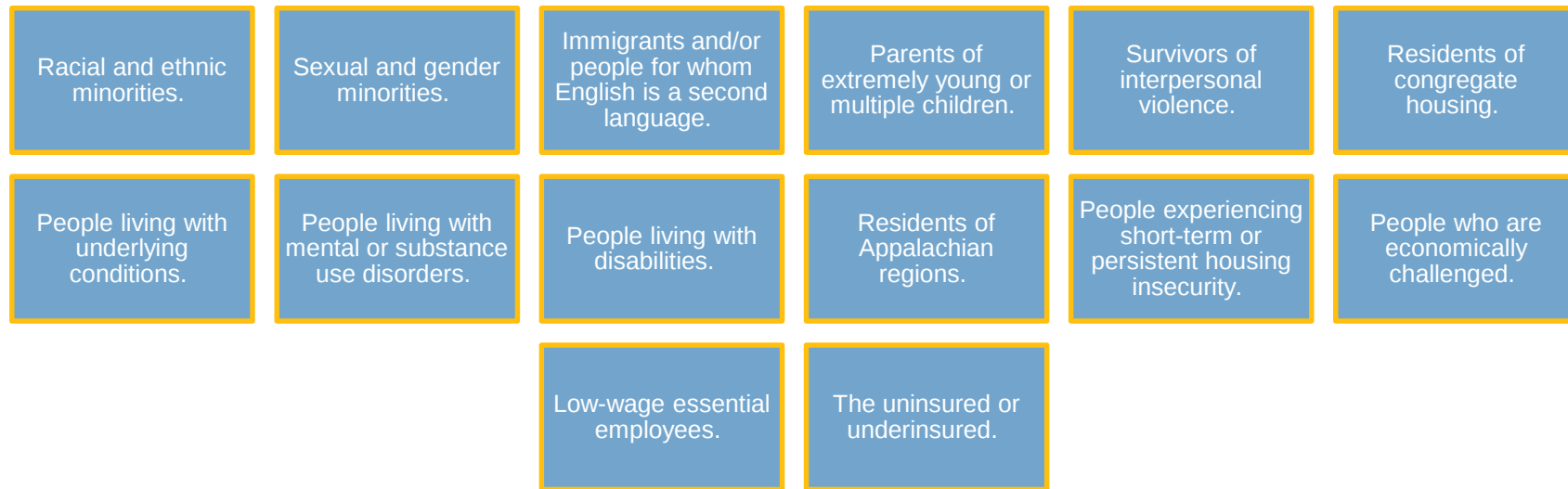
Also consider the special needs, such as ease of access for people with disabilities or mobility issues, of the populations you are serving.

The CDC offers detailed resources for planning vaccine clinics, including checklists.

www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html

Ensuring equitable vaccine distribution

It will be crucial to ensure plans meet the needs of vulnerable populations In Phase1B.
Examples of vulnerable populations include these groups below:



Strategies for equitable distribution

Tips to help ensure that those in vulnerable communities can access the vaccine.

Offer the vaccinations “after hours” or on weekends to accommodate those who are working and may be without paid leave.

Offer medical transportation information to those who make appointments, or plan to offer vaccination sites along bus routes and near bus stops to accommodate those who do not drive or have mobility challenges.

Consider offering mobile vaccination services in communities where vaccine provider options are limited, far away, or in communities where public transportation is limited.

Consider partnering with faith-based organizations, local libraries, and community or recreation centers to offer pop-up vaccination locations in underserved communities or communities with fewer vaccine providers.

Coordinate with trusted non-profit and community-based organizations in your communities to host vaccination days.

Involve ethnic media and trusted leaders to promote your vaccination location, dates, and information.



New communication resources to help you know how to provide translation services in your community and reach our vulnerable populations are coming soon to coronavirus.ohio.gov.

Identification for vaccine recipients

The following forms of ID are recommended to verify date of birth.

Identification should focus on verifying likeness, name, and age, not on residence or immigration status. Photo ID should be acceptable regardless of expiration date or place of origin. Acceptable documents can include:

- Driver's license or any photo ID, regardless of expiration date.
- Physician statement (including shot records).
- Census records.
- Adoption records.
- Naturalization Certificate: Form N-550 or Form N-570 issued by the U.S. Department of Homeland Security (DHS).
- Birth Certificate: Birth record or certified copy.
- Consulate ID from country of birth or Matricula Consular / A Consular Report of Birth Abroad – Issued by the United States Department of State, Form FS-240, DS-1350 or FS-545.
- A United States Passport or a United States Passport Card.
- Certificate of Citizenship – Form N-560 or Form N-561 issued by DHS.
- Permanent Resident Card–Form I-551 issued by the U.S. Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS) or Immigration and Naturalization Service (INS).
- I-797 Case Type of N-565 (Application for replacement Naturalization /Citizenship document).

Training and preparation



All trainings and information available at <http://bit.ly/OHVaccineProvider>, including:

- Training log.
- Manufacturer-specific information.
- Temperature monitoring and cold-chain expectations from CDC.
- Pharmacist required training.
- CDC storage, transportation, preparation, handling, beyond use and expiration dates, and disposal guidelines
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>.
- ImpactSIIS, alternatives, and data reporting.

Cold storage and temperature monitoring

Cold storage

- Handling vaccines requires cold chain management to assure that the vaccine maintains its efficacy. Some COVID-19 vaccines must be stored at ultra-cold temperatures.
 - Refrigerated: 2 C to 8 C (36 F to 46 F).
 - Frozen: minus 15 C to minus 25 C (5 F to minus 13 F).
 - Ultra-Cold: minus 60 C to minus 80 C (minus 76 F to minus 112 F).

Temperature monitoring

- Temperatures of storage units containing COVID-19 vaccine must be monitored at all times. Temperature monitoring devices must meet the following criteria:
 - Temperature probe or sensor.
 - Active temperature display that can be easily read from outside and shows current, minimum, and maximum temperatures.
 - Resettable minimum/maximum functionality.
 - Alarm for out-of-range temperatures.

Temperature documentation

- ODH requires all COVID-19 vaccine providers to check and record minimum and maximum temperatures of cold storage refrigerators and/or freezers each workday. In addition, temperature checks must be conducted at the beginning and end of the day. This information must be documented on an ODH paper temperature log.
- If your vaccine storage units experience temperatures outside recommended ranges, contact the ODH Immunization Program at 844-963-4829 (844-9ODHVAX).

Safe transport of vaccine for clinics

Temperature considerations for transport of vaccine

- Vaccine should be in the frozen state, if possible, at the start of the transport process (minus 25 C to minus 15 C, or minus 13 F to 5 F).
- Once a vial of vaccine has been thawed, it may be stored refrigerated at 2 C to 8 C, or 36 F to 46 F, for up to 30 days.
- Once thawed, the vaccine cannot be refrozen.
- Allowable timelines for transport of thawed vaccine:
 - Vehicle transport: not to exceed 12 hours.
 - Transport while walking or using a hand cart: not to exceed one hour.
 - Airplane transport (rotary-wing aircraft not allowed): not to exceed three hours.
- Additional requirements can be found at https://odh.ohio.gov/static/covid19/vaccine-providers/transporting_moderna_vaccine.pdf.



Recommended safeguards, security

Security Precautions



- Maintain 24-hour temperature monitoring and use of backup batteries and generators.
- Establish a working agreement with at least one alternative storage facility even if you have a generator as backup equipment.
- Maintain alarm systems with panic buttons and remote triggers for staff.
- Maintain comprehensive data back-up on secure remote server.
- Use 24-hour alarm monitoring, closed-circuit television (CCTV), or other surveillance to monitor vaccine storage and other sensitive areas.
- Consider using safeguards to ensure the doors of the unit remain closed — for example, self-closing door hinges, door alarms, or door locks.

Prepare staff for security safeguards



Staff Education

- Maintain strict access controls for vaccine storage and dispensing.
- Notify local law enforcement of the vaccine locations.
- Train staff to identify and report suspicious behavior.
- Limit access to sensitive areas, transportation planning information, and security sites.
- Establish a multi-disciplinary team to plan for mitigating an insider threat incident.
- Conduct pre- and post-employment screening.
- Employ user activity monitoring software on all devices.

 **Additional guidance in the CDC Storage and Handling Toolkit:**

<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

Vaccinating the vaccinators

Protecting our healthcare workers is important, and vaccinating the vaccinators is appropriate.

Please limit use of allocated vaccine to no more than 5% for the purpose of vaccinating your staff (e.g., five out of 100 doses may be used for vaccinators).



VACCINE ADMINISTRATION AND SAFETY

- ➔ Vaccine safety.
- ➔ Personal protective equipment during vaccination.
- ➔ Screening and important questions before vaccination.
- ➔ Side effects, allergic reactions, and adverse reactions.
- ➔ Second doses.
- ➔ Extra doses and waste.

Strategies to minimize chances for exposure during vaccination

To ensure safe delivery and minimize chances for exposure during vaccination visits, administrators should implement the following:

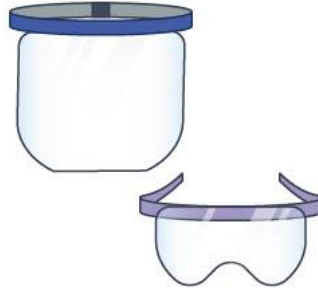


Vaccine Administration: COVID-19 Personal Protective Equipment



Face mask

- **Recommended:** All healthcare providers (N95 masks not recommended)



Eye protection

- **Recommended:** Areas of moderate/substantial community transmission
- **Optional:** Areas of minimal/no community transmission unless otherwise indicated as a part of standard precautions



Gloves

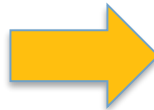
- **Recommended:** Intranasal or oral vaccines
- **Optional:** Intramuscular or subcutaneous vaccines

Questions to ask before vaccination

Build in extra time for data collection, screening, and other paperwork and ask the following:

- Are you feeling sick today?
- Questions about allergies.
- Questions about previous COVID-19 vaccination, diagnosis, or treatment.
- Questions about other vaccines, antibody therapies.
- Questions about immune system disorders, immunosuppressive drugs/therapies; bleeding disorders or blood thinners.
- Are you pregnant or breastfeeding?



 CDC screening form: <https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf>.

Who should, shouldn't get the vaccine

Do not administer to patients who:

- Are currently infected with COVID-19.
- Have a history of severe or immediate reactions to vaccines, injectable therapy or any ingredients in the COVID-19 vaccines.

Vaccine is **NOT** contraindicated for:

- People with immunocompromising or other conditions.
- People who are pregnant or breastfeeding.
- Additional counseling with healthcare providers may be appropriate.

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#underlying-conditions>.

Allergy history	CDC recommendation
People with a history of severe allergic reactions not related to vaccines or medications (food, pet, venom, environmental, or latex)	✓ Yes, get vaccinated.
People with a history of allergies to oral medications or a family history of severe allergic reactions.	✓ Yes, get vaccinated.
People who have had an immediate allergic reaction – even if not severe – to vaccine or injectable therapy for another disease.	⚠ Talk to their doctor first.
People who have had an immediate allergic reaction – even if it was not severe – to any ingredient in an mRNA COVID-19 vaccine.	✗ Do not get one of the available mRNA COVID-19 vaccines.
People who had an immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine.	✗ Do not get the second dose.

SOURCE: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/allergic-reaction.html>

Preparing for possible allergic reactions

Supplies needed

- While severe reactions are rare, all vaccination providers should have **appropriate medications and equipment**, such as the following, at all COVID-19 vaccination sites:
 - Epinephrine*.
 - Antihistamines.
 - Stethoscopes.
 - Blood pressure cuffs.
 - Timing devices to check pulse.

**Providers should have at least three doses of epinephrine on hand at any given time.*



Observation standards

- The process involves an observation period of 15 to 30 minutes.
- People who have had severe allergic reactions or any type of immediate allergic reaction to a vaccine or injectable therapy should be monitored for at least 30 minutes.
- If a patient has had a severe allergic reaction in the past, it is recommended that they get vaccinated at a facility that can treat an allergic reaction.

How to report adverse events

Adverse events that occur in a recipient after receipt of COVID-19 vaccine should be reported to the **Vaccine Adverse Events Reporting System (VAERS)**. An “adverse event” is any health problem or “side effect” that happens after a vaccination. VAERS cannot determine if a vaccine caused an adverse event, but can determine if further investigation is needed. Vaccine providers should report serious reactions to VAERS: <https://vaers.hhs.gov/index.html>.

Healthcare providers are required by law to report:

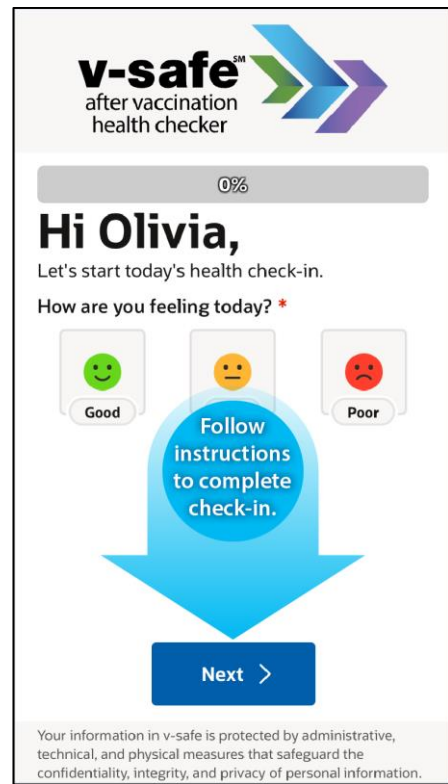
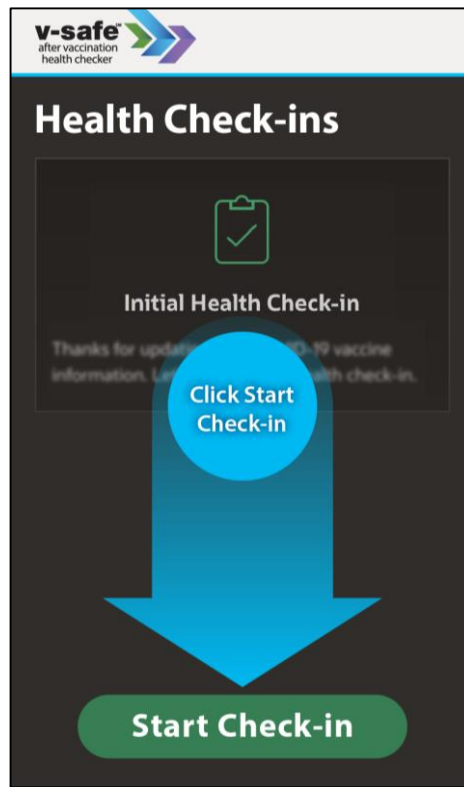
- Vaccine administration errors.
- Serious adverse events that occur within a [specified time period following vaccination](#), whether or not it is clear that a vaccine caused the adverse event.
- An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.
- Report via <https://vaers.hhs.gov/reportevent.html>.
- Additional details are available by calling 800-822-7967 or at <https://vaers.hhs.gov/faq.html>.

Share information about v-safe

V-safe is a smartphone-based tool that vaccine recipients can opt to use. It uses text messaging and web surveys to provide personalized health check-ins after a COVID-19 vaccination.

Through **v-safe**, patients can tell the CDC if they have any side effects after getting the COVID-19 vaccine.

V-safe also will remind patients to get the second COVID-19 vaccine dose when it is due.



What to know about second doses

Depending on manufacturer, a second dose of the same vaccine is to be administered 21 or 28 days after first dose.

- Pfizer-BioNTech – 21 days.
- Moderna – 28 days.

The first and second dose are the same product (given twice).

Do not hold back vaccine for second doses. You will be allocated additional vaccine in time for second-dose administration.

Doses given up to four days early do not need to be repeated. There is a second-dose grace period of four days **BEFORE** the 21- or 28-day mark.

Administering vaccine any time after the due date is acceptable. Doses will not need to be repeated.

Second dose reminders for patients

Ensure patients are scheduled for their second doses before they leave their first-dose appointments.

Provide each patient a reminder card with the second-dose date along with their vaccine record card indicating manufacturer and lot number.

Make a reminder call and send text or email alerts.

Provide each patient information on who to contact if they experience an adverse reaction or emergency.

Provide each patient information on the CDC v-safe app for reporting side effects.

What to know about extra doses

The FDA says you can pull every full dose obtainable from a vial, but you cannot pool excess vaccine from multiple vials to create one dose.

Pfizer-BioNTech

- Vaccinators may withdraw more than 5 doses from a single 5-dose vial (perhaps 6 or 7 doses). Ancillary kits for Pfizer vaccine will provide enough supplies to allow for six doses from each vial.
- Further remaining liquid that does not constitute a full dose CANNOT be pooled from multiple vials to create one dose (0.3mL).

Moderna

- Vaccinators may withdraw more than 10 doses from a single 10-dose vial (perhaps 11 doses). Some providers also report, depending on the syringes used, that they are only able to draw up 9 doses.
- Use any extra vaccine that can easily be drawn into a syringe (0.5 mL).
- Extra vaccine fluid from more than one vial CANNOT be combined to produce extra doses.

Vaccine to discard

- These vaccines do not contain preservative. If the amount of vaccine remaining in the vial cannot provide a full dose, the vial and its contents should be discarded.

No vaccine should ever be wasted

If vaccine remains unused, such as at the end of a vaccination clinic, no vaccine should ever be wasted.

If vaccine supply remains after a clinic, for example, providing that vaccine quickly to eligible vaccine recipients is the primary goal.

Be prepared, and create a back-up plan for what you would do if you ever have extra doses, following ODH guidance.

If you must administer vaccine to non-priority populations to avoid waste, you must:

- Report it in ImpactSIIS within 24 hours.
- Target population/occupation data does NOT need to be reported for vaccinated individuals who are not in a current phase priority population.
- Include vaccinated individuals in plans for administering second doses.

VACCINE DATA REPORTING

- ➔ Overview of data reporting expectations.
- ➔ What to know about ImpactSIIS.
- ➔ What to know about VOMS.

Overview of data reporting expectations

Vaccine administration doses should be reported in ImpactSIIS within 24 hours.

Vaccine provider locations information should be provided to populate the new map available to the public to find providers.

Target population/occupation data should be reported using the ODH checklist provided. The checklist will be updated to add new eligible populations with each phase.

Adverse reactions must be reported to the FDA and CDC through VAERS.

Race and ethnicity data is at the heart of ensuring optimal health and fairness for all Ohioans. Consistently collecting and reporting race and ethnicity data is also critical to understanding the impact of COVID-19 and to ensure that vaccine is reaching groups who are experiencing disparities related to cases, hospitalization, and death.

What to know about Ohio ImpactSIIS

Enrolled vaccination providers must report certain information about vaccine recipients within 24 hours to the ODH immunization registry, ImpactSIIS. Key information includes:

- Number of vaccines administered.
- Race and ethnicity data.
- Target population/occupation (TP/O) data. Note, the TP/O checklist will be regularly updated as new populations become eligible for the vaccine.

ImpactSIIS will link with common electronic health record systems.

ImpactSIIS will contact enrolled providers and provide account information shortly before they are scheduled to receive vaccine. More information is available at odh.ohio.gov on the COVID-19 Vaccine Providers webpage.

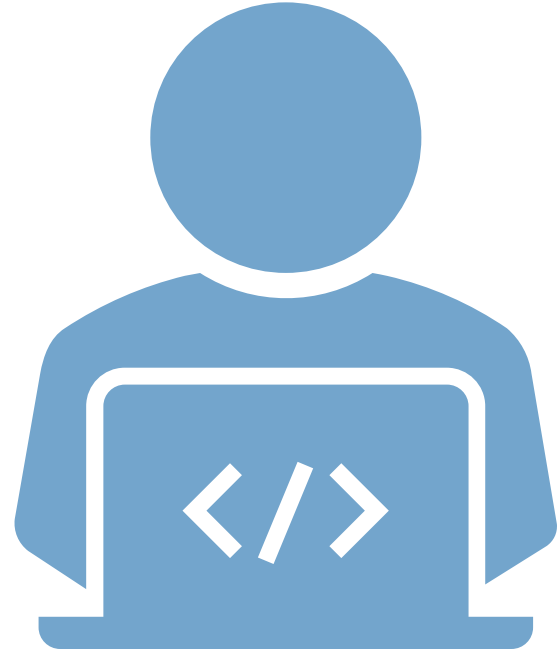
ODH is offering a training webinar for enrolled providers every Tuesday to provide instructions on recording COVID-19 vaccinations in ImpactSIIS. Due to expected high demand, an additional webinar will be offered this week on Thursday. Any enrolled provider can participate, even if your account information has not yet been provided. All providers will receive information on how to join the webinar from covidvaccine@odh.ohio.gov.

What to know about VOMS

Here is what to know about the Ohio Department of Health's Vaccine Ordering Management System (VOMS).

You can use your ImpactSIIS username and password to access VOMS.

- See how much vaccine you will receive in the next shipment.
- Monitor information about vaccine orders.



OTHER CONSIDERATIONS

- ➔ Billing and reimbursement.
- ➔ Communications at the county level.
- ➔ Vaccine communications toolkit.

Billing and reimbursement for vaccine

There will be no out-of-pocket cost for vaccine recipients.

Enrolled providers may seek appropriate reimbursement from a program or health plan that covers COVID-19 vaccine administration fees for the individual receiving the vaccine (e.g., private insurance, Medicare, Medicaid, CHIP).

For vaccine recipients not covered by insurance, providers may seek reimbursement (at Medicare rates) for administration fees through the Health Resources & Services Administration offered by the U.S. Department of Health and Human Services. Some program guidelines:

- Providers need to be registered with this program.
- Providers must agree to no balance billing.
- Providers must have verified that the recipient was not covered under insurance.
- Providers must agree to submit requests for reimbursement electronically and receive payment electronically.

Communication at county level

Ohio EMA and ODH have issued joint guidance to county EMAs and local health departments about outreach at the local level. This information may also be beneficial for all providers, and we will share it with you.

It includes:

- Suggested communication tactics.
- Additional tools.
- Resources for a COVID-19 vaccine landing page.
- Recommendation to engage your COVID-19 defense team.
- Talking points.
- Press release framework.
- Potential questions.
- Social media posts.

<http://bit.ly/OutreachEMA-LHD>



COVID-19 Vaccine Communications resources

- ODH has updated its COVID-19 Vaccine Communications Toolkit featuring talking points, language tips, graphics, FAQs, myths vs. facts, social media language, and trusted resources to help you better communicate about the COVID-19 vaccination.
- Language translations are now available.
- The toolkit is available at <http://bit.ly/OHVaccineToolkit> and on the ODH Pandemic Provider website.
- We ask for your support by using it to communicate with patients and eligible vaccine recipients.



Resources have been compiled to provide local health departments, healthcare providers, hospitals, and other vaccine providers with information on how to enroll to be a COVID-19 vaccine provider, as well as to provide helpful guidance regarding training, storage, handling, reporting, conducting clinics, and more.

Consumer resources include fact sheets, myth busters, and FAQs.

coronavirus.ohio.gov/vaccine

Q&A: Your questions about Ohio's vaccine plan

Resources	Contact us
Visit our COVID-19 information hub for vaccine information and resources for providers and consumers. coronavirus.ohio.gov/vaccine	Do you have COVID-19 questions? • Contact our Call Center at 1-833-4-ASK-ODH (1-833-427-5634). • Contact our Provider Call Center at 1-844-ODHVAX (1-844-963-4829).