

# I-VAC Adult Learning Collaborative for COVID-19 Vaccination



Please use your first name and health center name when you join the session



Use the “**chat**” feature to let us know if you have a question



Please remember to **mute your microphone** unless speaking



If you can't connect audio via computer or lose computer audio at anytime, you can call in to session at **(669) 900-6833, Meeting ID 812-8864-4528##**

# Disclosures

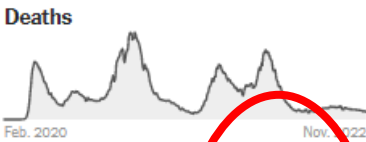
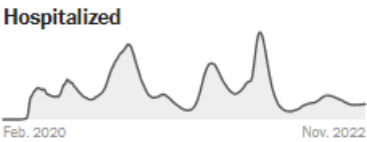
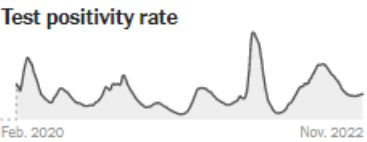
- No one in a position to control the education content of the activity has any relevant financial disclosures with ineligible companies to disclose.
- What gets said here today may change based on new data and recommendations
  - Knowledge is shared more rapidly through ECHO



# Coronavirus in the U.S.: Latest Map and Case Count

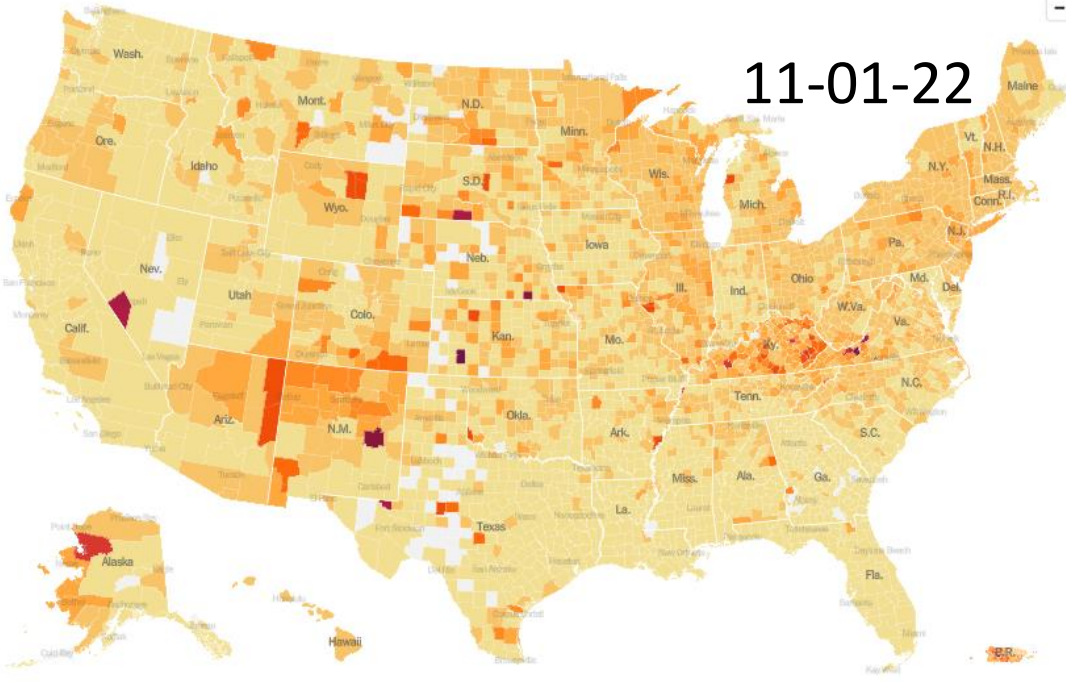
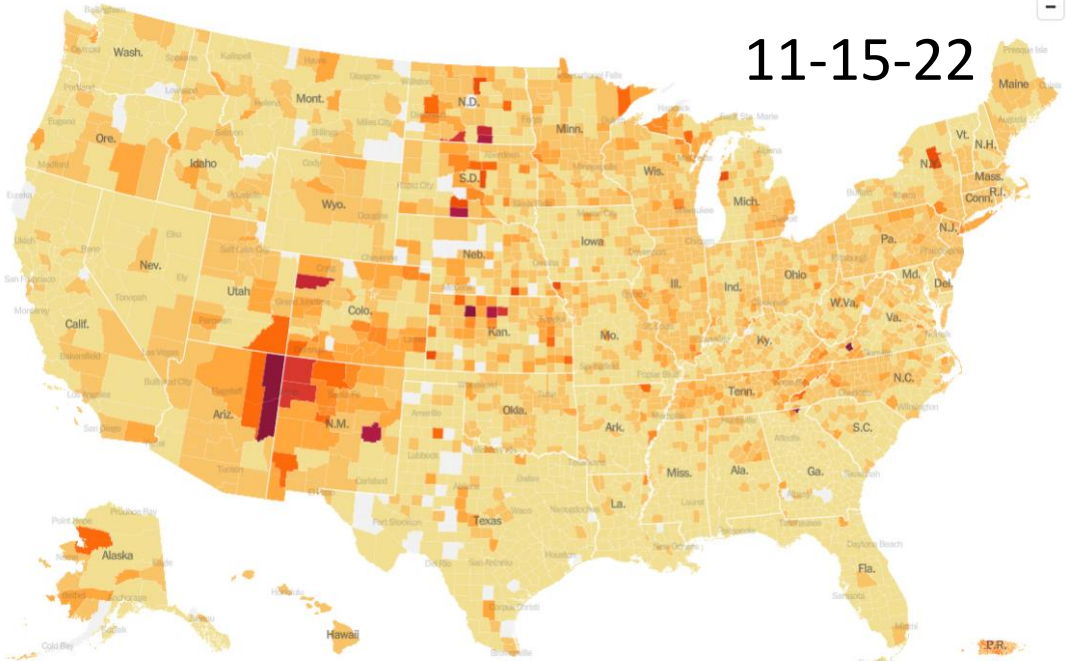
## New reported cases

All time Last 90 days



	DAILY AVG. ON NOV. 15	PER 100,000	14-DAY CHANGE
Cases	39,414	12	+2%
Test positivity	8.5%	—	—
Hospitalized	27,807	8	+2%
In I.C.U.s	3,216	<1	+3%
Deaths	292	<1	-15%

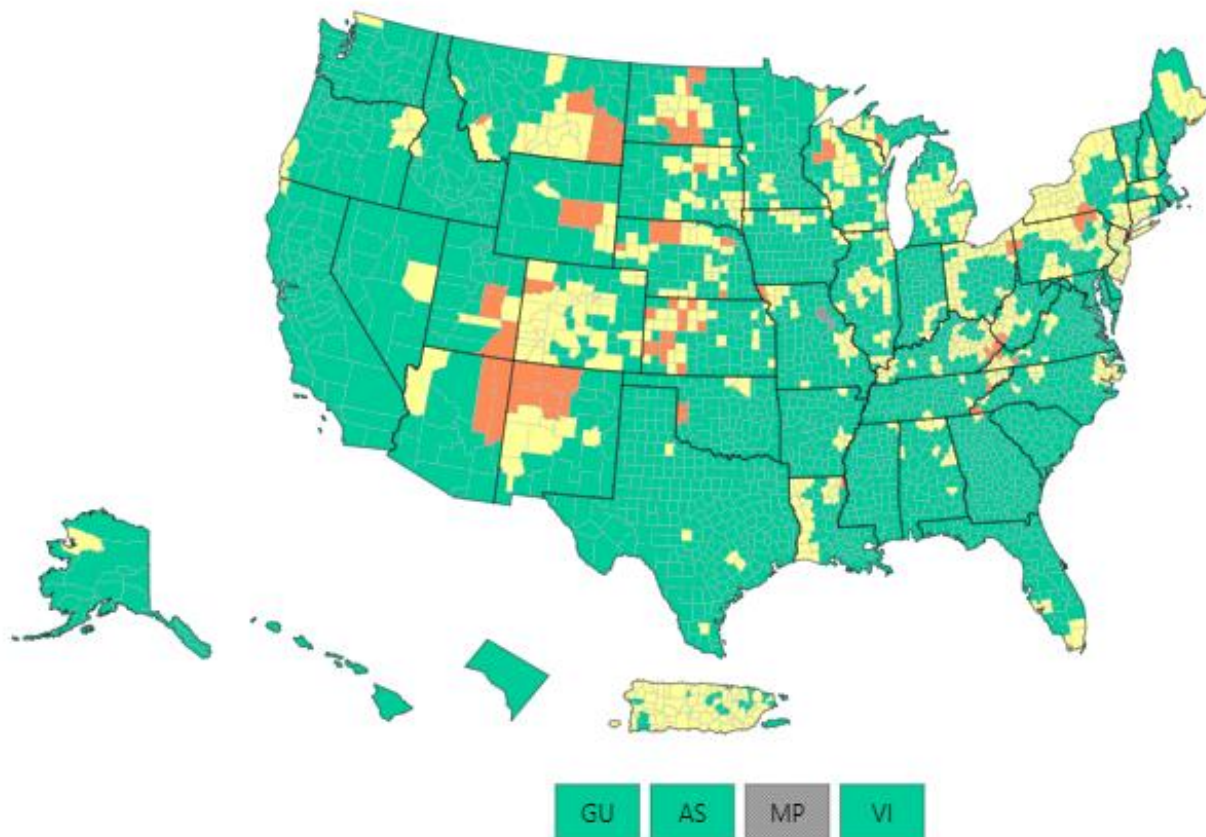
About this data



© 2022

Mapbox © OpenStreetMap

# COVID-19 Community Levels of All Counties in US



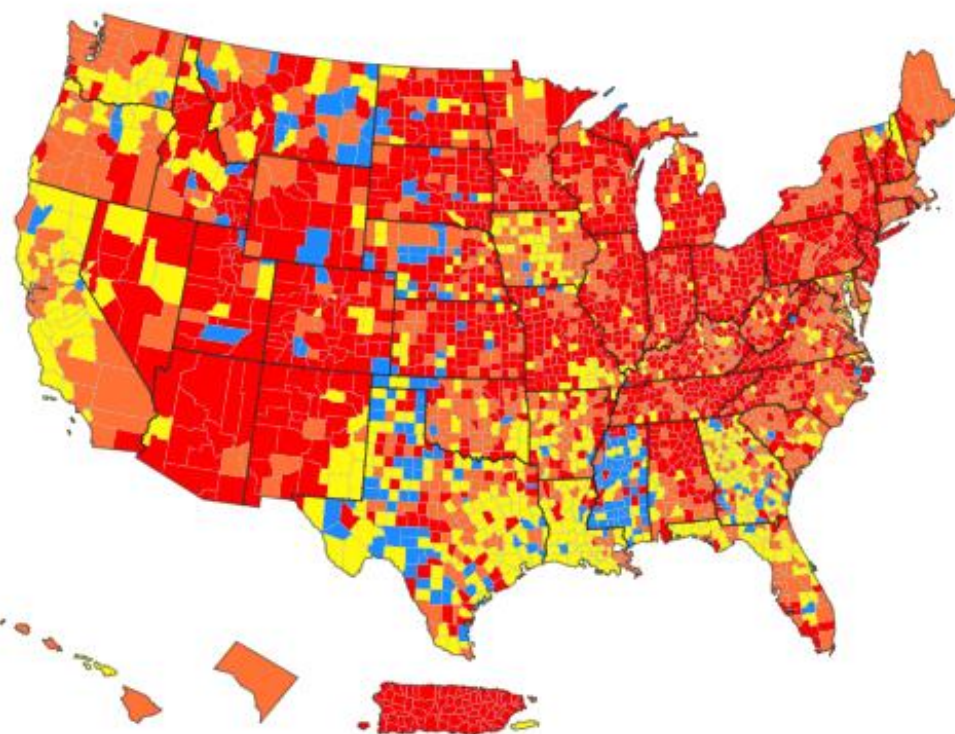
COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	84	2.61%	0.19%
Medium	676	20.99%	1.92%
Low	2460	76.4%	-2.11%

[How are COVID-19 Community Levels calculated?](#)



# Community Transmission of All Counties in US



Community Transmission in US by County

	Total	Percent	% Change
High	1515	47.02%	- 1.02%
Substantial	870	27%	3.13%
Moderate	617	19.15%	- 3.07%
Low	220	6.83%	0.96%

[How is community transmission calculated?](#)

● High ● Substantial ● Moderate ● Low ▨ No Data

**SUMMARY** CASES CASES BY ZIP TESTS VACCINES VACCINES BY ZIP

[Learn how to use this dashboard.](#)

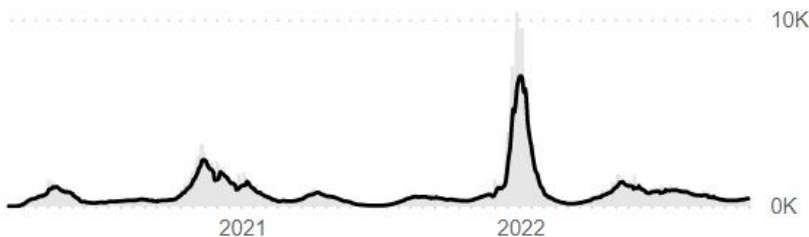
## CASES

**409** ▲  
Current daily avg

**365 (+12%)**  
Prior week

**710,383**  
Cumulative

**15.1**  
Daily rate per 100,000



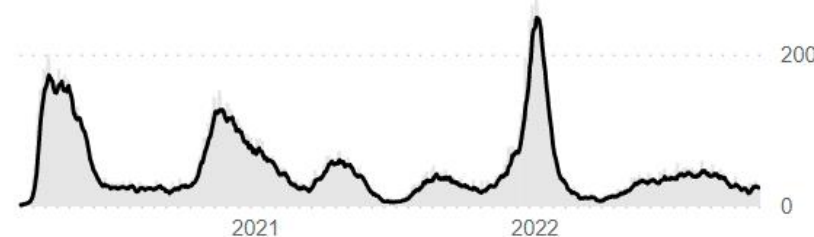
## HOSPITALIZATIONS

**24** ▼  
Current daily avg

**25 (-4%)**  
Prior week

**48,008**  
Cumulative

**0.9**  
Daily rate per 100,000



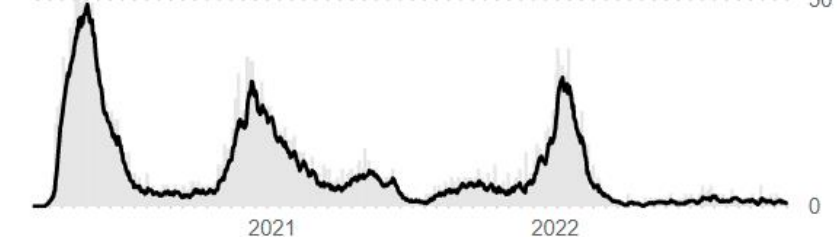
## DEATHS

**0.71** ▼  
Current daily avg

**1.29 (-44%)**  
Prior week

**7,924**  
Cumulative

**0.0**  
Daily rate per 100,000



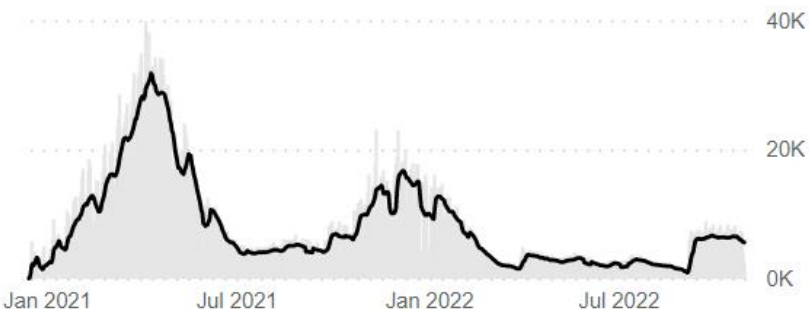
## VACCINATIONS ADMINISTERED

**5,605** ▼  
Current daily avg

**5,476,119**  
Cumulative

**71.0%**  
Completed series

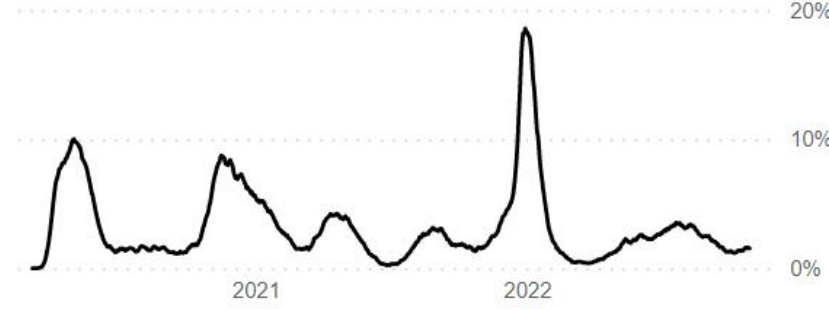
**79.3%**  
At least one dose



## EMERGENCY ROOM VISITS

**1.5%** ↔  
Current daily avg

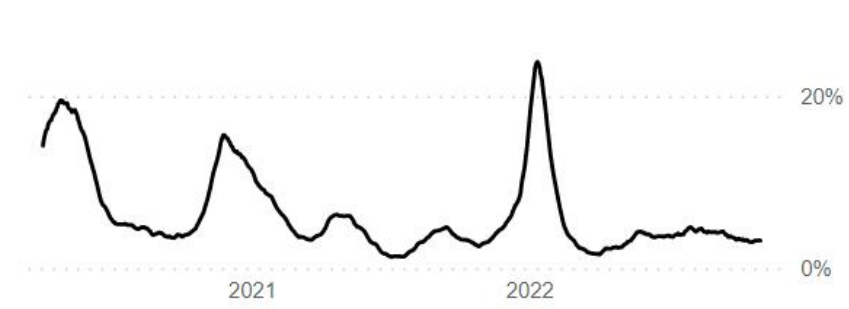
**1.5%**  
Prior Week



## HOSPITAL BEDS IN USE

**3.2%** ↔  
Current daily avg

**3.2%**  
Prior Week

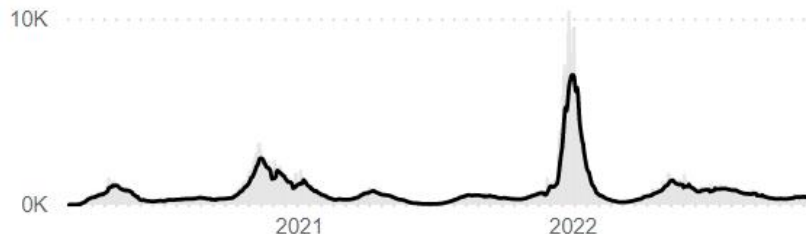


**SUMMARY** CASES CASES BY ZIP TESTS VACCINES VACCINES BY ZIP

[? Learn how to use this dashboard.](#)

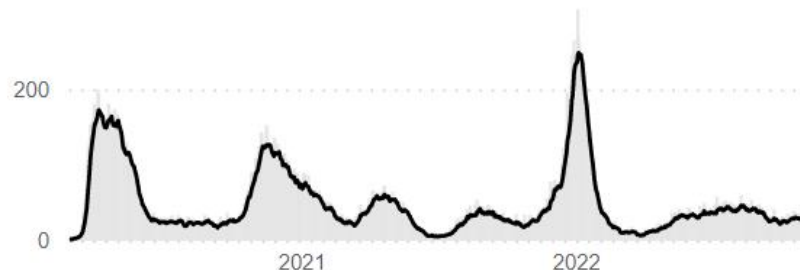
## LABORATORY-CONFIRMED CASES

**403** ▼ **420** (-4%) **715,827** **14.9**  
Current daily avg Prior week Cumulative Daily rate per 100,000



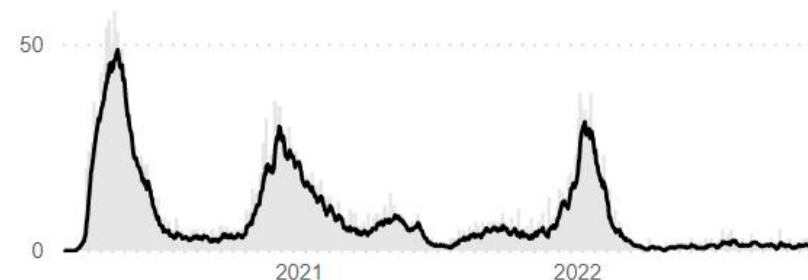
## HOSPITALIZATIONS

**28** ▼ **28** (-2%) **48,538** **1.0**  
Current daily avg Prior week Cumulative Daily rate per 100,000



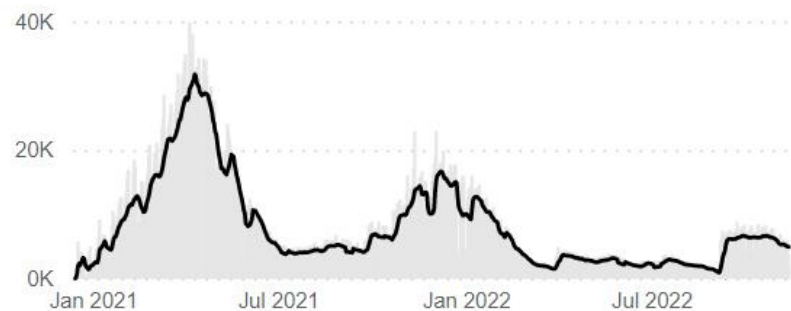
## DEATHS

**0.29** ▼ **1.00** (-71%) **7,930** **0.0**  
Current daily avg Prior week Cumulative Daily rate per 100,000



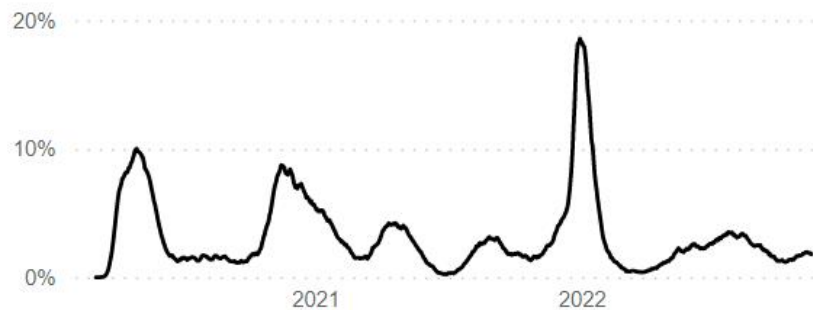
## VACCINATIONS ADMINISTERED

**4,920** ▼ **5,551,502** **71.1%** **79.6%**  
Current daily avg Cumulative Completed series At least one dose



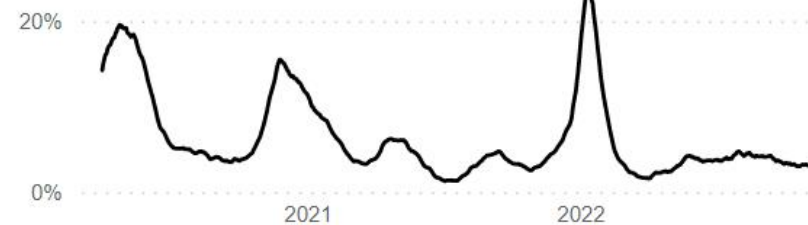
## EMERGENCY ROOM VISITS

**1.8%** ▼ **1.9%**  
Current daily avg Prior Week



## HOSPITAL BEDS IN USE

**3.6%** ▲ **3.2%**  
Current daily avg Prior Week





**Our local risk based on CDC COVID-19 Community Levels is:**

**Medium**

	<b>New cases per 100,000 population (last 7 days)</b> <i>[Goal is &lt;200]</i>	<b>New admissions per 100,000 population (last 7 days)</b> <i>[Goal is &lt;10]</i>	<b>Percent of staffed inpatient beds occupied by COVID-19 patients (last 7 days)</b> <i>[Goal is &lt;10%]</i>
<b>City of Chicago</b>	<b>107</b>	<b>7.1</b>	<b>3.2%</b>
<b>Cook County</b> (including City of Chicago)	<b>113</b>	<b>10.3</b>	<b>3.6%</b>

*Chicago metrics are calculated based on Chicago-level data.*

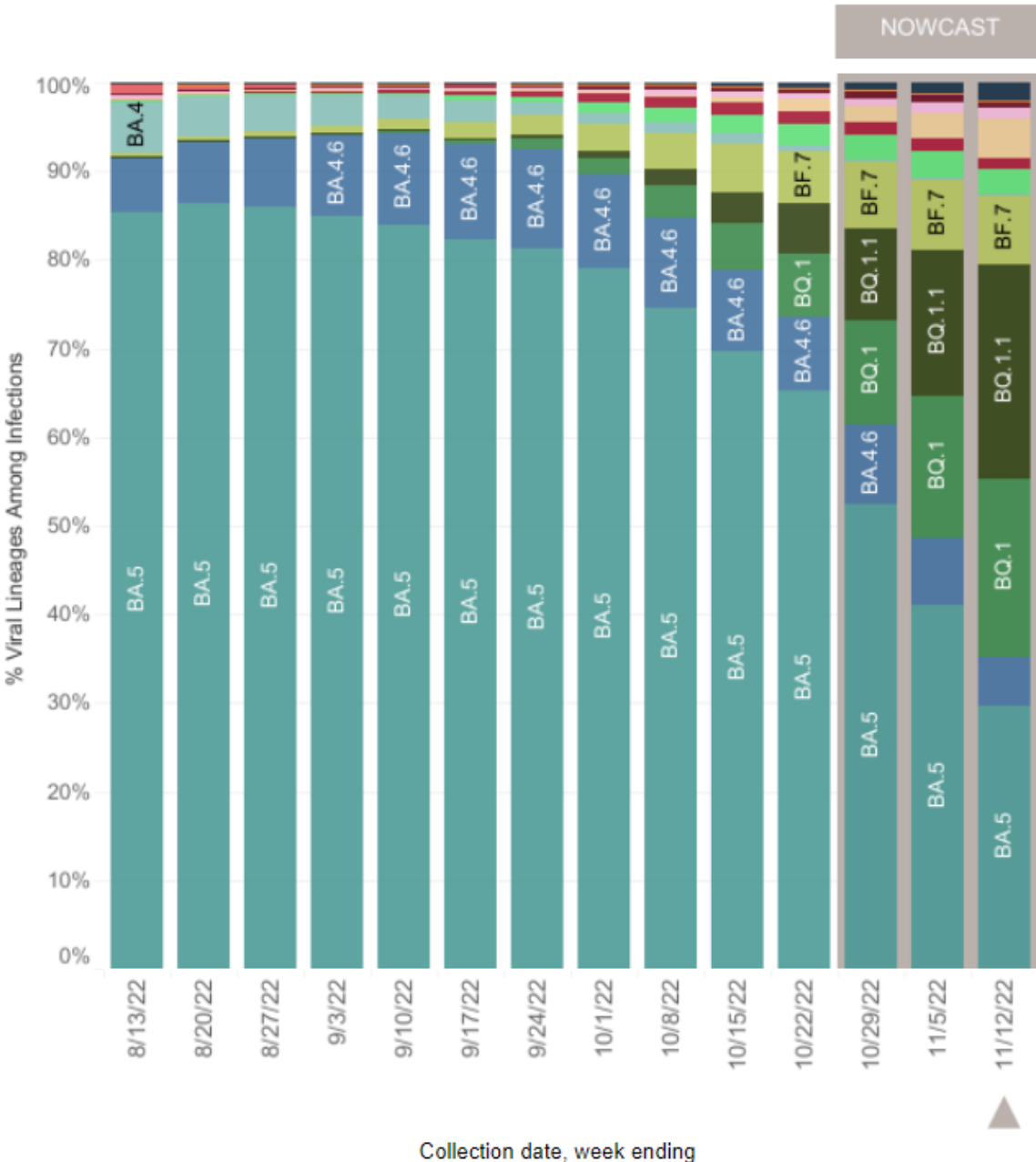
*Cook County metrics are calculated by the CDC and posted on the [CDC Community Levels website](#).*

*Data current as of 11/10/2022.*



## United States: 8/7/2022 – 11/12/2022

## United States: 11/6/2022 – 11/12/2022 NOWCAST



USA					
WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BA.5	VOC	29.7%	27.2-32.3%	
	BQ.1.1	VOC	24.1%	21.3-27.3%	
	BQ.1	VOC	20.1%	17.2-23.4%	
	BF.7	VOC	7.8%	6.8-9.0%	
	BA.4.6	VOC	5.5%	5.0-6.2%	
	BN.1	VOC	4.3%	3.0-6.2%	
	BA.5.2.6	VOC	2.9%	2.5-3.4%	
	BA.2	VOC	1.3%	0.8-1.9%	
	BA.2.75	VOC	1.2%	1.0-1.5%	
	BA.2.75.2	VOC	0.9%	0.6-1.2%	
	BA.4	VOC	0.1%	0.1-0.1%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		2.0%	1.1-3.3%	

\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

\*\* These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

# BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, BN.1 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages respectively. Previously, BN.1 was aggregated with BA.2.75. Lineages BA.2.75.2, BN.1, BA.4.6, BF.7, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

## Current virus levels in wastewater by site

This metric shows whether SARS-CoV-2 levels at a site are currently higher or lower than past historical levels at the same site. 0% means levels are the lowest they have been at the site; 100% means levels are the highest they have been at the site. Public health officials watch for increasing levels of the virus in wastewater over time and use these data to help make public health decisions.

**⚠️ Note:** Sites began collecting data at different times. Sites that began reporting wastewater data after December 1, 2021 are not comparable to sites that started reporting data on or before December 1, 2021. The data history for these new sites is not long enough to reflect the same surges as the other sites.

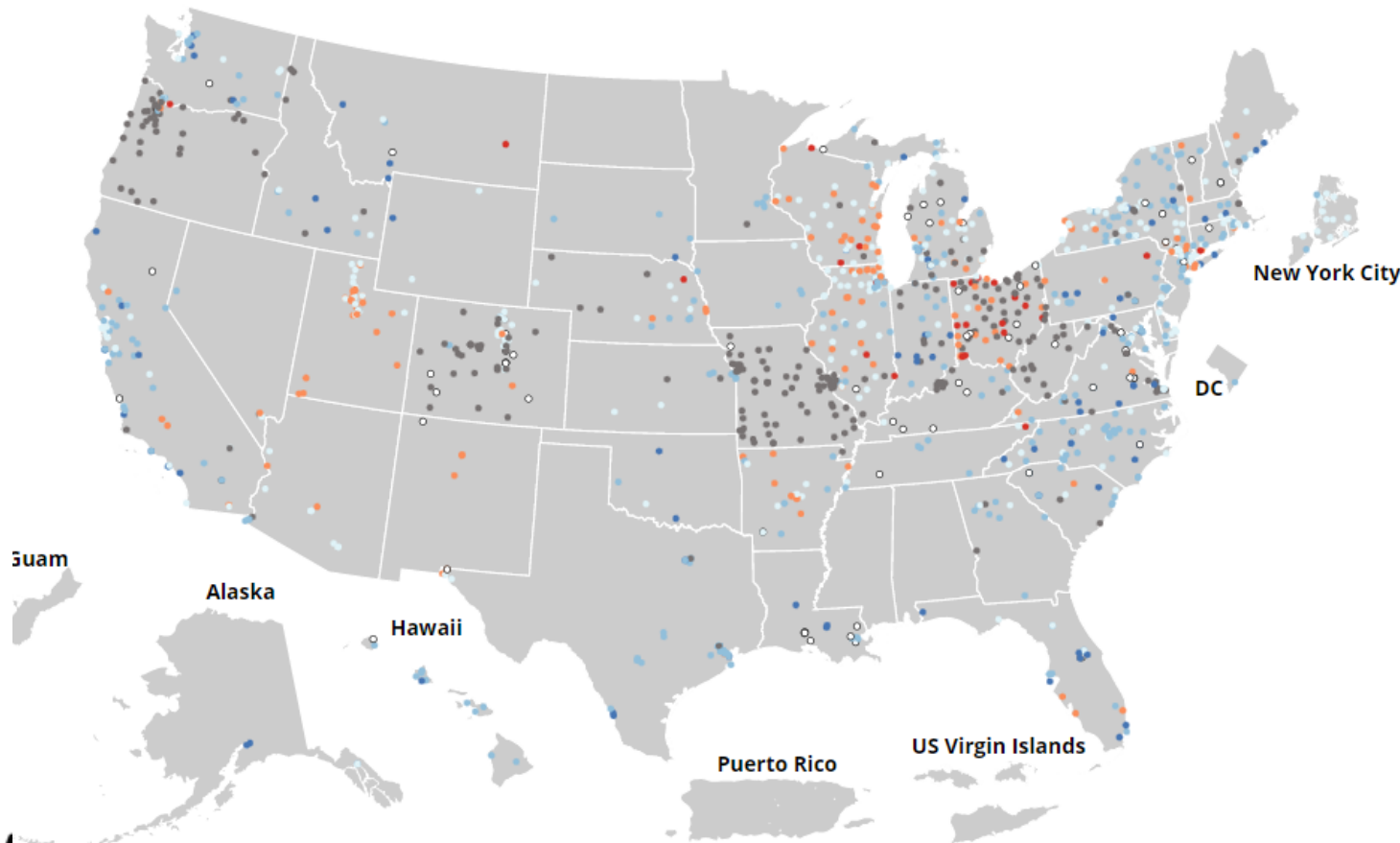
Current SARS-CoV-2 virus levels by site, United States

Current virus levels category	Num. sites	% sites	Category change in last 7 days
<input type="checkbox"/> New Site	71	8	9%
<input type="checkbox"/> 0% to 19%	80	8	- 29%
<input type="checkbox"/> 20% to 39%	327	35	- 9%
<input type="checkbox"/> 40% to 59%	301	32	- 11%
<input type="checkbox"/> 60% to 79%	134	14	9%
<input type="checkbox"/> 80% to 100%	29	3	4%

Total sites with current data: 942

Total number of wastewater sampling sites: 1249

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)



Select legend categories to filter points on the map.

☐ New site ☐ 0% to 19% ☐ 20% to 39% ☐ 40% to 59% ☐ 60% to 79% ☐ 80% to 100% ☐ No recent data

### Total Vaccine Doses

Distributed 905,043,735

Administered 646,524,294

1.51M

Children < 5 years of age with at least one dose since June 18, 2022

See [Vaccination Demographic Trends](#) for more information.

31.4M

People ≥ 5 years of age with an updated (bivalent) booster dose\*

### At Least One Dose

### Completed Primary Series

### Updated (Bivalent) Booster Dose

#### People with an Updated (Bivalent) Booster Dose\*

Count

Percent of US Population

Population ≥ 5 Years of Age

31,417,048

10.1%

Population ≥ 12 Years of Age

31,136,841

11%

Population ≥ 18 Years of Age

30,295,463

11.7%

Population ≥ 65 Years of Age

14,764,441

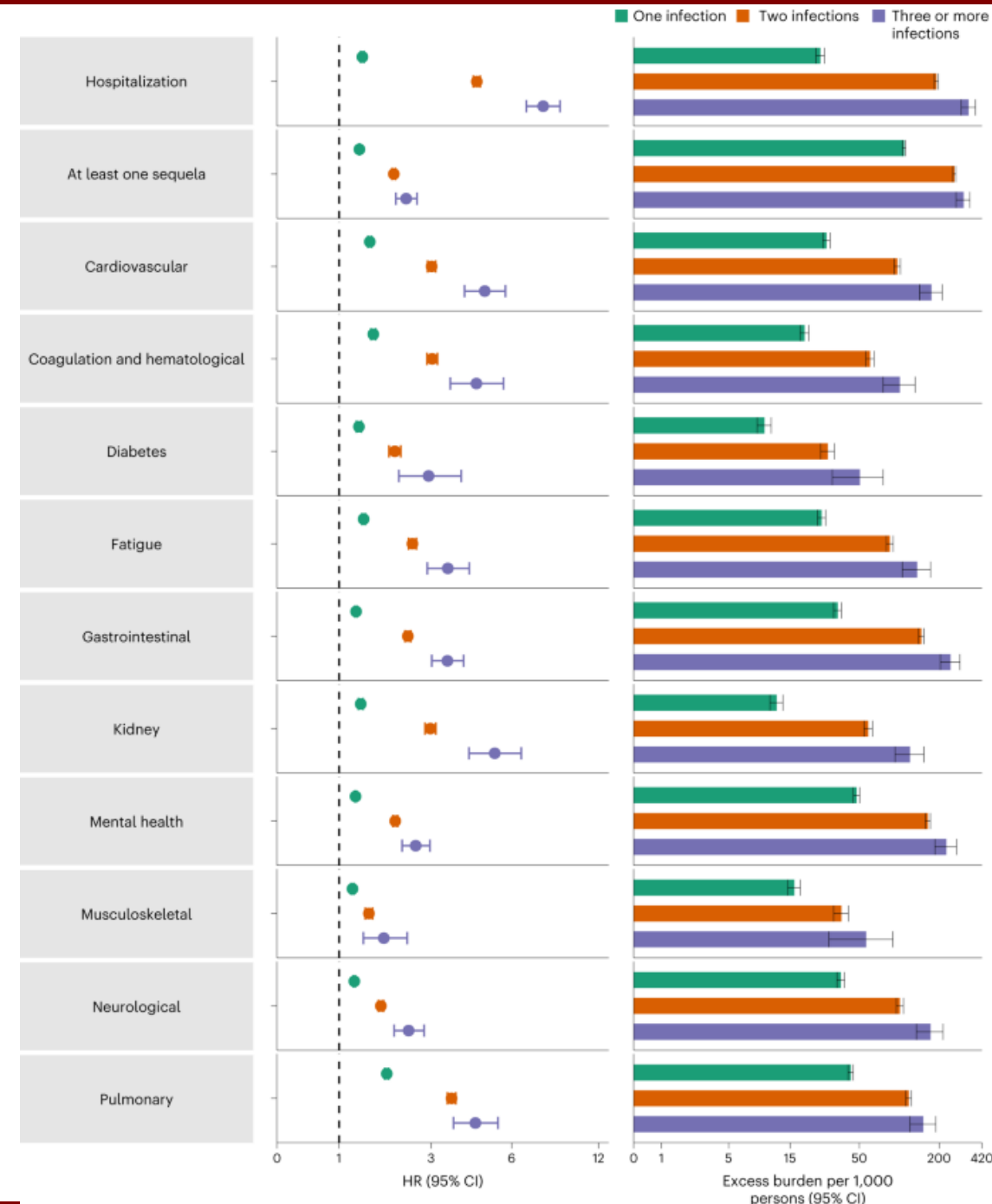
26.9%

[About These Data](#) | [View Footnotes and Download Data](#)

CDC | Data as of: November 9, 2022 6:00am ET. Posted: November 10, 2022

## Reinfection Worse than Initial Infection?

- New analysis of large VA system shows SARS-CoV-2 reinfection is associated with **increased risk of all-cause mortality, hospitalization and a wide range of long COVID complications** compared to those with no reinfection
- Significant limitations wide to interpretation
  - Median age 60
  - 87% unvaccinated
  - Had to be documented reinfection with positive test





# How to incorporate COVID-19 vaccines into your daily practice

# Fall COVID-19 Vaccine “Reset”

With it being Fall and back to school using this time to reset/refresh ourselves:  
Prepare for cold and flu season

Utilize the fall to give COVID-19 vaccine boosters but all other vaccines and  
influenza vaccines to our patients

Focus on getting COVID-19 primary series to any patient or parent in need

Educating staff, providers, parents and providers that COVID-19 boosters are  
coming for younger children

# Battling Vaccine Recommendation Fatigue

Clinicians and staff are growing tired and discouraged by the effort required to encourage some patients to get vaccinated.

When discussing the COVID vaccine, approach more as a human, less as a clinician:

1. **Your patient can be your ally**
2. **Roll with resistance**
3. **Use personal stories but don't take it personal!**
4. **Keep the conversation going**

# 10 Steps to Increase Vaccination

- School Located Vaccine Clinics
- Work- Place Vaccination
- Vaccine Requirements
- Effective Messenger
- Combating Misinformation
- Vaccine Ambassadors
- Clinical Practice Standardization
- Medical Reminders
- Motivational Interviewing
- Financial Incentives



# CDC Guidance to Immunization Practice

Planning Activities

Preclinic Activities

Clinical Day

Post-clinic

# New COVID-19 Providers

## Phase I: Routine Vaccine Planning Activities

### Clinic Challenges

- Need to get CDC approval
- ICARE access
- Order vaccine
- Education
  - Staff education
  - Storage
  - Ordering
- Need to observe patients
- COVID-19 Precautions

### Clinic Strengths

- Clinics have the knowledge and experience to vaccinate
- Utilize established primary care immunization models and strategies like with Influenza and HPV
- Are trusted members in the community patients want to be vaccinated in their medical home

# Phase I: Planning activities needed to incorporate COVID-19 vaccine into daily routine

## Leadership Roles/Responsibilities

- Reimbursement/Billing codes Updated
- VFC COVID-19 provider
  - Data requirement
  - Vaccine Handling
- Logistics
  - Injection only clinic
  - Anticipating increase daily workflow
- Training Staff

## Clinic Staffing

- Roles
  - PSR
  - Vaccinators
  - Billers and coders
- Clinical Education
  - COVID-19 Vaccine Immunization Schedule
  - Dose determined by age
  - Dose



Learn more about **v-safe**  
[www.cdc.gov/vsafe](https://www.cdc.gov/vsafe)



**I-VAC**  
ILLINOIS VACCINATING  
AGAINST COVID-19



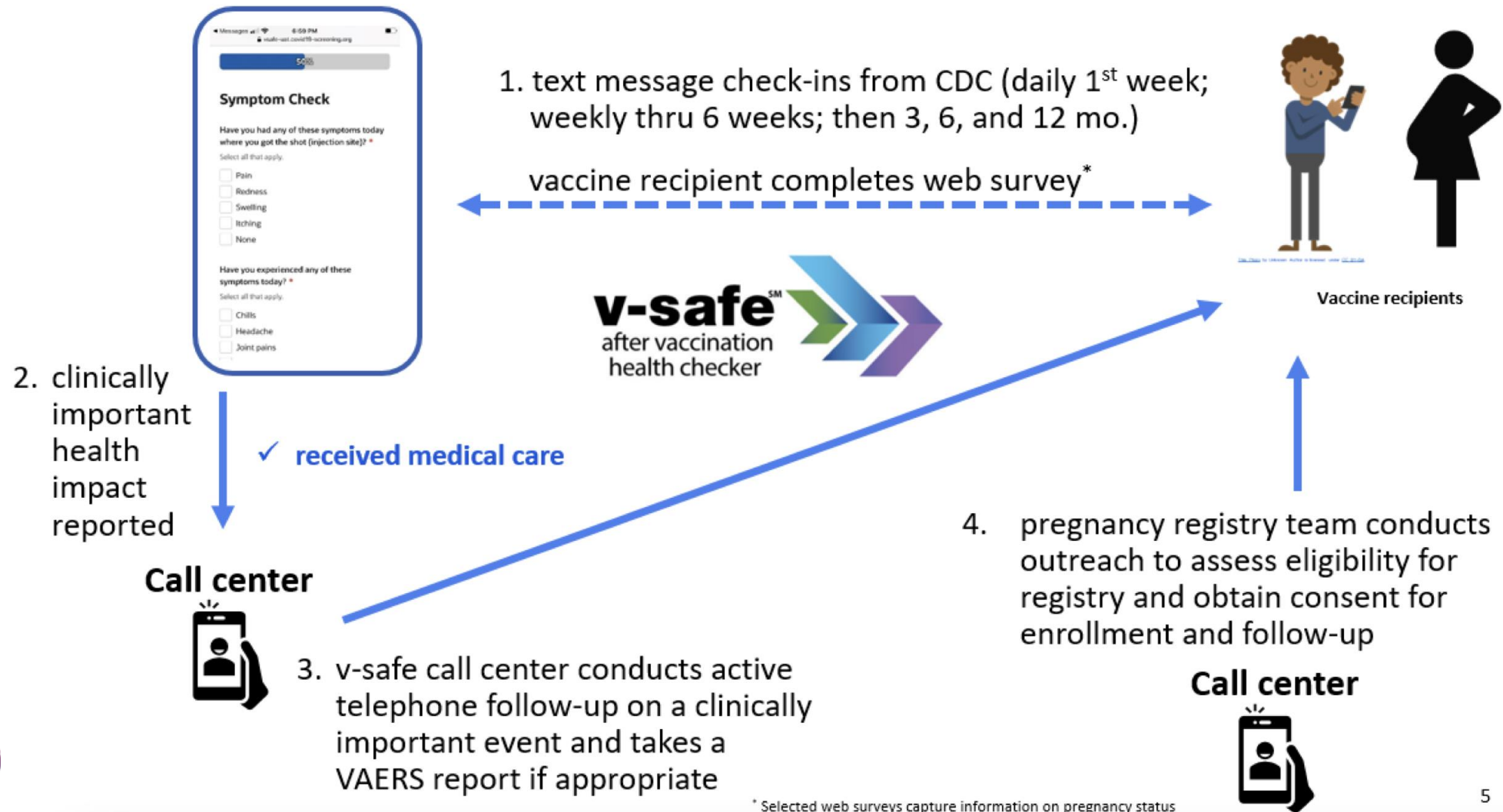
**Aim your smartphone's  
camera at this code**



**(((ECHO)))**  
CHICAGO



# V-SAFE



# Vax Verify

## How it works

Take these four steps to view your immunization history.



### Register Yourself

Enter the name and address you use with your primary care provider. Take the time to get your information correct.



### Account Activation

Click the link in the registration email (check your spam folder). Complete password setup process.



### Identity Verification

Proceed by answering questions to verify your identity. See FAQs for Experian identity verification details.



### View Immunizations

See your immunization records. Print, download, and get your COVID SMART Health card!

# COVID-19 Clinic Supplies

## COVID-19 Supply Kits (optional)

- Alcohol Pads
- Surgical masks/Face Shields
- Needles
- Syringes
  - 1 mL
  - 3 mL (reconstitution pack)
- Chart
  - Needle gauge and length
- CDC vaccine cards (100)

## Additional Clinic Supplies

- Patient Care
  - Band-aids
  - Gauze
  - Treats/Stickers
  - Emergency Kit
- Office Supplies
  - Pens
  - Clip boards
  - Garbage bags

# How can providers and staff make COVID-19 vaccine administration easy?

- Incorporate clinical staff into the decision-making process regarding vaccine delivery or logistics?
  - Since it is Fall can we do more COVID-19 vaccines and flu shots in clinic?
- Unlike other vaccines we can pre-mix or pre-draw COVID-19 vaccine and they are good for 12 hours
- Premix COVID-19 vaccines for clinic day
- Important to make sure these pre-mixed vaccines are discarded at the end of clinical day
- Do you have a labeling system? What works for your group?



# Fall Reset

- Vaccine wastage is expected, and clinic will not be penalized
- Adopt practices that will work for your team
- Encourage staff, MA's, RN's and PSR to attend IVAC virtual bootcamps, IVAC Regional Advisor office hours, or these sessions
- Incentives with time off or lunch for time for job well done

# Storage & Handling Pfizer

AGE INDICATIONS	6 months through 4 years	5 years through 11 years	5 years through 11 years	12 years and older	12 years and older
FORMULATION	Primary Series	Primary Series	Single Bivalent Booster Dose	Primary Series	Single Bivalent Booster Dose
VIAL CAP COLOR/ LABEL WITH COLOR BORDER	Maroon	Orange	Orange/ Bivalent label	Gray	Gray
PREPARATION	Dilute Before Use	Dilute Before Use	Dilute Before Use	Do Not Dilute	Do Not Dilute
AMOUNT OF DILUENT NEEDED PER VIAL <sup>a</sup>	2.2 mL	1.3 mL	1.3 mL		
DOSE VOLUME/DOSE	0.2 mL/3 mcg	0.2 mL/10 mcg	0.2 mL/10 mcg	0.3 mL/30 mcg	0.3 mL/30 mcg
DOSES PER VIAL	10 primary (after dilution)	10 primary (after dilution)	10 booster (after dilution)	6 primary	6 booster
ULT FREEZER (-90°C TO -60°C) <sup>b</sup>	12 months				
FREEZER (-25°C TO -15°C)	DO NOT STORE				
REFRIGERATOR (2°C TO 8°C)	10 weeks				
ROOM TEMPERATURE (8°C TO 25°C) including any thaw time	12 hours prior to first puncture				
AFTER FIRST PUNCTURE (2°C TO 25°C)	Discard after 12 hours				

<sup>a</sup> Diluent: Sterile 0.9% Sodium Chloride Injection, USP. Do not use bacteriostatic 0.9% Sodium Chloride Injection or any other diluent.

<sup>b</sup> Regardless of storage condition, vaccines should not be used after 12 months from the date of manufacture printed on the vial and cartons.

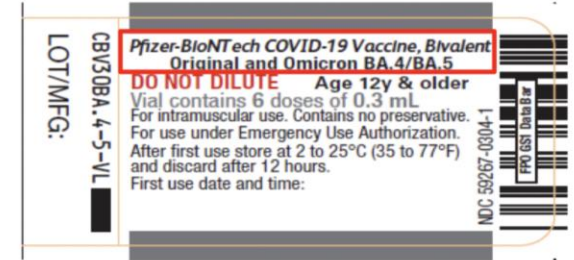
# Pfizer Vaccine

- Primary series
  - Monovalent
- Bivalent
  - Original
  - Omicron

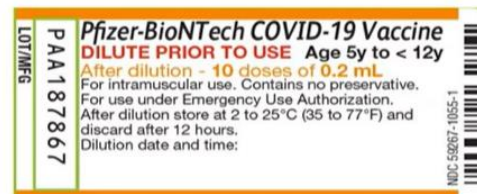
Monovalent label  
Primary series only  
Ages 12 years and older



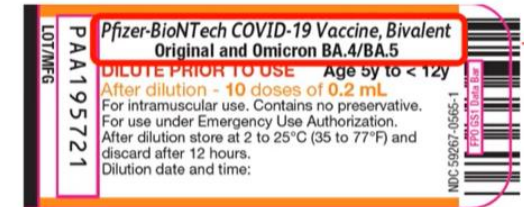
Bivalent label  
Booster dose only  
Ages 12 years and older



Pfizer-BioNTech COVID-19 Vaccine  
Primary Series Only\*



Pfizer-BioNTech COVID-19 Vaccine, Bivalent  
(Original and Omicron BA.4/BA.5)  
Booster Dose Only\*



Pfizer-BioNTech COVID-19 Vaccine, Bivalent  
Original and Omicron BA.4/BA.5

CHICAGO

# Storage & Handling Moderna

AGE INDICATIONS AND FORMULATION	6 months through 5 years (Primary Series)	6 years through 11 years (Primary Series)*	12 years and older (Primary Series)**	6 years and older (Single Bivalent Booster Dose)
VIAL CAP COLOR	Dark Blue	Dark Blue	Red (5.5 mL)	Dark Blue
VIAL LABEL BORDER COLOR	Magenta	Purple	Light Blue	Gray
PREPARATION	Do Not Dilute	Do Not Dilute	Do Not Dilute	Do Not Dilute
DOSE VOLUME/DOSE	0.25 mL/25 mcg	0.5 mL/50 mcg	0.5 mL/100 mcg primary	<ul style="list-style-type: none"> <li>6 to 11 years old: 0.25 mL/25 mcg</li> <li>12 years and older: 0.5 mL/50 mcg</li> </ul>
DOSES PER VIAL	10 primary	5 primary	11 max primary	Varies by age: <ul style="list-style-type: none"> <li>6 to 11 years old: 10 booster</li> <li>12 years and older: 5 booster</li> </ul>
ULT FREEZER (-90°C TO -60°C)	DO NOT STORE			
FREEZER (-50°C TO -15°C) <sup>a</sup>	Until expiration			
REFRIGERATOR (2°C TO 8°C)	30 days			
ROOM TEMPERATURE (8°C TO 25°C) including any thaw time	24 hours			
AFTER FIRST PUNCTURE (2°C TO 25°C) <sup>b</sup>	Discard after 12 hours			





<sup>a</sup> Regardless of storage condition, vaccines should not be used after the expiration date.

<sup>b</sup> After a vial is punctured 20 times it should be discarded even if the 12-hour time limit has not been met.

\* Can be used as a dose in those who received a J & J primary dose.

\*\* Although labels may state "booster doses only", the blue cap, purple label border presentation is only for use as a *primary* dose in ages 6-11

# Moderna Vials

Primary Series Ages 6 months – 5 years	Primary Series Ages 6 – 11 years	Primary Series Ages 12+	Bivalent Booster Ages 6+
			



# Preparing Vaccine

## DO

- Allow the vaccine and diluent (if necessary) to come to room temperature
- Check the expiration dates of the vaccine and diluent **BEFORE MIXING**
- Only use diluent from a single draw

## DO NOT

- Re-freeze thawed vaccines
- Combine residual vaccines from multiple vials to obtain a full dose
- Shake vaccines or diluent
- **NEVER** use expired vaccine or diluent

# Preparation Best Practices

- ▷ Prepare vaccines in a designated area away from any space where potentially contaminated items are placed
- ▷ Only prepare vaccines when you are ready to administer them
- ▷ Always check expiration dates and confirm that you have selected the correct vaccine
  - ▷ Confirm the product and dose are age-appropriate
- ▷ Extra care should be taken when preparing multi-dose vials in order to avoid contamination



# Premixed Pfizer



# Clinical Day: Pre-clinic Staff Huddle

## Check in

- Need to complete Consent
  - Screening
- Receive VIS/ EUA
- Administrators
  - Give Consent
  - Start COVID-19 Vaccine card
  - Use pre-printed labels

## Staff

- Reconstitution (Mixologists)
  - Reconstituting and labeling vaccine
- Vaccinators
  - Reviewing Consents
  - Giving vaccines
  - Document

# Clinical Day

## Clinical Flow

- Check in
  - Need to complete Consent
  - Screening
- Receive EUA
- Administrators/PSR's/Front Desk
  - Give Consent
  - Start COVID-19 Vaccine card
- Observation

## Staff

- Reconstitution (Mixologists)
  - Reconstituting and labeling vaccine
- Vaccinators
  - Reviewing Consents
  - Giving vaccines
  - Document

# Phase IV: Post Clinical Activities

- Debrief Huddle
  - Recap
- Vaccine Count
  - Vaccines used
  - Vaccines that were wasted
- Vaccine Handling/Storage
- Weekly Report Vaccine Stock on Vaccine finder
  - <https://covid.locating.health/login>
- Data Requirement
  - Need to document vaccine waste on ICARE
  - Can be done daily or weekly





# Phase IV: Reimbursement for Administration as of April 5<sup>th</sup>, 2022

## COVID-19 Coverage for the Uninsured



The **Federal** HRSA COVID-19 Uninsured Program (UIP) stopped accepting claims for testing and treatment on March 22, 2022 and claims for vaccine administration on April 5, 2022 due to lack of funding. The **Illinois** Healthcare and Family Services (HFS) COVID-19 Uninsured Program is separate from the Federal HRSA program and will continue through the end of the federal public health emergency. This means you will still be reimbursed for some COVID-19 related services, like testing and vaccine administration for the uninsured. See memo [here](#) and more information about the HFS program below:

- This program reimburses providers for COVID-19 testing and testing-related services provided to uninsured individuals on or after March 18, 2020. Always check for existing Medicaid first.
- Reimbursement through this program is available regardless of income, citizenship, or immigration status.
- HFS will reimburse providers for COVID-19 testing and testing-related services at Medicare rates, when the code is listed on the [HFS COVID-19 Fee Schedule](#), regardless of whether the service is provided via telehealth or face-to-face.
- Any codes not included on the COVID-19 Fee Schedule will be reimbursed at Medicaid rates.

Reminder: Check MEDI to see if the patient is already on Medicaid before using the uninsured portal. The rates are the same (Medicare). Alternative resources for uninsured individuals who need COVID-19 services or other health care coverage include: [Medicaid enrollment](#), [Healthcare marketplace enrollment](#), [COVIDtests.gov](#), [HRSA.gov](#)



# COVID-19 Providers

HFS is paying providers \$42 administration fee for giving COVID vaccines!!!!

## COVID-19 Vaccine Providers Remember:

- COVID-19 vaccine must be provided free of charge to patients. Charging patients some or all of COVID-19 vaccine administration is a violation of federal law. It can be reported to the [HHS Office of the Inspector General \(OIG\)](#).
- Per the Centers for Disease Control and Prevention's Requirements for COVID-19 Vaccination Program Providers, providers must continue to administer COVID-19 vaccines at no out-of-pocket cost to recipients.
- All organizations and providers participating in the CDC COVID-19 Vaccination Program (which currently includes any provider administering COVID-19 vaccine): Must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay.

## Phase IV: Reimbursement for Administration

- Visit the [Illinois Department and Family Services \(IHFS\) website](#) and AAP [resource](#) for reimbursement information
  - Vaccine Counseling Coverage and Vaccine Additional Dose and Booster Dose Clarification added
- <https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn220322a.aspx>
- <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-vaccine-for-children/covid-19-vaccine-administration-getting-paid/>

# Some CPT Codes

Vaccine Manufacturer	Product CPT	First Dose	Second Dose	Third Dose	Booster
Pfizer Adult (grey cap)	91305	0051A	0052A	0053A	0054A
Pfizer 5-11 (orange cap)	91307	0071A	0072A	0073A	N/A
Pfizer 6m-<5 (maroon cap)	91308	0081A	0082A	N/A	N/A
Pfizer Bivalent Booster	91312	0124A	N/A	N/A	N/A
Moderna (Spikevax)	91301	0011A	0012A	0013A	N/A
Moderna (Spikevax) 6m-<6years	91311	0111A	0112A	0113A	N/A
Moderna Bivalent Booster	91313	0134A	N/A	N/A	N/A
Janssen (Johnson & Johnson)	91303	0031A	N/A	N/A	0034A
Novavax	91304	0041A	0042A	N/A	N/A

# Questions?

Next Session: Wednesday, November  
30<sup>th</sup>

For any questions, email us at  
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