

Clinical and Quality Fireside Chat Series

October 15, 2020

Agenda

- The Why of It? Medicaid Immunization Data
- Back to School update
- Flu Vaccine 2020 Updates
- Vaccines in Pregnancy
- COVID Vaccine Plans for NC
- Keeping Kids Well
- Preparation for Managed Care

Poll #1

Poll #2

The Why of It

Immunizations are Important!

Contact your pediatrician or local health department to discuss wellness visit options and how to keep your child's immunizations up to date during COVID-19.

»»»»»»»»»»»»»»»» NCDHHS, DIVISION OF PUBLIC HEALTH

Parents want to do **everything possible to protect** their children from preventable diseases. **Vaccination is the best way to do that.**

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During COVID-19,
immunizations are
>>>>> **STILL IMPORTANT.**

Vaccinations help protect against dangerous and deadly diseases, including influenza, measles and meningitis.

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Sticking to vaccine schedules is still important, even during the COVID-19 pandemic.



Many immunizations require a series of shots, given at specific intervals, to ensure a child is fully protected.

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Immunizations are Important!



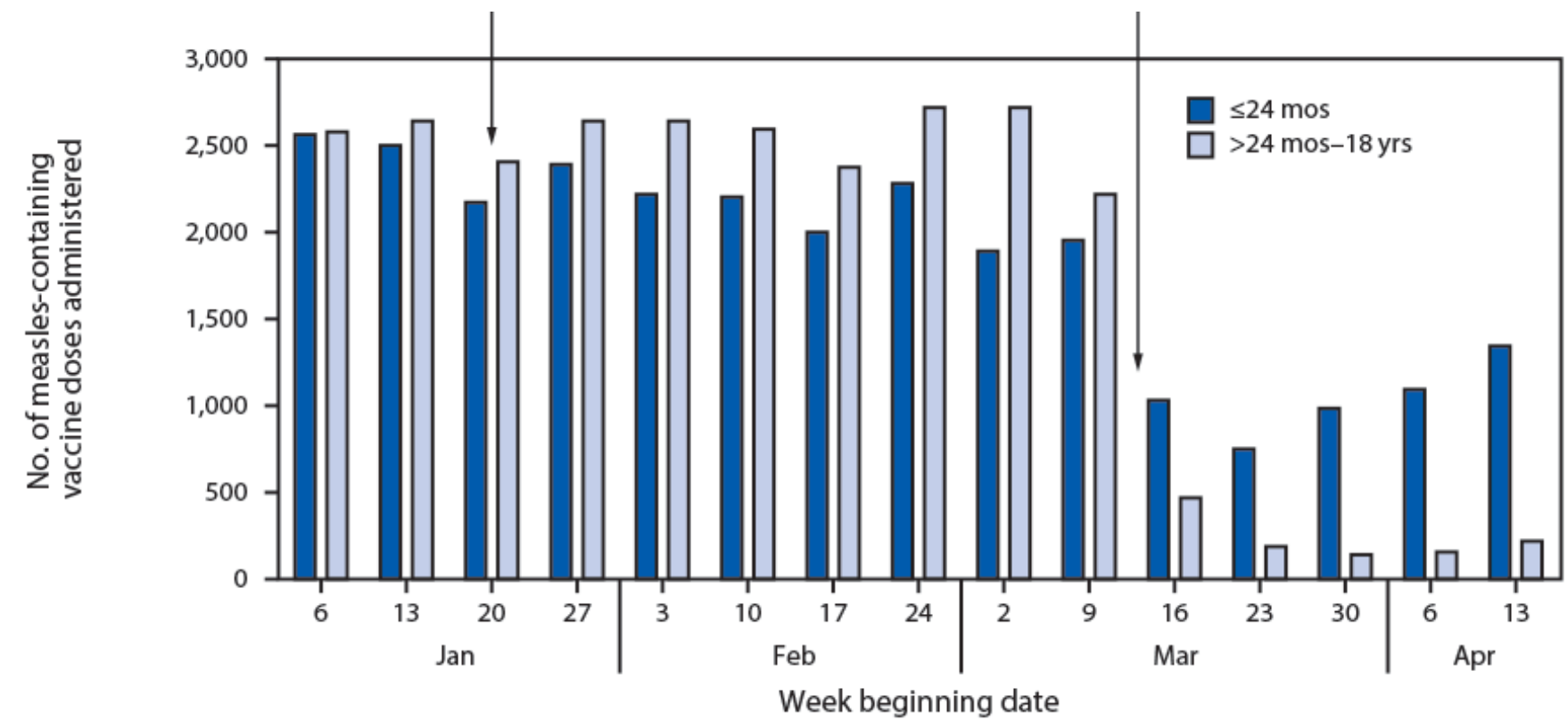
During the COVID-19 pandemic, children's immunizations and important well-child care visits, are still essential. Keep your children healthy and safe from vaccine-preventable diseases.

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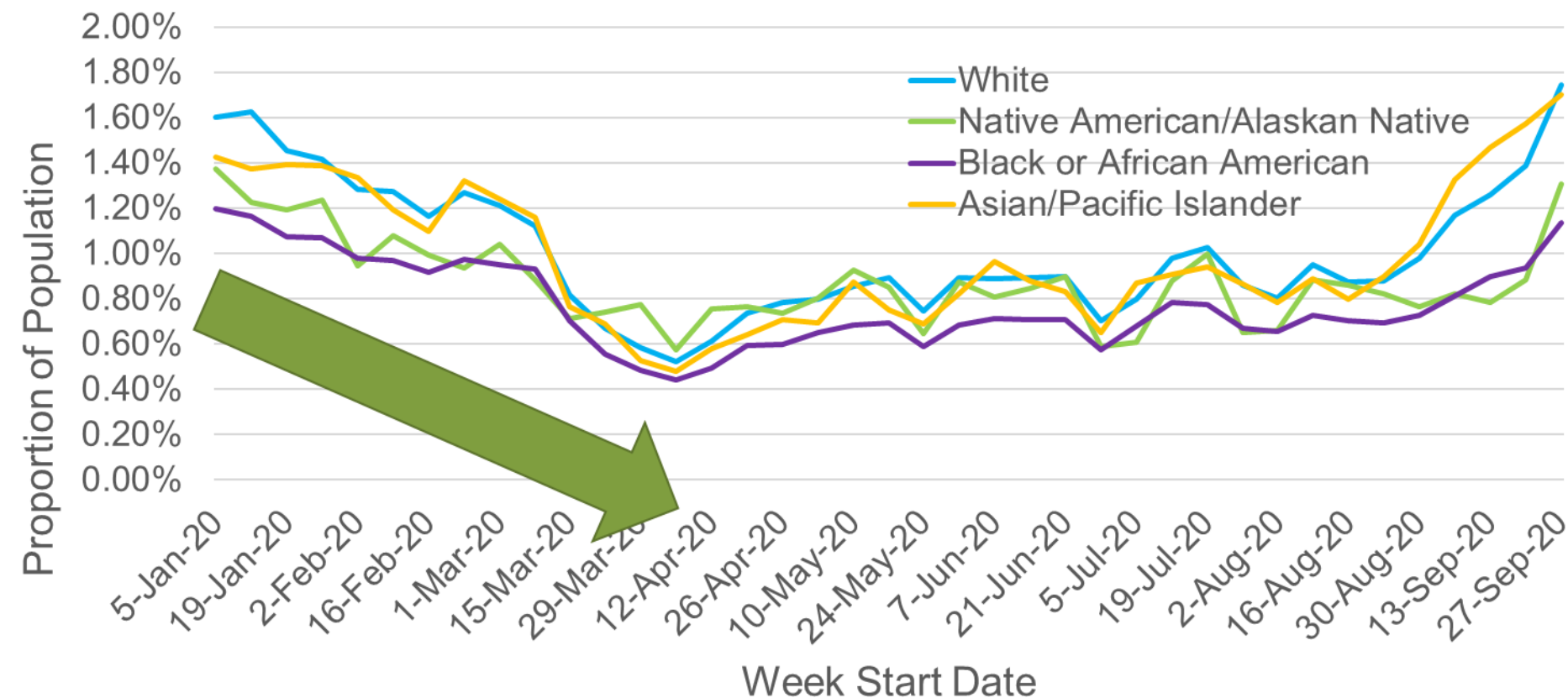
Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020

Weekly / May 15, 2020 / 69(19);591–593

On May 8, 2020, this report was posted online as an MMWR Early Release.



Weekly Proportion of Population¹ Receiving childhood Immunizations² by Race



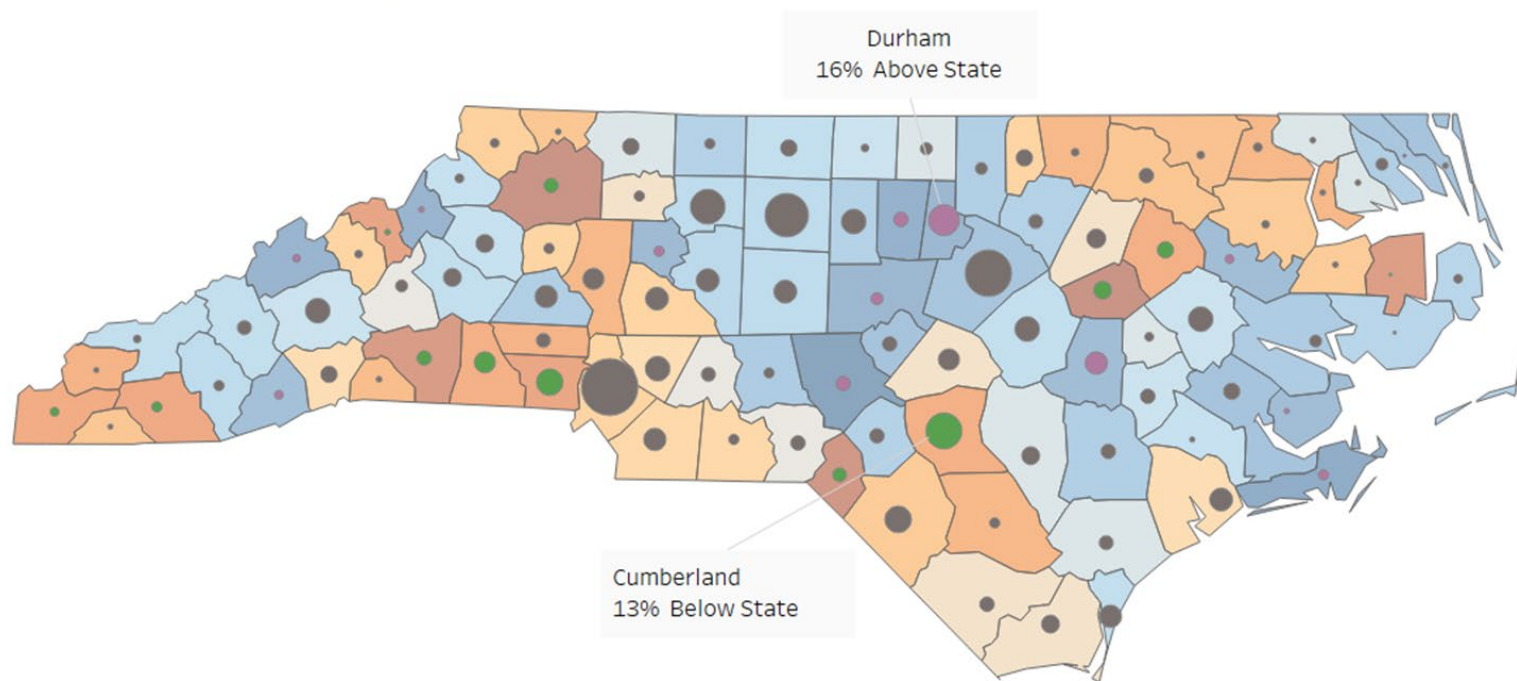
*A higher value is favorable

CMS Scorecard: Pediatric Measures

Pediatric Measures

NQF #	Measure ID	Measure Name	2016 Rates %	2017 Rates %	2018 Rates %	2019 Rates %	Steward	Definition
38	8760	Childhood Immunization Status (Combination 10)	32.81	34.16	30.29	35.02	NCQA	<p>The percentage of children 2 years of age who had a four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.</p> <p>https://www.ncqa.org/hedis/measures/childhood-immunization-status/</p>
1407	12927	Immunization for Adolescents (Combination 2)	15.62	21.67	28.89	31.55	NCQA	<p>Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.</p> <p>https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/</p>

Childhood Immunization Status | 2019

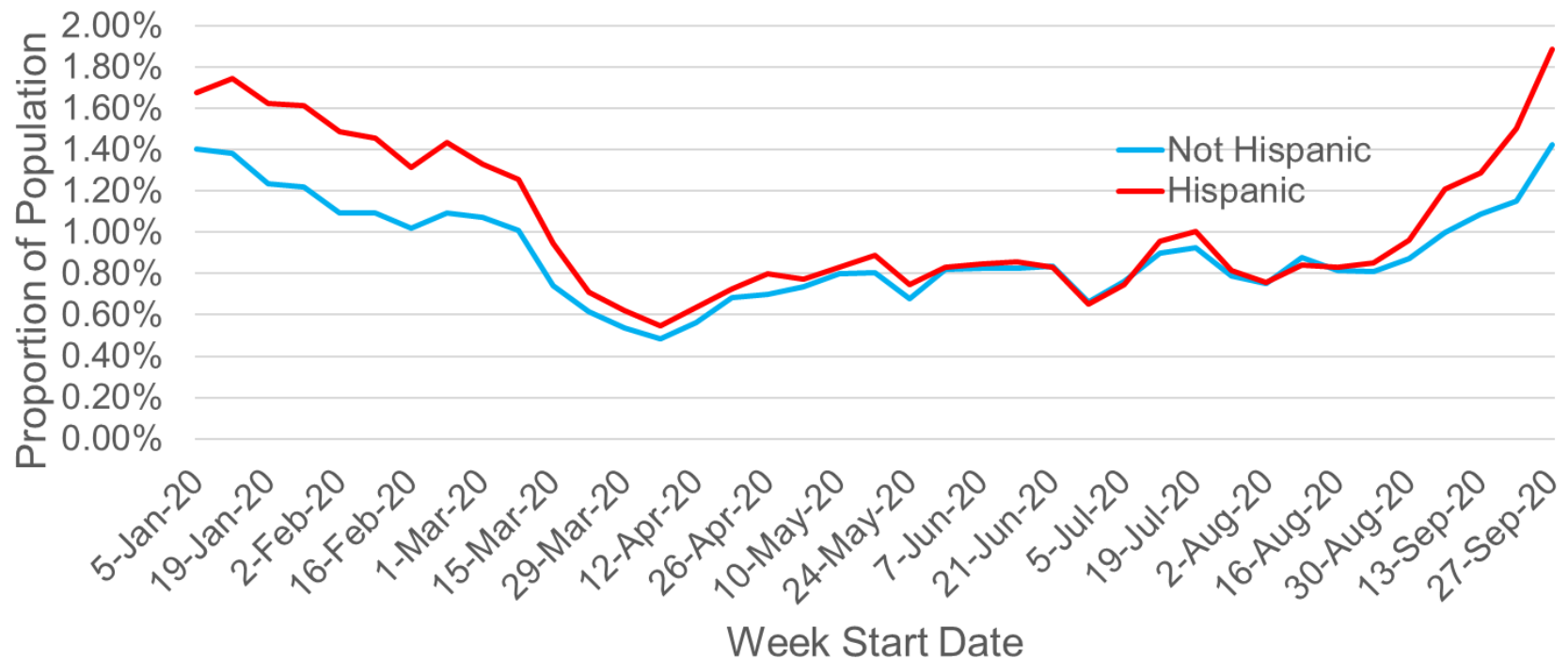


© 2020 Mapbox © OpenStreetMap



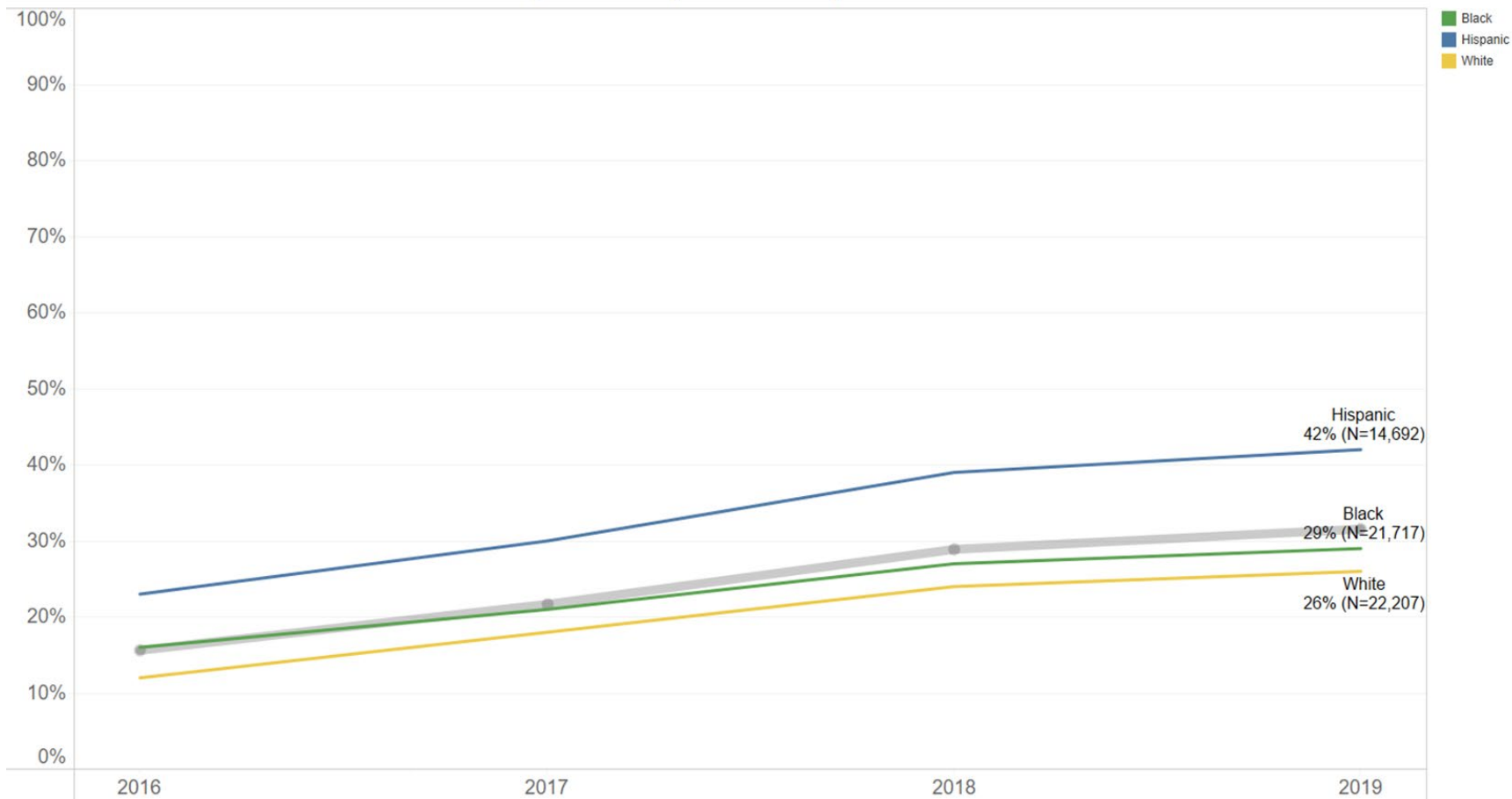
Weekly Proportion of Population¹ Receiving Childhood Immunizations² by Ethnicity

- In the past four weeks, immunizations seem to reach baseline numbers from the beginning of 2020.
- Vaccinations within the Hispanic population increased more dramatically, exceeding rates at the beginning of the year while the Not Hispanic population reached baseline numbers for the first time.



* A higher value is favorable

Immunizations for Adolescents - Combination 2| 2016-2019 | Race/Ethnicity



Poll #3

BACK TO SCHOOL? Changes to 2020/2021 School Requirements

- Families are strongly encouraged to obtain required immunizations as early as possible
- A [State Health Director Memo](#) and [Governor's Executive Order](#) **delayed but did not waive documentation deadlines** for immunization and health assessment requirements to allow more time to address COVID-19 disruptions
- Immunization requirements back into effect on October 1 with a 30-calendar day 'grace period' beginning on October 1, 2020 for most students (30 calendar days from student's first date of attendance)
- Student must be excluded from school after October 30 (including in-person and remote learning) until compliant with requirements
- School immunization reporting due December 15, 2020

POLLING QUESTION:

Regarding stock of influenza vaccination, currently your practice is experiencing:

- **A. Inadequate Stock and Poor Responsiveness from suppliers**
- **B. Inadequate Stock and Good Responsiveness from suppliers**
- **C. Average Stock, Just another year**
- **D. Early and Adequate Supply, No Concerns**
- **E. We may have gotten in more than we can use**

Influenza Vaccine and Children

- Seasonal influenza vaccine through Vaccines for Children program
- NC Immunization Program will also be supplying flu vaccine for uninsured adults for the 2020-2021 flu season (anticipate initial doses in October)
- Working with partners on outreach and innovative implementation of flu vaccination in the context of **COVID-19** pandemic, plan to build upon for **COVID-19** vaccination when available
- Resources and guidance available to assist satellite, temporary and off-site vaccination clinics

Don't Miss the Chance to Immunize! Borrowing Stock

- Bidirectional borrowing with seasonal flu vaccine new this year to prevent missed opportunities
- Doses must be replaced with same type of product (does NOT have to be the same brand) and for same administration indication (e.g. private quadrivalent vaccine used for a 2-year-old, must be replaced with a VFC quadrivalent vaccine indicated for a 2-year-old child)
- Doses must be replaced within 30 days (up to 90 days for flu vaccine if borrowed before December 31, 2020)
- Borrowing and replacement form required by CDC must be completed for each dose borrowed and retained on site
 - Form on NCIP website: <http://bit.ly/BorrowingForm>

Streamlined Process for Borrowing/Replacement for NCIR Virtual Inventory

Borrowing and Replacement Process/Checklist

Complete the following steps each time borrowing occurs (regardless of direction):

- ☐ **Physically transfer** the vaccine you are replacing in your refrigerator (i.e. moving the vaccine from private supply to state supply or from state supply to private supply).
- ☐ **Complete the Borrowing and Replacement Form** and maintain on site.
- ☐ **Follow these steps for replacing stock in the NCIR:**

NOTE: Before beginning this process, be sure that all inventory contains an NDC number.

Click **Manage Transfers**

Click **New Transfer**

Choose “*Vaccine Replacement Due to Borrowing*” in the **Receiving Organization** dropdown

Beside the vaccine lot number you are transferring, enter the number of doses being transferred in the **Transfer Quantity** column

Click **Save** (you should see a message that says *saved successfully*)

Generate the **Packing List** or **Label**

Click **Ship**

Enter a **Ship Date**

Click **Ship** again

The **Immunization Branch Help Desk** will accept the transfer, change the funding code, and accept the vaccine back into your virtual inventory.

2020-21 Flu Prevention Campaign

- All-new campaign concept developed for this season
- Focused on the increased importance of flu immunization and prevention amid the COVID-19 pandemic
- Plan to launch new, multimedia digital campaign later this month
- CDC also with 2020-21 flu season resources:
 - <https://www.cdc.gov/flu/resource-center/index.htm>



Stay Informed About Flu

- During flu season, from October – May of each year, NCDHHS provides weekly updates on the spread of influenza in North Carolina
- Combined COVID-19 and flu weekly surveillance reports for this season
- Visit flu.ncdhhs.gov for weekly reports and updated information

POLLING QUESTION:

It is my impression from discussions with patients about the COVID vaccine that:

- A. There will be widespread acceptance and uptake of vaccine if we can get it.
- B. There will be very low uptake of vaccine across the board.
- C. There is concern that historically marginalized populations will be less comfortable with the vaccine.
- D. We are not talking about the vaccine.

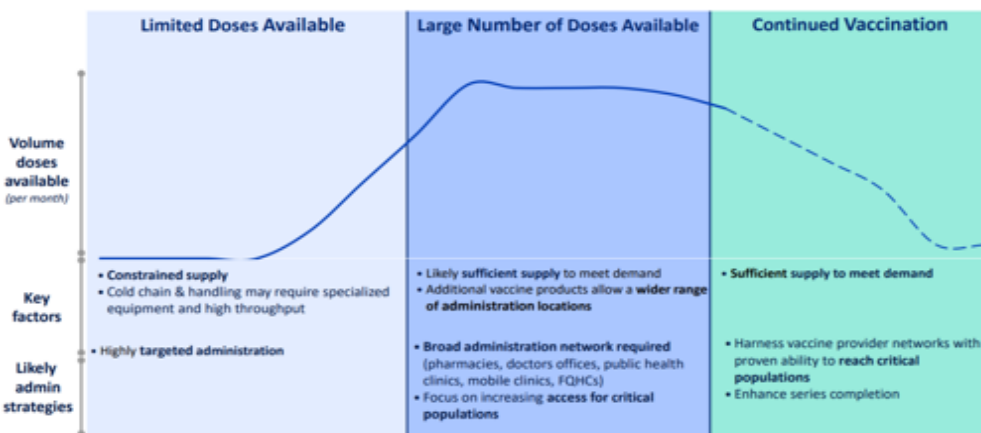
COVID-19 Vaccination Plan

In anticipation of vaccine doses becoming available, perhaps as early as November, North Carolina must submit COVID-19 Vaccination Plan by October 16th

Key Planning Activities

- Determine organizational structure and partner involvement*
- Identify gaps in preparedness
- Assess capacity of NCIR or other reporting system(s) to meet reporting requirements
- Identify critical populations
- Plan for early COVID-19 vaccine administration
- Plan for expansion of COVID-19 vaccination provider outreach and enrollment
- Propose COVID-19 vaccine allocations
- Develop communications plan

*NCIOM has convened an COVID-19 Vaccine Advisory Committee with key stakeholders and partners to enhance development of COVID vaccine plans, refine prioritization of critical populations, expand reach of activities especially to critical populations, communication, and implementation



- Four current US-funded Phase 3 trials (Pfizer, Moderna, AstraZeneca, Johnson & Johnson)
- Different scenario planning depending on which vaccine(s) are approved, when, for what populations, and how much supply
- Expect high vaccine hesitancy, especially among HMPs
- Critical component of communication is **trust**
- **Large outreach to providers who will need to enroll as COVID-19 vaccinating providers, especially those providing care for critical populations - details coming!**

- Prioritization will be important when limited supply of vaccine in the beginning
- Critical Populations - Health care workers and first responders, staff and residents of Long-Term Care facilities, those at high risk of complications such as front line/ essential service workers with 2+ conditions, those in congregate living settings (incarcerated, homeless) with 2+ conditions, other adults with 2+ chronic conditions
- Equity lens as HMP are disproportionately represented in critical populations

Vaccination Resources

Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>

Considerations for Planning Curbside/ Drive-Through Vaccination Clinics

<https://www.cdc.gov/vaccines/hcp/admin/downloads/curbside-vaccination-clinics.pdf>

Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist

<https://www.cdc.gov/vaccines/hcp/admin/downloads/2020-vaccine-clinic-supply-checklist-508.pdf>

Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics

<https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources>

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

<http://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>

Additional resources for Developing Mass Vaccination Clinics

<https://www.mass-vaccination-resources.org>

POLLING QUESTIONS:

It is my impression in clinic that pregnant women are:

- A. Getting behind on routine pregnancy vaccinations due to increased telehealth visits.
- B. Accessing vaccines in much the same way as pre-pandemic.
- C. Who knows? I don't take care of pregnant women.
- D. To be honest, I have not been paying attention.

Maternal Immunizations

Vaccine	Indicated During Every Pregnancy	May Be Given During Pregnancy in Certain Populations	Contraindicated During Pregnancy	Can Be Initiated Postpartum or When Breastfeeding or Both
Inactivated influenza	X			X
Tdap	X			X
Pneumococcal		X		X
Meningococcal conjugate and Meningococcal serogroup B		X		X
Hepatitis A		X		X
Hepatitis B		X		X
HPV				X

Maternal Immunizations

- **Indicated During Every Pregnancy**
 - Inactivated Influenza
 - All types can be offered during any trimester
 - Tdap
 - Given at 27–36 weeks of gestation
- **May Be Given During Pregnancy in Certain Populations**
 - Pneumococcal
 - PPSV23
 - PCV13
 - Meningococcal conjugate and Meningococcal serogroup B
 - Hepatitis A
 - Hepatitis B

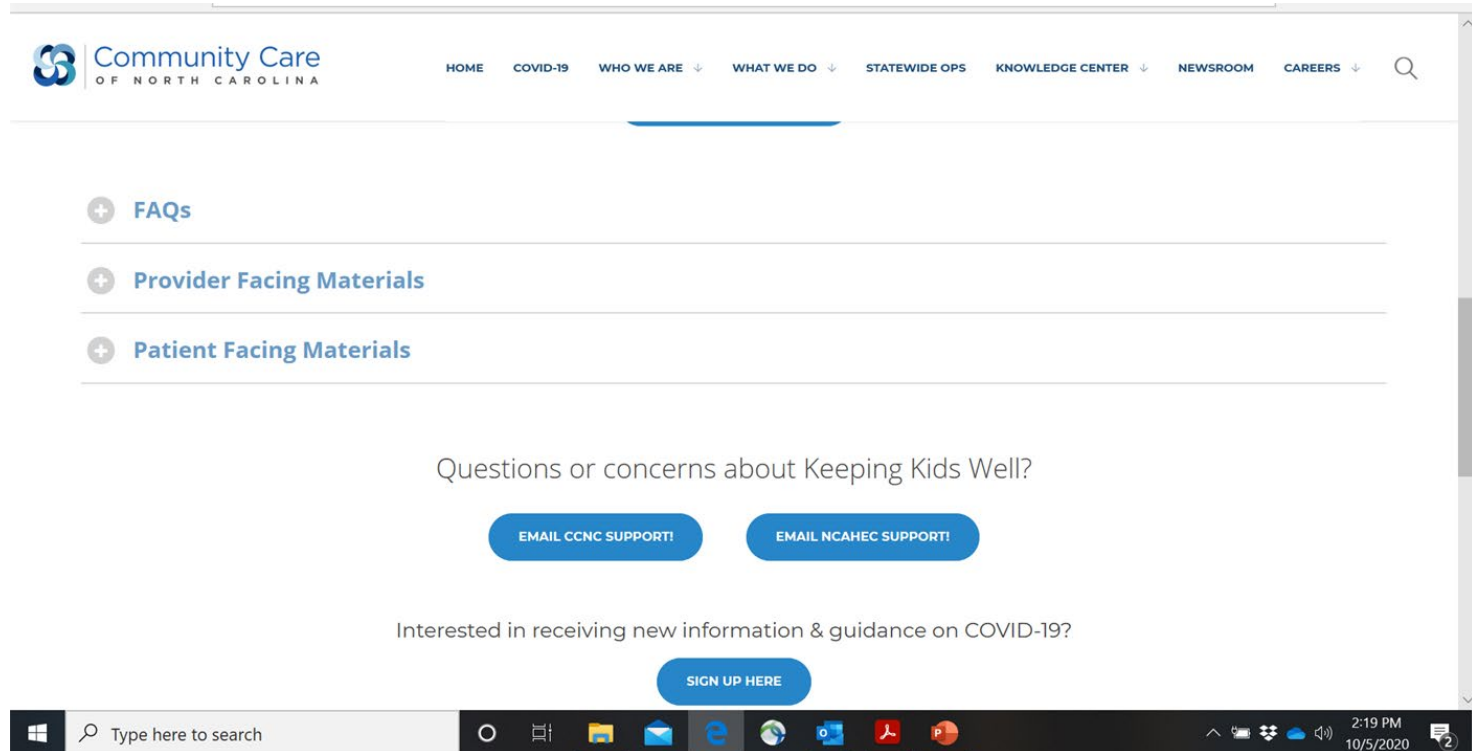
Maternal Immunizations

- **Contraindicated During Pregnancy**
 - MMR
 - Varicella
 - Live-attenuated influenza
- **Where Does the COVID-19 Vaccine Fall?**
 - Pregnant women are not included in current clinical trials so information on their use in pregnancy will be delayed.

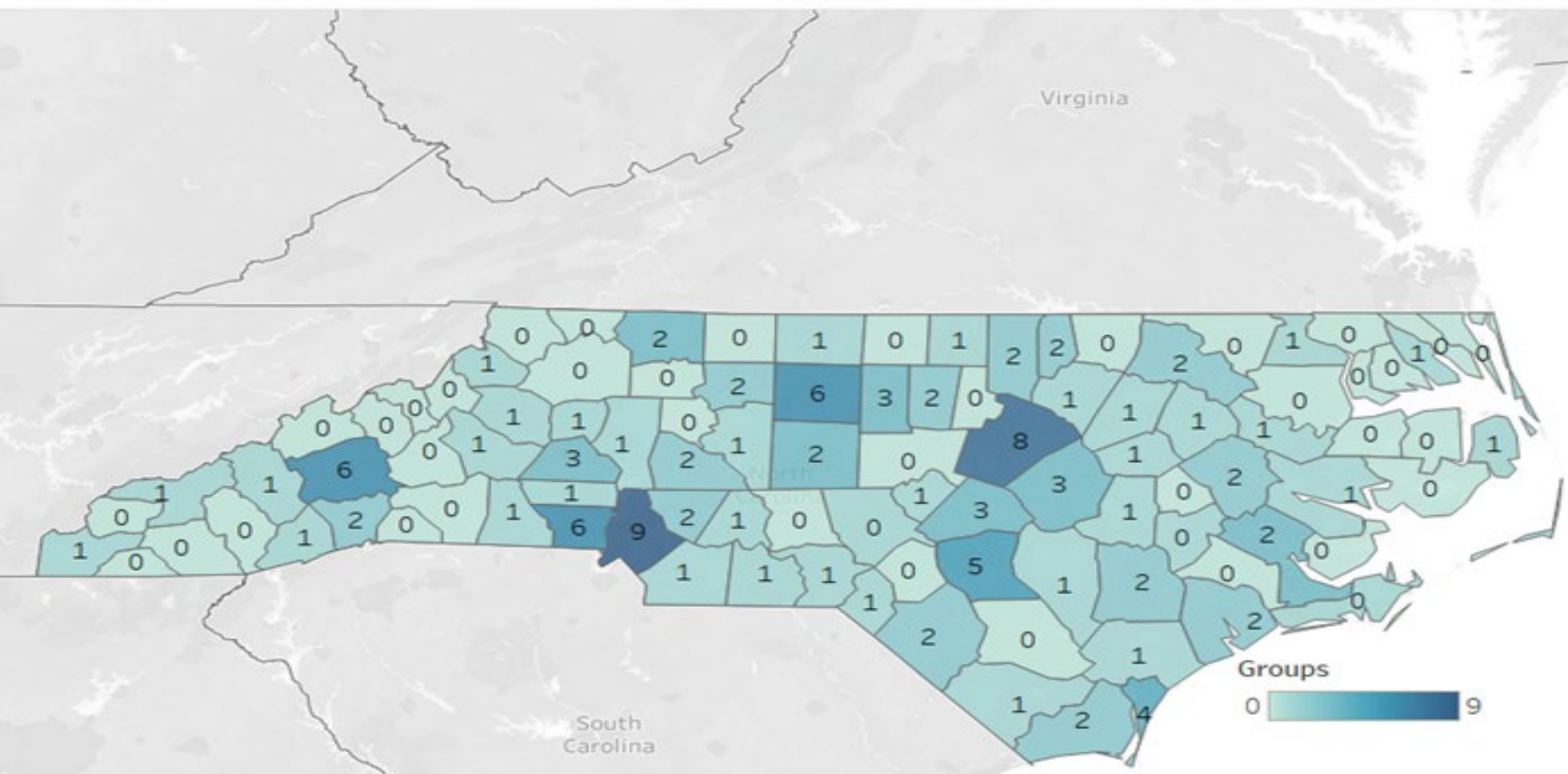
Poll #4

Keeping Kids Well Tool Kit

- Located on CCNC/AHEC website: <https://www.communitycarenc.org/keeping-kids-well>.
- Includes tip sheets, communications scripts, and immunization resources.

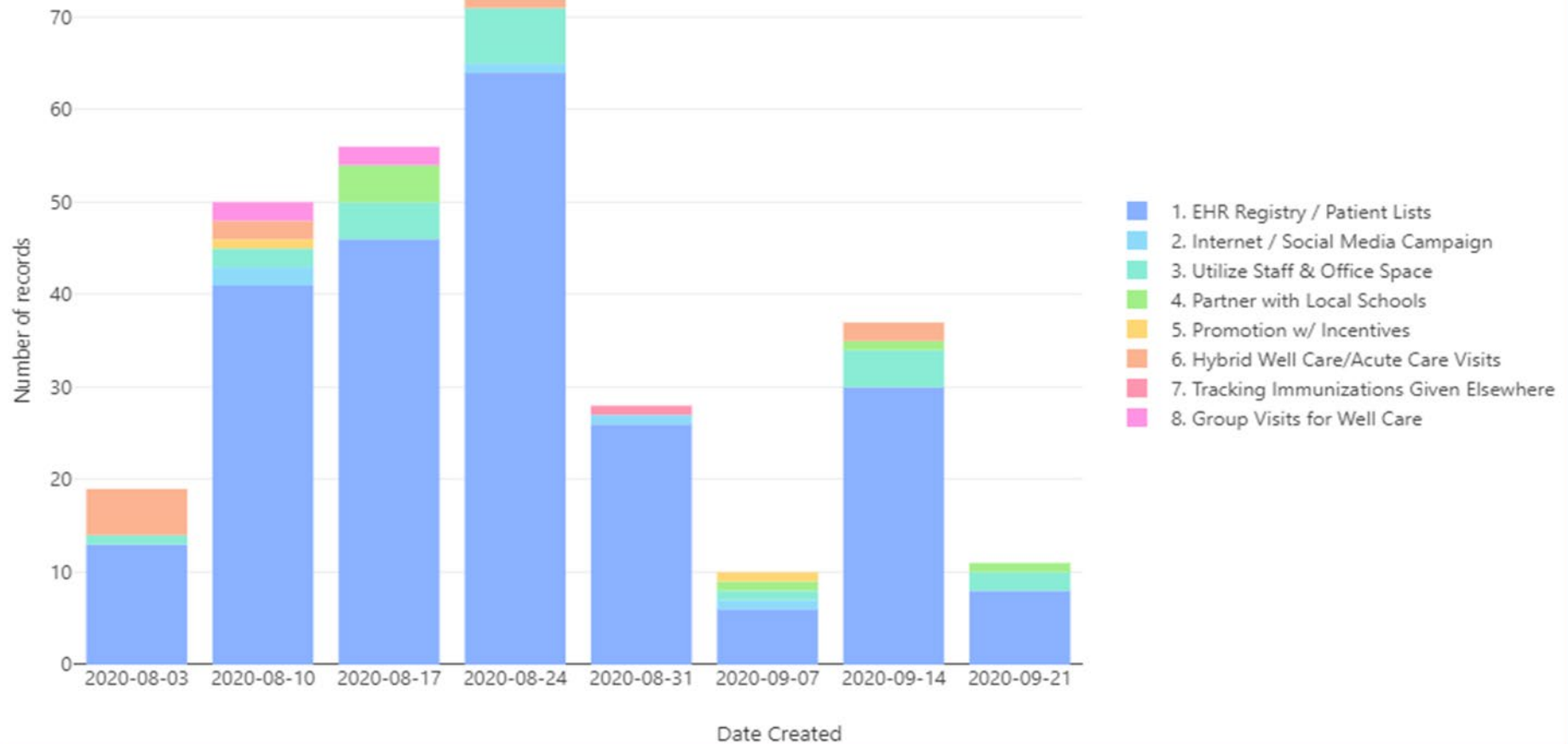


Completed Outreach with # of Groups with Interventions



EHR Registry/Patient Lists is the Most Common Intervention Chosen

Primary Intervention ▼



Testimonies from Practices Participating in Keeping Kids Well

- **MCM Pediatric & Adolescent Home Practice, Rockingham, NC**
 - Dr. Charlotte McNeill, DNP, RN, FNP-BC, Co-Owner
 - Debbie Cruse, CCNC Practice Support
- **Greenville Pediatrics, Greenville, NC**
 - Michele Haddock, Assistant Practice Manager
 - Angel Moore, Eastern AHEC Practice Support

How do Vaccines today prepare you for Managed Care tomorrow?

- Shows your quality as a provider and value to a plan
- Hone your population health skills and strategies
- Engage your developing care management capabilities you need for AMH Tier 3
- Show your patients how committed you are to their wellness by reaching out
- Solidify the medical home for your patients for attribution

Poll #5

