COVID-19 Vaccine Plan Overview

Advisory Committee

October 21, 2020
Agenda

3. Update on Plan Submission

8. Update on Clinical Trials

10. Communication Resources

28. Moving to Operationalizing
Agenda Topic One

Update on Plan Submission
NC COVID-19 Vaccination Plan: Vision of Success

GOAL
Immunize every person living in North Carolina who is eligible and wants to receive a COVID vaccine

GUIDING PRINCIPLES

- All North Carolinians have equitable access to vaccines
- Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations
- Transparent, accurate, and frequent public communications is essential to building trust
- Data is used to promote equity, track progress and guide decision-making
- Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation
**NC COVID-19 Vaccination Plan**

### Four phases of NC COVID-19 Vaccination Plan

<table>
<thead>
<tr>
<th>Planning</th>
<th>Implementation</th>
<th>Adjustment</th>
<th>Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>Potentially limited vaccine supply, 2020</td>
<td>Large # of vaccine doses available, 2021</td>
<td>Sufficient supply for entire population to become routine vaccine</td>
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<tr>
<td>Communications</td>
<td>• Expect high vaccine hesitancy and build a foundation of trust (e.g. increase knowledge, set expectations, lead with equity)</td>
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<tr>
<td>Key Planning Activities</td>
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<tr>
<td>Planning and Operations</td>
<td>• NC COVID-19 Vaccine Advisory Committee convened by NCIOM and HMP Advisory Group to inform vaccination plan development</td>
<td>• Prioritizing Critical Populations: Framework based on federal recommendation (e.g., National Academy of Medicine) and guidance from independent Vaccine Advisory Committee convened by NC Institute of Medicine</td>
<td>• Vaccination Provider Outreach and Enrollment: Started with hospitals and LHDs, next priority providers that reach critical populations (e.g., community health centers)</td>
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<td></td>
<td></td>
<td>• Vaccination Administration Data Reporting: End-to-end system needed to meet federal reporting and functionality requirement. Exploring CDC’s new Vaccine Administration Management System (VAMS) and alternative solution.</td>
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Interim state level plan submitted October 16th. Guidance for state, local, tribal partners

## North Carolina’s Four Phase Prioritization

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>PHASE 4</th>
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</thead>
<tbody>
<tr>
<td><strong>Est. 727,000 – 951,000 individuals</strong></td>
<td><strong>Est. 1.18 M – 1.57 M individuals</strong></td>
<td><strong>Est. 574,000 – 767,000 individuals</strong></td>
<td><strong>Est. 3.60 M – 4 M individuals</strong></td>
</tr>
</tbody>
</table>

**PHASE 1a: ~ 140,000 – 161,000 (see next slide for subgroup estimates)**
- Health care workers and COVID responders at high risk of exposure based on work duties or vital to the initial COVID vaccine response
  - High risk of exposure is defined as those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, performing procedures at high risk of aerosolization (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR), handling decedents with COVID, administering vaccine in initial closed or targeted vaccination clinics.
  - Population includes: nurses, physicians, respiratory techs, dentists, hygienists, nursing assistants, environmental services staff, EMT/paramedics, home health workers, personal care aides, community health workers, morticians/funeral home staff, pharmacists, public health nurses, public health and emergency preparedness workers who meet the above definition of “high risk of exposure.”
- LTC staff (SNFs, adult care homes, family care homes, group homes, and ICF-IDDs)

**PHASE 1b: ~ 587,000 – 790,000 (see next slide for subgroup estimates)**
- LTC residents (SNFs, adult care homes, family care homes, group homes, and ICF-IDDs)
- Adults with high risk of complications per CDC and staff of congregate living settings

**Operationally prioritize settings based on risk of exposure**
- Migrant farm and fisheries workers in congregate housing with 2+ Chronic Conditions* or > age 65
- Incarcerated individuals with 2+ Chronic Conditions* or > age 65 and jail and prison staff
- Homeless shelter residents with 2+ Chronic Conditions* > 65 and homeless shelter staff
- Health care workers not included in Phase 1A with 2+ Chronic Conditions
- Frontline workers with 2+ Chronic Conditions at high risk of exposure (firefighters, police, workers in meat packing plants, seafood and poultry not in congregate housing, food processing, preparation workers and servers, manufacturing, construction, funeral attendants and undertakers not included in Phase 1A, transportation workers, retail workers (including grocery store workers), membership associations/org staff (e.g., religious orgs), child care workers, and workers in government, public health, emergency management and public safety whose functioning is imperative to the COVID-19 response)
- Other Adults with 2+ Chronic Conditions*

*For all populations 2+ Chronic conditions mean those defined by CDC as increased risk for COVID (Cancer, Chronic kidney disease, COPD, Immunosuppressed from organ transplant, Obesity, Serious heart condition, Sickle Cell disease, Type 2 Diabetes)

**PHASE 2**
- Migrant Farm/fishery workers in congregate living without 2+ Chronic Conditions
- Incarcerated individuals without 2+ Chronic Conditions
- Homeless shelter residents without 2+ Chronic Conditions
- Frontline workers at high or moderate risk of exposure without 2+ Chronic Conditions
- All other Health Care Workers not included in Phase 1A or 1B
- Teachers and school staff
- Other adults age 18-64 with one chronic condition
- 65+ year olds with one or no chronic conditions

**PHASE 3**
- Workers in industries critical to the functioning of society and at increased risk of exposure who are not included in Phase 1 or 2
- K-12, college students

**PHASE 4**
- Remaining population
## NC COVID-19 Vaccine Operational Plan: Overview

<table>
<thead>
<tr>
<th>Planning</th>
<th>Implementation</th>
<th>Adjustment</th>
<th>Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Where we are now</strong></td>
<td>Begins when first vaccine doses are allocated to states</td>
<td>Large number of vaccine doses available</td>
<td>Sufficient supply of vaccine doses for entire population</td>
</tr>
<tr>
<td><strong>Populations</strong></td>
<td>• Establish priority groups</td>
<td>• Continue to move through phased populations as vaccine supply allows</td>
<td>• Offer vaccination to all populations through Phases 3 and 4</td>
</tr>
<tr>
<td><strong>Vaccination Channels</strong></td>
<td>• N/A</td>
<td>• Require more points of access, mass vaccination clinics, and broad vaccination sites</td>
<td>• Vaccination in established channels&lt;br&gt;• Fewer mass, mobile, or community-based clinics</td>
</tr>
<tr>
<td><strong>Enrollment/Ordering/Allotment</strong></td>
<td>• Identify/enroll providers&lt;br&gt;• Expect CDC centralized distribution to providers</td>
<td>• Transition to provider ordering vaccines based on need for population and local demand</td>
<td>• Ordering similar to annual seasonal flu vaccine campaign</td>
</tr>
<tr>
<td><strong>Shipment</strong></td>
<td>• None shipped&lt;br&gt;• Expect vaccine and anc. supplies procured and distributed by fed gov’t</td>
<td>• Shipment minimum of 100 for most vaccines</td>
<td>• Move to high supply/lower demand</td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td>• Confirm capability for required functionality, data collection, and reporting</td>
<td>• Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements</td>
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Agenda Topic Two

Update on Clinical Trials
### Clinical Trial and Vaccine Approval

- **Pfizer** estimates they will be able to provide two months of safety data on half of the trial participants in the third week of November, and will not apply for EUA before then.

- Pfizer has received FDA permission to enroll adolescents as young as 12 in its Phase III trials.

- Johnson & Johnson has paused its Phase III clinical trial due to an “unexplained illness in a study participant.”

- AstraZeneca’s US trial remains on hold as the FDA broadens its investigation of a serious adverse event.

- Moderna declares that it will not enforce its vaccine patent.

### Federal Updates

- HHS official predicts that vaccine deliveries will begin in January 2021.

- FDA released guidance that imposes a heightened standard on Emergency Use Authorizations (EUAs) for COVID-19 vaccines.

- FDA rejects HHS’ proposal to rebrand Emergency Use Authorization as “pre-licensure.”

- HRSA’s revised FAQs clarify that the COVID-19 Uninsured Program will reimburse providers for the costs of COVID-19 testing, treatment, and vaccine administration for uninsured individuals, once a COVID-19 vaccine receives either an Emergency Use Authorization (EUA) or full licensure from the FDA.

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**Enrollment Trends by Week:**

- As of Friday, October 9, 2020, Moderna reports that 22,194 participants have received their second vaccination in the Moderna study, and approximately 34.5% of participants enrolled cumulatively are from diverse communities.

- HHS official predicts that vaccine deliveries will begin in January 2021.

- FDA released guidance that imposes a heightened standard on Emergency Use Authorizations (EUAs) for COVID-19 vaccines.

- FDA rejects HHS’ proposal to rebrand Emergency Use Authorization as “pre-licensure.”

- HRSA’s revised FAQs clarify that the COVID-19 Uninsured Program will reimburse providers for the costs of COVID-19 testing, treatment, and vaccine administration for uninsured individuals, once a COVID-19 vaccine receives either an Emergency Use Authorization (EUA) or full licensure from the FDA.
Agenda Topic Three

Communication Resources

• Vaccine Communication Coordinator Job Posting!!
  • https://www.governmentjobs.com/careers/northcarolina/jobs/2883882/vaccine-communications-lead?fbclid=IwAR23ZiZz0_IZEJxFLPtlahECmg-in9BjhU2uGfXucJm0Eb3QbkYXSDwC0I8

• Talking Points
• Infographic
• Vaccine 101
Talking Points

Goal
North Carolinians trust the information that they receive about COVID-19 vaccinations.

Pre-Vaccine Message Objectives (October 2020)
- Increase knowledge about vaccines.
- Increase understanding of the process to develop a COVID-19 vaccine(s)
- Set expectations on what will happen when a vaccine(s) is developed
- Demonstrate that North Carolina’s process is inclusive and responsive to historical injustices

1. Increase knowledge about vaccines. Use the flu vaccine as a touchpoint to explain vaccines, being transparent about limitations.

   Vaccines work by triggering your body to produce protective antibodies that help prevent or reduce the severity of the disease.
   - The flu vaccine is the single best way to prevent the flu and its complications. It lowers your likelihood of getting sick. And if you do catch the flu, it’s likely to be milder than if you weren’t vaccinated.
   - Each year, scientists and health experts develop seasonal flu shots to protect against the three or four flu strains that research suggests will be most common during the upcoming season.
   - The vaccine works by triggering your body to produce protective antibodies that help prevent the flu.
   - When we have a COVID vaccine, it will work the same way.

2. Increase understanding the process to develop a COVID-19 vaccine. Most people do not know how vaccines are developed and approved. For COVID-19, they equate speed with shortcuts. Build confidence in the process to date as we currently understand it, while recognizing that there is more science to do.

   Vaccines are approved by the Food and Drug Administration and will need to demonstrate that they are safe and can work.
   - For a vaccine to be approved, studies must show that it is safe and that it can prevent someone from catching COVID - that doesn't mean the vaccine will work 100% of the time, similar to the flu vaccine.
   - For the COVID vaccine, thousands of people have volunteered as part of research trials across the US and around the world to see if a vaccine prevents COVID illness and to learn more about its safety at the same time.
   - Promising vaccines are being manufactured at the same time they are being tested, so there will be an initial supply ready to go right away when the science shows which vaccines are found to be safe and effective.

3. Set expectations on what will happen when a vaccine is developed. Most people think having a vaccine means it will be widely available for anyone to get.

   Once we have a vaccine or vaccines, it will still be some time before it is widely available to everyone.
   - There are multiple vaccines being developed. In the beginning, some may only be approved for certain populations.
   - Once a vaccine is approved, it will take time for manufacturers to ramp up production.
   - States will receive limited supplies at the start. The CDC has shared general recommendations on who should get the vaccine first – like healthcare workers or people at high risk of severe disease. They have tasked states with making a more detailed list. That’s the work North Carolina is doing right now with input from a wide range of stakeholders.

4. Demonstrate that North Carolina’s process for vaccine planning and distribution is inclusive of diverse leadership and is responsive to historical injustices. Racism has been embedded in our health care systems and medical practices resulting in a legacy of violence, maltreatment, and neglect perpetrated against people of color. It is imperative that North Carolinians see that the state is engaging in an inclusive process that draws upon the experience and expertise of historically marginalized communities to develop and implement its vaccine plan.

   North Carolina is drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement its vaccine plan.
   - The North Carolina Department of Health and Human Services recognizes that longstanding racial and ethnic injustices in our health care system contribute to lack of trust in vaccines.
   - The Department also recognizes that its work is strongest when it is led by and engages people of diverse backgrounds and experiences.
Infographic

Developing, Manufacturing and Distributing a COVID-19 Vaccine

Multiple COVID-19 vaccines are being developed. Thousands of people have volunteered as part of research trials to see if a vaccine prevents COVID illness and to learn more about its safety in these overlapping steps. Promising vaccines are being manufactured at the same time they are being tested, so there will be an initial supply ready to go right away when the science shows which vaccines are found to be safe and effective. Once we have a vaccine or vaccines, it will still be some time before it is widely available to everyone. States will receive limited supplies at the start. North Carolina is drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement its vaccine distribution plan.

**PHASE 1 & 2: Safety & Dosing**
- 10s-100s of healthy volunteers
  - Are there any side effects? How many volunteers experience side effects?
  - What is the best vaccine dose to create an immune response with the fewest tolerable side effects?

**PHASE 2 & 3: Safety & Efficacy**
- >30,000 of volunteers
  - Does the vaccine prevent COVID-19 infection?
  - What are the most common side effects?
  - Do the benefits of the vaccine outweigh the risks?

**Approval & Distribution**
- FDA reviews the safety and efficacy data to determine if benefits are greater than risks
- An independent, non-FDA scientific committee reviews findings
- Vaccine is authorized and recommended for use (may only be for certain populations)
- Vaccine is labeled for use, benefits, side effects

**Manufacturing Preparation:** Manufacturing development, scaling up, quality-control testing

**Large-Scale Manufacturing:** Making millions of vaccine doses for nationwide distribution, continued quality-control testing of vaccine batches and manufacturing facilities. FDA and CDC continually monitor vaccinated patients for safety

**Availability:** Limited availability in the beginning. More widely available over time.
Vaccine 101
NC’s COVID-19 Response

Since the start of the pandemic, North Carolina took early and aggressive action to slow the spread of the COVID-19. Our response has been driven by science and data, frequent and transparent communications, and, addressing the disproportionate impact of COVID-19 on historically marginalized populations.

<table>
<thead>
<tr>
<th>Prevention</th>
<th>What the State is Doing</th>
<th>What You Can Do</th>
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</thead>
<tbody>
<tr>
<td>Slow the Spread</td>
<td>• Phased reopening to minimize spread of COVID-19</td>
<td>• Practice the 3Ws</td>
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<tr>
<td></td>
<td>• Require face coverings</td>
<td>• Share social media posts, videos, flyers to encourage people to practice the 3Ws</td>
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<td></td>
<td>• Promote the 3Ws (Wear, Wait, Wash)</td>
<td>• Follow NCDHHS guidance</td>
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<tr>
<td></td>
<td>• Preparing for a COVID-19 vaccine</td>
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<table>
<thead>
<tr>
<th>Testing and Tracing</th>
<th>What the State is Doing</th>
<th>What You Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know Who Has COVID-19 &amp; Who Has Been Exposed</td>
<td>• Build a statewide testing &amp; contact tracing infrastructure</td>
<td>• Get tested if symptomatic or if you think you are exposed to COVID-19</td>
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<tr>
<td></td>
<td>• Surge resources in hardest hit communities and populations</td>
<td>• Answer the call from the COVID-19 Community Team</td>
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<table>
<thead>
<tr>
<th>Isolation and Quarantine</th>
<th>What the State is Doing</th>
<th>What You Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support People to Stay Home</td>
<td>• Ensure access to non-congregate shelters for people who need to isolate</td>
<td>• Stay home when you can, especially when sick</td>
</tr>
<tr>
<td></td>
<td>• Enact policies to enable people to miss work and stay at home</td>
<td>• Support employees to stay home when sick to minimize the spread</td>
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</table>
Guiding Principles for NC COVID-19 Vaccine Planning and Distribution

**GUIDING PRINCIPLES**

- All North Carolinians have equitable access to vaccines
- Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations
- Transparent, accurate, and frequent public communications is essential to building trust
- Data is used to promote equity, track progress and guide decision-making
- Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation
How Do Vaccines Work?

To understand how vaccines work, you need to first understand how our body fights infections. Let’s take the example of an infection with a virus:

When we are exposed to a virus, our body’s immune system fights back.

To fight the virus, our immune system creates proteins – called antibodies.

Our immune systems create different antibodies for different viruses it meets.

After the infection, our immune system remembers and has antibodies ready to go faster if the virus reappears, helping to prevent us from getting sick.
How Do Vaccines Work?

It takes time for the body to build enough antibodies. Some viruses can make people very sick, and even die, because their immune systems aren’t able to fight it off.

That’s where vaccines come in:

Vaccines imitate an infection, so that our bodies think a virus is attacking and our immune systems create the antibodies that we need if the real virus attacks.

After getting vaccinated, you develop immunity to that disease so that your body remembers how to fight the virus in the future.
The Flu Vaccine

Let’s take the flu vaccine for example…

The flu vaccine is the **single best way to prevent the flu and its complications**

The flu vaccine **lowers your likelihood of getting sick**. And if you do catch the flu, it’s likely to be milder

The vaccine works by triggering your body to produce **protective antibodies** that help fight off an infection with the real flu virus

**How is it developed?**

Each year, scientists develop flu vaccines to protect against the 3-4 flu strains that research suggests will be most common in the upcoming season
## How are Vaccines Tested and Approved in the US?

Vaccines go through the following phases to be approved:

### PHASE ONE

**Safety & Dosing**

| 20-100 healthy volunteers |

**Questions Addressed:**
- Is the vaccine safe?
- Are there any serious side effects?
- How is the size of the dose related to side effects?

### PHASE TWO

**Safety & Immune Response**

| Several hundred volunteers |

**Questions Addressed:**
- What are the most common short-term side effects? Are they tolerable?
- How are the volunteers’ immune systems responding to the vaccine?

### PHASE THREE

**Safety & Efficacy**

| Thousands of volunteers |

**Questions Addressed:**
- Is the vaccine effective in preventing illness?
- What are the most common side effects?
- Is the vaccine safe?
# How are COVID-19 Vaccines Being Developed?

## Vaccine Timeline

- **Multiple** COVID-19 vaccines are being developed.

- Promising vaccines are being manufactured at the same time they are being tested, so there will be an **initial supply ready to go right away** when the science shows which vaccines are found to be safe and effective.

- Once we have a vaccine or vaccines, it will still be **some time before it is widely available** to everyone. States will receive limited supplies at the start.

## Volunteer Process

- **Thousands of people** have volunteered as part of research trials to see if a vaccine prevents COVID illness and to learn more about its safety in overlapping steps.

- There have been **intentional efforts to recruit historically marginalized populations** to participate in these vaccine trials. Significant barriers to overcome include racism that has been embedded into societal and health care systems, resulting in unequal access to care, maltreatment and neglect for historically marginalized communities.
Developing, Manufacturing, and Distributing a COVID-19 Vaccine

**PHASE 1 & 2: Safety & Dosing**

10s-100s of healthy volunteers
- Are there any side effects? How many volunteers experience side effects?
- What is the best vaccine dose to create an immune response with the fewest tolerable side effects?

**PHASE 2 & 3: Safety & Efficacy**

>30,000 of volunteers
- Does the vaccine prevent COVID-19 infection?
- What are the most common side effects?
- Do the benefits of the vaccine outweigh the risks?

**Approval & Distribution**
- FDA reviews the safety and efficacy data to determine if benefits are greater than risks
- An independent, non-FDA scientific committee reviews findings
- Vaccine is authorized and recommended for use (may only be for certain populations)
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**Manufacturing Preparation:** Manufacturing development, scaling up, quality-control testing

**Large-Scale Manufacturing:** Making millions of vaccine doses for nationwide distribution, continued quality-control testing of vaccine batches and manufacturing facilities, FDA and CDC continually monitor vaccinated patients for safety

**Availability:** Limited availability in the beginning. More widely available over time.
When Will a COVID-19 Vaccine be Approved?

**When scientific evidence demonstrates that a COVID-19 vaccine is safe and effective**

- Multiple COVID-19 vaccines in Phase 3 trials, the last major stage of data collection before Food and Drug Administration (FDA) approval

- In the United States, once a vaccine has demonstrated that it is safe and can prevent COVID-19, it will most likely be authorized under an FDA Emergency Use Authorization

- The Emergency Use Authorization authority allows FDA to help strengthen the public health protections by facilitating the availability and use of medicines needed during public health emergencies

- Even after vaccines are authorized, they continue to be closely monitored for safety by the FDA and CDC

When Will a COVID-19 Vaccine be Available?

Once we have an approved COVID-19 vaccine or vaccines, it will still be some time before it is widely available to everyone.

Once a vaccine is approved, it will take time for manufacturers to ramp up production, even if they started early.

Limited COVID-19 vaccine doses may be available by this year, but vaccine supply will increase substantially in 2021.

States will receive limited vaccine supplies at the start.

Until a vaccine is available for everyone and once a vaccine is available, we will need to keep practicing the 3Ws:

- **WEAR**: a cloth mask over your nose and mouth.
- **WAIT**: 6 feet apart. Avoid close contact.
- **WASH**: your hands or use hand sanitizer.
Racism embedded into societal and health care systems has resulted in unequal access to care, maltreatment and neglect for historically marginalized communities.

These longstanding racial and ethnic injustices in our health care system contribute to lack of trust in vaccines.

- North Carolina is drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement its vaccine plan.
- The prioritization for distribution is based on framework developed by an independent Vaccine Advisory Committee convened by the NC Institute of Medicine.
- Principles guiding prioritization were equity, maximization of benefits, transparency, operational feasibility, reliance on a strong evidence base, and “do no harm.”
North Carolina submitted an interim state level plan to the CDC that included the state’s approach to prioritizing populations for vaccination because vaccine supply will be limited initially.

**Four phases of risk-based prioritization** based on National Academy of Medicine and refined by NC COVID-19 Vaccine Advisory Committee. May be revised based on additional federal guidance, data from clinical trials, EUA criteria, and Advisory Committee for Immunization Practice recommendations.

**Phase 1 Prioritized groups:**
- Healthcare Workers at High Risk for exposure
- Long-Term Care Staff and Residents
- Adults with 2+ chronic conditions

Prioritizing people in high exposure settings – e.g., congregate living, front line workers
North Carolina’s Commitment

Provide early, transparent, consistent, and frequent communications so that North Carolinians:

- Trust the information that they receive from NCDHHS and local health departments about COVID-19 vaccinations
- Understand the benefits and risks of COVID-19 vaccinations
- Make informed decisions about COVID-19 vaccinations
- Know how and where to get a COVID-19 vaccination
Discussion

• Feedback/Questions?

• What else would be helpful?
Agenda Topic Four

Moving to Operationalizing
Provider Enrollment Overview

Providers must enroll in the US Government COVID-19 vaccination program. Providers will follow the below steps to successfully enroll, register, and prepare to administer COVID-19 vaccines:

*Providers with incomplete agreements receive a letter outlining applicable steps to remedy the exclusion.
Provider Enrollment Update

The state is facilitating enrollment with:

- Outreach, engagement, prioritization of providers for enrollment
- Creation of a stream-line electronic process
- Ensuring providers meet requirements

Provider Enrollment has begun:

- Focused on target entities for Phase 1a
  - Local Health Departments and Health Systems are enrolling
- Federal contract with pharmacy providers to vaccinate at Long Term Care Facilities currently open for sign up
- Next need to identify providers that can reach other critical populations
Thinking about Phase 1b

• Who do we need to reach? Who do we need to reach out to next?

• Who have we missed? Who else should we reach out?

• Who has contacts? Who can help?
## Phase 1b

<table>
<thead>
<tr>
<th>Group</th>
<th>Target Healthcare Entity(s)</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LTC residents</strong></td>
<td>Federal LTC/Pharmacy Program</td>
<td>Division of Health Service Regulation, Division of Public Health staff for pharmacy and LTC outreach</td>
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<td>LHDs</td>
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<td>LTC Pharmacies</td>
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<td>ICF-IDDs</td>
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<tr>
<td><em><em>Migrant farm and fisheries workers in congregate housing with 2+ Chronic Conditions</em> or &gt; age 65</em>*</td>
<td>FQHCs</td>
<td>NC Community Health Center Association</td>
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<td>Rural Health Centers</td>
<td>Office of Rural Health</td>
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<td>LHDs</td>
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<td>Farmworker Health Programs</td>
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<td><em><em>Incarcerated individuals with 2+ Chronic Conditions</em> or &gt; age 65 and jail and prison staff</em>*</td>
<td>Corrections Health</td>
<td>LHDs for local Jails, DPS - state</td>
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<td>Local Jails</td>
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<td>DPS Corrections</td>
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<td><em><em>Homeless shelter residents with 2+ Chronic Conditions</em> ≥65 and homeless shelter staff</em>*</td>
<td>FQHCs</td>
<td>Pharmacist PMs for those with pharmacies</td>
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<td>Free and Charitable Clinics</td>
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<td>LHDs</td>
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<td>Group</td>
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<tr>
<td>Health care workers not included in Phase 1A with 2+ Chronic Conditions</td>
<td>Pharmacies</td>
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<td></td>
<td>Hospitals</td>
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<td>LHDs</td>
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<tr>
<td>Frontline workers with 2+ Chronic Conditions at high risk of exposure</td>
<td>Occupational Health, esp for high density occupations</td>
<td>Division of Public Health/ Labor/Ag (multi-agency occupational technical assistance strike teams)</td>
</tr>
<tr>
<td></td>
<td>Pharmacies</td>
<td>LHDs, HPP, Police and Fire Associations</td>
</tr>
<tr>
<td></td>
<td>EMS Systems</td>
<td></td>
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<tr>
<td></td>
<td>LHDs</td>
<td></td>
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<tr>
<td></td>
<td>Police/Sherriff Offices</td>
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<tr>
<td></td>
<td>Fire</td>
<td></td>
</tr>
<tr>
<td>Other Adults with 2+ Chronic Conditions</td>
<td>Pharmacies</td>
<td>NC Board of Pharmacy</td>
</tr>
<tr>
<td></td>
<td>LHDs</td>
<td>NC Association of Pharmacists</td>
</tr>
<tr>
<td></td>
<td>Hospitals</td>
<td>CESPNI</td>
</tr>
<tr>
<td></td>
<td>Family Physicians</td>
<td>NC Academy of Family Physicians</td>
</tr>
<tr>
<td></td>
<td>Outpatient clinics</td>
<td>NC Medical Board</td>
</tr>
</tbody>
</table>
COVID-19 Data/IT Reporting System

NC requires an integrated end-to-end (E2E) solution to support multiple workflows in order to safely and successfully vaccinate North Carolinians against COVID-19

<table>
<thead>
<tr>
<th>Where we started</th>
<th>What we did</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Evaluated existing immunization system (NCIR) and identified multiple risks of using NCIR for COVID-19</td>
<td>Evaluated alternative options in parallel:</td>
</tr>
<tr>
<td>▪ Interviewed 8 vendors about their E2E solution, assessing features, functionality, timeline and cost</td>
<td>▪ Gathered detailed requirements for Accenture Salesforce E2E solution, including timeline and cost</td>
</tr>
<tr>
<td>▪ Solution assessment resulted in the selection of Accenture Salesforce</td>
<td>▪ Reviewed VAMS demos and accessed the Sandbox environment to further understand the solution</td>
</tr>
<tr>
<td>▪ Due to concerns around CDC Vaccine Administration Management System (VAMS) capability and schedule, decision was made to pursue a parallel approach of Accenture Salesforce and VAMS</td>
<td>▪ Gathered requirements for NCIR enhancements needed for VAMS deployment</td>
</tr>
<tr>
<td>▪ An E2E solution decision must be made by 10/25 (date when CDC will complete bulk upload in VAMS and providers will be notified to register)</td>
<td>▪ Developed evaluation criteria to facilitate the objective of making a recommendation</td>
</tr>
</tbody>
</table>

E2E Decision
Accenture Salesforce (CVMS)
COVID-19 Data/IT system Overview

Data Reporting Overview

• Required to report CDC provided data elements daily to CDC through NC system

• Will include integration with other IT systems
  • EHR connections under investigation

• May be required to report and maintain COVID-19 vaccination information on CDC’s Vaccine Finder

• NC has decided to go with the Accenture Salesforce solution (CVMS). This will build in Federal reporting requirements to be compliant and maintain compliance assistance with
  • Patient registration and scheduling
  • Clinic flow
  • Supply management
  • Patient record management
  • Reporting

Data Reporting Requirements during Enrollment Phase
Information on each enrolled vaccination provider/site:
• Provider type and setting
• Patient population (number and type of patients served)
• Refrigerated/frozen/ultra-cold temperature storage capacity with photos
• Logistical information for receiving COVID-19 vaccine shipments, including ship-to site information
• Prescriber information

Data Reporting Requirements during Implementation Phase
Data for planning
• Estimates of critical population categories
• Number and attributes of healthcare providers and facilities

Implementation data
• Number of enrolled COVID-19 vaccination providers
• COVID-19 vaccine supply and distribution
• COVID-19 vaccine administration locations
COVID-19 vaccine administration data