



# **COVID-19 Vaccine Planning Healthcare Situational Call**

2020.10.30



# Presenters

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# Objectives

- Brief Data Overview
- Vaccine Planning – Healthcare Provider Survey
- Vaccine Planning – CDC Provider Document

# CHICAGO | COVID-19 Citywide Positivity Rate

**i** Last updated October 27, 2020  
Data for this dashboard is updated daily.

Select mode

Daily by  
Demographic

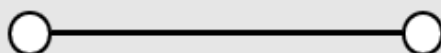
Weekly by  
ZIP

Positivity  
Rate

Select date range

10/1/2020

10/27/2020



## About

Positivity rate is the percentage of COVID-19 tests that come back positive, relative to the total number of tests performed. The positivity rate decreases if there are fewer cases of COVID-19 OR if the total number of tests increases. Only PCR tests are included in the positivity rate calculation.

Note: the positivity rate test counts do include multiple tests for the same person. Thus, the positivity rate will differ from the % positive metrics displayed on the Daily & Weekly modes of this dashboard.

To account for reporting lag, all 7 day rolling averages are as of 10/22/2020

[Reset to default](#)

built by  
**slalom**

## Current Positivity rate

Based on a 7 day rolling average

8.0% ▲

Prior wk.: 6.6%

## Tests performed (3/1/2020 - 10/27/2020)

Cumulative tests

1,392,739

Daily tests (7 day rolling average)

12,443 ▲

Prior wk.: 10,928 (14%)

## Confirmed cases (3/1/2020 - 10/27/2020)

Cumulative cases

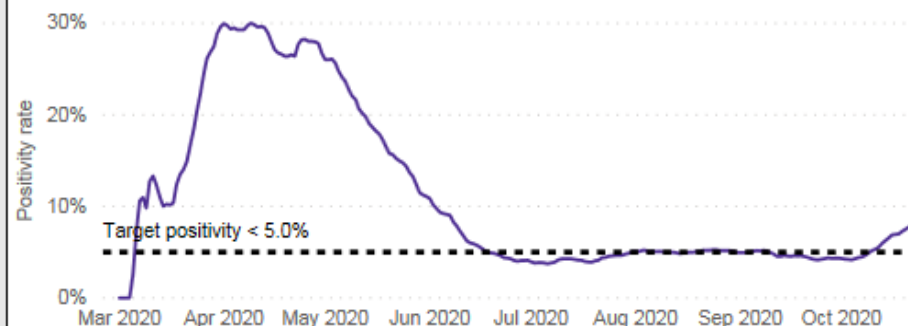
94,643

Daily cases (7 day rolling average)

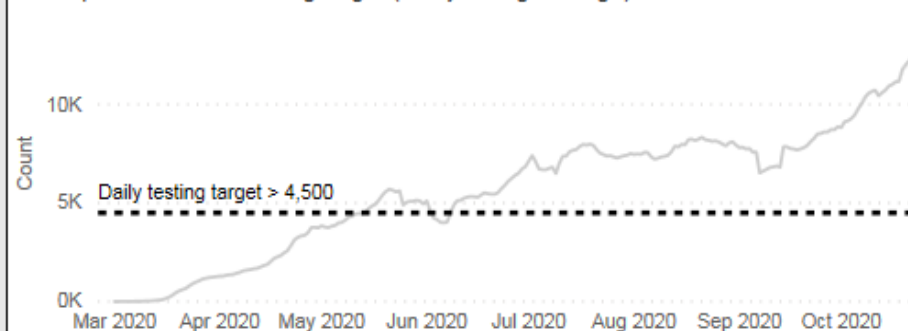
776 ▲

Prior wk.: 646 (20%)

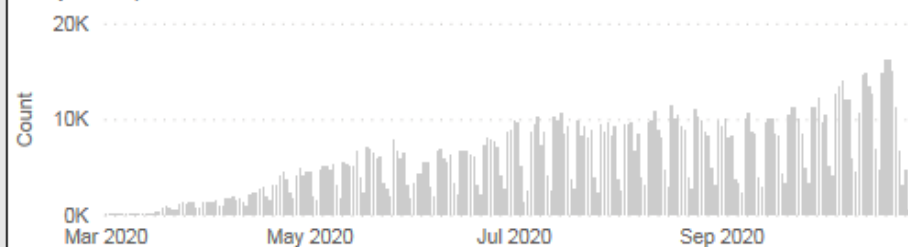
## Positivity rate and positivity target (7 day rolling average)



## Tests performed and testing target (7 day rolling average)



## Daily tests performed



# Hospital Capacity Dashboard

All Chicago hospitals are required to report bed and ventilator capacity, availability and occupancy to the Chicago Department of Public Health (CDPH) daily. This dashboard summarizes hospital resources across Chicago as of 11:59pm for that calendar day. Data are updated daily.

## Tables

### Acute Non ICU

### ICU

### Ventilators

### About the data

Last Updated (10/27/20... | (10/27/2020)

Overall Capacity, Occupied / In Use, and Availability						
	ICU Beds		Acute Non-ICU Beds		Ventilators	
	#	%	#	%	#	%
Occupied / In Use	910	71.4%	6,255	75.9%	565	27.4%
Available	364	28.6%	1,990	24.1%	1,497	72.6%
<b>Total Capacity</b>	<b>1,274</b>	<b>100.0%</b>	<b>8,245</b>	<b>100.0%</b>	<b>2,062</b>	<b>100.0%</b>

Occupied / In Use (Total)						
	ICU Beds		Acute Non-ICU Beds		Ventilators	
	#	% of capacity	#	% of capacity	#	% of capacity
Non-COVID-19	767	60.2%	5,776	70.1%	516	25.0%
COVID-19	143	11.2%	479	5.8%	49	2.4%

Occupied / In Use (COVID-19)						
	ICU Beds		Acute Non-ICU Beds		Ventilators	
	#	% of capacity	#	% of capacity	#	% of capacity
COVID-19 Patients	106	8.3%	284	3.4%	42	2.0%
COVID-19 PUI	37	2.9%	195	2.4%	7	0.3%

# ★ EMResource Ongoing

- Daily HAvBED Query (**GREEN Tab**) due at 10AM
  - Availability should always be less than or equal to capacity
  - Update capacity numbers when changes occur ( e.g. vents)
- CDPH/IDPH Statewide COVID-19 Query (**PURPLE Tab**) due 10AM
- <https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html>



# **Situational Awareness & Planning Calls**

- Today is Call #1 in Vaccination Planning
- Beginning 11/6/2020: Bi-weekly calls, scheduled to the end of April
- Main focus - Vaccination Planning but will provide additional information pertinent to COVID-19 to audience





# Healthcare Coordination Contacts

2020.10.30

- Vaccine Planning Questions: [COVID19Vaccine@CityofChicago.org](mailto:COVID19Vaccine@CityofChicago.org)
- Hospitals and Healthcare: [Elisabeth.Weber@cityofchicago.org](mailto:Elisabeth.Weber@cityofchicago.org)
- LTC/Dialysis/Home Care: [Faye.Thanas@cityofchicago.org](mailto:Faye.Thanas@cityofchicago.org)
- FQHC: [Ayla.Karamustafa@cityofchicago.org](mailto:Ayla.Karamustafa@cityofchicago.org)
- EMResource: [Joseph.Bonner@cityofchicago.org](mailto:Joseph.Bonner@cityofchicago.org)
- Healthcare Coalition: [CHSCPR@team-iha.org](mailto:CHSCPR@team-iha.org)





# **COVID-19 Vaccine Planning**

## **Provider Enrollment and Healthcare Personnel Survey**

**10/20/2020**



# Agenda

- COVID-19 vaccines update
- Provider Enrollment
- Healthcare personnel survey

# COVID-19 Vaccines

- BNT162b2 vaccine (Pfizer/BioNtech)
  - Open letter from Pfizer Chairman and CEO Alberto Bourla on October 16, 2020
  - “...assuming positive data, Pfizer will apply for Emergency Authorization Use in the U.S. soon after the safety milestone is achieved in the third week of November.”
- mRNA-1273 vaccine (Moderna)
  - 10/22/2020 press release announced completion of Phase 3 study enrollment
  - “...will determine whether to submit a dossier to FDA requesting Emergency Use Authorization based on an assessment of whether the potential benefit of the vaccine outweighs the potential risks once the 2 months of median safety follow-up have accrued.”
- FDA EUA timeline

[https://www.pfizer.com/news/hot-topics/an\\_open\\_letter\\_from\\_pfizer\\_chairman\\_and\\_ceo\\_albert\\_bourla](https://www.pfizer.com/news/hot-topics/an_open_letter_from_pfizer_chairman_and_ceo_albert_bourla)

<https://investors.modernatx.com/news-releases/news-release-details/moderna-completes-enrollment-phase-3-cove-study-mrna-vaccine>



# **COVID-19 Vaccination Program Provider Enrollment**

# Provider Outreach/Data

- All COVID vaccine providers **must enroll** signing/agreeing to conditions in *COVID-19 Vaccination Provider Agreement* (provided by CDC)
  - COVID-19 vaccine products will be available only to organizations that sign and agree to the conditions of this agreement.
  - The agreement is between CDC and the organization and must be used by CDPH to enroll COVID-19 vaccination provider organizations in the program.
- All COVID vaccine providers must be enrolled in I-CARE
- All sites to report into **VaccineFinder**
  - Additional information on VaccineFinder will be provided to sites after they are enrolled



# COVID-19 Vaccination Provider Agreement

- The CDC COVID-19 Vaccination **Program Provider Agreement** (section A of form) specifies the conditions of participation for vaccination provider organizations and their constituent facilities in the U.S. COVID-19 vaccination program.
- Must be signed by Chief Medical Officer (CMO) and Chief Executive Officer (or Chief Fiduciary)

# COVID-19 Vaccination Provider Profile

- The CDC COVID-19 Vaccination Program **Provider Profile Form** (section B of form) outlines key minimum data elements required by CDC to be collected from every vaccination provider location receiving COVID-19 vaccine and constituent products, such as receiving site address information, practice type, and patient population size and volume.
- These data elements must be collected, compiled, and reported to CDC by CDPH for every location where patients will be vaccinated, whether the location receives directly shipped or redistributed COVID-19 vaccine.



# CPDH Provider Enrollment

- **Providers will be recruited for enrollment in groups**
- **First group will include Tier 1 and subspecialty hospitals**
- **Ongoing outreach to additional provider groups for enrollment**





# Enrollment Overview

COVID-19 Vaccine Program provider enrollment includes the completion of three electronic surveys in REDCap:

1. COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CMO\*
2. COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CEO
3. COVID-19 Vaccination Program Provider Profile (Section B)

**\*The enrollment process starts with and is managed by the Chief Medical Officer\***



# COVID-19 Vaccination Program Provider Requirement and Legal Agreement (Section A)- CMO

## Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

### ORGANIZATION IDENTIFICATION

Organization's Legal Name

Organization Telephone:

Email

Organizational Street Address:

County

Street Address Line 2:

State

City

Zip

Number of affiliated vaccination locations covered by this agreement: (record the answer as an integer)

*(Email must be monitored and will serve as a dedicated contact method for the COVID-19 Vaccination Program)*



# COVID-19 Vaccination Program Provider Requirement and Legal Agreement (Section A)- CMO

## RESPONSIBLE OFFICERS

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signature after reviewing the agreement requirements.

### Chief Medical Officer (or Equivalent) Information:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Title:	<input type="text"/>				
Telephone:	<input type="text"/>	Email:	<input type="text"/>		
Licensure State:	<input type="text" value="IL"/>	Licensure Number:	<input type="text"/>		
Street Address:	<input type="text"/>	County	<input type="text" value="Cook"/>		
Street Address Line 2:	<input type="text"/>	State	<input type="text" value="IL"/>		
City	<input type="text" value="Chicago"/>	Zip	<input type="text"/>		



# COVID-19 Vaccination Program Provider Requirement and Legal Agreement (Section A)- CMO

## CDC COVID-19 Vaccination Program Provider Agreement

### AGREEMENT REQUIREMENTS

I understand this is an agreement between Organization and CDC. This program is a part of collaboration under the relevant state, local, or territorial immunization's cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 Vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1. Organization must administer COVID-19 Vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP). (1)
2. Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable),

Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine-Administration Data) for reporting can be found on CDC's website.(2)



Organization must submit Vaccine-Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.(2)

Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.


3. Organization must not collect reimbursement for COVID-19 Vaccine and any adjuvant, syringes, needles, or

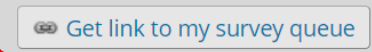


# COVID-19 Vaccination Program Provider Requirement and Legal Agreement (Section A)- CMO

Chief Medical Officer (or Equivalent):				
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Middle Initial: <input type="text"/>
Signature:	 <a href="#">Add signature</a>		Date:	<input type="text" value="2020-10-29"/>  <input type="button" value="Today"/> Y-M-D
<div>Submit</div> <div>Save &amp; Return Later</div>				

# Survey Queue

 **Survey Queue**



To complete your registration please share your SURVEY QUEUE LINK with all appropriate personnel to facilitate the completion of all required forms.

To ACCESS THE LINK TO YOUR SURVEY QUEUE, click the "Get link to my survey queue" button on the Upper Right section of the screen.

The form "COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) - CEO," will need to be completed by the organization's CEO or Chief Fiduciary Officer. This form can only be completed ONE TIME and should be completed before the link to the Survey Queue has been distributed to individual organizational locations.

If enrolling multiple locations, EACH LOCATION WILL BE REQUIRED TO COMPLETE "COVID-19 Vaccination Program Provider Profile (Section B)."

If you need any assistance, please do not hesitate to contact us at [COVID19Vaccine@cityofchicago.org](mailto:COVID19Vaccine@cityofchicago.org)

**\*\* WARNING: FAILURE TO OBTAIN THIS LINK WILL MEAN THE LOSS OF ALL CURRENT PROGRESS ON THESE FORMS AND THE NEED TO RESTART THE REGISTRATION PROCESS FROM THE BEGINNING. PLEASE PROTECT THIS URL AS THIS IS YOUR ONLY WAY BACK TO THIS SURVEY \*\***


Status	Survey Title
<a href="#">Begin survey</a>	<b>COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) - CEO</b>
<a href="#">Begin survey</a>	<b>COVID-19 Vaccination Program Provider Profile (Section B) – #1</b>

- Once the CMO completes section A, the CEO can review the Agreement and sign
- Next, the Provider Profile (section B) can be completed by each site that will administer COVID-19 vaccine

# Survey Queue Link


**Get link to my survey queue** ✕

To obtain your survey queue link, which will allow you to return to your survey queue in the future, you may copy and paste the link displayed in the text box below, or you may have it emailed to you at your email address.

 **Copy and paste the survey queue link**

https://redcap.dph.illinois.gov/surveys/?sq=qdeCu2vSjf

— OR —

 **Send the survey queue link in an email**

test.smith@cityofchicago.org Send

Close

- You can copy the link and paste it into an email and/or
- Send the survey queue link to a specific email address

# Survey Queue – Tracking Completion

Status	Survey Title
✓ Completed	COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) - CEO
<a href="#">Begin survey</a>	COVID-19 Vaccination Program Provider Profile (Section B) – #1

Status	Survey Title
✓ Completed	COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) - CEO
✓ Completed	COVID-19 Vaccination Program Provider Profile (Section B) – #1
✓ Completed	COVID-19 Vaccination Program Provider Profile (Section B) – #2 <a href="#">+ Add Another Location</a>





# COVID-19 Vaccination Program Provider Profile (Section B)

Contact information for location's primary COVID-19 vaccine coordinator			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Middle Initial:	<input type="text"/>		
Telephone:	<input type="text"/>		Email: <input type="text"/>

Contact information for location's backup COVID-19 vaccine coordinator			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Middle Initial:	<input type="text"/>		
Telephone:	<input type="text"/>		Email: <input type="text"/>

Organization location address for receipt of COVID-19 vaccine shipments			
Street Address:	<input type="text"/>	County	<input type="text" value="Cook"/>
Street Address Line 2:	<input type="text"/>	State	<input type="text" value="IL"/>
City	<input type="text" value="Chicago"/>	Zip	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>



# COVID-19 Vaccination Program Provider Profile (Section B)

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

Instructions:					Example:
All times should be entered using a 24 hr time range format: (e.g. XX:XX - XX:XX. Please reference the example here.)					AM: 09:00 - 11:59 PM: 12:00 - 17:00
	Monday	Tuesday	Wednesday	Thursday	Friday
AM:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PM:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# COVID-19 Vaccination Program Provider Profile (Section B)

Setting(s) where this location will administer COVID-19 vaccine (select Yes or No for each option):

Child care or daycare facility	Yes <input type="radio"/>	No <input type="radio"/>
College, technical school, or university	Yes <input type="radio"/>	No <input type="radio"/>
Community center	Yes <input type="radio"/>	No <input type="radio"/>
Correctional/detention facility	Yes <input type="radio"/>	No <input type="radio"/>
Health care provider office, health center, medical practice, or outpatient clinic	Yes <input type="radio"/>	No <input type="radio"/>
Hospital (i.e., inpatient facility)	Yes <input type="radio"/>	No <input type="radio"/>
In home	Yes <input type="radio"/>	No <input type="radio"/>



# COVID-19 Vaccination Program Provider Profile (Section B)

Approximate number of patients/clients routinely served by this location

**Instructions:**

- Enter the approximate number of patients routinely seen by this location.
- Enter "**0**" if the location does not serve an age group
- Enter "**UNK**" if the total is unknown

Number of children 18 years of age and younger:

Number of adults 19 - 64 years of age:

Number of adults 65 years of age and older:

Number of **unique patients/clients** seen per week on average:

*Enter NA, if not applicable (e.g., for commercial vaccination service providers. This applies only to this question.)*



# COVID-19 Vaccination Program Provider Profile (Section B)

Population(s) served by this location (select Yes or No for each population group served)

General pediatric population	Yes <input type="radio"/>	No <input type="radio"/>
General adult population	Yes <input type="radio"/>	No <input type="radio"/>
Adults 65 years of age and older	Yes <input type="radio"/>	No <input type="radio"/>
Long-term care facility residents (nursing home, assisted living, or independent living facility)	Yes <input type="radio"/>	No <input type="radio"/>
Health care workers	Yes <input type="radio"/>	No <input type="radio"/>
Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)	Yes <input type="radio"/>	No <input type="radio"/>
	Yes <input type="radio"/>	No <input type="radio"/>



# COVID-19 Vaccination Program Provider Profile (Section B)

## Storage unit details for this location

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

*Example: CDC & Co/Red series two-door/refrigerator*

Storage Unit 1

Storage Unit 2

Storage Unit 3

Storage Unit 4

Storage Unit 5

I attest that each unit listed will maintain the appropriate temperature range indicated above: (please sign and date)

Medical/pharmacy director or location's vaccine coordinator signature

 [Add signature](#)

2020-10-29



Today

Y-M-D



# COVID-19 Vaccination Program Provider Profile (Section B)

**Providers practicing at this facility.**

**Instructions:** *List below all licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh).*

(New rows are automatically added as needed)

**Provider Name**

**Provider Title**

**Provider License**



# Guidance Documents

- Memo announcing enrollment and high-level overview
- REDCap step-by-step instructions





# **Enrollment for Providers in the Upcoming Groups**

- **Enrollment process may evolve over time**
- **REDCap link will be distributed to each group as enrollment is expanded**
- **In preparation for enrollment**
  - **CDPH will disseminate the fillable PDF version of the enrollment form**
    - **Allowing providers to begin to compile information**
  - **Instructions on how to prepare for enrollment**

# Provider Agreement – Section A

## CDC COVID-19 Vaccination Program Provider Agreement



Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location covered under the Organization listed in Section A.

### Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

#### Organization identification

Organization's legal name:

Number of affiliated vaccination locations covered by this agreement:

Organization telephone:

Email:  (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)

Street address 1:  Street address 2:

City:  County:  State:  ZIP:

#### Responsible officers

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signatures after reviewing the agreement requirements.

##### Chief Medical Officer (or Equivalent) Information

Last name:  First name:  Middle initial:

Title:  Licensure state:  Licensure number:

Telephone:  Email:

Street address 1:  Street address 2:

City:  County:  State:  ZIP:

##### Chief Executive Officer (or Chief Fiduciary) Information

Last name:  First name:  Middle initial:

Telephone:  Email:

Street address 1:  Street address 2:

City:  County:  State:  ZIP:

### CDC COVID-19 Vaccination Program Provider Agreement

#### Agreement requirements

I understand this is an agreement between Organization and CDC. This program is part of a collaboration under the relevant state, local, or territorial immunization program's cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1. Organization must administer COVID-19 vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP).<sup>1</sup>
2. Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine Administration Data) for reporting can be found on CDC's website.<sup>2</sup>  
  
Organization must submit Vaccine Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.<sup>2</sup>  
  
Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.
3. Organization must not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.
4. Organization must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees.
5. Before administering COVID-19 vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.
6. Organization's COVID-19 vaccination services must be conducted in compliance with CDC's *Guidance for Immunization Services During the COVID-19 Pandemic* for safe delivery of vaccines.<sup>3</sup>
7. Organization must comply with CDC requirements for COVID-19 vaccine management. Those requirements include the following:
  - a) Organization must store and handle COVID-19 vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine;
  - b) Organization must monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in CDC's *Vaccine Storage and Handling Toolkit*;<sup>4</sup>
  - c) Organization must comply with each relevant jurisdiction's immunization program guidance for dealing with temperature excursions;
  - d) Organization must monitor and comply with COVID-19 vaccine expiration dates; and
  - e) Organization must preserve all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.
8. Organization must report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.
9. Organization must comply with all federal instructions and timelines for disposing of COVID-19 vaccine and adjuvant, including unused doses.<sup>5</sup>
10. Organization must report any adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS) (1-800-822-7967 or <http://vaers.hhs.gov/contact.html>).
11. Organization must provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 vaccine shipment will include COVID-19 vaccination record cards.
12. a) Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 vaccine.  
  
b) Organization must administer COVID-19 vaccine in compliance with all applicable state and territorial vaccination laws.

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

<sup>1</sup> [www.cdc.gov/vaccines/hcp/acip-recs/index.html](https://www.cdc.gov/vaccines/hcp/acip-recs/index.html)

<sup>2</sup> [www.cdc.gov/vaccines/imz/downloads/index.html](https://www.cdc.gov/vaccines/imz/downloads/index.html)

<sup>3</sup> [www.cdc.gov/vaccines/pandemic-guidance/index.html](https://www.cdc.gov/vaccines/pandemic-guidance/index.html)

<sup>4</sup> [www.cdc.gov/vaccines/hcp/admin/vaccine-storage-handling.html](https://www.cdc.gov/vaccines/hcp/admin/vaccine-storage-handling.html)

<sup>5</sup> The disposal process for remaining unused COVID-19 vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under refrigeration and handling conditions noted in item 7 until CDC provides disposal instructions; website URL will be made available.

<sup>6</sup> See Pub. L. No. 109-148, Public Health Service Act § 319F-3, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).

### CDC COVID-19 Vaccination Program Provider Agreement

By signing this form, I certify that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 vaccine understand and will comply with the agreement requirements listed above and that the information provided in sections A and B is true.

The above requirements are material conditions of payment for COVID-19 vaccine administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare, Medicaid, and the Health Resources and Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 vaccine is not available under any federal healthcare benefit program if Organization fails to comply with these requirements with respect to the administered COVID-19 vaccine dose. Each time Organization submits a reimbursement claim for COVID-19 vaccine administration to any federal healthcare benefit program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.<sup>6</sup>

#### Organization Medical Director (or equivalent)

Last name:  First name:  Middle initial:

Signature:  Date:

#### Chief Executive Officer (chief fiduciary role)

Last name:  First name:  Middle initial:

Signature:  Date:

#### For official use only:

IIS ID, if applicable:

Unique COVID-19 Organization ID (Section A):

\*The jurisdiction's immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation.  
d"GA123456A." This ID is needed for CDC to match Organizations (Section A) with one or more locations (Section B) that are eligible to receive COVID-19 vaccine at only one location associated with an organization.



# Provider Profile – Section B

## CDC COVID-19 Vaccination Program Provider Agreement

### Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

#### Organization Identification for individual locations

Organization location name: \_\_\_\_\_ Will another Organization location order COVID-19 vaccine for this site? ☐ If YES, provide Organization name: \_\_\_\_\_

#### Contact information for location's primary COVID-19 vaccine coordinator

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Contact information for location's backup COVID-19 vaccine coordinator

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Organization location address for receipt of COVID-19 vaccine shipments

Street address 1: \_\_\_\_\_ Street address 2: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Organization address of location where COVID-19 vaccine will be administered (if different from receiving location)

Street address 1: \_\_\_\_\_ Street address 2: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

Monday	Tuesday	Wednesday	Thursday	Friday
AM: _____	AM: _____	AM: _____	AM: _____	AM: _____
PM: _____	PM: _____	PM: _____	PM: _____	PM: _____

#### For official use only:

VTrack ID for this location, if applicable: \_\_\_\_\_ Vaccines for Children (VFC) PIN, if applicable: \_\_\_\_\_ IIS ID, if applicable: \_\_\_\_\_

Unique COVID-19 Organization ID (from Section A): \_\_\_\_\_ Unique Location ID\*: \_\_\_\_\_

\*The jurisdiction's immunization program is required to create an additional unique Location ID for each location completing Section B. The number should include the award jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA123456A) has three locations (main location plus two additional) completing section B, they could be numbered as GA123456B1, GA123456B2, and GA123456B3.

## CDC COVID-19 Vaccination Program Provider Agreement

### COVID-19 vaccination provider type for this location (select one)

- ☐ Commercial vaccination service provider
- ☐ Corrections/detention health services
- ☐ Health center – community (non-Federally Qualified Health Center/ non-Rural Health Clinic)
- ☐ Health center – migrant or refugee
- ☐ Health center – occupational
- ☐ Health center – STD/HIV clinic
- ☐ Health center – student
- ☐ Home health care provider
- ☐ Hospital
- ☐ Indian Health Service
- ☐ Tribal health
- ☐ Medical practice – family medicine
- ☐ Medical practice – pediatrics
- ☐ Medical practice – internal medicine
- ☐ Medical practice – OB/GYN
- ☐ Medical practice – other specialty
- ☐ Pharmacy – chain
- ☐ Pharmacy – independent
- ☐ Public health provider – public health clinic
- ☐ Public health provider – Federally Qualified Health Center
- ☐ Public health provider – Rural Health Clinic
- ☐ Long-term care – nursing home, skilled nursing facility, federally certified
- ☐ Long-term care – nursing home, skilled nursing facility, non-federally certified
- ☐ Long-term care – assisted living
- ☐ Long-term care – intellectual or developmental disability
- ☐ Long-term care – combination (e.g., assisted living and nursing home in same facility)
- ☐ Urgent care
- ☐ Other (Specify: \_\_\_\_\_)

### Setting(s) where this location will administer COVID-19 vaccine (select all that apply)

- ☐ Child care or day care facility
- ☐ College, technical school, or university
- ☐ Community center
- ☐ Correctional/detention facility
- ☐ Health care provider office, health center, medical practice, or outpatient clinic
- ☐ Hospital (i.e., inpatient facility)
- ☐ In home
- ☐ Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)
- ☐ Pharmacy
- ☐ Public health clinic (e.g., local health department)
- ☐ School (K – grade 12)
- ☐ Shelter
- ☐ Temporary or off-site vaccination clinic – point of dispensing (POD)
- ☐ Temporary location – mobile clinic
- ☐ Urgent care facility
- ☐ Workplace
- ☐ Other (Specify: \_\_\_\_\_)

### Approximate number of patients/clients routinely served by this location

Number of children 18 years of age and younger: \_\_\_\_\_ (Enter "0" if the location does not serve this age group.) ☐ Unknown

Number of adults 19 – 64 years of age: \_\_\_\_\_ (Enter "0" if the location does not serve this age group.) ☐ Unknown

Number of adults 65 years of age and older: \_\_\_\_\_ (Enter "0" if the location does not serve this age group.) ☐ Unknown

Number of unique patients/clients seen per week on average: \_\_\_\_\_ ☐ Unknown

☐ Not applicable (e.g., for commercial vaccination service providers)

### Influenza vaccination capacity for this location

Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season: \_\_\_\_\_ ☐ Unknown

(Enter "0" if no influenza vaccine doses were administered by this location in 2019–20.)

## CDC COVID-19 Vaccination Program Provider Agreement

### Population(s) served by this location (select all that apply)

- ☐ General pediatric population
- ☐ General adult population
- ☐ Adults 65 years of age and older
- ☐ Long-term care facility residents (nursing home, assisted living, or independent living facility)
- ☐ Health care workers
- ☐ Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- ☐ Military – active duty/reserves
- ☐ Military – veteran
- ☐ People experiencing homelessness
- ☐ Pregnant women
- ☐ Racial and ethnic minority groups
- ☐ Tribal communities
- ☐ People who are incarcerated/detained
- ☐ People living in rural communities
- ☐ People who are underinsured or uninsured
- ☐ People with disabilities
- ☐ People with underlying medical conditions\* that are risk factors for severe COVID-19 illness
- ☐ Other people at higher risk for COVID-19 (Specify: \_\_\_\_\_)

### Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

☐ If YES (List IIS identifier: \_\_\_\_\_)

☐ If NOT, please explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required: \_\_\_\_\_

☐ If NOT APPLICABLE, please explain: \_\_\_\_\_

### Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:

Refrigerated (2°C to 8°C): ☐ No capacity OR Approximately \_\_\_\_\_ additional 10-dose MDVs

Frozen (-15°C to -25°C): ☐ No capacity OR Approximately \_\_\_\_\_ additional 10-dose MDVs

Ultra-frozen (-60°C to -80°C): ☐ No capacity OR Approximately \_\_\_\_\_ additional 10-dose MDVs

### Storage unit details for this location

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I attest that each unit listed will maintain the appropriate temperature range indicated above please sign and date:

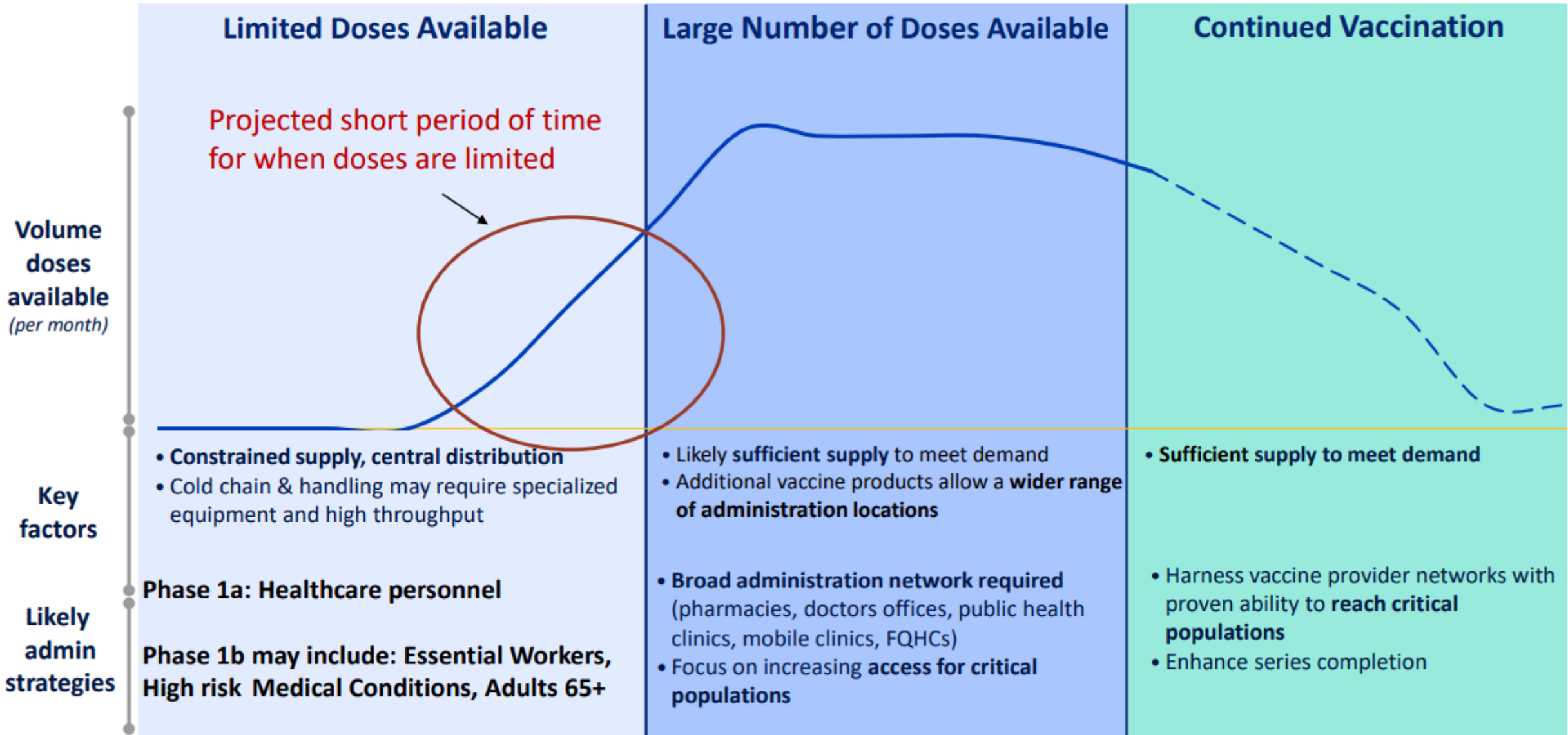
\_\_\_\_\_  
Medical/pharmacy director or location's vaccine coordinator signature:

\_\_\_\_\_  
Date:



# HCP Survey

# Administration of COVID-19 vaccine will require a phased approach



# Vaccine Prioritization

- **Prioritization planning for COVID-19 vaccines is based on key assumption that vaccine supply will initially be limited, and will become less constrained over time.**
- **Providing vaccine to those at highest risk of exposure and infection, and those at highest risk for severe disease will be critical in reducing morbidity and mortality secondary to COVID-19.**
- **CDPH current plan for prioritization of COVID-19 vaccine is based on the National Academies of Sciences, Engineering, and Medicine's Framework for Equitable allocation of COVID-19 Vaccine.**
  - **Will be updated to align with ACIP recommendations (once released)**



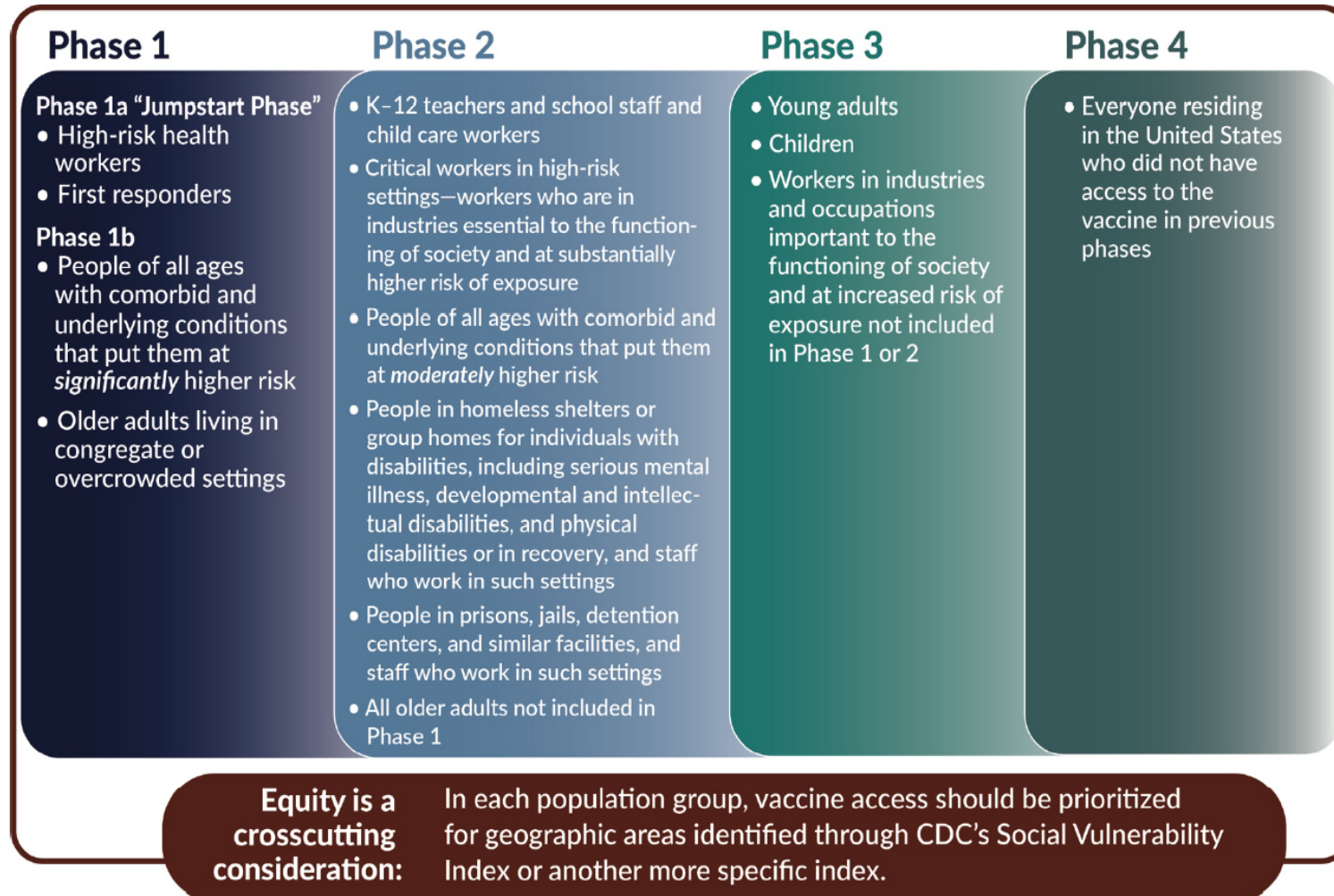


Figure 2-S in National Academies of Sciences, Engineering, and Medicine. 2020. *Framework for equitable allocation of COVID-19 vaccine*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>.)



# Healthcare Personnel

- **Healthcare Personnel** (HCP) are essential workers defined as **paid** and **unpaid** persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials
- CDPH working on plans for sub-prioritization of the Phase 1a groups
- To assist in planning for allocation of initial doses of COVID-19 vaccine, CDPH needs additional information on the number of healthcare personnel at each hospital/health system



# Survey questions

- Does your facility provide care for COVID-19 positive/suspected patients, or evaluate patients with acute respiratory illness consistent with COVID-19?
- How many healthcare personnel (HCP) are within your hospital/health system?
  - How many HCP within your hospital/health system routinely or may care for COVID-19 patients/patients under investigation (PUI) and may perform or attend aerosol-generating procedures? (e.g. nurses, respiratory therapists, residents, physicians, certified nursing assistants (CNA), emergency technicians)
  - How many HCP within your hospital/health system provide direct patient care to patients that are at low risk of COVID-19 or lack acute symptoms of in inpatient, ambulatory, or long-term care?
  - How many HCP have no direct or indirect contact with patients or visitors (e.g. providing virtual consultation, telemedicine)?



# Survey Questions

- Regarding vaccine administration capacity, what is the estimated number of staff members that could be vaccinated by your hospital/health system within 1 week?
- Does your hospital have the capacity to provide 1,000 COVID-19 staff vaccinations within 10 days?
- Would your hospital be willing to be partnered with a nearby hospital/facility for staff vaccination?

# **Additional Information**



# Long Term Care Facility and Pharmacy Partnership

- CDC has announced a partnership with 2 national pharmacy chains to offer on-site COVID-19 vaccination services for residents of LTCFs
- The Pharmacy Partnership for Long-term Care (LTC) Program provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements
- Facilities must sign-up for the program
  - Sign-up began 10/19/2020 and will remain until 11/06/2020
  - Skilled nursing facilities (SNFs) will make their selection through the National Healthcare Safety Network (NHSN). An “alert” will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
  - Assisted living facilities (ALFs) will make their selection via an online REDcap (<https://redcap.link/LTCF>) sign-up form.



# **Vaccination for providers not affiliated with hospital or health system**

- **CDPH is making vaccination plans**
- **Inquiry form coming soon**



# Questions and Answers