Preserving the Medical Home During COVID

COVID Vaccine Administration – Making the Most of your Visits and Maximizing Opportunities
Agenda

• Welcome and Introductions

• Vaccinating Children Against COVID-19 Should We or Shouldn’t We? AND Vaccine Best Practices in the Medical Home
  Dr. Robert Frenck

• Pediatric COVID-19 Update
  Dr. Chris Peltier

• Brainstorm – How Can Ohio AAP Help?
  Dr. Chris Peltier

• Addressing Vaccine Hesitancy – (Pre-Recorded)
  Dr. Lou Edge

• Wrap Up and Final Q and A
Objectives

1. Explain the reasons for needing a COVID vaccine for children.

2. Implement vaccine best practices in the medical home.

3. Gain knowledge of ways to address vaccine hesitancy.
Panelists

Robert Frenck, MD, FAAP
Director, Vaccine Research Center
Cincinnati Children’s Medical Center

Chris Peltier, MD FAAP
Pediatrician
Pediatric Associates of Mount Carmel, Inc.
Vaccinating Children Against COVID-19
Should We or Shouldn’t We?

Dr. Robert Frenck
Disclosures

• Dr Frenck is conducting clinical trials evaluating the Pfizer, Moderna and Astra Zeneca COVID-19 vaccines
• Dr Frenck was provided clinical trial support by Pfizer
• Dr Frenck is on vaccine advisory panels for Merck, Sanofi and Johnson and Johnson
Objectives

• Review current epidemiology of COVID-19 in children
• Discuss COVID-19 vaccine clinical trials being conducted in children
• Evaluate medical and ethical need to vaccinate children and adolescents against COVID-19
COVID-19 Definitions

• Infection
  – Able to detect organism in your body

• Disease
  – Infection with symptoms

• Moderate to Severe Disease
  – Hospitalization or worse
As of 10/21/21 – 6,295,648 cumulative confirmed child COVID-19 cases

- An increase of over 117,702 new cases in the past week
- An increase of about 248,277 new cases in the past 2 weeks
- At this time, it appears that severe illness due to COVID-19 remains uncommon among children
Incidence of COVID-19 in US by Age

COVID Data Tracker; CDC.gov, Oct 22, 2021
United States: Percent of COVID-19 Cases that were Children: Cases Added in Past Week and Cumulative

- Percent children, cases reported in past week
- Percent children, cumulative

Source: AAP analysis of publicly available data from state/local health departments
Note: Analysis excludes data from AL and MO due to change in definition of "child" case
TX reported age for only a small proportion of total cases each week (eg, 3-20%), TX cumulative cases through 6/26/21
As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 10/21/21, 4,536 cases were added)
United States: Child COVID-19 Cases Added in the Past Week, by Region

Week ending in

Source: AAP analysis of publicly available data from state/local health departments

Note: Regions are the US Census Regions

5 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21

TX reported age for only a small proportion of total cases each week (eg, 3-20%); TX cumulative cases through 8/26/21

As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21

Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 10/21/21, 4,536 cases were added)
COVID-19–associated weekly hospitalizations in children and adolescents in the US
COVID-19 Hospitalization in Adults in US by Vaccination Status

Rate per 100,000 population

COVID Data Tracker; CDC.gov, Oct 22, 2021

From: myvps.org
### Projected Pediatric Hospitalizations Based on Infection Rate

<table>
<thead>
<tr>
<th>SCENARIO: Percent of All Children Infected</th>
<th>Projected Number of Infected Children</th>
<th>Projected Number of Severely Ill Children</th>
<th>Projected Number of Critically Ill Children</th>
<th>Projected Number of Severely + Critically Ill Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>369,833</td>
<td>882</td>
<td>109</td>
<td>991</td>
</tr>
<tr>
<td>1.0</td>
<td>739,666</td>
<td>1,764</td>
<td>217</td>
<td>1,981</td>
</tr>
<tr>
<td>5.0</td>
<td>3,698,331</td>
<td>8,821</td>
<td>1,086</td>
<td>9,907</td>
</tr>
<tr>
<td>10.0</td>
<td>7,396,662</td>
<td>17,642</td>
<td>2,173</td>
<td>19,815</td>
</tr>
<tr>
<td>15.0</td>
<td>11,094,993</td>
<td>26,462</td>
<td>3,259</td>
<td>29,722</td>
</tr>
<tr>
<td>20.0</td>
<td>14,793,324</td>
<td>35,283</td>
<td>4,346</td>
<td>39,629</td>
</tr>
<tr>
<td>25.0</td>
<td>18,491,655</td>
<td>44,104</td>
<td>5,432</td>
<td>49,536</td>
</tr>
<tr>
<td>30.0</td>
<td>22,189,986</td>
<td>52,925</td>
<td>6,519</td>
<td>59,444</td>
</tr>
<tr>
<td>35.0</td>
<td>25,888,317</td>
<td>61,746</td>
<td>7,605</td>
<td>69,351</td>
</tr>
<tr>
<td>40.0</td>
<td>29,586,648</td>
<td>70,566</td>
<td>8,692</td>
<td>79,258</td>
</tr>
<tr>
<td>45.0</td>
<td>33,284,979</td>
<td>79,387</td>
<td>9,778</td>
<td>89,165</td>
</tr>
<tr>
<td>50.0</td>
<td>36,983,310</td>
<td>88,208</td>
<td>10,865</td>
<td>99,073</td>
</tr>
<tr>
<td>55.0</td>
<td>40,681,640</td>
<td>97,029</td>
<td>11,951</td>
<td>108,980</td>
</tr>
<tr>
<td>60.0</td>
<td>44,379,971</td>
<td>105,849</td>
<td>13,038</td>
<td>118,887</td>
</tr>
</tbody>
</table>
Why Do We Need COVID-19 Vaccines in Children?
(As of Oct 21, 2021)

- 584 children have died from the infection
- 24,073 children have been hospitalized
- 5217 with MIS-C
  - 62% are Hispanic or Black
- Over 6.3 million children have been infected
- The pandemic also has taken a toll on:
  - Children’s mental and emotional health
  - Social well-being, and
  - Educational experience

COVID-19 in Adolescents

• Nearly one third of adolescents aged 12–17 years hospitalized with COVID-19 required intensive care.
• 5% of those hospitalized require endotracheal intubation and mechanical ventilation

Murthy BP. MMWR 2021;70:1206–1213
# Pediatric Hospitalizations and Deaths in US from COVID vs Selected Viral Illness’, Pre-vaccination

<table>
<thead>
<tr>
<th>Virus</th>
<th>Hospitalizations (per 100,000)</th>
<th>Death per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID</td>
<td>22 (0-17 yrs old)</td>
<td>444 (as of Sept 2, 2021)</td>
</tr>
<tr>
<td>Influenza</td>
<td>34-92 (&lt;4 yrs old) 20-41 (5-17 yrs old)</td>
<td>110-192 (2016-2020)</td>
</tr>
<tr>
<td>Varicella</td>
<td>4-13 (0-20 yrs old)</td>
<td>50 (1970-1994)</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>1500 (≤ 5 yrs old)</td>
<td>20-60 (1999-2007)</td>
</tr>
<tr>
<td>Rubella</td>
<td>Not available</td>
<td>17 (1966-1968)</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>&lt;1 (0-15 yrs old)</td>
<td>3 (1990-1995)</td>
</tr>
</tbody>
</table>

Courtesy of Evan Anderson
Pfizer COVID-19 Vx Trial for 12-15 Year Olds

• 2260 adolescents 12-15 yrs old randomized 1:1 vaccine to placebo
• 2 doses 3 weeks apart, 30 ug dose
• Blood collected baseline and 1 month after 2nd dose
• Local and systemic reactogenicity collected for 7 days after each dose
• SAEs and unsolicited AEs collected for 6 months after dose 1.
• Immunogenicity safety and efficacy compared with 16–25 year-olds
• Participant asked to contact site if had COVID-like illness

Frenck et al. NEJM 27May 2021
Pfizer COVID-19 Vaccine, Local AEs, 12-15 yr old vs 16-25 yr old

Frenck et al. NEJM 27May 2021
Pfizer COVID-19 Vaccine, Systemic AEs, 12-15 yr old vs 16-25 yr old, Dose 2

Frenck et al. NEJM 27May 2021
Geometric mean ratio of 50% neutralizing titers 1 mo after
dose 2, 12–15 vs 16–25 years of age

<table>
<thead>
<tr>
<th>Assay</th>
<th>BNT162b2</th>
<th></th>
<th>BNT162b2</th>
<th></th>
<th>BNT162b2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12–15 years of age</td>
<td>16–25 years of age</td>
<td>12–15/16–25 years of age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>GMT (95% CI)†</td>
<td>n</td>
<td>GMT (95% CI)†</td>
<td>GMR (95% CI)†</td>
<td>Met noninferiority objective†</td>
</tr>
<tr>
<td>SARS-CoV-2 neutralization assay (NT50)</td>
<td>190</td>
<td>1239.5 (1095.5, 1402.5)</td>
<td>170</td>
<td>705.1 (621.4, 800.2)</td>
<td>1.76 (1.47, 2.10)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
# Pfizer COVID-19 Vaccine Efficacy, 12–15 years of age

<table>
<thead>
<tr>
<th>Efficacy endpoint</th>
<th>SARS-CoV-2 infection status</th>
<th>BNT162b2</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>n1* (N)</td>
<td>Surveillance time' (n2')</td>
</tr>
<tr>
<td>First COVID-19 occurrence from 7 days after dose 2</td>
<td>Without evidence of infection prior to 7 days after dose 2</td>
<td>0 (1005)</td>
<td>0.154 (1001)</td>
</tr>
<tr>
<td>First COVID-19 occurrence from 7 days after dose 2</td>
<td>With or without evidence of infection prior to 7 days after dose 2</td>
<td>0 (1119)</td>
<td>0.170 (1109)</td>
</tr>
</tbody>
</table>
Post-EUA Reported AEs

• Myocarditis
  – Annual background incidence about 20 per 100,000
  – 204 reports of myocarditis/pericarditis in Ontario, Canada after COVID-19 vaccine
  – 79.1 % occurred within 7 days of vaccine administration
  – 79.9% occurred in males
  – 69.6% occurred following second dose
  – Pfizer vaccine 37.4 per million doses administered following second dose
  – Moderna vaccine was 263.2 per million following the as second dose.
As of 10/20/21 — 13.5 million US children under age 18 having received an initial dose of COVID-19 vaccine

• 58% of 12-17 year-olds have had initial dose
• 48% are fully vaccinated
• 137,000 children received their initial dose this week — a slight increase over the record low of 131,000 the previous week
Proportion of Eligible US Children (Ages 12-17) Who Received At Least One Dose of the COVID-19 Vaccine by State of Residence

Pfizer Pediatric COVID-19 Vaccine Trials

• Three age ranges (5 yrs - <12 yrs; 2 yrs - <5 yrs; 6 mo - < 24 mos)
• All participants receive 2 doses of study product, 21 days apart.
• Part 1, dose finding, open label (10ug, 20ug, 30 ug were evaluated)
• Part 2, placebo controlled, expanded cohort
  – Randomized 2:1 (vaccine:placebo) using optimal dose from Part 1
  – 2250 (5-11 yrs), 1125 (2-4 yrs) and 1125 (6-24 mo)
• Outcome measures
  – Safety and tolerability
    • Local and systemic reactogenicity collected for 7 days after each dose
    • SAEs and unsolicited AEs collected for 6 months after dose 1.
  – Immunobridging within each age group to 16-25 year age group in Phase 3
    • Blood collected baseline and 1 month after 2nd dose
    • Immunogenicity safety and efficacy compared with 16–25 year-olds
  – Efficacy (if sufficient cases)
Results, Pfizer Pediatric COVID-19 Phase 2/3 Vaccine Trial, 5-11 year olds

- 2285 children randomized 2:1 to receive vaccine (10 µg) or placebo
- Adverse event profile was good and mirrored adolescent and adult data
- Immunogenicity of 10 µg dose in 5-11 year olds was equivalent to 30 µg dose in 16-25 year olds
- There were 3 cases COVID-19 in vaccine recipients vs 16 in placebo, vaccine efficacy 91%
Pfizer COVID-19 Vaccine, Local AEs, 5-11 year olds

Walter et al, NEJM Oct 2021
Pfizer COVID-19 Vaccine, Systemic AEs, 5-11 yr olds, Dose 2

Walter et al. NEJM Oct 2021
Geometric mean ratio of 50% neutralizing titers 1 mo after dose 2, 5-11 year olds vs 16–25 years of age

<table>
<thead>
<tr>
<th>Age group</th>
<th>BNT162b2 dose level (µg)</th>
<th>Number of participants</th>
<th>Geometric mean 50% neutralizing titer (95% CI)†</th>
<th>Geometric mean ratio (95% CI), 5–11 vs 16–25 years‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>5–11 yrs</td>
<td>10</td>
<td>264</td>
<td>1197.6 (1106.1, 1296.6)</td>
<td>1.04 (0.93, 1.18)</td>
</tr>
<tr>
<td>16–25 yrs</td>
<td>30</td>
<td>253</td>
<td>1146.5 (1045.5, 1257.2)</td>
<td>—</td>
</tr>
</tbody>
</table>

Walter et al, NEJM Oct 2021
COVID-19 “Untruths”

• COVID-19 vaccines **DO NOT**
  – Make you infertile
  – Modify your DNA
  – Cause you to test positive on PCR tests
  – Give you COVID
  – Make you magnetic
A Look to the Future

- COVID-19 vaccines have a good safety profile and protection against disease
- We now have 3 vaccines available through EUA
- Pfizer COVID-19 vaccine available now for children ≥ 5 yrs age
  - Moderna submitted data to FDA for 12–18 year olds in Jun 2021
- Vaccines for children 5-11 years old will be available by mid-Nov
- Vaccines for children under 5 likely will be spring-summer 2022
Q & A
Vaccine Best Practices in the Medical Home
Avoid Missed Opportunities

At every visit, ask yourself:

1. **Is a vaccine due?**
   - Check at every visit (well and sick visits)
     - Vaccines in many cases can still be provided during sick visits
     - Children may have gotten behind due to COVID-19
     - Schedule WCV for those in need of vaccines in a timely manner (those who may have cancelled or missed appts)
   - Provider reminders (staff reminding staff)
   - Help parents of new patients obtain vaccine records
     - Consent not needed to obtain/provide vaccine record

2. **Is there a reason to withhold vaccine?**
   - Contraindication or precaution present? (Screening Q)

3. **And give ALL vaccines that are due**
   Regardless of number of injections
   NO MAXIMUM NUMBER
Reminder & Recall is the single most effective way to improve immunization rates in a practice.

- **Remind** parent/provider that a vaccination is due
- **Recall** children who are past due for one or more vaccines
- Many parents may have cancelled appointments during COVID-19
- Practices should implement R & R for catch-up vaccinations and to keep patients on time
Use of Immunization-Only Visits

Do you offer...

Immunization-only visits?
Patients can walk in during office hours for a “Nurse Only” visit and get vaccinated.

Standing orders for nurses
Give nurses authority to:
• Assess a patient’s immunization status
• Administer vaccinations according to protocol approved by physician

• Practices should evaluate their participation in these best practices
• Preparations should be made now for an expected increase in the need for well care and vaccinations post-pandemic
Ohio’s
IMPACT-SIIS

- Consolidated, comprehensive immunization records
- Providers can generate reports for pre-appointment reminders and missed appointment recall notices
- Participation is FREE
Best Practices for Increasing Vaccine Rates

Do you....

- **Use an Immunization REMINDER and RECALL system for every patient.**
- Have someone you consider your “go to” person for vaccine questions?
- Allow shots to be given to children with minor illnesses like colds, diarrhea or low-grade fever?
- Give age-appropriate vaccines even when no vaccine record is available?
- Use combination vaccines?
**Vaccinating Outside of the Box**

- Consider “Drive through” immunization clinics
- Offer extended office hours to meet patient/family immunization needs
- Cultivate a relationship with your Local Health Department
- Limit potential exposure by offering
  - Curbside check-in
  - Separate waiting areas and rooms for ill and well care
Best Practices for Office Operations

Do you....

• Have a free Immunization Quality Improvement for Providers (IQIP) measurement of your immunization rates every 1-2 years?
• Become a Vaccines for Children (VFC) provider?
• Provide a current Vaccine Information Statement (VIS) to parents prior to an immunization at every visit and allow them to take it home?
• Check vaccine status at EVERY office visit?
• Have resource materials available to address vaccine concerns?
Pediatric COVID-19 Update
Dr. Chris Peltier
Multiple vaccine manufacturers are currently developing COVID-19 vaccines for children. Pending U.S. Food and Drug Administration authorization and Centers for Disease Control and Prevention recommendations, some details about the vaccine program are still forthcoming, and additional information will be forthcoming.
Timing

- **Oct. 26, 2021** – U.S. Food and Drug Administration’s (FDA’s) Vaccines and Related Biological Products Advisory Committee (VRBPAC).

- **Nov. 2-3, 2021** - Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP).
Pediatric COVID-19 Vaccine

The Pfizer-BioNTech COVID-19 Vaccine for 5 to 11-year-olds:

- Is a new product with different dosage from adult formulation.
- Has new packaging.
- Has a new national drug code (NDC).

The current product for adults and adolescents should not be used in children. The pediatric product should not be used for adolescents or adults.
The current Pfizer-BioNTech COVID-19 vaccine for adolescents and adults **should not** be used for children.
Pfizer-BioNTech Pediatric COVID-19 Vaccine

- Can be stored at ultra-low temperatures (minus 90 degrees Celsius to minus 60 degrees Celsius) for up to 6 months.
- Can be stored in refrigerator temperatures (2 degrees Celsius to 8 degrees Celsius) for up to 10 weeks.
- Punctured vial must be used within six hours.
Pfizer-BioNTech Pediatric COVID-19 Vaccine

Pending FDA authorization:

- Newly updated ultra-low shipper.
  - Smaller in size and weight.
- Each carton contains 10 multidose vials (100 doses).
  - First week’s shipment will be 300 doses.
- Each vial contains 10 doses.
- Preservative-free normal saline diluent is required.
  - Included in the ancillary kit.
  - 1.3mL required for dilution.
COVID-19 Vaccine Planning

Children 5-11 years old

- Ordering will open now.
- We anticipate order submissions no later than noon Wednesday, Oct. 20, using the ImpactSIIS Vaccine Ordering Management System (VOMS).
  - Requesting an allocation by ordering is strongly encouraged.
  - There will be future opportunities to order this pediatric COVID-19 vaccine.
  - Only plan to order if you anticipate administering pediatric vaccine to those ages 5 to 11 years old.
  - Not all providers are expected to administer vaccines to the pediatric population.
  - VOMS is open 24 hours daily, 7 days a week.
At this time, the minimum number of doses that can be ordered is 300.

- Future orders will be in increments of 100 doses.
- Smaller COVID-19 providers are encouraged to work with ODH to identify and form regional partnerships with other enrolled COVID-19 providers to help with equitable distribution.
Storage and Handling

COVID-19 Vaccine
Temperature Monitoring Standards

Temperature Monitoring Device minimum required functionalities:

• A temperature probe or sensor.
• An active temperature display that can be easily read from outside of the unit that can show current, minimum, and maximum temperatures.
• Resettable min/max functionality.
• Alarm for out-of-range temperatures.
COVID-19 Vaccine Temperature Monitoring Standards

**Daily Temperature Monitoring**
Providers who store vaccine should complete and document twice-daily temperature checks for each unit each day the office is open for services. This includes weekends or special vaccine clinic days that are outside of normal business hours. This information should be documented on ODH paper temperature logs located on the [ODH Pandemic Provider website](https://pandemicprovider.ohiod Harding).

For quality assurance purposes, ODH may request a copy of the facility’s temperature recordings.
Ordering Vaccine

Initial orders of pediatric formulation of the Pfizer-BioNTech vaccine will not be shipped until following approval by the FDA. Doses cannot be administered until recommended by the CDC.

Generally, anticipate 7-10 days from the date your vaccine order is entered into VOMS, and when the vaccine is delivered to your facility.
1. Log into ImpactSIIS.

2. Click on Inventory Management.

3. Click VOMS 2.0.
Step-by-step guide to placing order

On the **VOMS** screen:

1. Select site (if applicable).
2. Click **Orders & Returns**.
3. Click **Orders & Transfers**.
4. Click **NEW ORDER**.

**It may be necessary to reconcile your inventory before ordering.**
**Reconciling only your COVID-19 vaccine is acceptable.**
Step-by-step guide to placing order

It may be necessary to reconcile your inventory before ordering. Reconciling only your COVID-19 vaccine is acceptable.

Expand drop-down menu to Choose an Order Set.

October 2021
In VOMS, use these COVID-19 vaccine order sets for ordering doses:

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Select this order set to request Johnson &amp; Johnson (Janssen) vaccine.</td>
<td>• Select this order set to request Moderna vaccine shipped from the CDC/McKesson Distribution Center.</td>
<td>• Select this order set to request Pfizer vaccine repackaged through the Ohio Department of Health Receipt, Store, and Stage (RSS) warehouse.</td>
<td>• Select this order set to request Pfizer vaccine repackaged through the RSS warehouse.</td>
<td>• Select this order set to request Pfizer vaccine shipped from the manufacturer.</td>
</tr>
<tr>
<td>• Minimum order quantity is 100 doses.</td>
<td>• Minimum order quantity is 140 doses.</td>
<td>• Adult/adolescent dose minimum order quantity is 30 doses.</td>
<td>• Adult/adolescent minimum order quantity is 120 doses.</td>
<td>• Pediatric dose minimum order is 300 doses.</td>
</tr>
<tr>
<td>• Currently, this vaccine is shipped from the CDC/McKesson Distribution Center.</td>
<td>* Moderna vials now contain 14 doses.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Complete order entry

1. Enter total quantity in the Doses Requested field.

2. Enter high and low temperatures for your vaccine storage unit(s) since your last vaccine order in the Comments box.
   - Moderna and Pfizer orders will need freezer and refrigerator temperatures.

3. Click the NEXT button.
Adult/adolescent and pediatric doses of the Pfizer vaccine can be ordered from the same screen:

- Enter requested adult/adolescent formulation doses.
- Then, enter how many doses you would like of the pediatric formulation.
Verify shipping details, complete order

Verify the shipping address, contact information, and delivery hours.

If any of this information is incorrect, contact the ODH Provider Call Center: 1-844-963-4829.

Click Submit Order.
How to resume vaccine shipments

If your site requested to suspend shipments of COVID vaccine and you are ready to resume, please contact the ODH Provider Call Center at 1-844-9ODHVAX (1-844-963-4829) or email COVIDVACCINE@odh.ohio.gov to request to unsuspend shipments.

The COVID-19 enrollment team will process the request and contact your site if additional follow-up information is needed (temperature data, etc.).
Temporary Pfizer (Adult) Shipping Halt

- During the first week of roll-out and shipment of the new pediatric formulation of the Pfizer-BioNTech vaccine, there will be a brief period of time during which shipments of adult/adolescent doses of the Pfizer-BioNTech vaccine sent directly from the manufacturer will be halted.

- VOMS will continue to be available for providers to place orders for all COVID-19 vaccines during this time.

- The RSS Warehouse will continue to redistribute the Pfizer-BioNTech adolescent/adult vaccine throughout this interval.

- Providers are encouraged to plan ahead and place orders prior to Oct. 26 for Pfizer-BioNTech adult/adolescent vaccine that may be needed in early November.
Vaccine Wastage

- ODH recognizes that current vaccine supply, demand, and administration strategies may present an increased risk of vaccine wastage.
- The goal should always be to administer COVID-19 vaccines to those who choose to be vaccinated.
- Vaccine providers should make all reasonable efforts to minimize vaccine wastage and continue to vaccinate and reduce missed opportunities.
• $100 gift card for ALL Medicaid patients who receive COVID Vaccine
Provider Payment

• No cost for COVID vaccine itself
• Private insurance payment for administration code:
  – $39
• Medicaid payment for administration code:
  – $100
  – ***Ohio AAP Advocacy efforts instrumental in making this happen***
Resources

- Please review the **ImpactSIIS Job Aids and Videos page** on the ODH website.

Questions

- Send future questions to **impact@odh.ohio.gov**.
- Contact the ODH Provider Call Center at 1-844-9ODHVAX (1-844-963-4829) or email **COVIDVACCINE@odh.ohio.gov** with any questions.
Covid Vaccine Operations

Check out Dr. Lavin’s video on his experience with COVID vaccine operations for his clinic

Link in Chatbox

Dr. Arthur Lavin
Advanced Pediatrics
ODH School Quarantine Guidelines Update
New ODH School Quarantine Guidelines

• Goal is to limit the unintended consequences that quarantining students has on reducing in-school learning and added strains placed on parents, schools and local health departments
• Only applies to IN SCHOOL exposures to students and staff
• Incorporates mask-wearing and testing to reduce the chance of spread of COVID-19 within structured school settings
• Provides safe alternative to out-of-school quarantine
• If fully vaccinated or consistently wearing masks in school, students can already remain in the classroom
Mask To Stay

Direct contacts in a school environment, REGARDLESS of vaccination or masking status, may remain in the classroom if:

1. Wear a mask for 14 days after their last date of exposure
2. Self (or parent) monitor for symptoms
3. Isolate and get tested if symptoms of COVID-19 are experienced
4. Students and staff may discontinue these procedures after 7 days if
   1. Remain asymptomatic
   2. Have a NEGATIVE COVID test between days 5-7
Asymptomatic contacts in a school environment may continue to participate in extracurricular activities if:

1. Wear a mask when able, including
   - During transportation on team bus,
   - While in locker rooms,
   - Sitting or standing on sidelines
   - Any time the mask will not interfere with breathing, the activity they are participating, or create a safety hazard

2. Test on initial notification of COVID-19 exposure

3. Test again between days 5-7 following exposure. If negative, they will test out of quarantine after day 7 and can return to normal activities.
Q & A
Brainstorm - How Can Ohio AAP Help?
Let's Hear From You!
Addressing Vaccine Hesitancy

Dr. Lou Edge

(Pre-Recorded)
Combating COVID-19 Vaccine Hesitancy
Black and Latinx Communities

American Academy of Pediatrics, Ohio Chapter
Lou Edje, MD, MHPE, FAAFP
Wrap Up and Final Q and A
Ohio AAP wants to partner with practices to provide resources and support implementation of vaccine and well care best practices!

Please reach out to Kristen Fluitt at: kfluitt@ohioaap.org or let us know in the chatbox that you would like to work together.