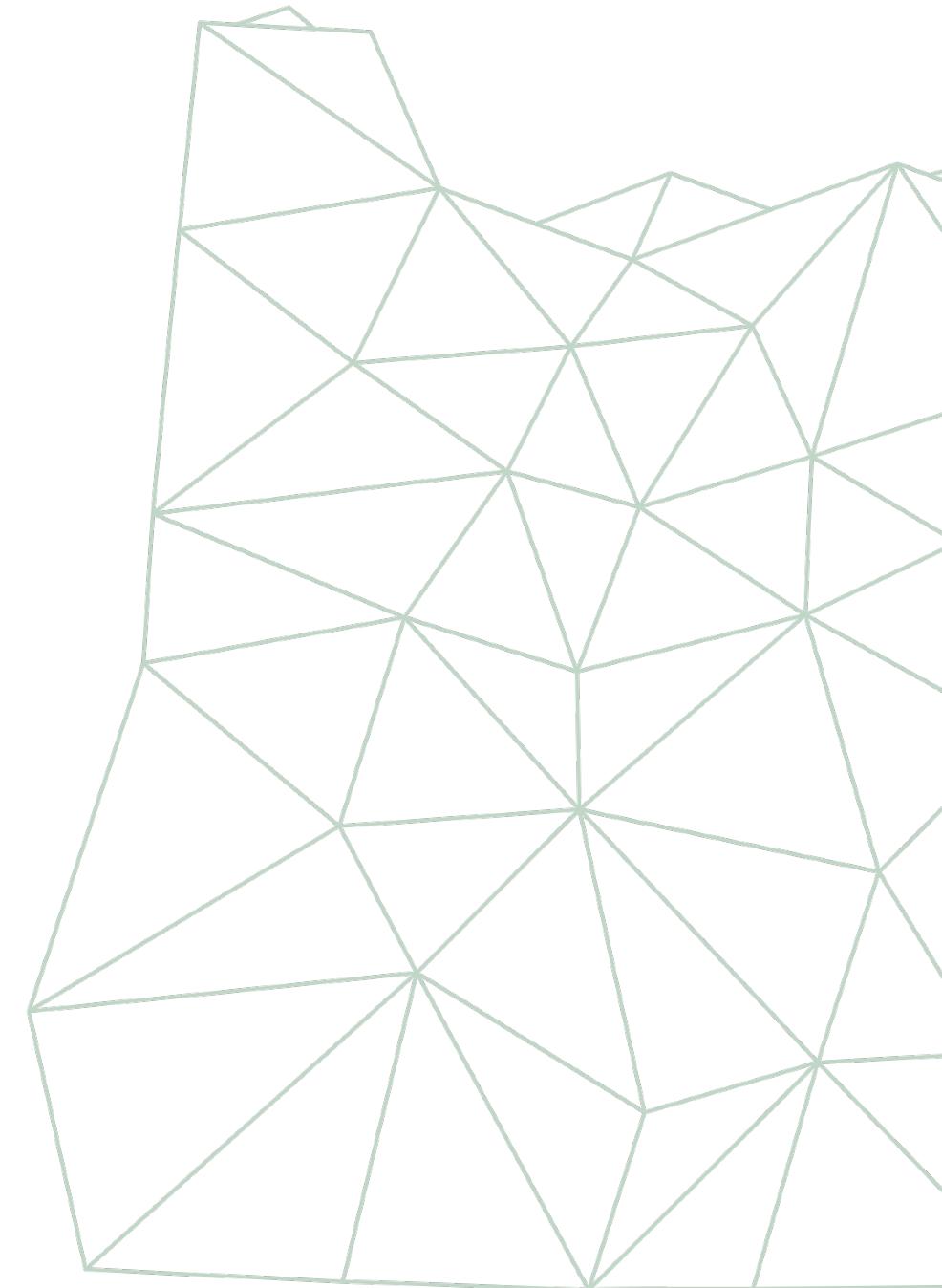




COVID-19 Response ECHO for Oregon Clinicians

Session 3 February 4, 2021



Introduction to COVID-19 ECHO

- Everyone is muted
- Use the Chat Box to submit questions/comments/share links & resources
 - We will strive to select questions directly relevant to the presentations for asking during the session, but will not be able to address all questions. Questions not directly answered will be collated and used in the planning of future sessions
- All sessions will be recorded and available for viewing after the session within 24 hours
- Resources and transcript of today's chat box, PowerPoint slides, and video recording will be posted on our ECHO Network website at [www.connect.oregnechonetwork.org](http://www.connect.oregonechonetwork.org) (where you registered)
- PLEASE fill out the post-session survey that you'll receive by email today

COVID-19 ECHO Faculty

Facilitator: Eric Wiser, M.D. (OHSU Gabriel Park)

Supporting Faculty:

Holly Tse, M.D. (Legacy Health, Medical Director of Medical Home)

Jay Richards, D.O. (Aviva Health, Chief Medical Officer)

Shelby Lee Freed, M.S.N, F.N.P.-B.C. (OHSU Richmond Clinic)

Tom Jeanne, M.D., MPH (OHA, Deputy State Health Officer and Deputy State Epidemiologist)

Program Support

Tuesday Graham, B.S. (OEN Project Manager)

Miriam Wolf, B.S. (OEN Program Coordinator)



Today's Agenda

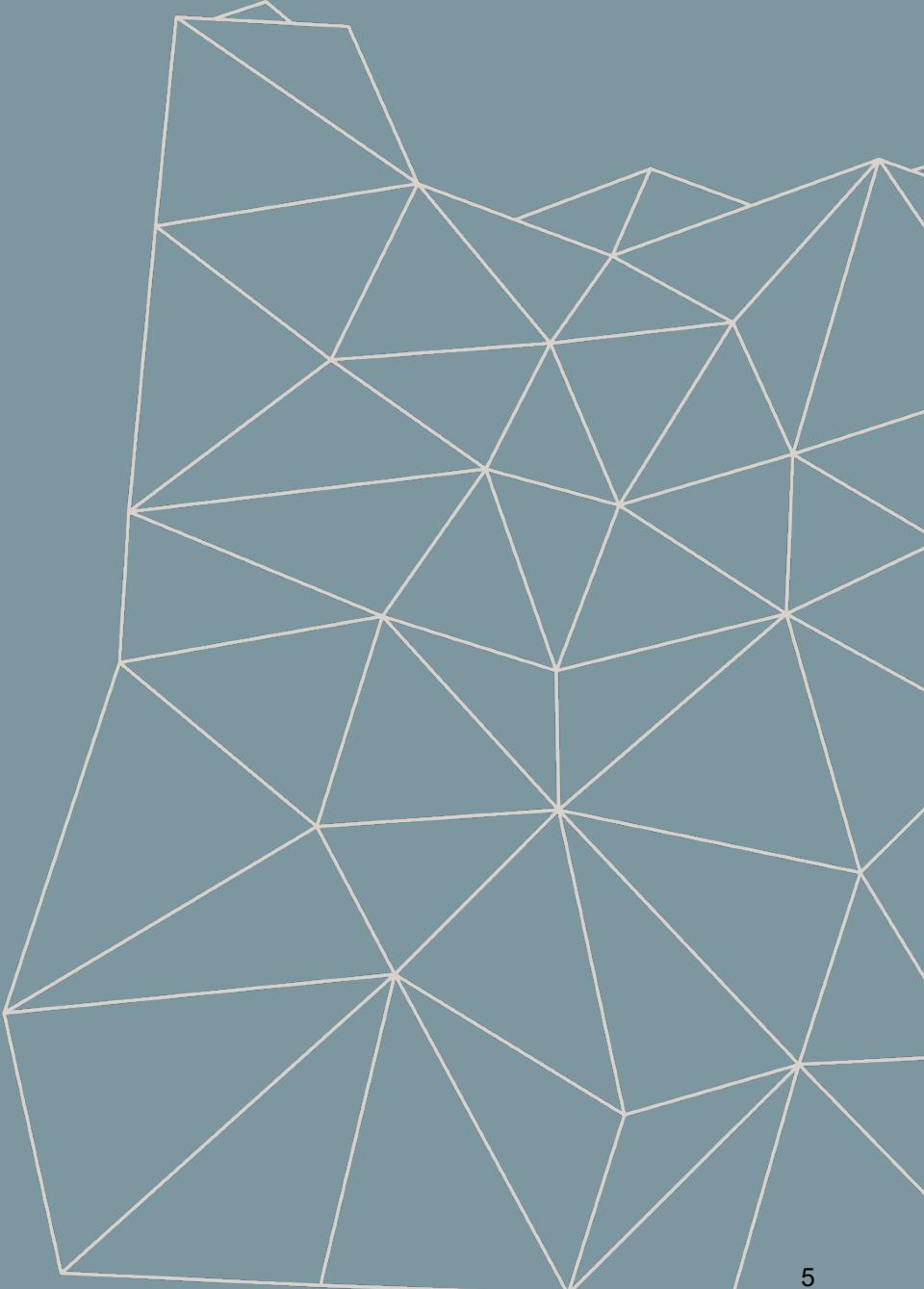
- OHA Update
- Brief Q & A for OHA
- Specialty Presentation: Ellie Sukerman, MD, OHSU Infectious Disease, “*COVID-19 Vaccines*”
- Brief Q & A for Dr. Sukerman
- Community Presentation: Jay Richards, DO, Aviva Health, “*Mass COVID-19 Vaccination Effort in Rural Douglas County*”



Oregon Health Authority

COVID-19 Update
February 4, 2021

Tom Jeanne, MD, MPH



COVID-19 in Oregon

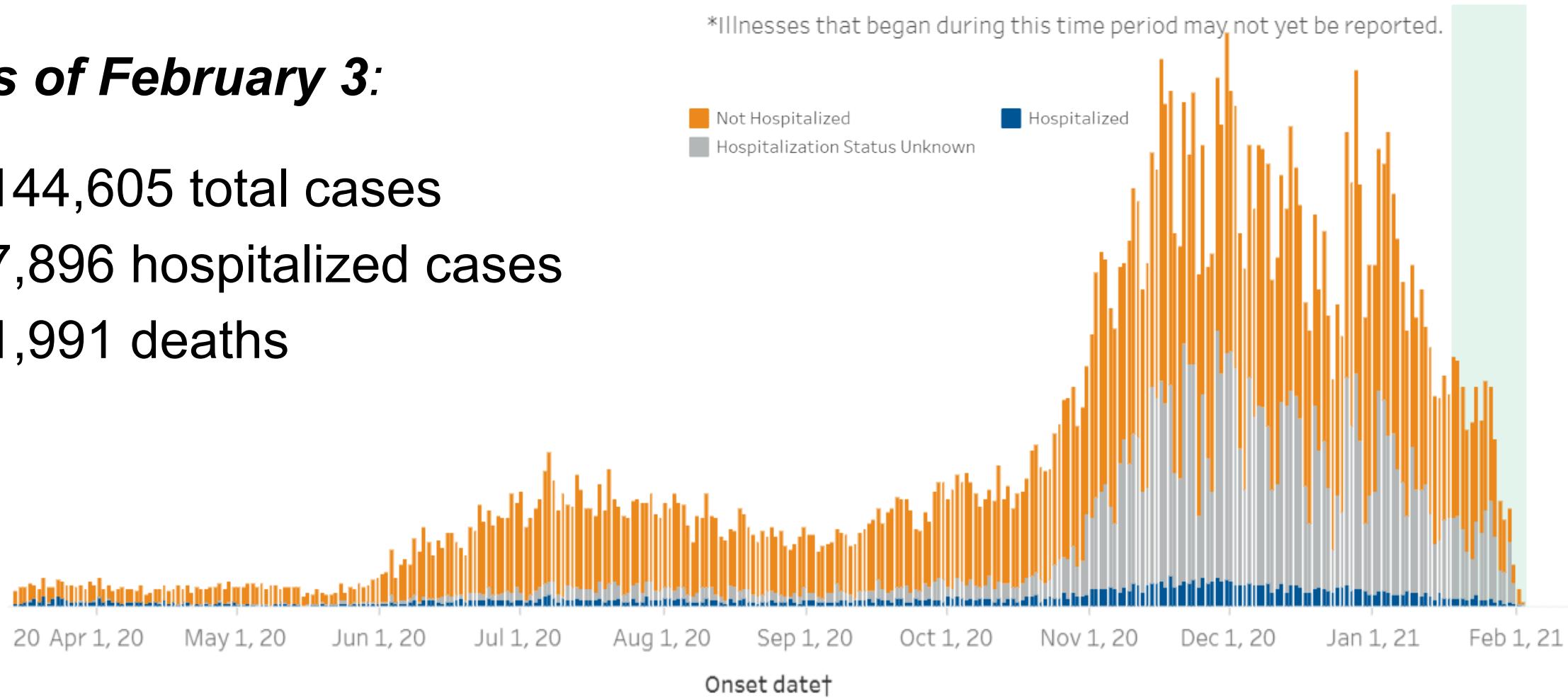
As of February 3:

- 144,605 total cases
- 7,896 hospitalized cases
- 1,991 deaths

*Illnesses that began during this time period may not yet be reported.

Not Hospitalized
Hospitalization Status Unknown

Hospitalized



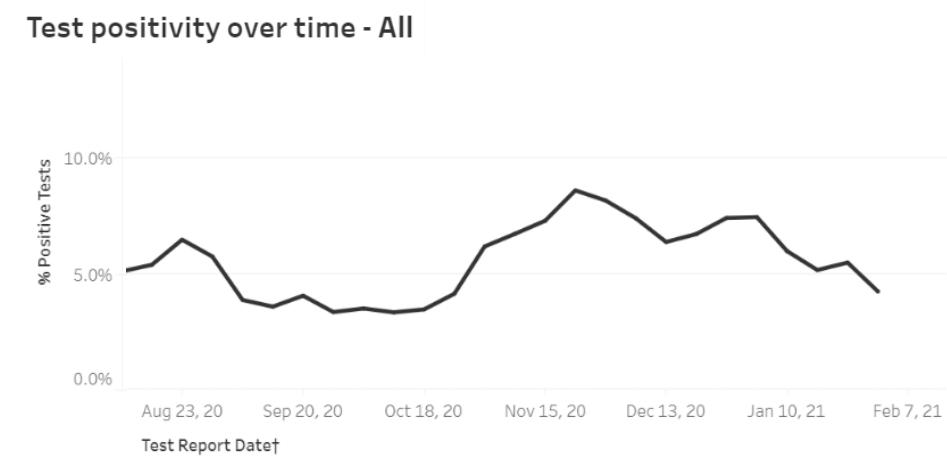
Weekly COVID-19 Report

For the week of January 25 – 31

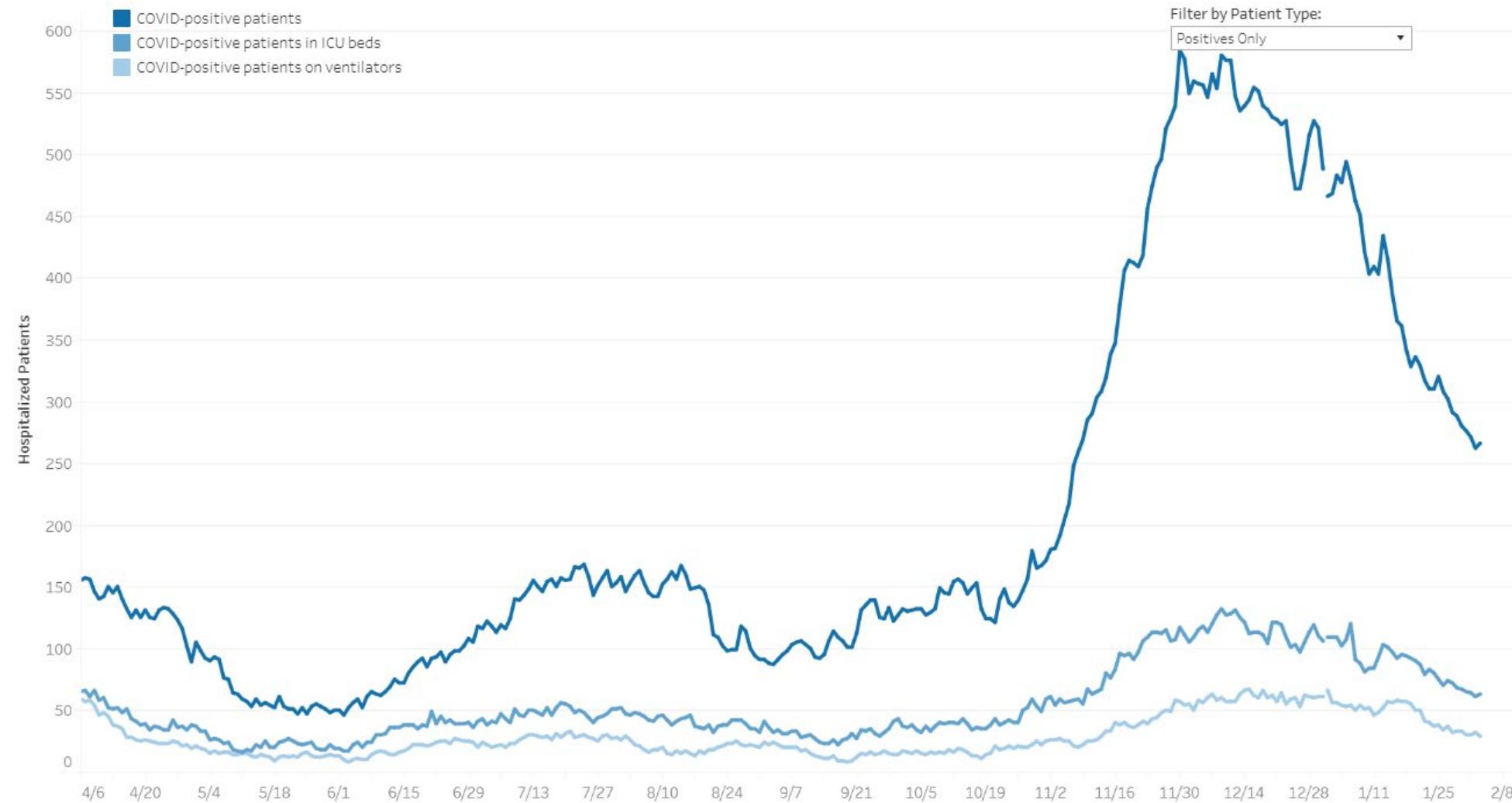
- 4,786 new cases were recorded
 - Up 16% from prior week (39% decrease from two weeks ago)
- Hospitalizations increased by 14% (251, 24% decrease from two weeks ago)
- 76 Oregonians died in association with COVID-19
 - 61% decrease from two weeks ago

From January 24 – January 30

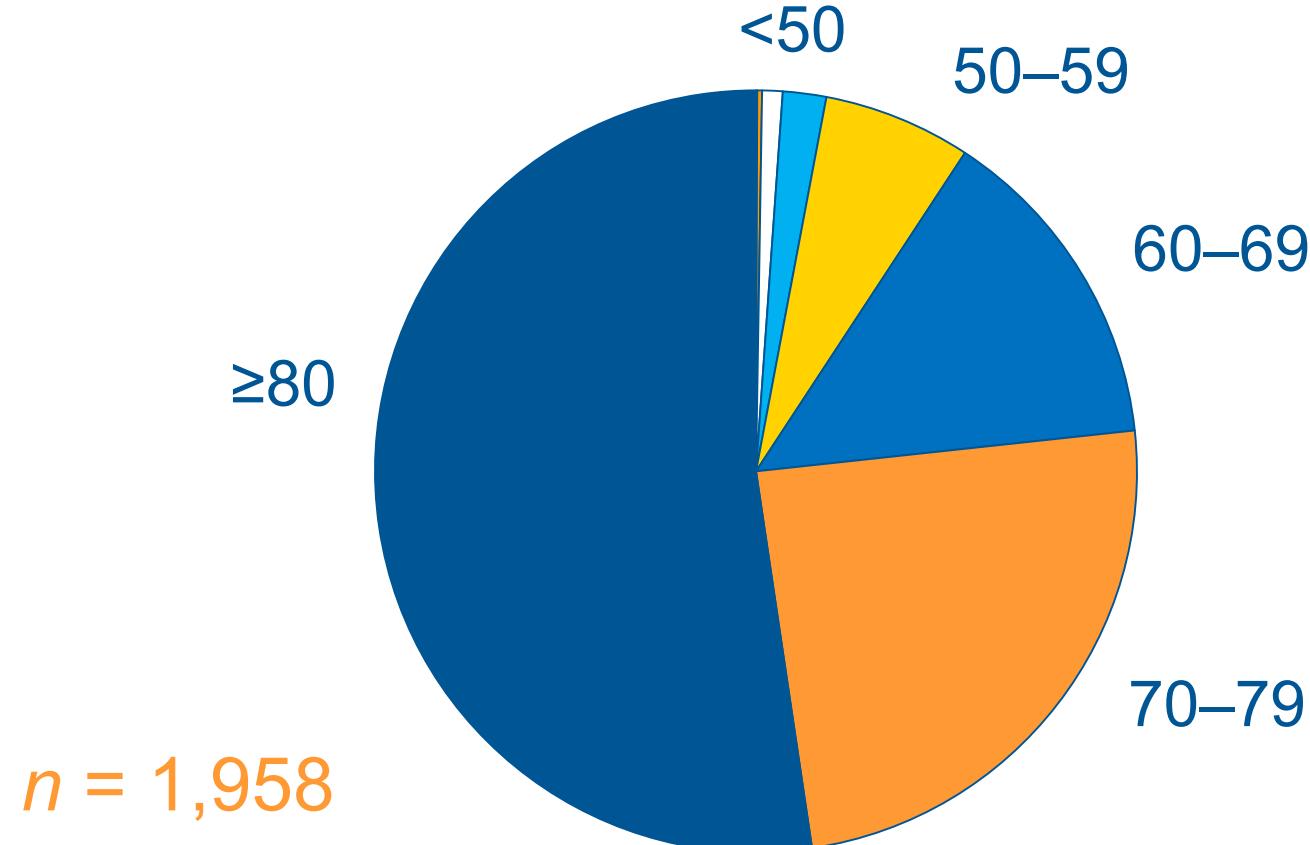
- 119,390 tests for COVID-19
- 5.4% of test results were positive last week



Declining surge in hospital COVID-19 census



COVID-19 Deaths by Age, Oregon, 2020–2021*



Oregon COVID-19 Vaccine Rollout

Update February 4, 2021



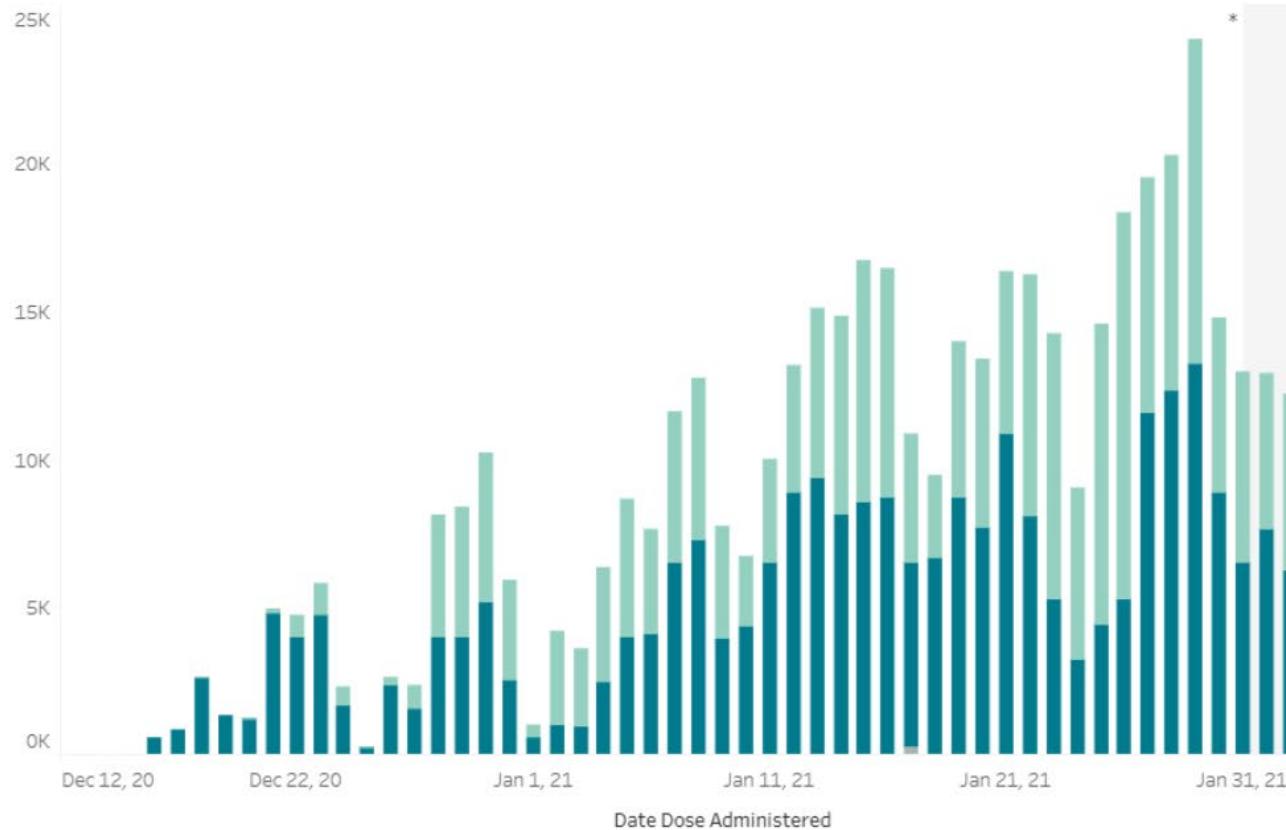
Vaccination data dashboard

(<https://covidvaccine.oregon.gov>)

Oregon's Vaccination Trend: Doses Administered by Day

This chart shows the total number of COVID-19 vaccine doses that have been given in Oregon by day and manufacturer.

*Doses administered during this time may not yet be reported.



Doses Administered

**The number of doses administered and people vaccinated may not match. Please see below for more detail.

259,225 Pfizer doses

211,969 Moderna doses

492 Unspecified

471,686 Total Doses Administered

**People Vaccinated

272,817 Series In Progress

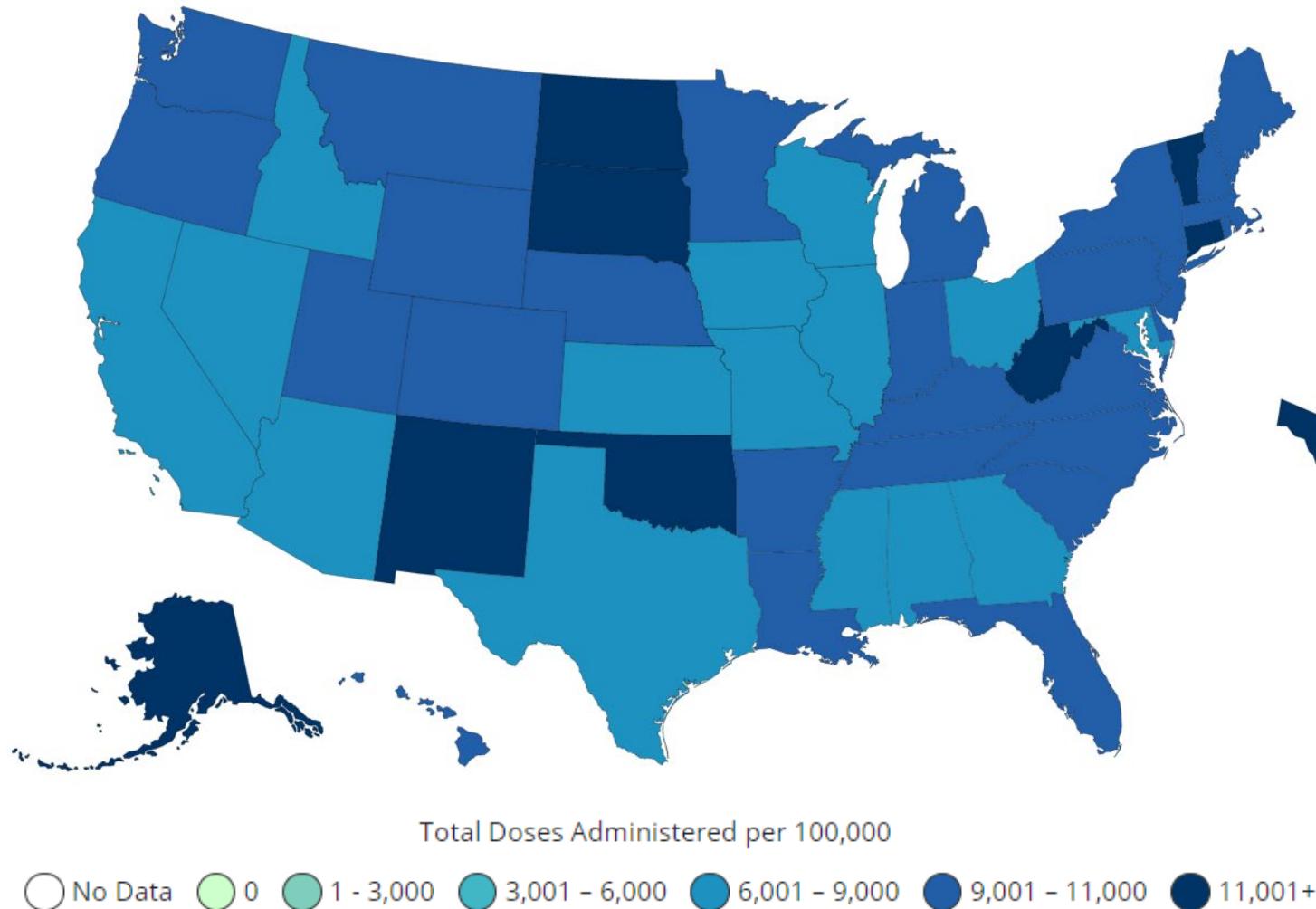
96,876 Fully Vaccinated

2/3/2021

369,693 Total People

Total Doses Administered Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000

As of Feb. 1



COVID-19 Vaccination Phases

December 13:

- Health care personnel, first responders
- LTCF residents & staff (federal pharmacy partnership)

January 25: childcare providers, early learning and K-12 educators and staff

February 8: persons ≥ 80 years of age

February 15: persons ≥ 75 years of age

February 22: persons ≥ 70 years of age

March 1: persons ≥ 65 years of age

Afterwards

- 1b: front-line essential workers
- 1c: other essential workers
- 2: all others

**Everyone in Phase 1A, Groups 1,2,3 and 4
are currently eligible for the vaccine.**

Group 1

- Hospital staff with patient care responsibilities
- Urgent care
- Skilled nursing and memory care facility healthcare personnel (HCP) and residents
- Tribal health programs
- Emergency medical services (EMS) providers and other first responders
- All health care interpreters and traditional health workers in any setting within Phase 1a

Group 2

- Other long-term care facilities, including all paid and unpaid HCP, all staff and contractors, including residents who meet the age requirements of:
 - Residential care facilities
 - Adult foster care
 - Group homes for people with intellectual and developmental disabilities
 - Other similar congregate care sites
- Hospice programs
- Mobile crisis care and related services

- Individuals working in a correctional setting

Group 3

- HCPs in outpatient settings serving specific high-risk groups
- Day treatment services
- Non-emergency medical transport (NEMT)
- Paid or unpaid caregivers (including parents or foster parents) of medically fragile children or adults who live at home
- Adults and age-eligible children who have a medical condition or disability who receive services in their homes

Group 4

- All other outpatient HCPs
- Other HCP who provide direct service to people with I/DD and other high-risk populations.
- Other public health settings, such as HCP serving WIC, or CBO's with direct or indirect exposures

People eligible:
400,000 approximately

Phase 1B

Who's getting vaccinated in Oregon next

Group 1

- Childcare providers, early learning and K-12 educators and staff

Eligible week of January 25, 2021

Group 2

- People 80 and older

Eligible February 8, 2021

Group 3

- People 75 and older

Eligible February 15, 2021

Group 4

- People 70 and older

Eligible February 22, 2021

Group 5

- People 65 and older

Eligible March 1, 2021

Educators:
105,000* approximately

People over 65:
795,000* approximately

Beyond Date TBD

Subsequent groups will be determined in coordination with the Vaccine Advisory Committee and shared on OHA's COVID-19 vaccine web page. These are examples of groups of people who may be included:

- Critical workers in high-risk settings — workers who are in industries essential to the functioning of society and substantially higher risk of exposure
- People of all ages with underlying conditions that put them at moderately higher risk
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- General population

* Oregon's vaccine supply is limited. It is estimated to take 12-15 weeks to vaccinate groups 1-5 of Phase 1B.

Phase 1a Update

OHA estimates 75% of phase 1a population has received first dose.

This figure will be nearly 80% next week.

Most health care personnel in Oregon ***hospitals*** have had the opportunity to get their first dose and will be offered a second dose in the coming weeks.

- Vaccination of residents and staff at ***skilled nursing homes*** is steadily progressing in Part A of the Federal Pharmacy Partnership. All facilities in part A and B should have had their first clinic by the end of February.
- OHA is currently working on a possible state pharmacy plan to extend on-site vaccination in congregate care facilities not included in the federal program.

Phase 1b Update

Educators:

- Eligible for vaccination now
- Data on mass vaccination sites is up on OHA's website by county

People eligible for COVID-19 vaccination can use OHA's vaccine information tool to sign up for a mass vaccination event in their county: <https://covidvaccine.oregon.gov/>

- OHA plans to allocate enough vaccine to vaccinate about 60% of the educator workforce before Oregonians 80 years of age and older become eligible next week

Age 65+ update:

- Vaccinations beginning Feb. 8th, with people 80 and older
- Will run consecutively with teachers
- We expect to vaccinate 4 out of 5 older Oregonians by the end of the first week in May
- These time estimates assume that federal vaccine supply holds steady

Where to find additional information

Clinical and operational questions: We are prioritizing these questions; you may also find an answer on the [COVID-19 vaccine provider page](#).

Enrolling as a COVID-19 vaccine provider: Your email will be forwarded to our enrollment team. In the future you may email Vaccine.ProviderEnroll@dhsoha.state.or.us. Please also see the materials on the [Provider Enrollment page](#) (scroll down to the Vaccine Planning section).

ALERT Immunization Information System users: Specific ALERT questions will be forwarded to the ALERT IIS Helpdesk. In the future you may email alertiis@state.or.us.

COVID-19 unrelated to vaccine: Visit the main [OHA COVID-19 website](#) or email ORCOVID19.JIC@dhsoha.state.or.us.

Media inquiries: Please contact the COVID-19 Health Information Center orcovid19.media@dhsoha.state.or.us.

If you need more immediate assistance, please call 211 for info at 1-866-698-6155. TTY: dial 711 and call 1-866-698-6155



Important Reminder

OHA COVID-19 Sessions for Oregon Care Providers Webinar

- 2nd Thursday of each month, noon- 1 p.m.:
- Next OHA Webinar is Thursday, February 11th
- For more information visit:

<https://www.oregon.gov/oha/covid19/Pages/Healthcare-Partners.aspx>





COVID-19 Vaccines

DATE: Feb. 4, 2021 Ellie Sukerman, MD

Disclosures

None

Outline

COVID-19 vaccines

mRNA vaccine efficacy, safety, dosing considerations

Clinical considerations for vaccination

SARS-CoV-2 laboratory testing in context of vaccination

COVID-19 Vaccines

mRNA	Adenovirus Vector	Protein Subunit
Pfizer-BioNTech <ul style="list-style-type: none">• 2 doses given 3 weeks apart• mRNA with lipid nanoparticle• Stored at -70°C• Has EUA	Janssen <ul style="list-style-type: none">• Single dose• Human adenovirus• May be stored at 2-8°C• Phase III trial ongoing	Novavax <ul style="list-style-type: none">• 2 doses 3 weeks apart• Nanoparticle with matrix-M1 adjuvant• Phase III trial ongoing
Moderna <ul style="list-style-type: none">• 2 doses given 4 weeks apart• mRNA with lipid nanoparticle• Has EUA	AstraZeneca <ul style="list-style-type: none">• 2 doses 4 weeks apart• Chimpanzee adenovirus• Phase III trial ongoing	

COVID-19 Vaccines Authorized for Emergency Use

Pfizer-BioNTech COVID-19 Vaccine

- Age 16yo+
- 2 doses given 3 weeks apart

Moderna COVID-19 Vaccine

- Age 18yo+
- 2 doses given 4 weeks apart

Safety, Efficacy, Dosing

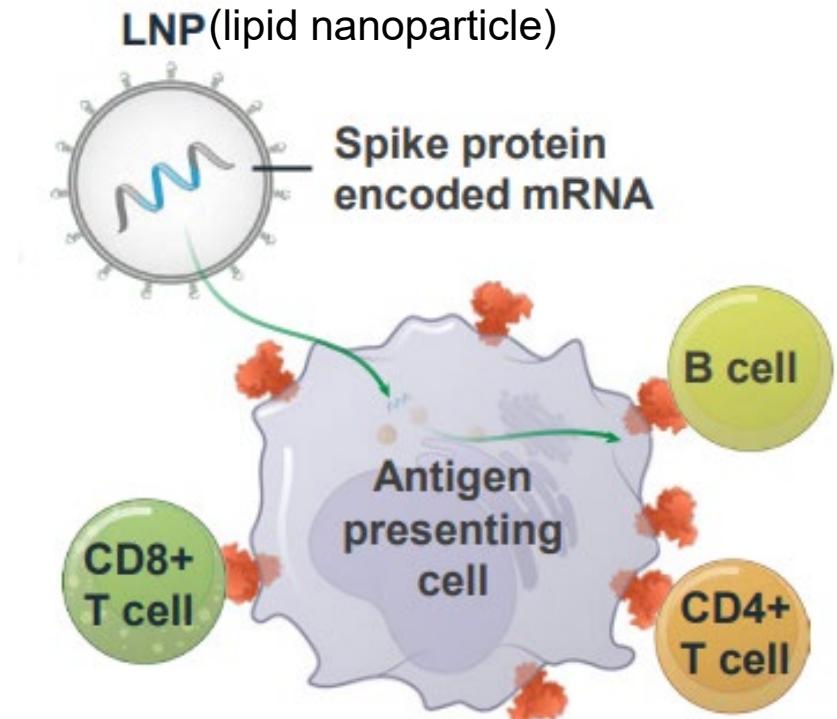
COVID-19 mRNA Vaccines

Do not contain live virus

mRNA does not enter the nucleus or modify DNA

mRNA & lipid nanoparticle break down within hours-days

Spike (S) protein produced by the body estimated to last a few weeks



Pfizer-BioNTech Vaccine

Preliminary data suggest 95% efficacy in preventing symptomatic, laboratory-confirmed COVID-19 after 2 doses

Serious adverse events similar between vaccine and placebo groups (0.6% and 0.5%)

Moderna Vaccine

Preliminary data show 94% efficacy for preventing symptomatic, laboratory-confirmed COVID-19 after 2 doses

Serious adverse events 0.6% in both groups

119d follow-up data on Moderna vaccine published showing detectable neutralizing Ab titers in all participants

mRNA Vaccine Safety



active
surveillance

	Pfizer-BioNTech	Moderna	Combined
# people receiving 1+ doses in U.S.	12,153,536	9,689,497	21,843,033
At least 1 v-safe health check-in	997,042	1,083,174	2,080,216
Pregnancies reported to v-safe	8,633	6,498	15,131

V-safe Data

Reaction, day 0-7	All Vaccines %	Pfizer-BioNTech dose 1, %	Pfizer-BioNTech, dose 2, %	Moderna dose 1, %
Pain	70.7	67.7	74.8	70.1
Fatigue	33.4	28.6	50.0	29.7
Headache	29.4	25.6	41.9	26.0
Myalgia	22.8	17.2	41.6	19.6
Chills	11.5	7.0	26.7	9.3
Fever	11.4	7.4	25.2	9.1
Swelling	11.0	6.8	26.7	13.4
Joint pain	10.4	7.1	21.2	8.6
Nausea	8.9	7.0	13.9	7.7

V-safe Data

Reaction, day 0-7	All Vaccines %	Pfizer-BioNTech dose 1, %	Pfizer-BioNTech, dose 2, %	Moderna dose 1, %
Pain	70.7	67.7	74.8	70.1
Fatigue	33.4	28.6	50.0	29.7
Headache	29.4	25.6	41.9	26.0
Myalgia	22.8	17.2	41.6	19.6
Chills	11.5	7.0	26.7	9.3
Fever	11.4	7.4	25.2	9.1
Swelling	11.0	6.8	26.7	13.4
Joint pain	10.4	7.1	21.2	8.6
Nausea	8.9	7.0	13.9	7.7

Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine — United States, December 14–23, 2020

Weekly / January 15, 2021 / 70(2):46–51

As of 12/23, 4393 (0.2%) adverse events after Pfizer vaccine submitted to Vaccine Adverse Event Reporting System (VAERS)

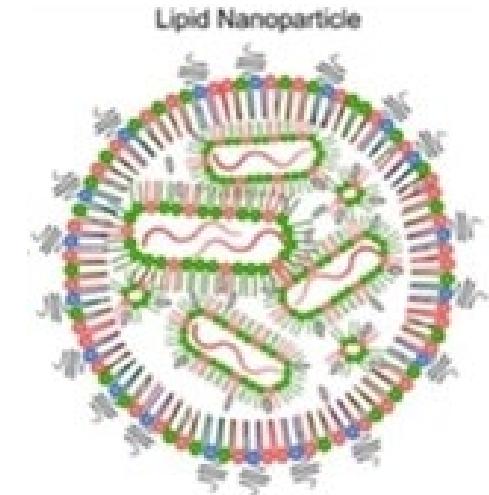
21 cases of anaphylaxis after 1,893,360 first doses (11.1 cases per million doses)

Updates on Anaphylaxis

	Reported doses administered	Anaphylaxis cases	Reporting rate (12/13/20-1/18/21)
Pfizer-BioNTech	9,943,247	50	5.0 per million doses
Moderna	7,581,429	21	2.8 per million doses

Vaccination in Persons with Hx of Allergies or Anaphylaxis

Vaccination sites should have supplies available to manage anaphylaxis



Ionizable lipid 
DSPC 
DMG-PEO 
Cholesterol 

Pts with hx of immediate allergic reaction to a vaccine or injectable therapy or anaphylaxis due to any cause who do not have a contraindication to vaccination should be observed for 30min post vaccination

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fpfizer%2Fanaphylaxis-management.html. Accessed 1/19/21.

44 <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/testing-after-allergic-reaction.html>. Accessed 1/19/21.
Elia, U. et al. 2020. Design of SARS-CoV-2 RBD mRNA Vaccine Using Novel Ionizable Lipids. bioRxiv.

MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
<p>ALLERGIES</p> <p>History of allergies that are unrelated to components of an mRNA COVID-19 vaccine[†], other vaccines, or injectable therapies, such as:</p> <ul style="list-style-type: none"> • Allergy to oral medications (including the oral equivalent of an injectable medication) • History of food, pet, insect, venom, environmental, latex, etc., allergies • Family history of allergies <p>ACTIONS</p> <ul style="list-style-type: none"> • 30 minute observation period: Persons with a history of anaphylaxis (due to any cause) • 15 minute observation period: All other persons 	<p>ALLERGIES</p> <ul style="list-style-type: none"> • History of any immediate allergic reaction[‡] to vaccines or injectable therapies (except those related to component of mRNA COVID-19 vaccine[†] or polysorbate, as these are contraindicated) <p>ACTIONS:</p> <ul style="list-style-type: none"> • Risk assessment • Consider deferral of vaccination and/or referral to allergist-immunologist • 30 minute observation period if vaccinated 	<p>ALLERGIES</p> <p>History of the following are contraindications to receiving either of the mRNA COVID-19 vaccine[†]:</p> <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components • Immediate allergic reaction[‡] of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components[^] (including polyethylene glycol)[#] • Immediate allergic reaction of any severity to polysorbate^{^#} <p>ACTIONS</p> <ul style="list-style-type: none"> • Do not vaccinate[#] • Consider referral to allergist-immunologist

[†] Refers only to mRNA COVID-19 vaccines currently authorized in the United States (i.e., Pfizer-BioNTech, Moderna COVID-19 vaccines)

[‡] Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

[^] See Appendix A for a list of ingredients. Note: Polyethylene glycol (PEG), an ingredient in both mRNA COVID-19 vaccines, is structurally related to polysorbate and cross-reactive hypersensitivity between these compounds may occur. Information on ingredients of a vaccine or medication (including PEG, a PEG derivative, or polysorbates) can be found in the package insert.

[#] These persons should not receive mRNA COVID-19 vaccination at this time unless they have been evaluated by an allergist-immunologist and it is determined that the person can safely receive the vaccine (e.g., under observation, in a setting with advanced medical care available)

Long-Term Safety

Additional data on long term safety will become available as more individuals are vaccinated

Antibody-dependent enhancement (ADE)

- No participants in clinical trials have developed ADE

Dosing and Administration

People should not be scheduled for 2nd dose earlier than the recommended intervals

- Doses administered earlier should not be repeated

2nd dose should be given as close to recommended interval as possible

- *If not feasible* to adhere to recommended interval, 2nd dose of Pfizer-BioNTech and Moderna vaccines may be administered up to 6 weeks (42d) after 1st dose

Dosing and Administration

mRNA vaccines are not interchangeable

- In rare situations where 1st dose product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at minimum interval of 28d between doses

Dosing and Administration

mRNA vaccines should be administered alone

- Recommended minimum interval of 14d before or after any other vaccines

If administered within 14d of another vaccine, doses do not need to be repeated

Clinical Considerations

Clinical Considerations for Vaccination

Pertain only to the vaccines currently authorized in the U.S.

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>

Persons with Underlying Medical Conditions

MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINICATION TO VACCINATION
<p>CONDITIONS</p> <ul style="list-style-type: none">• Immunocompromising conditions• Pregnancy• Lactation <p>ACTIONS</p> <ul style="list-style-type: none">• Additional information provided*• 15 minute observation period	<p>CONDITIONS</p> <ul style="list-style-type: none">• Moderate/severe acute illness <p>ACTIONS</p> <ul style="list-style-type: none">• Risk assessment• Potential deferral of vaccination• 15-minute observation period if vaccinated	<p>CONDITIONS</p> <ul style="list-style-type: none">• None <p>ACTIONS</p> <ul style="list-style-type: none">• N/A

Current or Prior SARS-CoV-2 Infection

Vaccination should be deferred until:

- Recovery from acute illness **AND**
- Criteria have been met to discontinue isolation

While vaccine supplies remain limited, persons with documented recent SARS-CoV-2 infection may delay vaccination

Previous Passive Antibody Therapy

No data on safety and efficacy of mRNA vaccines in persons who received monoclonal antibody therapy or convalescent plasma for COVID-19 tx

Vaccination should be deferred for at least 90d

No delay in vaccination needed for antibody therapies unrelated to COVID tx

Underlying Medical Conditions

Immunocompromise, autoimmune conditions

- Little data to establish safety and efficacy at present
- Not a contraindication

Hx of Guillain-Barre syndrome (GBS)

- May receive mRNA COVID-19 vaccine unless they have a contraindication
- No cases of GBS reported following vaccination

Underlying Medical Conditions

Hx of Bell's palsy

- Cases of Bell's palsy were reported in trials but not above the frequency expected in general population
- May receive an mRNA COVID-19 vaccine unless they have a contraindication

Hx of Dermal Filler Use

Infrequent report of swelling at or near site of filler after mRNA COVID-19 vaccine

Appears to be a temporary reaction, no additional precautions needed

Pregnancy

Currently few data on safety but mRNA vaccines felt unlikely to pose risk

Pregnant people at increased risk of severe illness and may be at risk of adverse pregnancy outcomes

Weigh level of community transmission, pt's personal risk and lack of data in pregnancy

Laboratory Testing

Laboratory Testing Pre-Vaccination

Clinical trial data indicates vaccination is safe in persons with prior SARS-CoV-2 infection

Viral testing to assess for acute infection or serologic testing to assess for prior infection for purposes of vaccine decision-making is **not** recommended

COVID Laboratory Testing Post-Vaccination

Viral tests (PCR/NAAT or antigen tests) not affected by vaccination

Antibody tests that detect IgM and/or IgG to S protein could detect antibodies due to infection or vaccination

Viral Testing in Vaccinated Persons

Cough, dyspnea, loss of taste/smell, rhinorrhea, sore throat are NOT consistent with post-vaccination sxs and could indicate SARS-CoV-2 infection

Sxs such as fever, myalgias, fatigue may be related to vaccination, consider viral testing

Specific guidance for healthcare personnel available through CDC

Stay Tuned

Novavax COVID-19 Vaccine Demonstrates 89.3% Efficacy in UK Phase 3 Trial

Jan 28, 2021 at 4:05 PM EST

UK Data:

- Reportedly 89% efficacy for prevention of symptomatic infection
- UK variant circulating at time of trial

South Africa data

- Reported 60% efficacy for prevention of symptomatic infection
- South African variant circulating at time of trial

Friday, January 29, 2021

Janssen Investigational COVID-19 Vaccine: Interim Analysis of Phase 3 Clinical Data Released

Reportedly 66% effective at preventing combined endpoint of moderate and severe COVID-19 at 28d post-vaccination

Reportedly 85% effective in preventing severe/critical COVID-19

Single Dose Administration, And The Influence Of The Timing Of The Booster Dose On Immunogenicity and Efficacy Of ChAdOx1 nCoV- 19 (AZD1222) Vaccine

37 Pages • Posted: 1 Feb 2021

Pre-print in The Lancet

Efficacy 66.7% (57.4%-74%) in preventing symptomatic infection after 2 doses

Efficacy after single dose from day 22-90 post-vaccination was 76% (59%-85%)

Efficacy higher after longer prime-boost interval (<6wks vs 12+ wks)

Take-Home Points

COVID-19 mRNA vaccines do not contain live virus and do not alter DNA

No underlying medical conditions are contraindications to vaccination

Viral or antibody testing should not be performed to inform vaccination decisions

Preliminary mRNA vaccine efficacy data promising; stay tuned for updates related to virus variants, specific patient populations and additional vaccines



Thank You

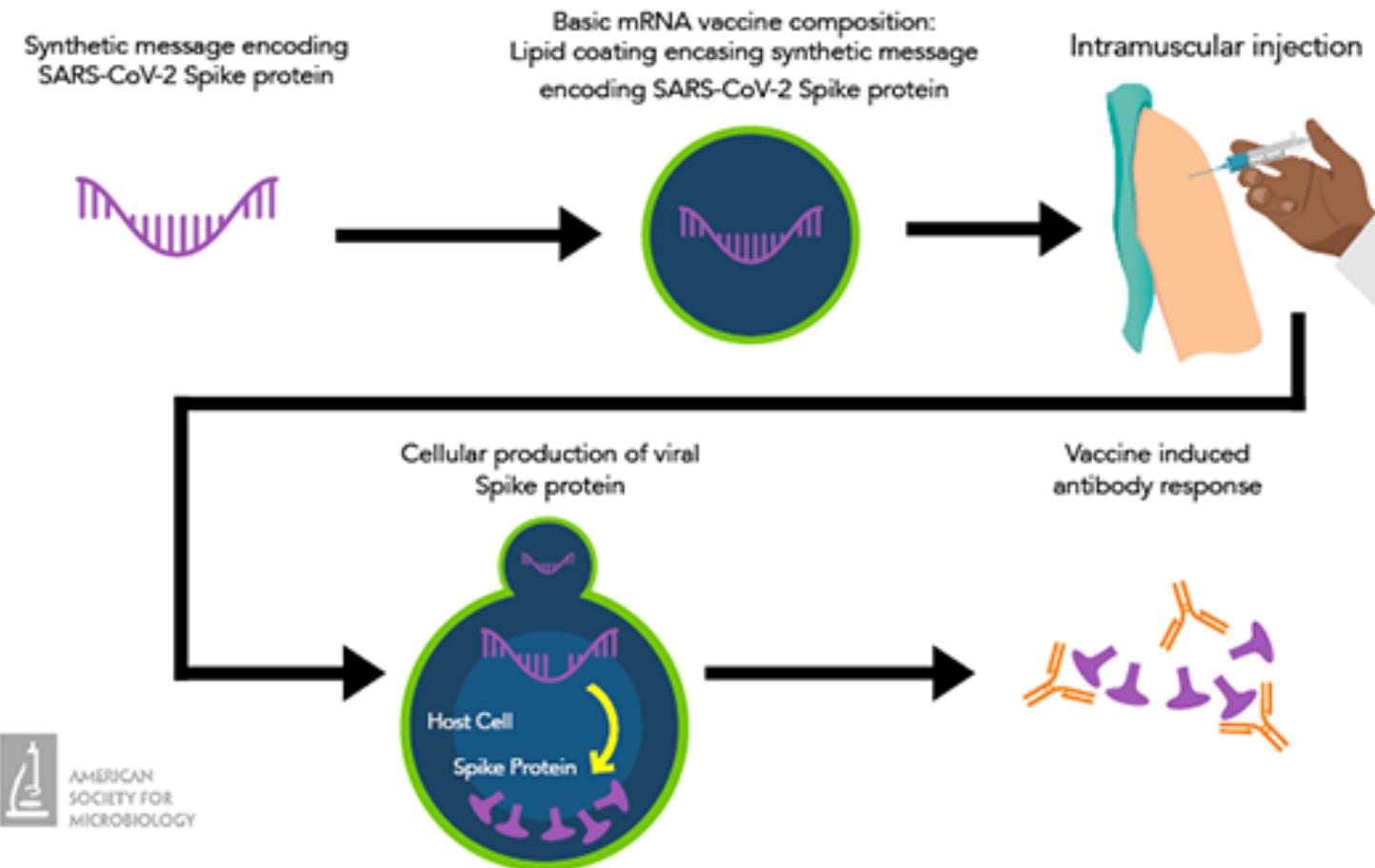
Post-Vaccination Signs/Sxs in Healthcare Personnel

Applies to healthcare personnel (HCP) who received vaccination in past 3d and not know to have had unprotected exposure to SARS-CoV-2 in previous 14d

Signs/sxs	Suggested approach	Notes
Signs and sxs <u>unlikely</u> to be due to COVID-19 vaccination: ANY systemic signs/sxs consistent with SARS-CoV-2 infection (e.g., cough, dyspnea, rhinorrhea, sore throat, loss of taste/smell) or other infectious etiology (e.g., flu) that are not typical post-vaccination signs/sxs	<p>Exclude from work pending evaluation for possible etiologies including SARS-CoV-2 infection.</p> <p>Criteria for return to work depends on suspected or confirmed dx.</p>	A negative SARS-CoV-2 antigen test in HCP with signs/sxs not typical for post-vaccination should be confirmed by PCR/NAAT testing

HCP Signs/Sxs	Suggested approach	Notes
<p>Signs and sxs that may be due to vaccination, SARS-CoV-2 infection or another infection:</p> <p>ANY systemic signs/sxs (e.g., fever, fatigue, headache, chills, myalgia, arthralgia) that</p> <p>Fever is defined as measured temp 100.0F (37.8C) or higher</p>	<p>Evaluate HCP</p> <p>HCP who meet following criteria may be considered for return to work without viral testing:</p> <ul style="list-style-type: none"> • Feel well enough and willing to work and • Are afebrile* AND • Systemic signs and sxs limited only to those observed following COVID-19 vaccination <p>If symptomatic HCP return to work, they should be advised to contact occ health if sxs not improving or persist >2d. Pending further eval, they should be excluded from work and viral testing considered.</p> <p>*HCP with fever should ideally be excluded from work pending further evaluation including consideration for SARS-CoV-2 testing.</p>	<p>If performed, negative SARS-CoV-2 antigen testing in HCP with sxs limited only to those observed following vaccination (i.e., NO cough, dyspnea, sore throat, loss of taste/smell) may not require confirmatory PCR/NAAT testing.</p>

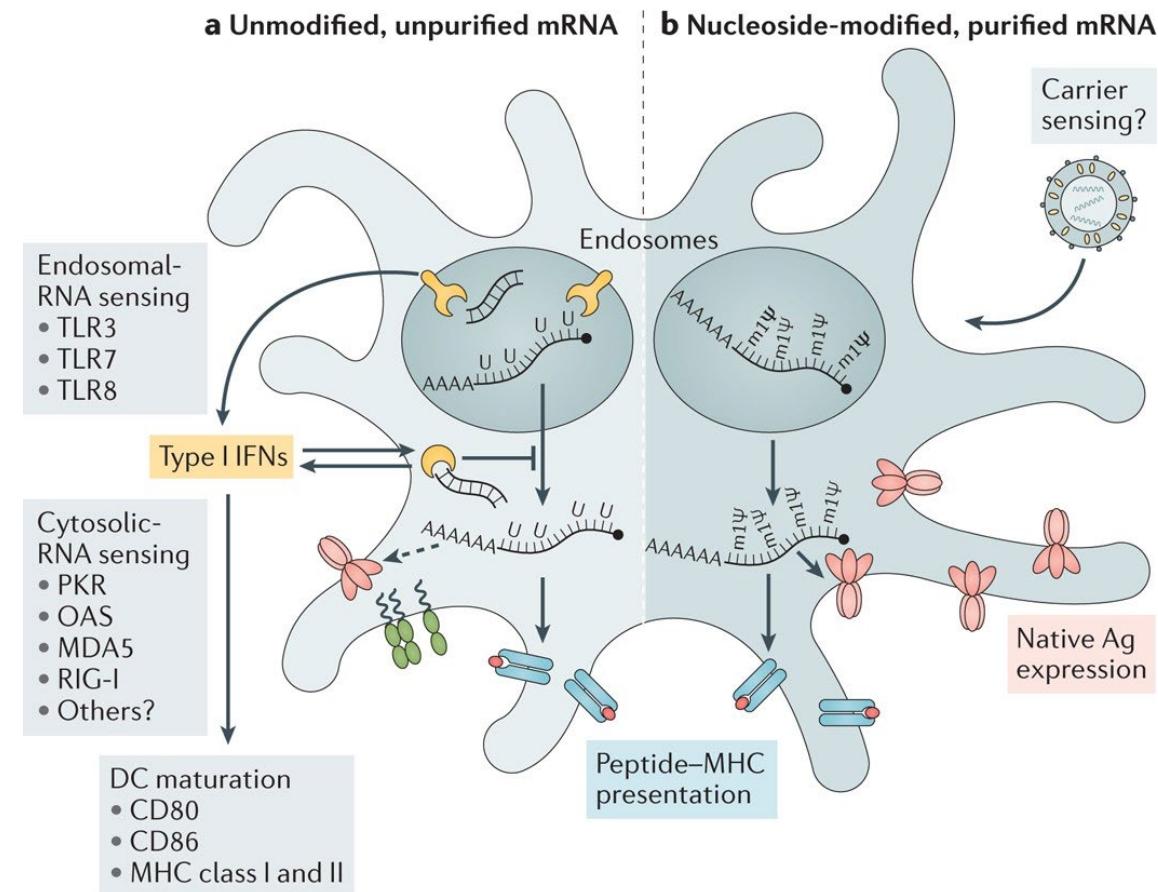
How COVID-19 mRNA Vaccines Work



AMERICAN
SOCIETY FOR
MICROBIOLOGY

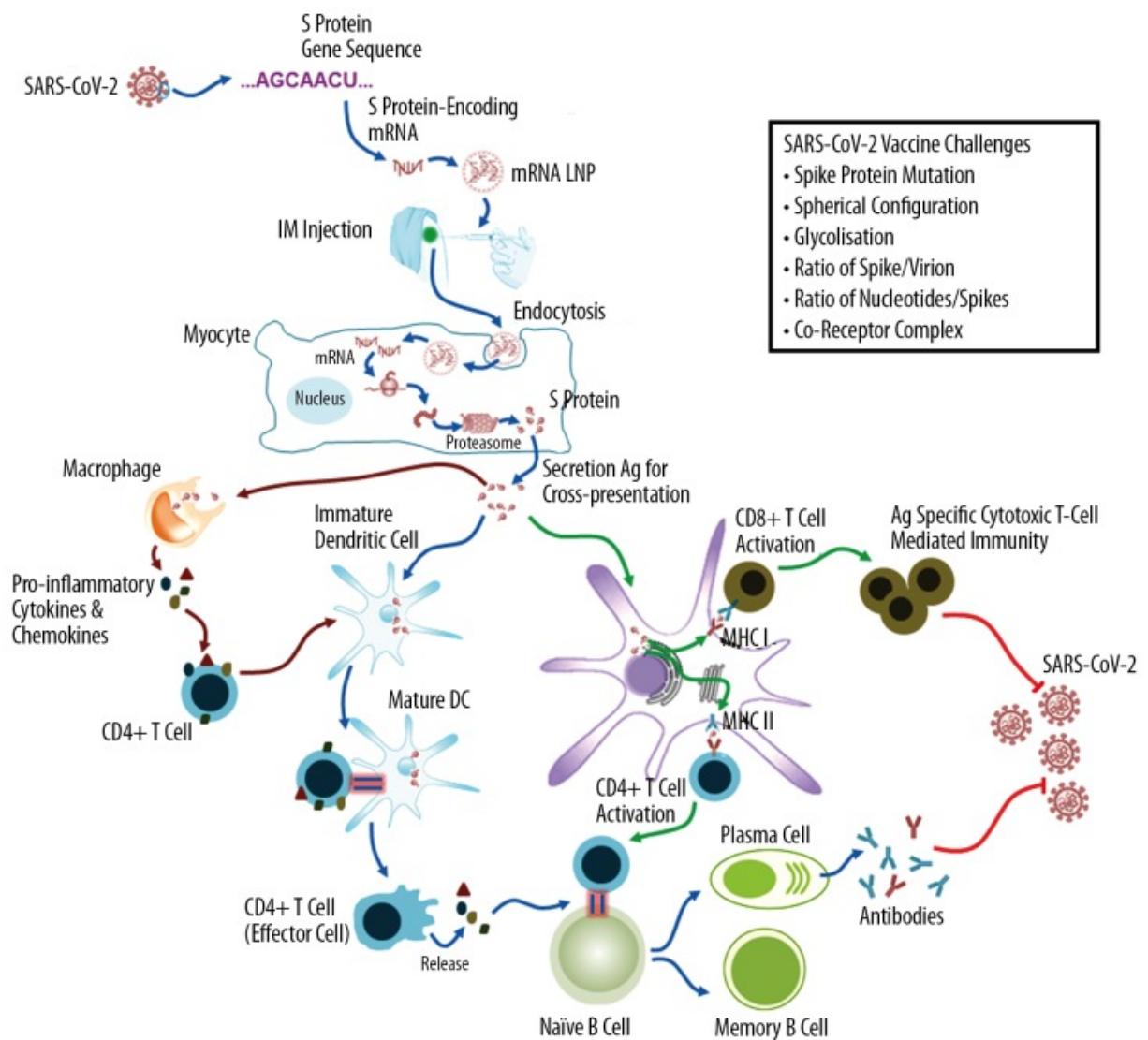
mRNA Vaccines

Modification and purification of mRNA and use of lipid nanoparticle critical for safe and effective delivery of mRNA



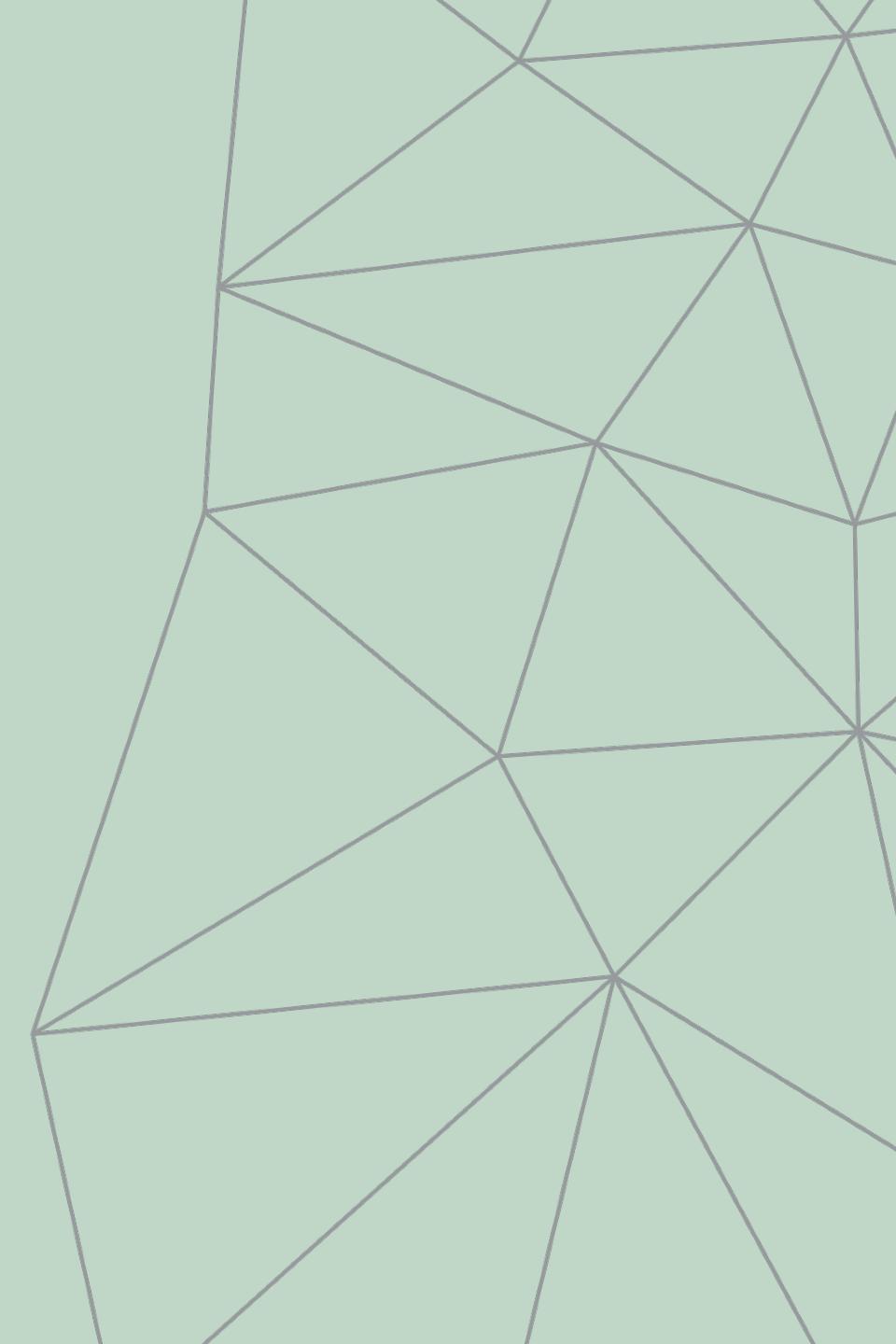
Immune Response

Both humoral and cellular immune responses elicited



Questions

Moderated by Shelby Lee Freed, FNP



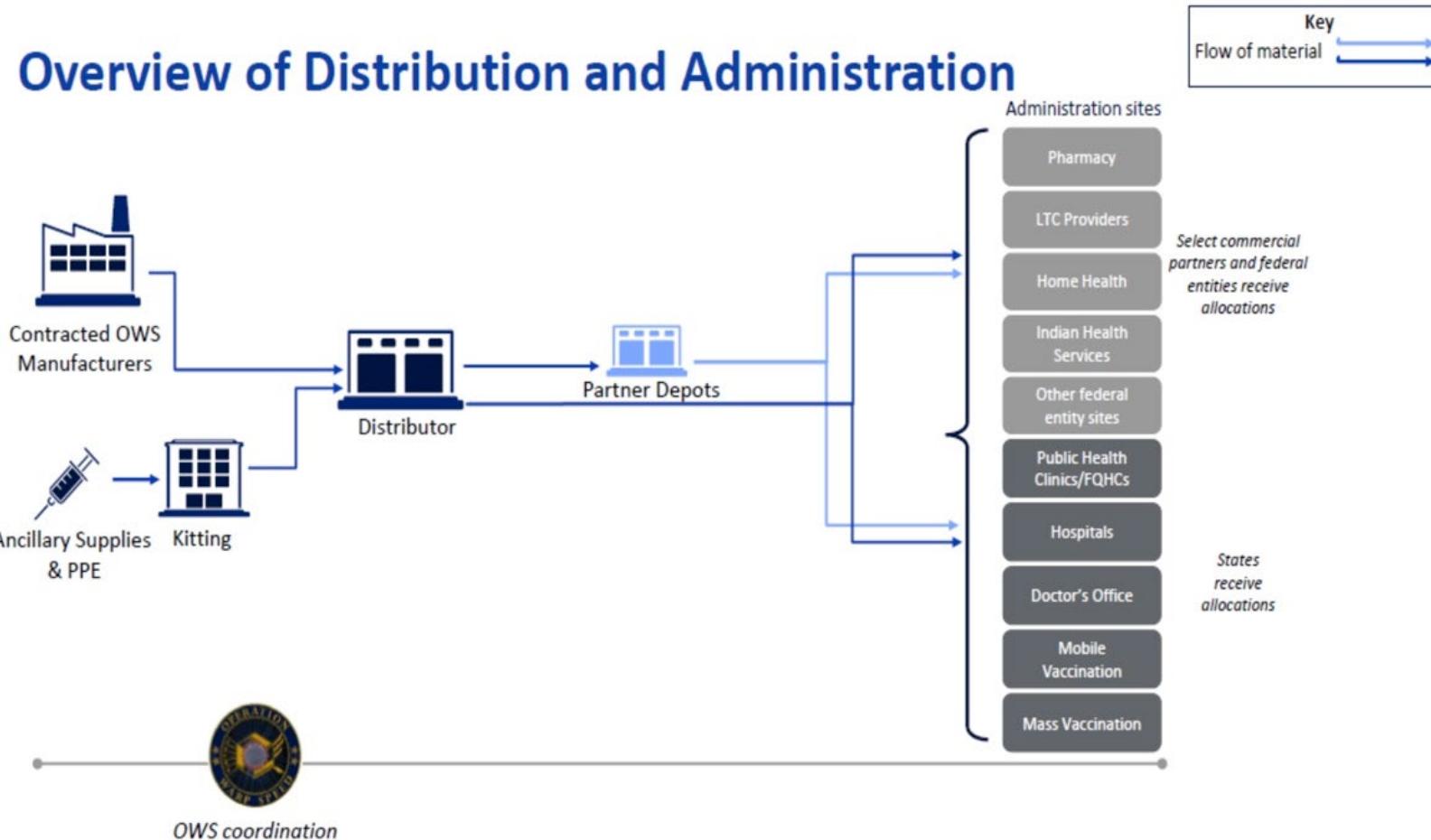
Mass COVID-19 Vaccination Effort in Rural Douglas County

2/4/21

Jay Richards, DO
Aviva Health

COVID-19 Vaccine Allocation

Hospital
Long-Term Care Facilities
Pharmacies
EMS
Tribal Health
Public Health



Phase 1A December 12, 2020

Everyone in Phase 1A, Groups 1,2,3 and 4 are currently eligible for the vaccine.

Group 1

- Hospital staff with patient care responsibilities
- Urgent care
- Skilled nursing and memory care facility healthcare personnel (HCP) and residents
- Tribal health programs
- Emergency medical services (EMS) providers and other first responders
- All health care interpreters and traditional health workers in any setting within Phase 1a

Group 2

- Other long-term care facilities, including all paid and unpaid HCP, all staff and contractors, including residents who meet the age requirements of:
 - Residential care facilities
 - Adult foster care
 - Group homes for people with intellectual and developmental disabilities
 - Other similar congregate care sites
- Hospice programs
- Mobile crisis care and related services

- Individuals working in a correctional setting

Group 3

- HCPs in outpatient settings serving specific high-risk groups
- Day treatment services
- Non-emergency medical transport (NEMT)
- Paid or unpaid caregivers (including parents or foster parents) of medically fragile children or adults who live at home
- Adults and age-eligible children who have a medical condition or disability who receive services in their homes

Group 4

- All other outpatient HCPs
- Other HCP who provide direct service to people with I/DD and other high-risk populations.
- Other public health settings, such as HCP serving WIC, or CBO's with direct or indirect exposures

People eligible:
400,000 approximately

Phase 1B

Who's getting vaccinated in Oregon next

Group 1

- Childcare providers, early learning and K-12 educators and staff

Eligible week of January 25, 2021

Group 2

- People 80 and older

Eligible week of February 7, 2021

Group 3

- People 75 and older

Eligible week of February 14, 2021

Group 4

- People 70 and older

Eligible week of February 21, 2021

Group 5

- People 65 and older

Eligible week of February 28, 2021

Educators:
105,000* approximately
People over 65:
795,000* approximately

Beyond Date TBD

Subsequent groups will be determined in coordination with the Vaccine Advisory Committee and shared on OHA's COVID-19 vaccine web page. These are examples of groups of people who may be included:

- Critical workers in high-risk settings — workers who are in industries essential to the functioning of society and substantially higher risk of exposure
- People of all ages with underlying conditions that put them at moderately higher risk
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- General population

* Oregon's vaccine supply is limited. It is estimated to take 12-15 weeks to vaccinate groups 1-5 of Phase 1B.

County Public Health Request

Provide a mass COVID-19 vaccination event in 10 days on January 23

- Capture Groups 2 and 3 in Phase 1A

Douglas Public Health Network

- Provide scheduling
- Provide 975 doses of vaccine

Aviva Health

- Plan and run operation
- Administer 975 doses of vaccine
- Manage side effects safely and appropriately
- Minimize the spread of COVID-19 among participants
- Not waste any vaccine

Incident Command System (ICS)

Standardized way of communicating during crisis

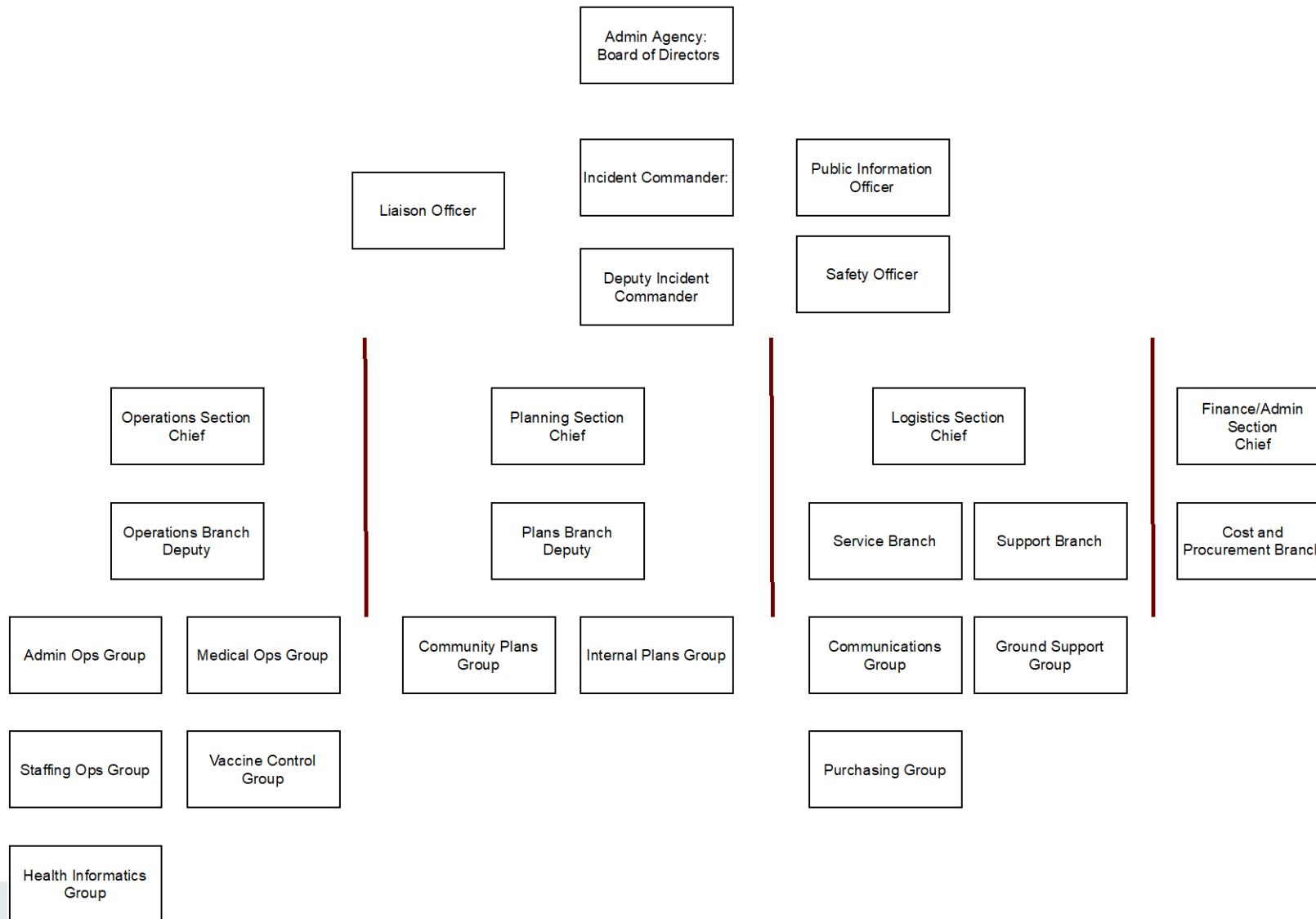
Allows various agencies to communicate in standardized format

Standardized duty assignments allow cross-organization communication

Douglas County, Mercy Hospital, and Aviva Health activated ICS system at onset of COVID-19

Aviva Health reactivated ICS system to manage mass COVID-19 vaccination

Aviva Health Community Vaccination Campaign-Incident Command System Structure



Build the Plan (3 Days)

Determine number needed to vaccinate

Outline Venue Location and Flow

Secure Vaccine Supply

Equipment and Other Supplies

Identify Patient Population and Scheduling Plan

Electronic vs Paper

Identify Staffing Requirement

Bring in Community Volunteers

Communication During Event

Feeding Staff and Volunteers

Hot Wash and Next Steps



Executive Summary

Living document which outlines the entire plan

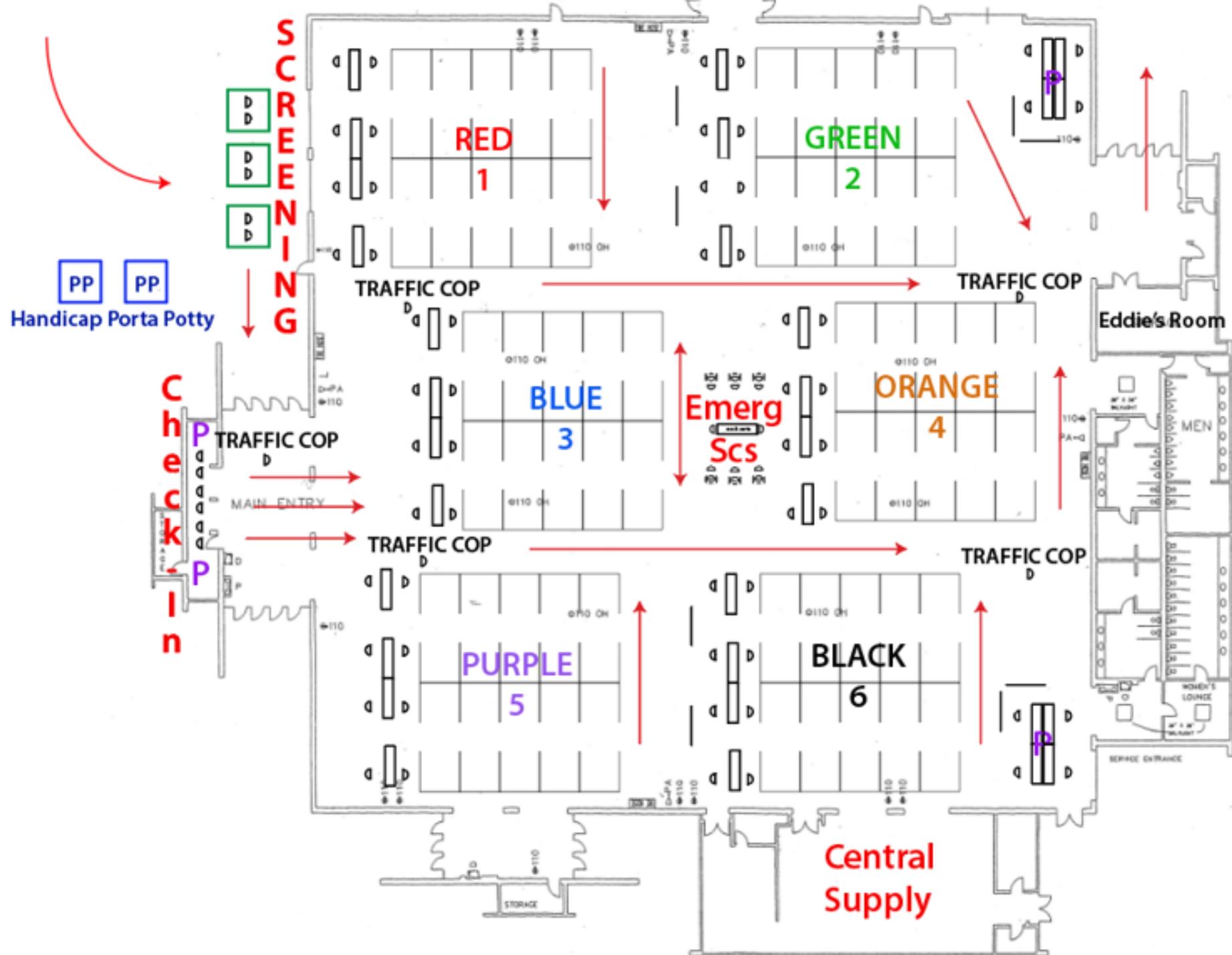
Identifies the background and problem trying to address

Identifies key departments

Develop and define roles and responsibilities

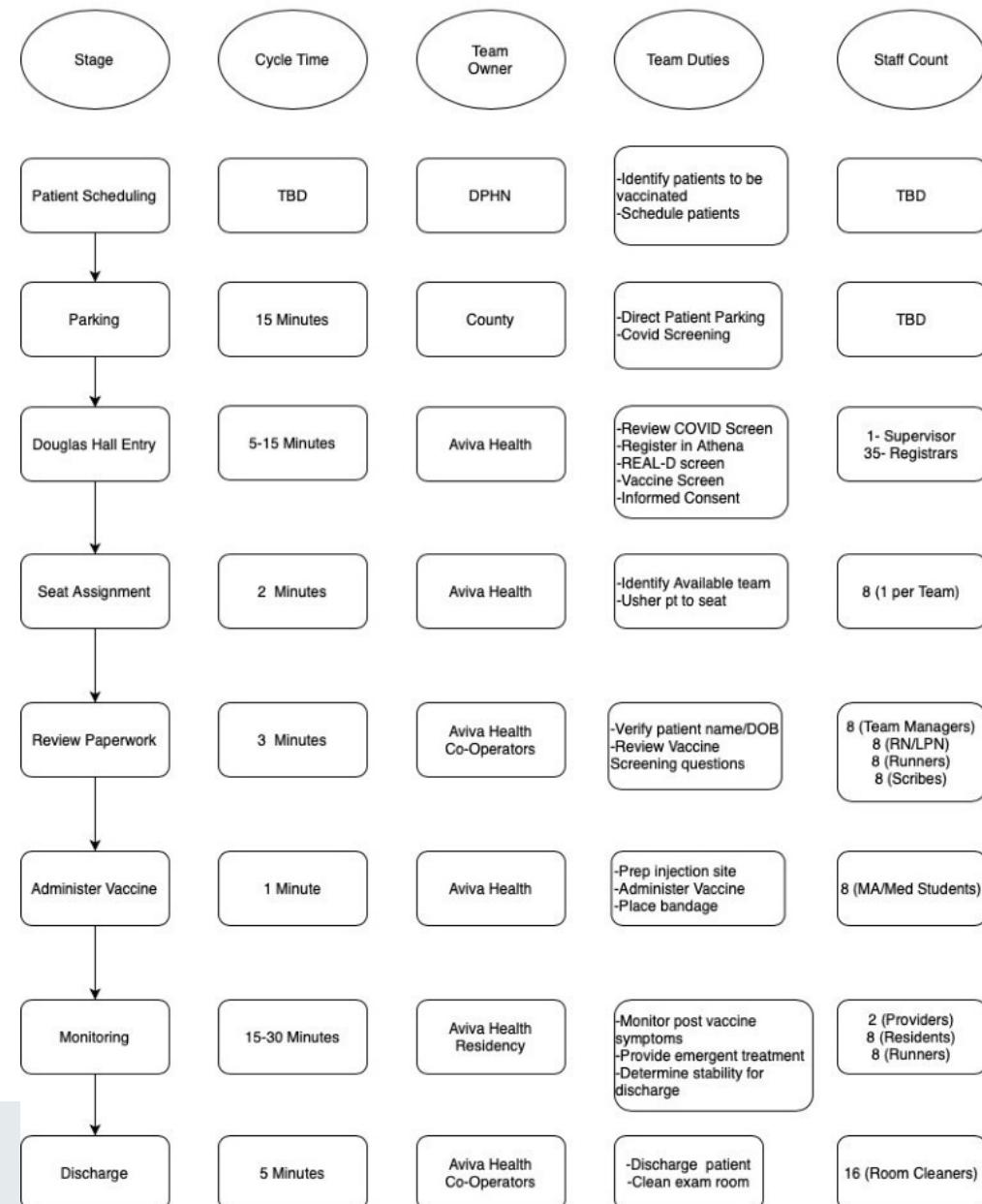
Determines expected throughput and metrics

Needed to sync all activities and co-operators



COVID Vaccine 1/23/21 Clinic

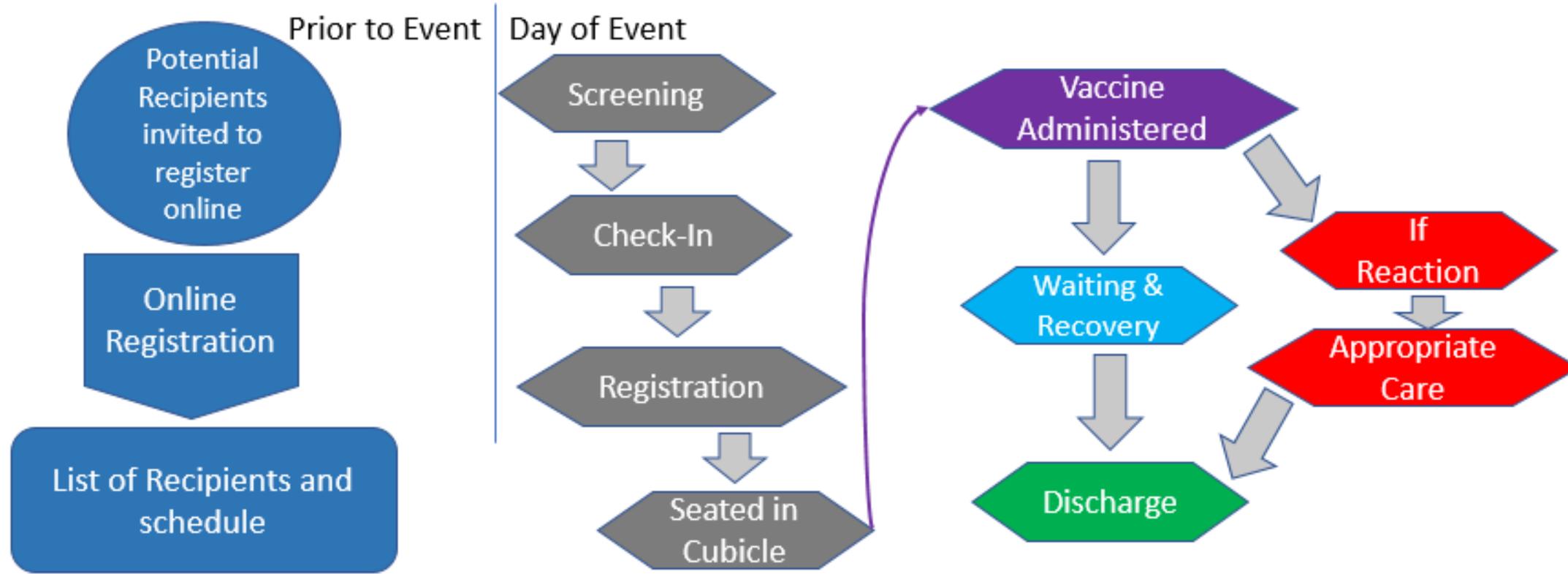
Stages, Cycle Times, Teams



Logistics and Set Up



Workflow Diagram from Start to Finish



Clinical Team

32 "Rooms" per team- 50 patients/Team/Hour

1 Team Manager

2 Vaccine Coordinator- MA/RN reviewed Vaccine Screening form

1 Vaccinator

2 Recovery Coordinators- RN

2 Runners

2 Preppers and Cleaners

1 FP Resident

1 Provider

Address the Realities

We don't have control over vaccine supply

- Relied on local hospital to secure 100 vials of Pfizer vaccine

We can't schedule patients without secure supply of vaccine

We haven't used Pfizer vaccine, only Moderna vaccine

- Pfizer is nuanced in its preparation

It's hard to control public messaging and social media

How do you manage the walk-ins?

- Brought our own supply of vaccine

Go Live



KEZI 9abc NEWS KEZI.com *Live. Local. Late Breaking.*

HOME NEWS WEATHER SPORTS VIDEO FEATURES COMMUNITY CON

AVIVA HEALTH HOLDING VACCINATION EVENT AT DOUGLAS COUNTY FAIRGROUNDS

Individuals who arrive at the fairgrounds without proof of registration will not receive the vaccine.

Posted: Jan 23, 2021 12:58 AM
Updated: Jan 23, 2021 1:01 AM
Posted By: Emma Jerome

ROSEBURG, Ore. -- Officials plan to vaccinate 600 Douglas County residents Saturday who fall within OHA's Phase 1A Vaccine Sequencing Guidelines.

Aviva Health is holding a mass COVID-19 vaccination event for selected Douglas County citizens who fall within groups two and three of the Oregon Health Authority's Phase 1A vaccine prioritization schedule.

The event is from 8 A.M. to 6 P.M. in Douglas Hall at the Douglas County Fairgrounds.

This is not a public event – only pre-registered individuals who are in groups two and three of OHA vaccine distribution Phase 1A are eligible to receive the vaccination Saturday.

In cooperation with Douglas Public Health Network, Douglas County COVID-19 Response Team, Umpqua Health Alliance and other volunteers from across the county, Aviva Health intends to administer vaccinations to as many as 600 people.

A mass vaccination of this size and scale in Douglas County requires broad support from organizations and individuals well beyond the walls of Aviva Health.

Aviva Health acquired the supply of vaccines to be used Saturday from Mercy Medical Center and intends to hold similar events for the general public as more vaccine is available.

Those who qualify have already been registered by DPHN.

Individuals who arrive at the fairgrounds without proof of registration will not receive the vaccine.

If you have questions about COVID-19 vaccine availability in Douglas County, please email vaccines@douglaspulic healthnetwork.org.

Key Lessons Learned

Practice drawing the vaccine first

Electronic systems work until they don't

Have paper option readily available

Address critical systemic issues immediately

- Hold regular scheduled operations meetings throughout the day

Incorporate changes through the operations structure

- Watchout for Lone Rangers

Manage needle sizes

Rigorous training and walk-through prior to event

Hot Wash and Aftermath

Employees' and Volunteers' feedback

Ongoing events will follow

Improve the plan but don't overhaul it

Manage patient and community expectations

Build a model

- Sustainable
- Scalable

Numbers to Date

Vax 1 (1/23/21) Phase 1a

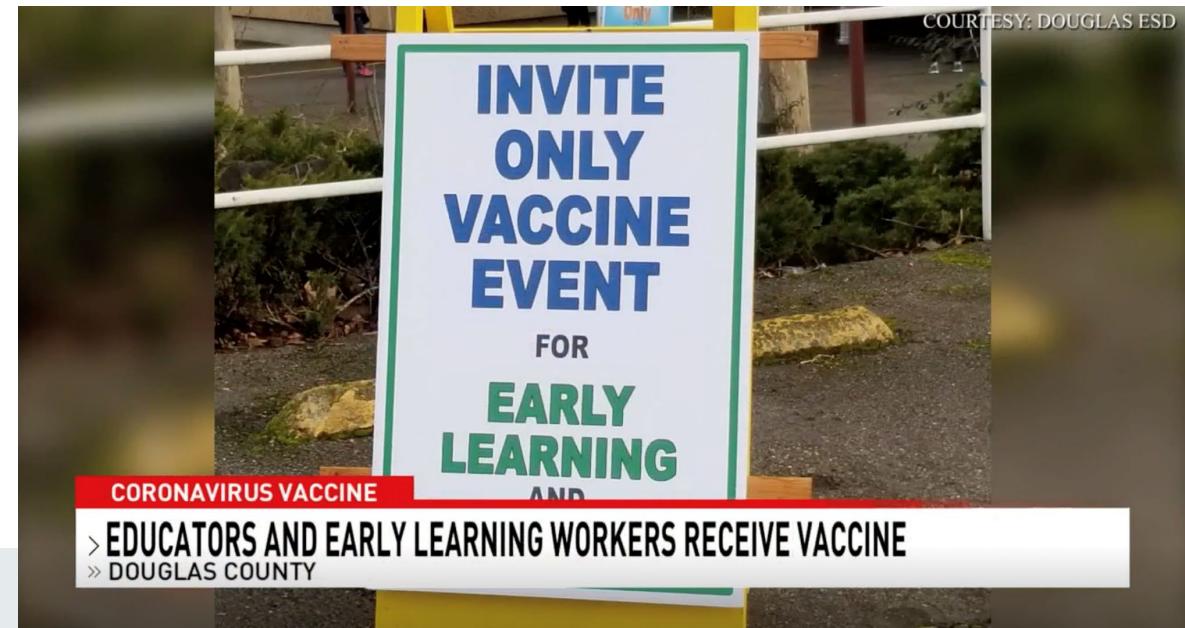
- Total 753 Vaccinated
 - 583 doses of Pfizer
 - 170 doses of Moderna
 - 178 staff/volunteers

Vax 2 (1/30/21) Phase 1b

- Total 774 Vaccinated
 - All Moderna
 - 162 staff/volunteers

Vax 3 (2/3/21) Phase 1b

- Total 150 Vaccinated
 - All Moderna



Questions?



Questions

Moderated by Holly Tse, MD





Important Reminder

You must be registered and complete the post-session survey that will be sent to you by 1:15 p.m. today to receive Continuing Medical Education* (CME) credit for attending this session. To register, visit [www.oregnechonetwork.org](http://www.oregonechonetwork.org).

***CME certificates will be sent to the email you registered with 6-8 weeks after the final session of the program.**

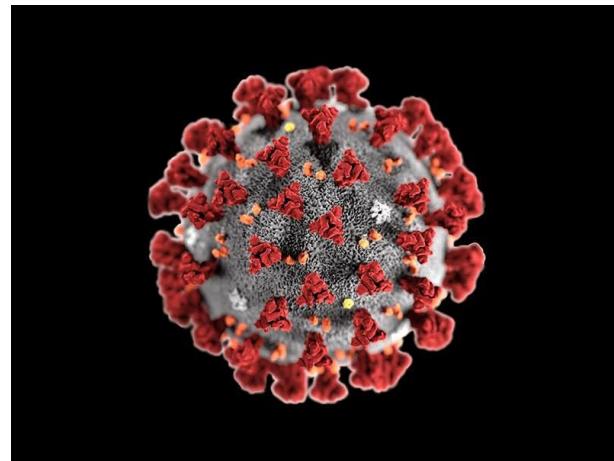




Important Reminder

Next COVID-19 Response ECHO for Oregon Clinicians:

Thursday, February 18th at noon





Important Reminder

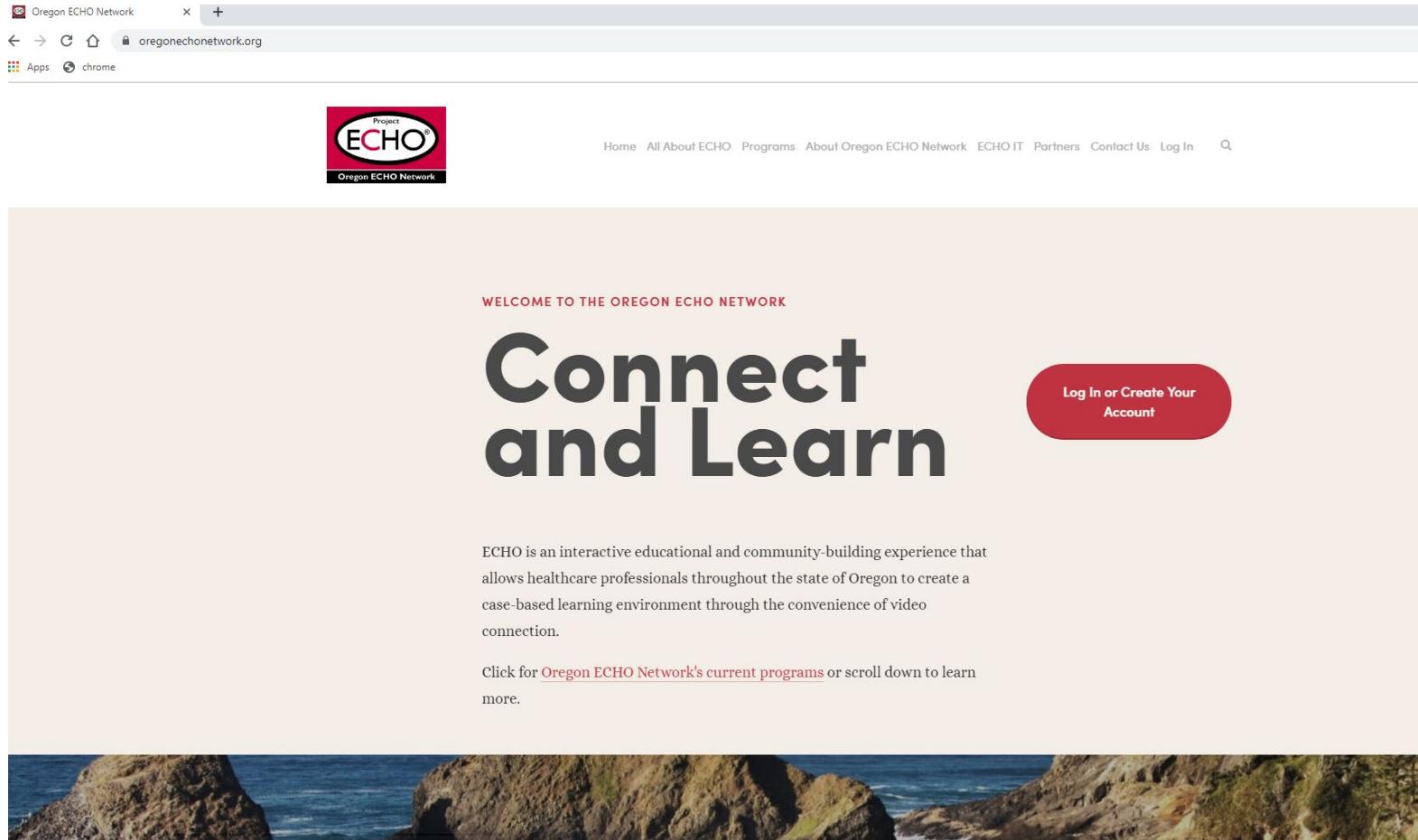
OHA COVID-19 Sessions for Oregon Care Providers Webinar

- 2nd Thursday of each month, noon- 1 p.m.:
- Next OHA Webinar is Thursday, February 11th
- For more information visit:

<https://www.oregon.gov/oha/covid19/Pages/Healthcare-Partners.aspx>



oregonechonetwork.org



The screenshot shows a web browser window for the Oregon ECHO Network. The address bar displays 'oregonechonetwork.org'. The page features the Project ECHO logo (a red oval with 'Project ECHO' and 'Oregon ECHO Network' text). The main heading 'WELCOME TO THE OREGON ECHO NETWORK' is in red. The central message 'Connect and Learn' is in large, bold, dark gray text. To the right of this message is a red button with white text that reads 'Log In or Create Your Account'. Below the main text, a paragraph explains the service: 'ECHO is an interactive educational and community-building experience that allows healthcare professionals throughout the state of Oregon to create a case-based learning environment through the convenience of video connection.' A link 'Click for Oregon ECHO Network's current programs' is provided. At the bottom of the page is a photograph of a rugged, rocky coastline with the ocean in the background.

